

Canadian
Psychiatric Association



Association des psychiatres
du Canada

67th Annual Conference
14-16 September
Shaw Centre



Ottawa 2017

Preliminary Program

CONTENTS

Welcome, CPA President	3
Welcome, Chair, Annual Conference Program Subcommittee	4
Welcome, City of Ottawa Mayor	5
Conference Overview	6
All-Delegate Keynote Plenaries	7-10
Invited Speakers	11-14
Pre-Conference Courses	15-17
Courses	18-26
CPA Academy Update Courses	27-28
Resident Information	29
Hotels	30
Registrant Information	31-35

WELCOME



Dear Friends and Colleagues,

Join me this September for CPA's Annual Conference in the festive city of Ottawa, as Canada celebrates 150 years as a nation. This premier CPD event in psychiatry features the latest in psychiatric research and a multitude of symposia, workshops, courses, papers, posters and more to help refresh your practice. The conference is also an ideal networking venue where you will renew old acquaintances and make new connections with colleagues from across Canada who share your interests.

Thank you to Dr. Sanjeev Sockalingam, who chairs the conference program subcommittee. He has organized an outstanding array of scientific sessions. I am particularly looking forward to the all-delegate keynote plenary sessions, which are sure to stimulate thinking about some of the important issues currently facing psychiatry.

The conference is also a time to acknowledge our outstanding colleagues for their exceptional contributions to the profession. Join me on Friday evening at the Association's Annual General Meeting to welcome the new Fellows and Distinguished Fellows of the CPA. On Saturday night, at the President's Gala, we will honour our colleagues for their work in research, education and clinical practice. I invite you to join me in celebrating their accomplishments. At the Gala, it will also be time for me to say my farewells as the outgoing president of the CPA and to welcome your incoming president, Dr. Nachiketa Sinha. On the lighter side, the Gala is also an ideal time to socialize, dance and celebrate the end of a successful year.

I also encourage you to mix your learning with pleasure and enjoy Ottawa as it celebrates Canada's 150 years. Explore the city's national galleries and museums. Stroll along the Rideau Canada or hike through Gatineau Park. If exploring the cityscape is your preferred leisure activity, the ByWard Market offers trendy shops, fantastic eats and urban nightlife.

It has been an honour and a pleasure to serve as your president this year.

I look forward to seeing you in Ottawa.

Warm regards,

A handwritten signature in black ink, appearing to read 'Renuka Prasad', written on a light-colored background.

M.S. Renuka Prasad, BSc, MBBS, DGM, MRCPsych, FRCPC
President, Canadian Psychiatric Association

WELCOME

Dear Colleagues,



I am looking forward to hosting the 67th Annual Conference of the Canadian Psychiatric Association in Ottawa from 14 - 16 September. With this year being Canada's 150th birthday, Ottawa will prove to be an exciting host city for our exceptional conference.

The conference continues to offer over 100 sessions of high quality programming featuring new research and skills-based workshops covering a range of clinical and system-based topics. We continue to expand the conference offerings based on your thoughtful feedback and are offering three new update courses within our main program delivered by experts from the Canadian Academy of Geriatric Psychiatry, Canadian Academy of Psychiatry and the Law, and Canadian Academy of Psychosomatic Medicine. The goal of these new courses is to provide attendees with practical subspecialty updates for psychiatrists in all practice settings.

The very popular pre-conference courses will be offered Wednesday, 13 September. We have expanded on that offering to include a full-day course by Dr. John Gunderson focused on General Psychiatric Management for Borderline Personality Disorder. Our other four-hour pre-conference courses cover a range of cutting edge topics including addictions, obsessive-compulsive disorder, schizophrenia, and transition to practice.

We will continue to open each day with an unopposed all-delegate keynote plenary session. Dr. Rudolf Uher will deliver the Distinguished Member Lecture: What Can We do to Prevent Severe Mental Illness. We have focused our plenary sessions on important and timely topics facing psychiatrists and mental health providers across the nation, such as medical marijuana in mental health and medical assistance in dying.

This year's Expert Psychiatry Series will be hosted by the Canadian Academy of Child and Adolescent Psychiatry. Drs. Peter Szatmari and Meng-Chuan Lai are leaders in autism and will present on Lifespan Development in Autism: A Sex- and Gender-Informed Perspective.

The breadth of humanities and the arts are a cornerstone of the annual conference and an important complement to our scientific sessions. Our always popular CPA-at-the-Movies, with host Dr. Harry Karlinsky, will feature *The Farewell Party*. This year, we will offer two Meet-the-Author sessions. Dr. Vincent Lam, a Giller Prize winner, will focus on his work, *Poppies*, *Words*, and *ACT: A Physician and Writer Reflects Upon ACT in The Treatment of Opioid Use Disorder*. Our second author will be Frances Itani, a prolific author who has received the Order of Canada and she will present, *Shell Shock in my Novels Deafening and Tell*.

We have expanded our resident and trainee programming and will be hosting the Psychiatry Resident Trivia Cup and the new Early Investigator Poster Session, which are exciting new additions to our program. Connect @ CPA will continue to offer dedicated work stations to help stay in contact with your office/home and provide convenient networking. All of these extras plus Eat Street and a delegate lounge will be located inside the exhibit hall.

This year's meeting in Ottawa will prove to be another outstanding educational event. We hope you will join us in our nation's capital for what promises to be a stimulating and memorable conference!

Sincerely,

A handwritten signature in black ink that reads "S. Sockalingam". The signature is fluid and cursive, with a long, sweeping underline.

Sanjeev Sockalingam, MD, MHPE, FRCPC, FAPM
Chair, Annual Conference Program Subcommittee



Jim Watson
Mayor/Maire

Office of the Mayor City of Ottawa

110 Laurier Avenue West
Ottawa, Ontario K1P 1J1
Tel.: 613-580-2496
Fax: 613-580-2509
E-mail: Jim.Watson@ottawa.ca

Bureau du Maire Ville d'Ottawa

110, avenue Laurier Ouest
Ottawa (Ontario) K1P 1J1
Tél. : 613-580-2496
Télééc. : 613-580-2509
Courriel : Jim.Watson@ottawa.ca

On behalf of Members of Ottawa City Council, it is my distinct pleasure to extend a warm welcome to all those participating in the **67th Annual Conference of the Canadian Psychiatric Association, (CPA)**, taking place at the Shaw Centre, in the heart of our nation's capital, from September 14th to 16th 2017.

Canada celebrates its 150th birthday in 2017 and the grandest festivities will be unfolding in Ottawa. I hope that you will join us in our nation's capital for the sesquicentennial anniversary.

I am delighted to offer my moral support to the CPA for providing a valuable forum for psychiatrists and other mental health care professionals to network, exchange ideas, and learn more about the latest research, as well as to benefit from professional development opportunities.

As Head of Council, I want also to acknowledge the CPA, keynote speakers, facilitators and sponsors for dedicating efforts, expertise and resources to the successful organization of this educational meeting of national scope.

As Mayor of the host city, I invite visitors to explore the revitalized Lansdowne park, its heritage pavilions, and new TD Place, home of the Ottawa REDBLACKS CFL team, and Ottawa Fury FC North American Soccer League team.

Canada celebrates its 150th birthday in 2017 and the grandest festivities will be unfolding in Ottawa. I hope you will find time to enjoy our nation's capital for the sesquicentennial anniversary.

Allow me to convey my best wishes to the delegates for a very productive and rewarding gathering, as well as to the visitors for a most enjoyable stay in Ottawa.

Sincerely,

Jim Watson, Mayor/Maire



CONFERENCE OVERVIEW

2017 Annual Conference Program Subcommittee Members

Chair: Dr. Sanjeev Sockalingam

Psychiatry Advisory Group

Dr. Donald E. Addington
Dr. Shabbir Amanullah
Dr. Dominique Bourget
Dr. Nancy Brager
Dr. Michael Butterfield
Dr. Peter K.Y. Chan
Dr. Manon Charbonneau
Dr. Jonathan S. Davine

Dr. Kara Dempster
Dr. Peter Giacobbe
Dr. Heidi Haensel
Dr. Raed Hawa
Dr. Harry Karlinsky
Dr. Diana Kljenak
Dr. Paul Kurdyak
Dr. Judy Lin

Dr. David Magder
Dr. Robert Milin
Dr. Louis Morissette
Dr. Kathleen Pajer
Dr. Jeffrey P. Reiss
Dr. Ronald A. Remick
Dr. Kathleen Sheehan
Dr. Barinder Singh

Dr. Marlene Taube-Schiff
Dr. John Teshima
Dr. Philip Tibbo
Dr. Douglas A. Urness
Dr. Louis van Zyl
Dr. Andrea Waddell
Dr. Diane K. Whitney
Dr. Carmen Wiebe

Overall Educational Objectives

Participants at the 67th Annual Conference will have a broad exposure to a wide variety of aspects of psychiatry and the care of the mentally ill to choose from. Participants may choose to focus in-depth on one or more aspects, or experience a greater breadth by attending a wider variety of topics. All sessions incorporate session-specific learning objectives, as well as opportunities for interaction which can lead to further collaborations and learning.

At the end of the conference, participants should be able to take back to their practices:

1. new concepts;
2. reassurance of current practices;
3. research ideas;
4. educational ideas;
5. opportunities for further learning; and
6. opportunities for collaboration.

Who Should Attend?

The CPA annual conference is geared for psychiatrists, residents in psychiatry training programs and family physicians with an interest in mental health. Other qualified health care professionals with a particular focus on or interest in mental health may also find the conference of interest.

Accreditation

The 67th Annual Conference 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. Participants in the program may claim a maximum of 30 hours for the entire conference (i.e., maximum of 6 hours on Wednesday [pre-conference course], 8 hours on Thursday, 8 hours on Friday, and 8 hours on Saturday).

Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College MOC credits to *AMA PRA Category 1 Credits*[™]. More information on the process to convert Royal College MOC credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.

Live educational activities, occurring in Canada, recognized by the Royal College of Physicians and Surgeons of Canada as Accredited Group Learning Activities (Section 1) are deemed by the European Union of Medical Specialists (UEMS) eligible for ECMEC®.

The CPA may also apply for credits from other colleges deemed appropriate by the Annual Conference Program Subcommittee.

All-Delegate Keynote Plenary

The Impact of Cannabis Legalization on Psychiatric Care

Thursday, 14 September, 08:30 - 10:00

Moderated by Robert Milin, MD, FRCPC

As a result of the Canadian federal government's commitment to legalizing and regulating cannabis, psychiatrists will now need to be capable of navigating the complex relationship between cannabis use and mental illness in practice. Cannabis legalization may have a substantial impact on Canadian youth, who are already amongst the top users of cannabis in the country. In addition, patients with mental health conditions are increasingly interested in cannabis as a treatment alternative for common psychiatric conditions. Therefore, psychiatrists should be knowledgeable and skilled in managing issues related to marijuana use amidst these public policy changes. This plenary session will review the mental health implications of cannabis legalization on youth and young adults, and increase our understanding of the impact of cannabis use on psychiatric illness.

Kevin Hill, MD, MHS

Dr. Kevin Hill is an Assistant Professor of Psychiatry at McLean Hospital and Harvard Medical School and Director of McLean's Substance Abuse Consultation Service. He earned a Master's in Health Science at the Robert Wood Johnson Clinical Scholars Program at the Yale School of Medicine. His research interests include the development of medications to treat cannabis use disorder as well as cannabis policy, and he has published widely on these topics in such journals as *JAMA* and *Lancet Psychiatry*. His book *Marijuana: The Unbiased Truth about the World's Most Popular Weed* is a valuable resource for clinicians. Kevin serves on the editorial boards of *Lancet Psychiatry*, *Cannabis* and *Cannabinoid Research*, and *The American Journal on Addictions*. He consults on cannabis-related issues to policymakers and prominent sports organizations nationwide.



Canadian Clinical Practice Guidelines for Schizophrenia

Thursday, 14 September, 12:30 - 14:30

Donald Addington*, MBBS; William Honer, MBBS;
Gary Remington, MD, PhD; Alain Lesage, MD, FRCPC

The aim of the Canadian schizophrenia guidelines is to provide evidence-based recommendations for the treatment of schizophrenia and schizophrenia spectrum disorders, adapted to the Canadian health care system. The guidelines address recommendations from assessment to pharmacological and psychosocial treatments. They cover intervention in those at clinical high risk of developing schizophrenia treatments and treatment for those with an onset in youth. They also cover those with comorbid substance abuse disorders and the continuum of evidence-based community treatment programs. The primary target users of these guidelines are health care professionals, but the guidelines may be useful to individuals with schizophrenia and their families, as well as health policy makers, health administrators, and funding agencies. The Canadian Schizophrenia Guidelines were developed using the ADAPTE process, a process created to take advantage of existing guidelines and reduce duplication of effort. It uses a systematic approach for adapting guidelines produced in one setting for use in a different cultural and organizational context. An organizing committee assembled a national multidisciplinary panel from across Canada, including stakeholders with expertise in schizophrenia and mental health, health policy, patient advocacy, and lived experience with schizophrenia. All panel members committed to one face-to-face meeting and conference calls and to reviewing all documents related to guideline adaptation. Endorsement bodies for the guidelines include the Canadian Psychiatric Association and the Schizophrenia Society of Canada, who are also involved in the dissemination and implementation strategy. The presenters in the session will highlight key recommendations from each section.

Medical Assistance in Dying (MAiD): The Challenges of Mental Illness

Friday, 15 September, 12:30 - 14:30

Despite the legalization of medical assistance in dying (MAiD) in several countries across the globe, the implementation has varied in terms of mental illness as the sole criterion for MAiD. In Canada, the current legislation deems that further review is required when mental illness is the sole criterion. Despite this initial ruling, discussions have continued to focus on the potential role of assisted dying for serious and incurable mental illness. Issues have been raised regarding timely access to psychiatric treatment as a complicating factor. This session will focus on MAiD and the right to die, with an emphasis on challenges and issues relevant to mental health and mental illness. Patient, provider and ethical perspectives will be shared to generate further insights and discussion on this complex issue.

Sonu Gaiind, MD, FRCPC

Dr. Gaiind is an Associate Professor with the University of Toronto Department of Psychiatry and Chief of Psychiatry/Medical Director of Mental Health at the Humber River Hospital. In addition to being a past president of CPA (2015-2016), he is currently Chair, CPA's Medical Assistance in Dying (MAiD) Task Force. Prior to joining Humber River in 2014 he worked as a psycho-oncology consultant at Princess Margaret Hospital/University Health Network for a decade and a half. Sonu is also a past-president of both the Ontario Psychiatric Association and of PAIRO, and is an Executive Member and Medical Practice and Tariff Chair of the Ontario Medical Association Section on Psychiatry.

Mark Henick, BA, MSc

Informed by his direct experience with stigma and the mental health care system, Mark Henick dedicated his life from an early age to opening minds and creating change. Now he regularly speaks to diverse audiences about mental health, mental illness, suicide, advocacy, recovery, and hope. He has a Bachelor of Arts with interdisciplinary honours in Psychology and Philosophy from St. Thomas University and a Master of Science in Child Development from the Erikson Institute. Mark is the longest-serving member currently on the board of directors for the Mental Health Commission of Canada and he was also a national spokesperson for the Canada-wide Faces of Mental Illness campaign. Mark's TEDx talk on suicide is among the most watched in the world, viewed 2.5 million times.

All-Delegate Keynote Plenary



Distinguished Member Lecture: What Can We Do to Prevent Severe Mental Illness?

Saturday, 16 September, 08:30 - 10:00

Rudolf Uher, MD, PhD, MRCPsych

Rudolf Uher is the Canada Research Chair in Early Intervention and a Professor in Psychiatry at Dalhousie University. Dr. Uher studied medicine and neurosciences at Charles University in Prague and trained in Psychiatry at the Maudsley Hospital in London, UK. In 2012, Dr. Uher moved to Canada and launched the FORBOW program with the aim to prevent mental illness. Dr. Uher is an author of 180 articles on mental illness, its causes and treatment. Dr. Uher is the recipient of the Max Hamilton Memorial Prize (2014) and the Royal-Mach-Gaensslen Prize for Mental Health Research (2016). Dr. Uher treats people for depression and bipolar disorder at the Mood Disorders Program at the Nova Scotia Health Authority in Halifax.

Invited Lecturer

CPA-Meet-the-Author:

Poppies, Words, and ACT: A Physician and Writer Reflects Upon ACT in the Treatment of Opioid Use Disorder

Thursday, 14 September, 10:15 - 11:45

Vincent Lam, MD, FRCPC

Vincent Lam is from the expatriate Chinese community of Vietnam. He was born in Canada. Dr. Lam did his medical training at the University of Toronto, and was an emergency physician at the Toronto East General Hospital from 2001 to 2014. Since 2013, he has worked in addictions medicine, with a focus on opioid use disorder with a special interest in ACT. He is the Medical Director of the Coderix Medical Clinic.

Dr. Lam's first book, *Bloodletting and Miraculous Cures*, won the 2006 Scotiabank Giller Prize, and was adapted for television. Dr. Lam co-authored *The Flu Pandemic and You*, a non-fiction guide to influenza pandemics, which received a Special Recognition Award by the American Medical Writers' Association in 2007. Dr. Lam's *Tommy Douglas (Extraordinary Canadians)* was one of *The Globe and Mail's* Best 100 Books of 2010. *The Headmaster's Wager*, Vincent's novel about a Chinese gambler in Saigon during the Vietnam War, was a finalist for both the 2012 Governor General's Prize and the 2013 Commonwealth Book Prize.

Moderated by Dr. Harry Karlinsky, Clinical Professor, Department of Psychiatry, UBC.



Invited Lecturer



CPA-at-the-Movies Presents

The Farewell Party

Friday, 15 September, 16:30 - 18:00

Israel/Germany 2014

Directors: Tal Granit, Sharon Maymon

A box-office hit in Israel, this tender and humanistic film audaciously walks the finest of lines between comedy and tragedy. In a Jerusalem retirement home, 75-year-old amateur inventor Yehezkel (Ze'ev Revah) is building a machine for self-euthanasia at the request of his dear friend Max, who is suffering greatly from an incurable illness. Helping him are Max's wife Yana and two other retirement-home residents: a former veterinarian (who supplies the drugs) and a retired police chief (who provides the intel to help them get away with this illegal task). Though Max gets his wish, word leaks out and soon the group is besieged with requests for similar help, engendering moral dilemmas that increase exponentially when one of their own faces a health crisis. "*The Farewell Party* not only thinks the unthinkable, it laughs at the unlaughable ... A consistently warm and comic film about an unmistakably serious subject" (Kenneth Turan, *L.A. Times*). (Text courtesy The Cinémathèque)

Post-screening discussion with Dr. K. Sonu Gaind, MD, FRCPC, FCPA. Dr. Gaind is Chair, CPA's Medical Assistance in Dying (MAID) Task Force. Dr Gaind is also Chief of Psychiatry/Medical Director of Mental Health, Humber River Hospital; Co-Director, Adult Psychiatry Health Systems Division, University of Toronto Department of Psychiatry; Physician Chair, Humber River Hospital Internal Resource Group on MAID; and Associate Professor, University of Toronto.

Moderated by Dr. Harry Karlinsky, Clinical Professor, Department of Psychiatry, UBC

Running Time: 95 minutes

Invited Lecturer

CPA-Meet-the-Author

Shell Shock in my Novels *Deafening* and *Tell*

Saturday, 16 September, 10:15 - 11:45

Frances Itani, BA, RN, MA, OC

Frances Itani, Member of the Order of Canada, is an award-winning author of 16 books: novels, poetry, short stories and children's books. Her new novel about identity and belonging, is *That's My Baby*, partly set during the jazz and big-band era of WW2. *Tell* (a follow-up to WWI novel, *Deafening*), was shortlisted for the Giller Prize in 2014. Other novels include *Remembering the Bones* (a bestseller, shortlisted for a Commonwealth Award), and *Requiem*, published internationally and chosen by *The Washington Post* as one of the top fiction titles in the U.S. in 2012. She has written three books of poetry, including *A Season of Mourning*, illustrated by Molly Bobak.

Born in Belleville, Ontario, Ms. Itani grew up in rural Quebec and has lived in 7 Canadian provinces as well as in England, U.S.A., Switzerland, Germany, Italy and other countries. She taught and prRN, actised nursing for 8 years, completed a BA (U of Alberta) and an MA (U of New Brunswick). She has won many awards for her short stories, including two Ottawa Book Awards; she is also a three-time winner of the CBC Literary Award. She has taught Creative Writing at U of Ottawa, Banff Centre, U of New Brunswick, Trent University, etc.

Her novel *Deafening*, a #1 bestseller translated and published in 17 countries, won a Commonwealth Prize for Best Book, was shortlisted for the International IMPAC Dublin Literary Award, named Book of the Year (MacEwan University), won the Kingston Reads Award, and was chosen as a finalist for CBC's Canada Reads and Combat des Livres. *Deafening* has recently been optioned for film.

Moderated by Dr. Harry Karlinsky, Clinical Professor, Department of Psychiatry, UBC.



Expert Psychiatry Series with CACAP:

Lifespan Development in Autism: A Sex- and Gender-Informed Perspective

Supported by the Canadian Academy of Child and Adolescent Psychiatry

Saturday, 16 September, 14:45 - 16:15

Peter Szatmari, MD, MSc, FRCPS & Meng-Chuan Lai, MD, PhD, FRCPC

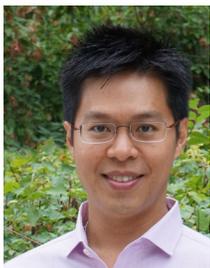
The CPA Expert Psychiatry Series is an annual symposium that over the last 9 years has highlighted speakers who have successfully integrated diverse treatment skills and understandings that exemplify outstanding clinical practice. In 2017, the CPA has invited the Canadian Academy of Child and Adolescent Psychiatry to host this prestigious session.

Peter Szatmari

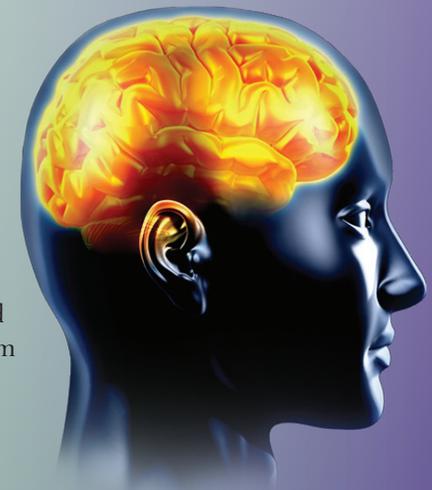


Starting March 1st 2013, Dr. Peter Szatmari assumed the combined position of Chief, Child and Youth Mental Health Collaborative at the Centre for Addiction and Mental Health, The Hospital for Sick Children, and the Division of Child and Youth Mental Health at the University of Toronto. Dr. Szatmari, holds the Patsy and Jamie Anderson Chair in Child and Youth Mental Health. He began his research career as one of the investigators working on the Ontario Child Health Study (OCHS), the first epidemiological study of psychiatric disorders in children and youth in North America. Dr. Szatmari has made significant contributions to the ASD field in many areas including diagnosis, measurement, genetics and longitudinal development. More recently, he has turned his attention to developing evidence based, patient oriented systems of care for children and youth.

Meng-Chuan Lai



Meng-Chuan Lai is staff psychiatrist, clinician scientist and O'Brien Scholar within the Child and Youth Mental Health Collaborative at the Centre for Addiction and Mental Health, The Hospital for Sick Children, and the University of Toronto. He is Assistant Professor in the Department of Psychiatry, and Graduate Faculty at the Institute of Medical Science and Department of Psychology, University of Toronto. He is also honorary Director of Gender Research in Autism at the Autism Research Centre of the University of Cambridge, and Adjunct Attending Psychiatrist and Assistant Professor of Psychiatry and Psychology at the National Taiwan University. He is recipient of the Donald J. Cohen Fellowship from The International Association for Child and Adolescent Psychiatry and Allied Professions in 2012, and of the Slifka-Ritvo Award for Innovation in Autism Research from the International Society for Autism Research in 2017.



PRE-CONFERENCE COURSES

PC01 - Good Psychiatric Management for Borderline Personality Disorder

Wednesday, 13 September

13:00 - 20:00 (6 hrs with 1 hr break)

Deanna Mercer*, MD, FRCPC; John G. Gunderson, MD; Paul Links, MD, FRCPC; Daniel Saul, MD, FRCPC; Heidi King, MD, FRCPC; James Ross, MD, FRCPC

CanMEDS Roles:

1. Health Advocate
2. Medical Expert
3. Professional

At the end of this session, participants will be able to: 1) Explain the diagnosis to patients and families and establish reasonable expectations for change (psychoeducation); 2) Manage the problem of recurrent suicidality and self-harm while limiting personal burden and liability; and 3) Expedite alliance-building via use of medications and homework.

This course will offer training in good psychiatric management (GPM), a treatment that has been demonstrated in a large randomized controlled trial to equal dialectical-behaviour therapy's (DBT's) effectiveness in treating patients with borderline personality disorder (BPD). The course will teach psychiatrists and other primary care clinicians what they need to know to become competent providers who can derive satisfaction from treating these patients. The basic text for the presentation is the "Handbook of Good Psychiatric Management for Borderline Personality Disorder" by John Gunderson and Paul Links. The Handbook is a basic "how-to" text for residents and all non-specialist psychiatrists. The course is divided into seven sections. Each section will have associated question and answer periods with materials to test learning and highlight take-home messages. Video clips will be used to illustrate selected issues. In addition, clinical vignettes interrupted by discussion points will be presented and used for interactive learning.

PC02 - Treatment Options for Severe Obsessive-Compulsive Disorder: What Works When Routine Treatment Fails?

Wednesday, 13 September

13:00 - 17:00 (4 hrs)

Marlene Taube-Schiff*, PhD; Noam Soreni, MD; Neil Rector, PhD; Mandana Modirrousta, MD; Steven Selchen, MD

CanMEDS Roles:

1. Health Advocate
2. Leader
3. Medical Expert

At the end of this session, participants will be able to: 1) Describe effective and novel clinical interventions for individuals with severe treatment-refractory obsessive-compulsive disorder (OCD); 2) Describe the role of intensive residential treatment options for individuals with severe OCD; and 3) Detail the role of pharmacotherapy for individuals with severe OCD, as well as novel interventions, such as repetitive transcranial magnetic stimulation (rTMS).

It is estimated that 40% to 60% of individuals with OCD fail to respond to first-line pharmacotherapy and typical outpatient cognitive-behavioural therapy (CBT) can be seen as too challenging for many. Thus, clinicians are routinely confronted by individuals with refractory illness with limited options. The goal of this symposium is to discuss emerging evidence for treatment alternatives for this refractory population. We will present an overview of pharmacological options for individuals who have failed initial trials and discuss key differences in approaching children and adolescents, compared to the adult population. Although CBT is a very effective modality for OCD, a significant proportion has difficulty with adherence. We will speak to strategies to address common barriers. The presentation will highlight a mindfulness-based approach that may be a viable alternative for some and present data supporting its efficacy in OCD. An increasing number of programs have emerged offering more intensive therapy options for individuals in whom routine outpatient treatment fails. This literature will be reviewed and we will describe a new program being

PRE-CONFERENCE COURSES

developed in Canada to serve the refractory OCD population. Repetitive transcranial magnetic stimulation (rTMS) has been increasingly recognized as a treatment alternative for a number of psychiatric illnesses; we will review the extant literature and focus on its use in OCD. In conclusion, while current first-line treatment options for OCD are seen as limited, this symposium will provide clinicians with up-to-date knowledge regarding alternative interventions.

PC03 - Treating Schizophrenia: A Case-Based Field Guide to Expert Recognition and Management Across the Lifespan

Wednesday, 13 September

13:00 - 17:00 (4 hrs)

David Attwood*, MD; Rebecca Carriere, MD; Sharman Robertson, MD; Elizabeth Druss, MD; Mark Kaluzienski, MD; Mathieu Dufour, MD; Tabitha Rogers, MD; Alexandra Baines, MD; Vinay Lodha, MD

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Health Advocate

At the end of this session, participants will be able to: 1) Expertly recognize the evolving phenotypes of schizophrenia spectrum illnesses across the lifespan; 2) Employ or recommend algorithmic pharmacological and non-pharmacological treatments according to best evidence and stage of illness; and 3) Have an evolving appreciation for the longitudinal course of schizophrenia and how targeted expert interventions can modify outcomes.

The schizophrenias are a heterogeneous and complex cluster of illnesses presenting with high morbidity and severe disability. Despite over 100 years of classification attempts and 60 years of psychopharmacology and the emergence of highly evolved training programs, recognition and management of the unique clinical issues associated with each phase of the illness, through premorbid, prodromal, onset, and critical periods can be difficult even for experienced clinicians. Adherence to clinical pathways and treatment guidelines, while based on limited scientific evidence, can be challenging, resulting in missed opportunities to improve the prognosis and clinical course of this most devastating of illnesses. The course aims to cross-sectionally review the longitudinal evolution of a single patient in narrative, audience-friendly form, as she/he ages from birth to eventual old age, emphasizing the practical evidence-based interventions that a general psychiatrist could employ across the lifespan. There will be an emphasis on algorithmic and evidence-based interventions, both pharmacological and non-pharmacological, as well as addressing issues relating to concurrent disorders and forensic and geriatric psychiatry. We endeavour to adopt a field guide approach, emphasizing pattern recognition and practical management recommendations at each stage of illness progression.

PC04 - Half-and-Half Buprenorphine Training: Data Sponsored by the American Academy of Addiction Psychiatry

Wednesday, 13 September

13:00 - 17:00 (4 hrs)

Wiplove Lamba*, MD, FRCPC, Dip ABAM; Keyghobad Farid Araki, MD, FRCPC, Dip ABAM; Ahmed Hassan, MD, MPH, FRCPC; Jinghao Mary Yang, MD

Supported by the Section on Addiction Psychiatry

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Health Advocate

At the end of this session, participants will be able to: 1) Describe the pharmacology and the risks and benefits of buprenorphine therapy for patients presenting to psychiatric practice; 2) Describe the approach for buprenorphine induction, the steps and monitoring required for maintenance, and strategies for tapering; and 3) Develop a plan to improve proficiency with buprenorphine.

PRE-CONFERENCE COURSES

In North America, we are in the midst of an opioid epidemic where there have been many overdose deaths. Psychiatrists are uniquely positioned to address this epidemic and the underlying causes, as they have a strong understanding of the bio-psychosocial factors that can lead to addiction. Unfortunately, psychiatry training does not always include buprenorphine training, an effective treatment for opioid use disorders. This half-and-half buprenorphine course, with data sponsored by the American Academy of Addiction Psychiatry, will provide the knowledge and skills to help psychiatrists integrate this treatment into their practice. The first half will be 3.75 hours of online training on substance abuse treatment, opioids, and the use of buprenorphine in treating opioid use disorders from office-based practices. An examination will be offered at the end. The second half of the course is a three-hour face-to-face, classroom-style training. The training focuses on specifics of treating patients with opioid use disorders in office-based settings and clinical vignettes to help trainees think through real-life experiences in treating opioid use disorders. The focus will be on patients with concurrent disorders who present to the psychiatric emergency, outpatient, and inpatient practices. Attendees will have access to a mentor whom they can contact after the session as they try to integrate this into their practice. Those interested in attending should email the presenter or the CPA to obtain the link for the online portion (available in July).

PC05 - Transition to Practice: Bootcamp (Resident & ECP Members only)

Wednesday, 13 September

13:00 - 17:00 (4 hrs)

Kara Dempster*, MD; Crystal Zhou*, MD; K. Sonu Gaidin*, MD, FRCPC; Susan Abbey, MD, FRCPC; P.J. White, MB, BCh, BAO, Dip.Obs, DCH, MRCPsych; Michael Butterfield, MD, MSc; Liisa Johnston, MEd, MD; Stephanie Magnan, MD, FRCPC; Jai Shah, MD, FRCPC; Alan Bates, MD, FRCPC; Jason Bond, MD, FRCPC
Supported by the Section on Members-in-Training & Fellows

CanMEDS Roles:

1. Professional
2. Scholar
3. Leader

At the end of this session, participants will be able to: 1) Learn practical information on the concepts of billing, negotiating jobs, and preparing for the Royal College Exams; 2) Discuss challenges faced by early career psychiatrists, as well as identify how these challenges have been effectively managed; and 3) Engage in discussion with other trainees regarding concerns related to transitioning to practice, and identify existing resources and strategies to promote a successful transition.

The process of navigating the transition from residency to practice is an anxiety-provoking concept for many residents. While there are programs offered to help facilitate this process, practical information on the logistics of commencing a career in psychiatry has been identified as a need by residents at varying stages of training. This pre-conference course, which is targeted towards residents in any stage of training, will provide valuable information on the process of transitioning to practice. The bootcamp will include lectures on the following topics: billing, job negotiations, and preparing for the Royal College Examinations. These sessions are designed to provide practical information to residents regarding these topics in a non-confrontational format with ample time provided for questions. Following these three sessions, a panel discussion will be held amongst several Early Career Psychiatrists (ECPs) from various educational backgrounds and practice locations. Panelists will be discussing challenges they have faced early in their careers, and providing advice to trainees based on what they have learned throughout their process of transitioning to practice. Topics discussed will include job seeking, practice models (academic/community hospital, research, private practice), remuneration models, and approach to billing, financial planning, continuing education, and work/life balance. Attendees will then be provided time to ask questions of panel members. The overall objective of the session is to provide residents with practical knowledge to facilitate an easier transition to practice, in a non-confrontational environment, with input from those that have recently made this transition and have been successful.

COURSES

C01 - Understanding and Treating Traumatic Brain Injury for the Psychiatrist: The Spectrum of Care From Mild to Severe

Thursday, 14 September

14:45 - 17:45 (3 hrs)

Joseph Tham*, BMSc, MD; William Panenka, MSc, MD; Islam Hassan, MMedSc, MBChB; Brenda Kosaka, PhD, RPsych

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Health Advocate

At the end of this session, participants will be able to: 1) Be able to discuss the mechanisms, pathophysiology, and anatomical effects of brain injury; 2) Learn about the assessment of common neuropsychiatric sequelae of brain injury; and 3) Review and be able to discuss options around care, including the range of non-medical and medication treatments.

Commonly occurring in the general adult population, traumatic brain injury (TBI) extracts a significant cost in lost potential and quality of life to the clients we serve. In Canada, TBI incurs significant financial costs, estimated to be approximately \$3 billion annually throughout the economy, with significant impacts on health care budgets. TBI encompasses a broad spectrum of severity, depending on pathophysiology, location, and extent. As a result, the challenges facing patients and clinicians can range from physical limitations, cognitive changes, and psychiatric manifestations, to behavioural challenges requiring specialized care from mental health systems. In this course, we will survey the spectrum of TBI from mild traumatic brain injury to cases of severe injury resulting in complex needs, including inpatient care. Along the way, we will explore current understanding and recommendations in management of symptoms, such as sleep changes, pain, emotional instability, and thought disorders. We will explore domains of neuropsychological change, including cognitive dysfunction. We will also look at neuropsychiatric aspects of seizures, which are a specific clinical sequela that commonly needs to be addressed. Finally, we will discuss the continuum of care in the neuropsychiatry program in British Columbia and how we have managed the needs, challenges, and controversies of the adult TBI population.

C02 - On-Call Update: Skills in Acute-Care Psychiatry

Thursday, 14 September

14:45 - 17:45 (3 hrs)

Jodi Lofchy*, MD, FRCPC; David Kocerginski, MD, FRCPC; Anna Skorzevska, MD, FRCPC; Kathleen Sheehan, MD

CanMEDS Roles:

1. Communicator
2. Collaborator
3. Health Advocate

At the end of this session, participants will be able to: 1) Engage in collaborative discussion on the medical stability of psychiatric referrals; 2) Conduct a risk assessment in the emergency department for suicidality; and 3) Develop an approach to inpatient emergencies, including agitation, medical and surgical psychiatric consultations, and patient requests to leave.

This course will provide an overview of the skills and knowledge required to take call in the hospital setting. Topics will include emergency risk assessment, determination of medical stability in psychiatric referrals, and management of agitated patients. Settings for emergency assessment include the emergency department, the psychiatric inpatient unit, and medical and surgical wards. This popular course now includes a component addressing on-call emergencies of a consultation liaison nature. Staff on call may be asked to assess inpatients requesting discharge. We will review the key considerations in assessing risk in admitted patients, as well as the latest recommendations regarding informed discharge and the obligations of the discharging physician. Participants will have opportunities to

COURSES

engage in interactive clinical decision-making exercises and develop specific strategies for effective communication with emergency colleagues and multidisciplinary team members. An in-vivo clinical scenario will be presented to the group and attendees will contribute to the assessment and management of the patient at each stage of the hospital journey, from the emergency department to the inpatient admission, including the medical complications that may develop. This course will include identified best practices in acute-care psychiatry, and a model will be provided to guide psychiatrists on call in the hospital setting.

C03 - Making Your Presentations More Interactive: The Better Way!

Thursday, 14 September

14:45 - 17:45 (3 hrs)

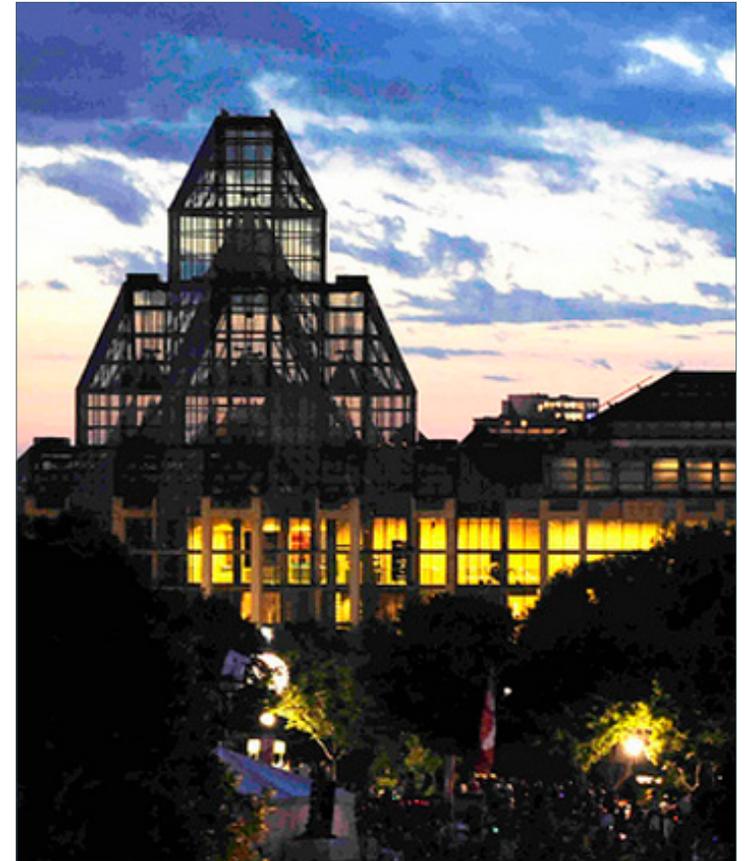
Jon Davine*, MD, FRCPC

CanMEDS Roles:

1. Communicator
2. Medical Expert

At the end of this session, participants will be able to: 1) Understand the superiority of interactive group teaching versus traditional didactic model in changing physician behaviour; 2) Use and participate in different group activities that enhance interactive group teaching; and 3) Maximize the use of commercial film clips, audiovisual patient encounters, narratives, and art to enhance group teaching.

Educational literature has shown that traditional didactic presentations usually are not effective in ultimately changing physician performance. Conversely, interactive learning techniques, particularly in smaller group settings, have been shown to be much more effective. In this workshop, we review the literature behind these conclusions. We discuss factors that can enhance interactive learning techniques, including room arrangements, proper needs assessment, and methods to facilitate interactive discussions. The workshop will then have an interactive component, which involves participants in different group activities, such as “Buzz Groups,” “Think-Pair-Share,” and “Stand Up and Be Counted,” which enhance small group interaction. We will discuss the use of Hollywood films as an interactive teaching tool, along with direct viewing and discussion of film clips, and the use of patient videotapes as a teaching tool, with direct viewing and discussion of an audiovisual tape of a patient encounter. We will discuss the effectiveness of literature in potentiating medical education and will have an experiential exercise which will involve a group reading of a medical narrative. We will also discuss how other areas in the humanities, such as art and painting, can improve educational outcomes. There will be an experiential exercise that will involve viewing a painting from an observational standpoint. We will end the course with a group discussion and feedback on the different interactive techniques presented.



COURSES

C04 - How to be an “Expert” Expert Witness

Thursday, 14 September

14:45 - 17:45 (3 hrs)

Louis van Zyl*, MB, ChB, MMed, FRCPC, DFCPA; Claudette van Zyl, BA (Hons), LLB, BCL; Marie-Louise Delisle, LLB, LLM; Bogdan Catanu, LLB; Gary Chaimowitz, MBChB, MBA, FCPA, FRCPC

CanMEDS Roles:

1. Professional
2. Communicator
3. Collaborator

At the end of this session, participants will be able to: 1) Know what makes an expert witness more credible in the eyes of a juror, judge, or arbitrator; 2) Recognize the common fears of an expert witness and know how to overcome them; and 3) Know how to use strategies to communicate your testimony more effectively.

You have been subpoenaed to appear as an expert witness in a trial. You have never testified in court before. What should you expect? This course is designed specifically for non-forensic psychiatrists, whether they have been subpoenaed to appear in court or invited by an attorney to act as an expert witness in a proceeding. The focus is on developing your communication skills and confidence to provide testimony effectively and in compliance with the requirements of a civil or criminal court. You will feel the drama of a courtroom in a realistic mock trial as experienced litigators examine and cross-examine volunteers in their role of expert witness. You will learn the various steps of testifying as an expert witness, including 1) presenting your expertise in the most effective way, 2) establishing credibility, 3) distinguishing between an examination-in-chief and cross-examination, 4) surviving cross-examination, 5) avoiding mistakes, and 6) dealing with anxiety. After the trial, each volunteer will receive one-on-one feedback from instructors in the presence of all course attendees. The entire group will also take part in a debriefing and question-and-answer session. At the end of the course, you will 1) understand the role of an expert witness; 2) know what makes an expert witness more credible in the eyes of a juror, judge, or arbitrator; 3) recognize the common fears of an expert witness and know how to overcome them; and 4) know strategies available to communicate your testimony more effectively.

C05 - Blended Therapy: Using Smartphone Apps With Patients

Friday, 15 September

14:45 - 17:45 (3 hrs)

Simon Hatcher*, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Communicator

At the end of this session, participants will be able to: 1) Describe the potential role of blended therapy (i.e., technology-supported therapy) in mental health care; 2) Describe the challenges of using smartphone technology in psychotherapy and their potential solutions; and 3) Identify opportunities to incorporate blended therapy into routine practice with individuals suffering from mental disorders.

There has been a shift in mental health care towards the integration of technology and psychotherapy in interventions for individuals with mental disorders such as depression and anxiety. This integration has been referred to as “blended care” and has been described in the academic literature as “any possible combination of regular face-to-face treatments and web-based interventions.” Blended therapy offers numerous benefits to both patients and health care providers, including increasing the intensity of mental health treatment without a reduction in the number of sessions, increasing patient agency by fostering increased self-management

COURSES

skills, as well as case management benefits for mental health professionals. Using problem-solving therapy as a vehicle, this interactive course will provide participants with an opportunity to learn how to incorporate the use of mental health smartphone applications into routine practice with their patients. This course will rely on role play and videos to allow attendees to explore the role of smartphone technology in psychotherapy, as well as the challenges and potential solutions to implementing this approach to blended care with patients suffering from mental disorders.

C06 - Electroconvulsive Therapy: A Core Review of Current Practice

Friday, 15 September

14:45 - 17:45 (3 hrs)

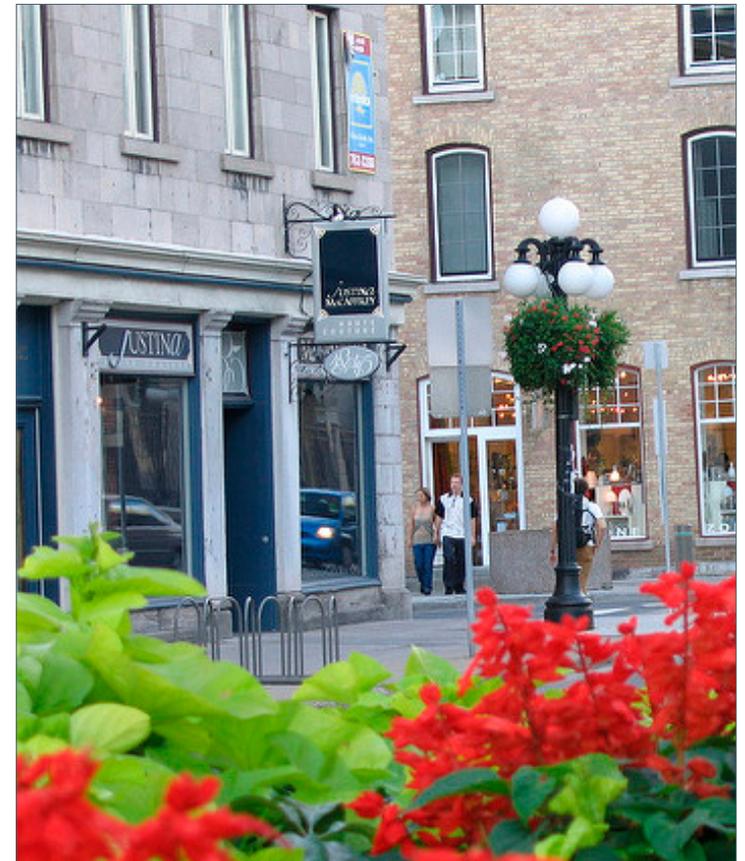
Peter K.Y. Chan*, MD, FRCPC; Kiran Rabheru, MD, CCFP, FRCPC; Caroline Gosselin, MD, FRCPC

CanMEDS Role:

1. Medical Expert
2. Health Advocate
3. Communicator

At the end of this session, participants will be able to: 1) Describe indications and assess risk when selecting electroconvulsive therapy (ECT) for patients and obtaining consent; 2) Be aware of how ECT technique, including ECT device parameters, can affect clinical outcome; and 3) Consider the role of maintenance ECT, various anaesthetics, and medications in ECT outcome.

Electroconvulsive therapy (ECT) continues to provide a life-saving and effective mode of treatment for a host of serious psychiatric syndromes. This course offers a comprehensive review of core practice principles for both novice and more experienced ECT providers. Indications, pre-ECT work-up, and the process of consent will be outlined. As ECT outcome is closely tied to anaesthetic technique, recommendations, including for the use of ketamine, will be discussed. The evidence behind and indications for bifrontal, bitemporal, and right and left unilateral electrode placements will be reviewed. Discussion will further focus on various dosing protocols in use, including titration techniques with ultrabrief or brief pulse width settings, and age or sex-based dosing formulas. The EEG parameters that are markers of a therapeutic seizure will be taught. Strategies to minimize adverse effects and maintain symptom recovery will be offered, including the effects of concurrent medication use and the benefits of maintenance ECT. These university-based ECT clinicians who are involved in active ECT practice, teaching, and research provide this course through both didactic and small-group hands-on sessions. The rotating small group sessions are divided into EEG interpretation, device parameters, and electrode placement/skin preparation.



COURSES

C07 - An Introduction to Forensic Psychiatry: Review of Basic Concepts and Beyond

Friday, 15 September

14:45 - 17:45 (3 hrs)

Dominique Bourget*, MD, FRCPC; Gary Chaimowitz, MBChB, MBA, FCPA, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Health Advocate

At the end of this session, participants will be able to: 1) Acquire knowledge on the basics of forensic psychiatry, including ethical issues such as confidentiality and consent and the expert; 2) Gain a better understanding of the various forensic psychiatry assessments, such as fitness to stand trial and criminal responsibility; and 3) Gain a better understanding of malpractice and liability as it relates to tort law.

This updated introduction to forensic psychiatry deals with the fundamentals of forensic psychiatry; issues of confidentiality and privilege; issues of consent and capacity; fitness to stand trial; assessment orders for fitness to stand trial under the Criminal Code of Canada; and the history and background of criminal responsibility as it applies to the defense of not criminally responsible. Canadian landmark cases and relevant sections of the Canadian Charter of Rights and Freedoms will be reviewed. Review boards, review persons found not criminally responsible, and the role and functions of these boards, as well as case law, will be discussed. We review physician, specifically psychiatric, liability. More specifically, the doctor-patient relationship is reviewed as it is fundamental to many of the malpractice and liability issues. The concepts of civil liability, negligence, and criminal liability will be covered. Legal causation and standard of care will also be reviewed. We review relevant case law and reasonable steps to take to ensure that patient-doctor privilege is not compromised. The requirement for valid consent as a prerequisite for any type of medical intervention is discussed. The process of obtaining an informed consent is emphasized. The evaluation of capacity and determination of incapacity regarding consent is presented, along with the rights for a judicial review. We will also cover all aspects of what is required of a psychiatrist to be successful in the courtroom environment.

C08 - Improving the Effectiveness of Cognitive-Behavioural Therapy and Acceptance and Commitment Therapy Across Cultures

Friday, 15 September

14:45 - 17:45 (3 hrs)

Farooq Naeem*, MD, MSc, MRCPsych, PhD; Kenneth Fung, MD, FRCPC, MSc

Supported by the Section on Transcultural Psychiatry

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Health Advocate



COURSES

At the end of this session, participants will be able to: 1) Recognize and understand themes related to and the need to culturally adapt psychosocial interventions, especially in ethnic minority communities; 2) Identify necessary steps to culturally adapt psychosocial interventions and be able to use these in clinical practice; and 3) Identify cultural assumptions underlying cognitive-behavioural therapy and acceptance and commitment therapy and their implications on clinical adaptation and application in diverse populations.

Cognitive behavioural therapy (CBT) has a strong evidence base and is recommended by the NICE in the UK and the APA in the US for a variety of emotional and mental health problems. Acceptance and commitment therapy (ACT) is a psychological intervention that has wide clinical applications with emerging empirical support. It is based on functional contextualism and is derived as a clinical application of the relational frame theory, a behavioural account of the development of human thought and cognition. ACT appears to be consistent with some of the core tenets of Buddhism in the approach to alleviating suffering, with notable differences in scope reflecting their different aims and objectives; however, CBT is underpinned by specific cultural values, and for it to be effective for clients from diverse backgrounds, it should be culturally adapted. It has been suggested that cultures differ in core values, for example, Individualism-Communalism, Cognitivism-Emotionalism, Free Will-Determinism, and Materialism-Spiritualism. Therapists working with ethnic minority clients in the US have developed guidelines for therapy adaptation. Most of these guidelines are based on theoretical grounds or personal experiences. These guidelines were not the direct outcome of research to address cultural issues. The literature describing guidance for cognitive therapists is limited. Our international group has recently used various methods to adapt CBT and ACT for clients from various backgrounds, including African, Caribbean, Chinese, Bangladeshi, and Pakistanis. In this course, we will describe our experience of adaptation of CBT and ACT across cultures.

C09 - Psychopharmacology in the Context of Medical Illness: Update 2017

Friday, 15 September

14:45 - 17:45 (3 hrs)

Susan Abbey*, MD, FRCPC; Sanjeev Sockalingam, MD, MHPE, FRCPC, FCPA; Raed Hawa, MD, FRCPC; Carla Garcia, MD, FRCPC; Rima Styra, MD, FRCPC; Adrienne Tan, MD, FRCPC
Supported by the Canadian Academy of Psychosomatic Medicine

CanMEDS Role:

1. Medical Expert

At the end of this session, participants will be able to: 1) Describe an approach to developing a psychopharmacology treatment plan for people with comorbid medical illness; 2) List critical issues for psychopharmacology in the context of specific common medical conditions; and 3) List three uncommon sources of information about psychopharmacology in medically ill patients.

Psychiatrists are increasingly asked to consult on and manage patients with significant medical and surgical comorbidities. This annual update course brings general psychiatrists the latest information to guide their management of these challenging patients. The course begins by providing a coherent, logical approach to psychopharmacological treatment of these patients and a summary of where to find evidence to guide clinical decision making. A series of presentations based on common clinical questions follows. For 2017, topics covered will include the use of psychotropic agents in individuals with end-organ failure (heart, lung, liver, kidney), binge eating disorder and obesity, pre-and post-bariatric surgery, and managing sleep disorders in patients with significant medical comorbidities. The slide deck from the presentation will be available to participants.



COURSES

C10 - A Primer in Concurrent Disorders

Saturday, 16 September

14:45 - 17:45 (3 hrs)

Jennifer Brasch*, BSc, MD; Beth Reade, MD

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Collaborator

At the end of this session, participants will be able to: 1) Quickly screen for substance use disorders (SUDs) in psychiatric patients and determine when psychiatric symptoms are substance induced; 2) List evidence-based medications for SUDs and safer psychiatric medication choices in patients with concurrent disorders; and 3) Use brief office-based psychotherapeutic interventions to encourage patients to reduce their substance use.

How many of your psychiatric patients are also experiencing harmful involvement with alcohol, other drugs, and/or gambling? Probably more than you think—estimates range from 30% to 60%. Patients with concurrent disorders use more health care services, have poorer response to psychiatric meds, have more hospitalizations, and more suicide attempts and deaths than patients with only psychiatric illness. Assessing and treating substance use problems leads to better outcomes; however, these patients may be difficult to engage in a positive and hopeful way. This course offers the latest knowledge and skills to manage substance abuse problems in psychiatric patients. We will focus on the clinical aspects of care for patients with concurrent disorders, including assessment, medications, brief psychotherapeutic interventions, and collaborative care with addiction services. Topics to be covered include:

1. Assessment issues, including differentiating primary from substance-induced psychiatric disorders.
2. A review of evidence-based medications for managing alcohol, nicotine, opioid, and other substance use disorders.
3. Dangerous drug interactions between methadone and common psychiatric medications; safer med choices for patients who use substances.
4. Assessment and treatment of mood and anxiety disorders, insomnia, and psychosis in patients who use substances.
5. Brief office-based psychotherapeutic interventions to motivate your patients to reduce their harmful substance use.
7. The role of trauma in addictions.
6. Key concepts in addiction care, including abstinence-based and harm-reduction approaches.

C11 - Mindfulness in Psychotherapy: Therapeutic Integrations

Saturday, 16 September

14:45 - 17:45 (3 hrs)

Thomas Smigas*, MD, FRCPC; Catherine Phillips, MD, FRCPC

CanMEDS Roles:

1. Scholar
2. Health Advocate
3. Communicator

At the end of this session, participants will be able to: 1) Become familiar with a sampling of the literature on the principles, benefits, and risks of integrating mindfulness into psychotherapy; 2) Explore how mindfulness exercises serve as a basis for enhancing self-awareness with benefit to the patient, therapist, and therapeutic alliance; and 3) Become familiar with the foundations of integrating mindfulness into clinical work through a direct personal experience of a sampling of mindfulness exercises.

“Mindfulness” refers to the state of being fully present to one’s experience as it arises in the present moment, with attitudes such as non-judgement, openness, and acceptance, and can be intentionally cultivated through the practice of mindfulness meditation. Mindfulness practices are being implemented in individual

COURSES

psychotherapy and a variety of mindfulness based programs (MBPs) to treat an ever-widening array of diagnoses. In this three-hour course, a literature review of mindfulness in psychotherapy will be followed by the practice of various guided formal and informal mindfulness exercises derived from MBPs, including awareness of breath, body scan, and loving-kindness meditations. With this intellectual and experiential foundation, participants will explore the potential of mindfulness practice to enhance self-awareness, with benefits to the patient, therapist, and therapeutic alliance. Three basic ways to integrate mindfulness practice into the therapy hour will be reviewed, including 1) the therapist embodying mindfulness, 2) integrating mindfulness concepts and insights into therapy (mindfulness-informed psychotherapy), and 3) explicitly teaching the patient mindfulness meditation (mindfulness-based psychotherapy). Participants will acquire the foundation to integrate mindfulness into psychotherapy-the experience, knowledge, and resources to develop their own personal mindfulness practice. Through this introductory course, participants will obtain a concise overview of how mindfulness can be integrated into psychotherapy, gain first-hand experience of its potential to enhance self-awareness, and increase their understanding of how to integrate mindfulness into a variety of therapeutic interactions.

C12 - Cognitive-Behavioural Therapy for Insomnia (CBTi): An Interactive, Hands-On Course

Saturday, 16 September

14:45 - 17:45 (3 hrs)

Gail Myhr*, MD, CM, MSc

CanMEDS Role:

1. Medical Expert

At the end of this session, participants will be able to: 1) Conceptualize processes causing and maintaining insomnia; 2) Use stimulus control and sleep restriction to reverse conditioned arousal and improve sleep quality; and 3) Use cognitive interventions to reduce psychological arousal and eliminate sleep effort.

Insomnia is a common concomitant of mental disorders seen by mental health professionals. Psychotropic medications themselves, such as selective serotonin reuptake inhibitors (SSRIs) and selective norepinephrine reuptake inhibitors (SNRIs), can contribute to sleep difficulties. Once symptoms of a primary mental disorder subside, insomnia often persists. Furthermore, insomnia disorder alone, arising in the context of life stresses, can persist even when these stressors have abated. Why is this? And what can be done? Psychiatrists often turn to advice on sleep hygiene and medication strategies to combat these difficulties, with variable effectiveness. Cognitive-behavioural therapy for insomnia (CBTi) is as effective as hypnotic medications in reducing even chronic insomnia. Simple, time-limited, and cost-effective, CBTi can be integrated into busy practices in many contexts, with a basic understanding of principles of sleep regulation (sleep drive, the circadian clock) and cognitive-behavioural principles of conditioning and cognitive processes. Stimulus control and sleep restriction are powerful behavioural techniques that reverse conditioned arousal and improve sleep quality. Cognitive interventions address patient's erroneous beliefs about sleep, "safety behaviours," as well as the tendency to worry, all of which contribute to nighttime arousal and daytime dysfunction. This is a highly interactive course. Participants will use sleep logs and apps to establish their own sleep parameters. They will learn to use sleep parameters to plan CBTi interventions in case material. A video demonstrating simple cognitive interventions to deal with common sleep-related beliefs will be shown. By the end of the course, participants will be ready to try CBTi with their next patient with insomnia.



COURSES

C13 - Stepped Care for Borderline Personality Disorder

Saturday, 16 September

14:45 - 17:45 (3 hrs)

Joel Paris*, MD, FRCPC

CanMEDS Roles:

1. Health Advocate
2. Professional
3. Scholar

At the end of this session, participants will be able to: 1) Understand stepped care-based short-term and long-term programs for borderline personality disorder (BPD); 2) Learn about data on effectiveness of these programs; and 3) Hear arguments for change in priorities of mental health services for BPD.

Borderline personality disorder (BPD) is a major challenge for mental health services. There are evidence-based psychotherapies for patients with BPD, but they are resource-intensive, expensive, lengthy, and generally unavailable. A method is needed to sort out patients into a less chronic group that can benefit from short-term treatment and a more chronic group that requires rehabilitation. The course will describe the approach developed at McGill, which is based on a stepped-care model that has been used in other medical specialties, as well as in psychiatry. By providing short-term care to most patients and reserving long-term care for those who fail this step or who are more seriously disabled, resources are retained to treat more patients, leading to the abolition of waiting lists. This approach has been used at our site for 15 years. Data will be presented to show the effectiveness of both the short- and long-term programs. Most patients in short-term therapy (12 weeks of group and individual sessions) improve and do not relapse. It will therefore be argued that this model is superior to current practice, in which specialized programs, when they exist in a locality, become inaccessible because all patients are treated with long-term therapy. The reduction of waiting lists for treatment will also be of great benefit to mental health services as a whole.



CPA ACADEMY UPDATE COURSES

AC01 - CPA Academy Update Course with Canadian Academy of Psychosomatic Medicine: Update in Psychosomatic Medicine

Thursday, 14 September

14:45 - 17:45 (3 hrs)

Susan Abbey*, MD, FRCPC; Adrienne Tan, MD, FRCPC; Philip Gerretsen, MD, FRCPC; Peter Chan, MD, FRCPC; Sanjeev Sockalingam, MD, FRCPC; Raed Hawa, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Collaborator

At the end of this session, participants will be able to: 1) Evaluate findings from the year's top research papers in consultation-liaison psychiatry; 2) Describe the DSM-5 diagnostic criteria for and management of somatoform disorders; and 3) Appreciate how innovative educational activities and practice models can build capacity in medical-psychiatry care.

This course will provide participants with an overview of current issues in consultation-liaison psychiatry, which are relevant to the general and specialist psychiatrist alike. The first section (Impact Factor: The Year's Most Important Articles in CL Psychiatry) will focus on recently published empirical research in medical psychiatry, including the controversy about the use of antipsychotics in delirium management. The second section (Mind and Body: An Overview of Somatoform Disorders in DSM-5) will review somatoform disorders as described in DSM-5, exploring clinical considerations in both diagnosis and management. The third section will explore common challenges in treating patients with co-occurring mental and physical illness. Finally, in the fourth section (The Next Generation: Novel Approaches to Capacity Building Through Education and Clinical Care), faculty will describe an innovative undergraduate medical educational program and an integrated clinical care model with a surgical specialty to demonstrate how these can improve capacity in this area of psychiatry. Participants will have the opportunity to engage with course faculty through question-and-answer periods and interactive activities. The course will be practice-focused, so that participants can reflect on their current clinical management and how these may be modified for improved process and patient outcomes based on current best practices.

AC02 - CPA Academy Update Course with Canadian Academy of Geriatric Psychiatry: Dementia, Delirium and Depression

Friday, 15 September

14:45 - 17:45 (3 hrs)

Tim Lau*, MD, FRCPC ; Andrew Wiens, MD, FRCPC; Maria Hussain, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Collaborator
3. Health Advocate

At the end of this session, participants will be able to: 1) Review the diagnosis and differential diagnosis of delirium including the challenge of an underlying dementia; 2) Review the non-pharmacologic and pharmacologic management of delirium; and 3) Review the literature regarding the prognosis following delirium.

Delirium is a common, serious, and life threatening condition that is often missed and poorly managed. Increasing evidence argues that health care providers need to assess the mental status of the patient as the "sixth vital sign". Although functional neuroimaging and CSF biomarkers are being studied, the diagnosis is a clinical one without a lab test or imaging to confirm it. The development of delirium is associated with increased morbidity, mortality, slower rate of recovery, poor functional

CPA ACADEMY UPDATE COURSES

and cognitive recovery, decreased quality of life, hospital-acquired complications, placement in specialized intermediate and long-term care facilities, cost of care, and prolonged hospital stays. In this CPA Academy Update Course we present here a complex case of delirium. As is often the case in clinical practice, there were a number of potential aetiologies of confusion including the question of an underlying dementia but also because of the challenging nature of the patient's course in hospital. The case is an example of delirium in a patient with Parkinson's disease who is on pro-dopaminergic medications who develops an infection and becomes confused. Both supportive therapy and pharmacological interventions were key to this patient's treatment. The case will be used as an example to illustrate a methodical approach to identifying and managing delirium which can have multiple aetiologies and although theoretically completely reversible is more often not. The sequelae of delirium will also be reviewed.

AC03 - CPA Academy Update Course with Canadian Academy of Psychiatry and the Law: Assessment & Management of Violence: Pearls for General Psychiatry

Saturday, 16 September

14:45 - 17:45 (3 hrs)

Brad Booth*, MD, FRCPC, DABPN; Johann Brink, MB, ChB, FRCP; Phil Klassen, MD, FRCPC; Victoria Roth, MD, FRCPC; Sandy Simpson, MB ChB, BMedSci, FRANZCP

CanMEDS Roles:

1. Medical Expert
2. Leader
3. Professional

At the end of this session, participants will be able to: 1) Describe rates and types of violence including psychiatric risk factors; 2) Utilize a legally defensible approach to risk assessment and risk management of psychiatric patients; and 3) List specific risk issues in correctional populations, sexual violence, domestic partners and stalkers.

Assessment and management of violence is part of daily psychiatric practice. Violence occurs on a spectrum from mild to deadly. It can include verbal aggression, physical violence and sexual violence. Our patients can be instigators of violence or the victims of violence. While common, many psychiatrists feel ill-equipped to assess and manage violence. This course will review the cutting-edge evidence for risk factors for violence. A legally defensible approach for assessment and management of violence will be presented. Finally, special risk groups for violence will be discussed including correctional populations, sexual violence, domestic partners and stalkers.

Attention All Residents!

Resident's Competition

Thursday, 14 September, 12:00 - 13:30

Sign your team up or come and cheer on your friends and colleagues as residents from across the country compete in the first ever CPA resident competition. Resident teams will compete in a trivia challenge for prizes and all the glory of taking home the Resident Competition Cup. Watch your email for more information and for your chance to sign your team up.

MIT Section Annual General Meeting

Thursday, 14 September, 13:30 - 14:15

Join us for lunch - Meet your Members-in-Training Section Executive and share your ideas on how to promote the interests of Canadian psychiatric trainees and fellows and strengthen our representation in the CPA. We want your input!

Networking Social for Residents, Fellows and Medical Students

Friday, 15 September, 19:30 - 22:00

Join your fellow residents for our annual social. *Your hors d'oeuvres and one beverage are on us!* Take the opportunity to meet and network with fellow trainees from across Canada and beyond as we celebrate the top three schools in the CPA interuniversity membership race challenge. The Department of psychiatry at the University of Toronto, McMaster University, Western University, and the MIT Section of the CPA proudly sponsor this event. Remember to bring your ticket or conference ID badge for a complimentary beverage. Cheers!

CPA Conference Travel Bursary for Members-in-Training

Residents or fellows from a Canadian psychiatry training program who **register by Friday, August 18**, for the CPA Annual Conference are automatically eligible to be included in the lottery draw for the bursary. **NOTE:** Residents in the city hosting the conference for the current year are excluded from the draw.

Twelve bursaries will be allocated equally among the six CPA-designated geographical regions: British Columbia, Alberta, the Prairies, Ontario, Québec and the Atlantic. Recipients of the regional bursaries will be chosen by lottery and will be notified three weeks prior to the annual conference. Bursaries will be presented in person at the MIT's Section Annual General Meeting, on Thursday, September 14, 13:30 - 14:15. The CPA Members-in-Training (MIT) Conference Travel Bursaries were developed by the Member-in-Training and Fellows Section of the CPA and are supported by the CPA Board of Directors to help make attendance at the CPA annual conference more accessible to residents from across Canada. They are not meant to replace educational funds that are supplied at departmental levels.

The deadline for Travel Bursary pre-registration is Friday, 18 August 2017, by 17:00 ET.



OF INTEREST TO RESIDENTS!



Ottawa 2017

Conference Hotels

****NOTE: Scientific programming will take place at the Shaw Centre, connected to the Westin and across the street from the Fairmont****
Individuals are responsible for making their own reservations directly with the hotels. Requests must be received prior to 13 August, to guarantee the conference rate. When making your reservation, remember to identify yourself as part of the Canadian Psychiatric Association.

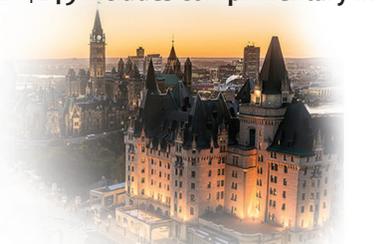


The Westin Ottawa

11 Colonel By Drive, Ottawa

Reservations

Promotional Code: Canadian Psychiatric Association Book Online: [CPA 2017 WO](#) Reservations : (888) 625-4988
Room Rate: Traditional - \$249 includes complimentary in-room WiFi (savings of \$14.95/day)



Fairmont Chateau Laurier

1 Rideau Street, Ottawa

Reservations

Promotional Code: Canadian Psychiatric Association Book Online: [CPA 2017 FCL](#) Reservations: (866) 540-4410
Room Rate: Fairmont - \$259 includes complimentary in-room WiFi for FPC members (savings of \$14.95/day)

For more information regarding the conference, please visit www.cpa-apc.org or email conference@cpa-apc.org.

FUTURE ANNUAL CONFERENCES

68th Annual Conference
27 - 29 September 2018
The Westin Harbour Castle
Toronto ON

REGISTRATION DESK
Parliament Foyer, Level 3
Shaw Centre
Wednesday, 13 September
12:00 - 18:00
Thursday, 14 September
07:00 - 17:00
Friday, 15 September
07:00 - 17:00
Saturday, 16 September
08:00 - 16:00

**SPEAKERS' PREPARATION
ROOM AND PRESS ROOM**
Room 221, Level 2
Shaw Centre
Thursday, 14 September
07:30 - 17:00
Friday, 15 September
07:30 - 17:00
Saturday, 16 September
08:00 - 16:00

EXHIBIT HALL
Canada Hall 2, Level 3
Shaw Centre
Thursday, 14 September
09:30 - 16:30
Friday, 15 September
09:30 - 16:30
Saturday, 16 September
09:30 - 16:30

REGISTRANT INFORMATION

For those interested and able to attend, Wednesday, 13 September, will offer a limited number of pre-conference courses, 13:00 - 17:00 and 13:00 - 20:00. The regular conference program will begin at 08:30 on Thursday and conclude at 18:00 on Saturday. Thursday, Friday and Saturday mornings will each offer an all-delegate keynote plenary. Friday evening will host the AGM and Saturday evening will host the President's Gala.

Registration

The CPA encourages prospective delegates to register in advance to avoid long wait times onsite. Registration is mandatory for all delegates, speakers, presenters and exhibitors at the conference.

Manual Registrations

A fee of \$25 will be automatically charged to all manual registrations received by fax or mail.

Confirmation of Registration

An official receipt will be mailed to you once your registration is processed. No other confirmations will be provided.

CANCELLATIONS AND REFUND POLICY

Cancellations and refund requests must be received in writing and sent to the attention of:

Registration Coordinator

701 - 141 Laurier Ave. W.

Ottawa, ON K1P 5J3

Fax: (613) 234-9857

E-mail: registration@cpa-apc.org

Refunds will be processed after the conference.

Deadline for a full registration refund less \$150 administration fee: 2 August.

Deadline for a 50% Resident/Medical Student registration refund: 2 August.

After this date, refunds will not be issued.

Deadline for a 50% registration refund less \$150 administration fee: 16 August.

After this date, refunds will not be issued.

Deadline for social event refunds: 16 August. After this date, refunds will not be issued.

Session cancellation: The CPA reserves the right to cancel a session (or sessions) due to unforeseen circumstances and cannot accept responsibility for out-of-pocket expenses incurred due to the cancellation of any session.

REGISTRANT INFORMATION

SOCIAL PROGRAM

Annual CPA Fun Run/Walk

Friday, 15 September, 06:45 - 08:00

Participants will meet in the lobby of The Westin Ottawa at 06:30 for a 5K/8K scenic run/walk, weather permitting. The hotel's Running Concierge and our own Dr. Nancy Brager will lead the group along one of Ottawa's running paths through the downtown sector. Scheduled return to the hotel is no later than 08:00. Open to runners of all levels.



President's Gala (\$35 residents; \$75 members/affiliates; \$95 non-members)

Saturday, 16 September

Reception 18:30, Parliament Foyer

Dinner 19:00, Canada Hall 1

The President's Gala is an exceptional four-course dinner where we honour CPA award winners, congratulate our outgoing president, and conduct the exchange of office. It offers a great opportunity in a beautiful setting for networking with your friends, colleagues, mentors, and may even see you on the dance floor with our live band, StarFire! We hope you will join us in honoring your peers, congratulating Dr. Renuka Prasad on his presidential year and welcoming Dr. Nachiketa Sinha as the 2017-2018 CPA President. The dress for this event is business attire.

SPECIAL ACTIVITIES FOR RESIDENTS

Resident's Competition

Thursday, 14 September, 12:00 - 13:30

Sign your team up or come and cheer on your friends and colleagues as residents from across the country compete in the first ever CPA resident competition. Resident teams will compete in a trivia challenge for prizes and all the glory of taking home the Resident Competition Cup. Watch your email for more information and for your chance to sign your team up.



Residents' Section Annual General Meeting

Thursday, 14 September, 13:30 - 14:15

Join your new Members-in-Training & Fellows' Section Executive for lunch and share your ideas on how to promote the interests of Canadian psychiatric trainees and fellows, and strengthen our representation in the CPA. We want your input!

Networking Social for Residents, Fellows and Medical Students

Friday, 15 September, 19:30 - 22:00

Join your fellow residents for our annual social. *Your hors d'oeuvres and one beverage are on us!* Take the opportunity to meet and network with fellow trainees from across Canada and beyond as we celebrate the top three schools in the CPA interuniversity membership race challenge. The departments of psychiatry at the University of Ottawa, Queens University, and the MIT Section of the CPA proudly sponsor this event. Remember to bring your ticket or conference ID badge for a complimentary beverage. Cheers!

BUSINESS MEETINGS

The Annual General Meeting, will be held on **Friday, 15 September, 18:15 - 19:30**. All CPA members/affiliates are invited for a reception and to participate in the meeting. A number of other business meetings will be held during the conference, outside the scientific sessions. Admission is by invitation only, and committee members will receive separate notification of their scheduled meeting times.

DELEGATE SERVICES

Section 3 Accredited Self-Assessment Program (SAP) - Members only

CPA has developed an accredited SAP based on accepted conference abstracts. The multiple-choice questionnaire takes approximately two hours to complete and provides a list of

REGISTRANT INFORMATION

sessions to consider attending in addition to your score and referenced answers. You can claim six Section 3 credits for completing the SAP. There is no additional cost for members/affiliates with paid registration.

Kiosk

With the ever changing technology age, CPA will offer the new interactive tool, the Kiosk, where you can view and search the scientific schedule in real time, with full abstract, and add sessions to your Outlook calendar. This tool helps you schedule your time at the conference in a user friendly manner. Check it out at www.cpa-apc.org/kiosk.



Twitter

CPA will once again be live-tweeting from this year's Annual Conference. Follow us on Twitter [@CPA_APC](https://twitter.com/CPA_APC) to get up to the minute news on events and programming. You can also join the conversation by using the hashtag [#cpaconference](https://twitter.com/CPA_APC) in your own Tweets.

QR Codes

Quick Reference (QR) Codes provide immediate access to the online session and conference evaluations from the comfort of your room/office/home or on the conference floor. We will post the code on every session room sign and provide a flier in delegate kits. A simple scan of the code with a smart phone will bring delegates immediately to the electronic version of the evaluation forms. Watch for the codes this year as they will lead to various conference listings and information.



Exhibit Hall

Canada Hall 2, Level 3, Shaw Centre

Take a moment to see what's new by visiting this year's exhibitors and meeting sponsors. Exhibit Hall hours are 09:30 - 16:30 Thursday - Saturday with beverages and snacks served daily at 11:30 and 14:30 Eat Street is a great place to catch up with friends and colleagues.

TRAVEL

Carlson Wagonlit Travel (CWT) is the official travel agency for the 67th Annual Conference. Dial (866) 267-5623 or email yow2.ca@contactcwt.com. Those who book with CWT benefit from reduced service fees (\$40).

AIR CANADA

Special convention fares are available on Air Canada, Air Canada connector carriers, and joint Air Canada/United services for travel within North America, 6 - 26 September 2017. Quote the promotion number, **7U9BXXD1**, and you may receive further discounts off selected services, in addition to valuable Aeroplan points. These discounts apply to Web bookings and the convention number can be added when our dedicated agency makes your reservation.



WESTJET

We are happy to confirm that, for the upcoming 67th Annual Conference, WestJet is able to offer 10% off Econo and 15% off Plus base fares for travel between Ottawa and anywhere WestJet flies in North America. Travel dates are 6 - 26 September 2017. To take advantage of this offer, please visit westjet.com and use coupon code **R2CBRGY**.



REGISTRANT INFORMATION

PORTER AIRLINES

Porter Airlines is proud to offer a 10% discount on available base fares (with the exception of the lowest class fare during a public seat sale) for travel to and from the 67th Annual Conference. The discounted fares are available for booking from 30 May to 19 September 2017 and available for travel anywhere in Canada or US. Please book online at <https://flyporter.com/Flight?cultre=enCA&promocode=CPA067> or through your travel agent using promo code "CPA067". Discount is applicable for travel from 10 - 19 September 2017..

The logo for Porter Airlines, featuring the word "porter" in white lowercase letters on a dark blue rectangular background.

VIA RAIL

Via Rail is our official ground transportation provider from all stations throughout the VIA system to and from Ottawa. Convention fares apply to a maximum of two passengers per booking, with one complimentary stopover permitted at no additional charge. A discount of 10% off the best available fare in Economy, Economy Plus, Business, Business Plus, or Sleeper class is applicable for travel from 11 - 21 September 2017. Discount does not apply to Escape fares and Prestige Class. Delegates must reference VIA's convention discount code: **13319**. You have to log in to your profile, or create one prior to booking. On the Passenger Information screen, select "Convention fare" from the "Discount Type" drop-down menu, and enter the discount code for your conference in the "Discount code" field.



ACCOMMODATIONS

A limited room block with a secured conference rate is being held for Annual Conference participants at The Westin Ottawa and the Fairmont Chateau Laurier. Any rooms not reserved by **13 August** will be released for general sale. When booking your

room, be sure to indicate that you are attending the CPA Annual Conference. To reserve a room, review the hotel information on page 28 or visit our website.

WHY IT IS IMPORTANT TO BOOK AT OUR CONFERENCE HOTEL...

The CPA strongly encourages you to book your guest room at the conference hotel. The CPA makes every effort to secure the best possible group guest room rates. These rates are part of a negotiated overall conference package that incorporates meeting room rental as well as other services. We are asking each of you to make your reservation at the official conference hotel so CPA can meet its contractual obligations for rooms and keep future hotel guest room rates and registration fees reasonable. Delegates within the group block are extended priority by the hotels and protected from hotel relocation. Please make your reservations early to avoid disappointment.

WHEELCHAIR ACCESSIBILITY

All meeting rooms at the conference venue are accessible. There are also a number of accessible guestrooms. Please contact the hotel for details.

DISCLOSURE POLICY

Annual Conference presenters must disclose any economic or other personal interests that create, or may be perceived as creating, a conflict related to material discussed. This policy is intended to make delegates aware of presenters' interests so that delegates can form their own judgments about the information discussed. Full disclosure of any relationship(s) will be provided on our website for each presenter. Presenters should also verbally address their disclosures and include complete information in their slide presentations.

REGISTRANT INFORMATION

ELECTRONIC RECORDING OF SESSIONS

Please note that it is **strictly prohibited** for any individual or group to electronically record any presentation without prior authorization and written approval from the CPA head office.

COLLECTION AND USE OF PERSONAL INFORMATION

The personal information that is collected on the conference registration form is used primarily for administrative purposes. Typical uses include the generation of delegate lists and attendance records for Section 1 credits. In addition, it may be used in the future to advise you of other Association events and offerings. All information is appropriately safeguarded and can be updated or accessed at any time by making a request to the Association. If you wish to withdraw your consent to use your information, it may limit our ability to serve you. If you have questions about the collection or use of registration information, please call (613) 234-2815, ext. 231.

INFORMATION

Heather Cleat
Director, Annual Conference & Meetings
Tel: 613-234-2815 / 800-267-1555, ext. 242
E-mail: conference@cpa-apc.org

REGISTRATION INFORMATION

Registration Coordinator
Tel: 613-234-2815 / 800-267-1555, ext. 229
E-mail: registration@cpa-apc.org





Canadian Psychiatric Association

Dedicated to quality care

Association des psychiatres du Canada

Dévouée aux soins de qualité