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Canadian Psychiatric Association
Dedicated to quality care

Association des psychiatres du Canada
Dévouée aux soins de qualité



68th Annual Conference

27 - 29 September
The Westin Harbour Castle

Toronto 2018!

Preliminary Program



Welcome to Toronto!

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Welcome



Dear Friends and Colleagues,

Join me this September for CPA's Annual Conference in the metropolitan city of Toronto.

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, and his associate chair, Dr. Michael Butterfield. Together, they have 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. This year's plenary sessions include Dr. Brian Hodges and Dr. Lisa Marsh discussing technology and the future of mental health, as well as Dr. Don Richardson, Dr. Andrea Tuka and Dr. Nick Carleton reviewing current trends and advances in public safety personnel and military psychiatry in Canada.

The conference is also a time to acknowledge our outstanding colleagues for their exceptional contributions to the profession. Join me on Thursday 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. The Gala will also be time for me to say my farewells as the outgoing president of the CPA and welcome your incoming president, Dr. Wei-Yi Song. 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 the vibrant city of Toronto. Explore the city's galleries and museums. Stroll along the waterfront or tour its lively neighbourhoods. If exploring the cityscape is your preferred leisure activity, Queen Street 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 Toronto.

Warm regards,

A handwritten signature in black ink, appearing to read 'Nachiketa Sinha'. The signature is fluid and cursive.

Nachiketa Sinha, MBBS, MBA
President, Canadian Psychiatric Association

Welcome

Dear Colleagues,



We are looking forward to hosting the 68th Annual Conference of the Canadian Psychiatric Association in Toronto. We are excited to build on the success of last year's conference in the nation's capital.

This year we will continue to build on the inaugural academy courses as we continue our clinical update courses delivered by national experts from the Canadian Academy of Child and Adolescent Psychiatry, Canadian Academy of Geriatric Psychiatry, and Canadian Academy of Psychosomatic Medicine. Each course will focus on new treatment updates and recent advances in each of these important specialty areas. This year's Expert Psychiatry Series will be hosted by the Canadian Academy of Psychiatry and the Law and will focus on practical approaches for psychiatrists related to assessing and presenting evidence on capacity.

Based on attendee feedback, we have added three new pre-conference courses on Wednesday, September 26. These four-hour courses will provide hands-on sessions on using technology in 21st century psychiatric practice, treatment updates in addiction psychiatry, and a novel course on how to navigate late career transitions and retirement in psychiatry.



Each day will continue with the highly rated all-delegate keynote plenary sessions. Dr. Phil Tibbo will deliver the Distinguished Member Lecture entitled Cannabis and Mental Health: From Knowledge to Knowledge Translation. Our plenary sessions will include some timely topics facing psychiatrists across the nation including Medical Assistance in Dying for non-terminal conditions; the impact of technology on psychiatric care delivery and compassion; and national perspectives on the mental health of public safety personnel, military and veterans.

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 Alice Cares

Programming for our residents and early career psychiatrists is a core part of the conference and includes our annual Psychiatry Resident Trivia Challenge and Early Investigator Poster Session. We will continue with Connect @ CPA to offer attendees dedicated work stations to help stay in contact with your office/home and provide convenient networking.

This year's meeting in Toronto is set to be another exceptional education program and networking opportunity. We hope to see you in September for what promises to be a stimulating and memorable conference!

Sincerely,

A handwritten signature in black ink that reads "S. Sockalingam".

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

A handwritten signature in black ink that reads "Michael Butterfield".

Michael Butterfield, MSc, MD, FRCPC
Associate Chair, Annual Conference Program Subcommittee

CONFERENCE OVERVIEW

2018 Annual Conference Program Subcommittee Members

Chair: Dr. Sanjeev Sockalingam

Associate Chair: Dr. Michael Butterfield

Psychiatry Advisory Group

Dr. Donald E. Addington
Dr. Marie-Claire Bourque
Dr. Peter K.Y. Chan
Dr. Jonathan S. Davine
Dr. Peter Giacobbe
Dr. Heidi Haensel
Dr. Raed Hawa

Dr. Harry Karlinsky
Dr. Diana Kljenak
Dr. Paul Kurdyak
Dr. Judy Lin
Dr. Joanne L. MacDonald
Dr. Robert Milin
Dr. Heather Milliken

Dr. Louis Morissette
Dr. Kathleen Pajer
Dr. Ronald A. Remick
Dr. Suzane Renaud
Dr. Margaret A. Richter
Dr. Kathleen Sheehan
Dr. Adrienne Tan

Dr. John Teshima
Dr. Louis van Zyl
Dr. Diane K. Whitney
Dr. Carmen Wiebe

Overall Educational Objectives

Participants at the 68th 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 68th 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, and approved by the Canadian Psychiatric Association. Participants in the program may claim a maximum of 28 hours for the entire conference (i.e., maximum of 4 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 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

Technology and the Future of Mental Health: Perspectives on Care and Compassion

Thursday, 27 September, 08:30 - 10:00

Advances in technology have increased the need for psychiatrists to consider how they integrate and use technology in their daily practice. Moreover, the rapid development of technology has resulted in a need for psychiatrists to consider emerging changes in practice and opportunities to increase access to mental health using these technological-enhanced interventions. The speakers will focus on practical and evidence-based interventions to improve access and quality of care in mental health and addictions through the use of technology. Dr. Lisa Marsch will provide an overview of the state of the science on leveraging digital technologies in promoting health behavior change, with a particular focus on mental health and substance use. She will discuss opportunities in the development, evaluation, and sustainable implementation of new models of behavioral health care that harness empirically-supported digital technologies to extend the reach, impact, personalization and cost-effectiveness of care. Dr. Brian Hodges will highlight the interplay of compassion and technology in mental health. Professional scopes of practice are going to change significantly and some professions may be reconfigured or made obsolete. It is time to take a hard look at what aspects of health care should remain firmly in the heads, hands and hearts of human health professionals.



Brian Hodges, MD, PhD, FRCPC

Brian D. Hodges is a Professor in the Faculty of Medicine and at the Ontario Institute for Studies in Education at the University of Toronto; the Richard and Elizabeth Currie Chair in Health Professions Education Research at the Wilson Centre and Executive-Vice President Education at the University Health Network (Toronto General, Toronto Western, Princess Margaret, Toronto Rehab Hospitals and the Michener Institute). He is a practicing psychiatrist and teacher. His research focuses on assessment, competence, compassion and the future of the health profession. His work has been recognized with the Association of American Medical Colleges Flexner Award (2015) and the Karolinska Institutet Prize for Research in Medical Education (2016).



Lisa Marsch, PhD

Lisa A. Marsch is the Director of the Center for Technology and Behavioral Health (CTBH) and the Andrew G. Wallace Professor within the Geisel School of Medicine at Dartmouth College. CTBH is an interdisciplinary “Center of Excellence”, supported by the U.S. National Institutes of Health, that uses science to inform the development, evaluation, and sustainable implementation of technology-based tools (that leverage web, mobile, sensing and/or social media approaches) for behavior change targeting a wide array of populations and health behaviors. These tools are designed to deliver engaging and effective health monitoring and health behavior interventions to collectively lead to transformations in the delivery of science-based behavioral health care.

All-Delegate Keynote Plenary

Mental Health in Military, Veterans and Public Safety Personnel: Approaches to Psychiatric Assessment and Care Delivery

Friday, 28 September, 08:30 - 10:00

The burden of mental health conditions in military and veterans populations is growing national concern. Moreover, public safety personnel also have significant mental health needs and live with distress resulting from their repeated traumatic exposure while on duty. The session will provide an overview of the prevalence of mental health disorder and suicide in Canadian veterans. The presentation will review treatment of military-related PTSD and stress the importance of treating comorbidity to improve outcomes. Speakers will summarize the impact of recent deployments and combat experiences on the mental health of Canadian Armed Forces personnel. The presentation will also examine the subsequent mental health service utilization and military occupational outcomes. Practical approaches to assessment and treatment interventions, including the models for integrated approaches to care in military, veterans and public safety personnel will be discussed in detail.

Don Richardson, MD, FRCPC

Don Richardson is a consultant psychiatrist and Physician Clinical Lead at the Parkwood Operational Stress Injury (OSI) Clinic in London, Ontario. He has a Social Work degree from McGill University and completed his medical degree at Queen's University and his fellowship in psychiatry at the University of Ottawa. He has more than 20 years of experience in the assessment and treatment of Veterans and Canadian forces members with PTSD and other operational stress injuries. He is a fellow with the Canadian Institute for Military and Veteran Health.

Andrea Tuka, MD, FRCPC

Lieutenant-Colonel Andrea Tuka graduated from Semmelweis Medical University in Hungary. Upon immigrating to Canada she enrolled with the Canadian Armed Forces. She completed the Family Practice Residency Program at UBC after which she served as a General Duty Medical Officer at 1 Field Ambulance in Edmonton. During that time she was deployed in Kabul, Afghanistan. After then completing the Postgraduate Program in Psychiatry at UBC she was reposted as a psychiatrist to 1 Field Ambulance in Edmonton. Her second deployment was as a psychiatrist at Kandahar Airfield, Afghanistan. Since 2011 she has served as the Clinical Leader at the Operational Trauma Stress Support Center at the Royal Canadian Navy Base in Esquimalt.

R. Nicholas Carleton, PhD, RD Psych

R. Nicholas Carleton is a Professor of Clinical Psychology, a registered doctoral clinical psychologist in Saskatchewan, and is currently serving as the Scientific Director for the Canadian Institute for Public Safety Research and Treatment. He is currently serving as the principal investigator on the Longitudinal Study of Operational Stress Injuries (OSIs) for the Royal Canadian Mounted Police. He maintains a small private practice for military and public safety personnel who have anxiety and related disorders, particularly posttraumatic stress.

All-Delegate Keynote Plenary

Lunch

MAiD in Canada: Topical and Emerging Areas Specific to Psychiatrists

Friday, 28 September, 12:30 - 14:30

Two years after passing legislation on medical assistance in dying (MAiD) in Canada, we have a better understanding of how psychiatrists can be involved in MAiD implementation and assessments. However, new challenges and questions are facing psychiatrists as the discourse related to MAiD continues to move forward across the nation. This plenary focuses on key perspectives on MAiD relevant to practicing psychiatrists. Presentations focused on lessons learned from MAiD implementation across a healthcare institution, the issue of advanced directives, and perspectives on MAiD for non-terminal conditions will be discussed. The presenters will review these key challenges and engage attendees in a dialogue regarding the key issues facing psychiatrists across the country.

Alexander (Sandy) Simpson, MBChB, BMedSci, FRANZCP

Sandy Simpson is Associate Professor and Head of the Division of Forensic Psychiatry at the Department of Psychiatry, U of T and is Chief of Forensic Psychiatry and Clinician Scientist at CAMH. His academic, teaching and research interests are in the area of the interaction of the law, ethics and people with serious mental illness (SMI): how we understand pathways to risk, into criminal justice system and for therapeutic intervention and recovery. His clinical and service development activities are currently in correctional mental health and he co-chairs the CAMH Committee on MAiD.

Ellen Wiebe, MD

Ellen Wiebe is a Clinical Professor in the Department of Family Practice at UBC. After 30 years of full-service family practice, she now restricts her practice to women's health and assisted death. She is the Medical Director of Willow Women's Clinic in Vancouver and provides medical and surgical abortions and contraception. She provides consultations for doctors and patients about aid in dying and provides assisted death.

Sally Bean, JD, MA

Sally Bean is the Director of the Health Ethics Alliance & Policy Advisor at Sunnybrook Health Sciences Centre. Sally earned a B.A. in Philosophy & English, an M.A. in Bioethics and Public Policy and a *Juris Doctorate*. After law school, Sally completed a two year fellowship in Clinical & Organizational Ethics through U of T Joint Centre for Bioethics. Sally also currently serves in the following academic capacities: an Adjunct Lecturer in the Dalla Lana School of Public Health and the Institute of Health Policy Management and Evaluation and an Associate Member of the School of Graduate Studies at U of T.

Gary Rodin, MD, FRCPC

Gary Rodin is the Joint University of Toronto/University Health Network Harold and Shirley Lederman Chair in Psychosocial Oncology and Palliative Care and is Head of the Department of Supportive Care at the Princess Margaret Cancer Centre in Toronto. Dr. Rodin is the Director of the Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC) and a Professor of Psychiatry at U of T. Under his leadership, the Department of Supportive Care at the Princess Margaret has now achieved an international reputation for its academic and clinical excellence.

All-Delegate Keynote Plenary



Distinguished Member Lecture: Cannabis and Mental Health: From Knowledge to Knowledge Translation

Saturday, 29 September, 08:30 - 10:00

Phil Tibbo, BSc (Hons), MD, FRCPC

Phil Tibbo received his BSc (Hons) from Mount Alison University in Sackville, NB, and his MD from Memorial University of Newfoundland. He completed his residency in psychiatry at the University of Alberta, and following this joined the staff at the University of Alberta Hospital as a clinician and researcher. He was instrumental in the development of and co-directed both the Bebensee Schizophrenia Research Unit and the Edmonton Early Psychosis Intervention Clinic. In 2008, Dr. Tibbo was named the first Dr. Paul Janssen Chair in Psychotic Disorders, an endowed research chair, at Dalhousie University in Halifax NS. He is a Professor in the Department of Psychiatry with a cross-appointment in Psychology at Dalhousie University and an Adjunct Professor in Department of Psychiatry at the University of Alberta. He is also Director of the Nova Scotia Early Psychosis Program (NSEPP) and co-director of the Nova Scotia Psychosis Research Unit (NSPRU). Dr. Tibbo's publications are primarily in the area of schizophrenia, and his current foci of study include individuals at the early phase of, and individuals at risk for, a psychotic illness. Dr. Tibbo's areas of research include application of *in vivo* brain neuroimaging techniques to study psychosis as well as research interests in co-morbidities in schizophrenia, psychosis genetics, addictions and psychosis, stigma and burden, pathways to care, education, and non-pharmacological treatment options. He is President of the Canadian Consortium for Early Intervention in Psychosis (CCEIP), helping to advance early intervention care at the national level. He is funded by local and national peer reviewed funding agencies and well published in leading journals. Dr. Tibbo is a recipient (2015) of the Michael Smith Award from the Schizophrenia Society of Canada for research and leadership in schizophrenia and more recently the recipient of the Canadian Alliance on Mental Illness and Mental Health's Champion of Mental Health Research/Clinician award in 2017.

Invited Lecturer

CPA-at-the-Movies Presents

Alice Cares (Ik ben Alice) Trailer

Friday, 28 September, 16:30 - 18:00

Netherlands 2015

Director: Sander Burger



By 2050, there will be four times as many octogenarians in the world as there are today; the majority will require care. How can we continue to meet the health-care needs of our rapidly-aging population? Enter Alice, a prototype of a social robot, or “carebot,” developed by researchers in the Netherlands to provide companionship to the isolated elderly. Alice is just 60 centimetres tall, with a doll-like face, a robot body, and tiny cameras behind her blinking eyes. As part of a pilot study, Alice is taken on multiple visits to three elderly women living alone in Amsterdam. They are initially wary of Alice (“I don’t feel like having a robot in my home,” says one, “I prefer a living human being”) but as this fascinating documentary shows, the results are surprising, not least to the ladies themselves. (The Cinematheque).

Post-screening discussion with Dr. Goldie Nejat. Goldie Nejat, PhD, P.Eng. is an Associate Professor in the Department of Mechanical & Industrial Engineering at the University of Toronto, and the Founder and Director of the Autonomous Systems and Biomechatronics (ASBLab) Laboratory. Dr. Nejat is also an Adjunct Scientist at the Toronto Rehabilitation Institute. She received both her BSc and PhD degrees in Mechanical Engineering at the University of Toronto.

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

Running Time: 76 minutes

Expert Psychiatry Series with CAPL:

A Practical Approach to Assessing and Presenting Evidence on Different Kinds of Capacity

Supported by the Canadian Academy of Psychiatry and the Law

Saturday, 29 September, 10:15 - 11:45

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 2018, the CPA has invited the Canadian Academy of Psychiatry and the Law to host this prestigious session.

While physicians make important decisions about treatment every day, knowing when to question a patient's capacity to make such decisions can be a frequent and challenging exercise. Psychiatrists have special skills in making such assessments, as the illnesses we treat often affect the very ability of individuals to understand and apply relevant information about their illness to their situation. While the most common capacity evaluated by psychiatrists are capacity for treatment decisions, there are many other capacities requiring psychiatric evaluation. Forensic psychiatrists are familiar with conducting complicated capacity assessments including: to consent to or refuse treatment, to manage one's finances, to be a fit parent, to marry or divorce, to be Fit to Stand Trial or to give testimony. Forensic psychiatrists from CAPL will provide an overview of the different kinds of capacity assessments that psychiatrists are called upon to conduct. We will teach helpful principles and approaches to assessing all capacity issues applicable in various jurisdictions. We will review the important jurisprudence underlying the legal standards that exist for the most commonly assessed capacities. In some jurisdictions, psychiatrists making a finding of incapacity may be called upon to write a formal report and testify in court or before a tribunal. We will review pertinent key questions that will provide the evidence needed for legal proceedings. Lastly we will also provide key hints in preparing documentation and giving testimony on these issues.



Joel Watts, MD, FRCPC, DABPN

Joel Watts sits as the Ontario region member and Vice-Chair of the Forensic Psychiatry Specialty Committee of the RCPSC. Dr. Watts moved to the Royal Ottawa Mental Health Centre (ROMHC) in July 2015 where he continues to assess and treat individuals with mental health difficulties who have legal problems or an increased risk of violence. He is also the Mental Health Court Clinical Lead at the ROMHC for the Champlain (Eastern Ontario) Region. He is currently the President of the Canadian Academy of Psychiatry and the Law (CAPL).



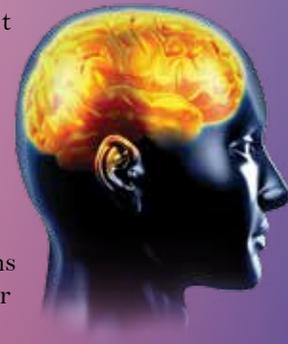
Philip Klassen, MD, FRCPC

Philip Klassen is Vice-President, Medical Affairs, at Ontario Shores Centre for Mental Health Sciences, and Assistant Professor in the Departments of Psychiatry and Medicine at the University of Toronto. He is also a practicing forensic psychiatrist, and works in the Traumatic Stress Clinic at Ontario Shores. Clinically, Dr. Klassen is active in the areas of forensic risk assessment and management, clinical sexology, assessment of fitness for duty, assessment of trauma outcome, and other forensic domains. He has also been an external reviewer for provincial and hospital programs.



Brad Booth, BSc, MD, FRCPC, DABPN, FCPA

Brad Booth is a forensic psychiatrist and fellow of the CPA based in Ottawa. After completing psychiatry in Ottawa and forensic psychiatry fellowship in Cleveland, he has actively been involved in forensic psychiatric practice and education. He is also the chair of the Forensic psychiatry sub-specialty committee at the Royal College of Physicians and Surgeons (RCPSC) and vice-president of the Canadian Academy of Psychiatry and the Law (CAPL). He has been designated a Founder of Forensic Psychiatry by the RCPSC. He has extensive experience and expertise in assessment of capacity and testimony.



PRE-CONFERENCE COURSES

PC01 - Addiction Psychiatry Update

Wednesday, 26 September

13:00 - 17:00 (4 hrs)

Christian Schutz*, MD, PhD, FRCPC; Tony George, MD, FRCPC; Krishna Balachandra, MD, FRCPC; Dara Charney, MD, FRCPC

CanMEDS Roles:

1. Health Advocate
2. Medical Expert
3. Professional

At the end of this session, participants will be able to: 1) Renew knowledge on mechanisms and diagnoses of substance use disorders focusing on alcohol, opioid, cannabis and stimulants; 2) Update knowledge on pharmacological treatments for people with substance use disorders focusing on alcohol, opioid, cannabis and stimulants; and 3) Review psychosocial approaches for substance use disorders.

Substance use disorder constitute a major group of disorders challenging Canada's public health. Today's psychiatrists are increasingly faced with substance use disorders, specifically as a common concurrent disorder with individuals suffering from other mental disorders. This hands-on pre-conference course will review current issues and development in addiction for psychiatrist focusing on treatment. This update will provide a current state of the art as it pertains to clinical practice. It will allow for discussions of problems faced in daily clinical practice. The presentations and discussions will focus on the treatment of these chronic disorders, less on withdrawal management and medical complications. Treatment with medications will be covered, as well as psychosocial interventions: motivational interviewing, contingency management, brief intervention. Presenters will furthermore comment on the overlap and treatment with major concurrent mental disorders. The focus will be on alcohol, cannabis, opioids, and stimulants.

PC02 - Late Career Transition

Wednesday, 26 September

13:00 - 17:00 (4 hrs)

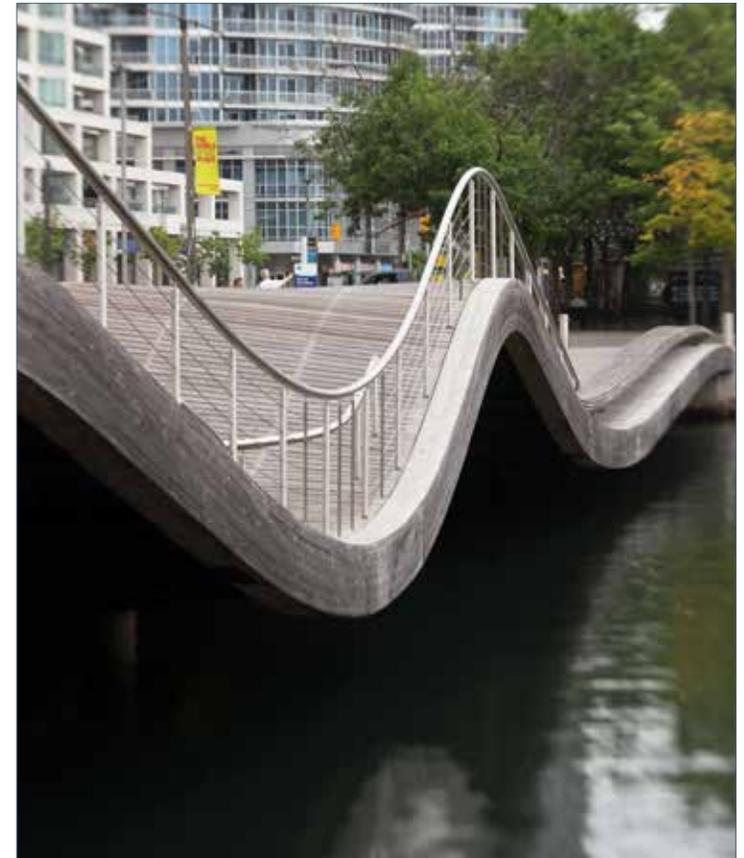
Ivan Silver*, MD, MEd, FRCPC; Rachel Morehouse, MD, FRCPC; Karen Leslie, MD, MEd, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Health Advocate

At the end of this session, participants will be able to: 1) Describe the challenges that psychiatrists face in planning for the latter part of their career; 2) Advocate for system changes in how we can support psychiatrists 55 and older; and 3) Make recommendations to the CPA on how it can provide supports and further education to late career psychiatrists in Canada.

Currently 40% of Canadian physicians are 55 and older. Transitioning into the last third of one's career can present many challenges for busy community and academic psychiatrists. Among the



PRE-CONFERENCE COURSES

challenges that have been identified include making adjustments related to changes in one's health and stamina, financial challenges including appropriate savings planning in the face of an absent physician public pension plan, coping with the loss of the professional identity during or prior to retirement, human resource planning especially if you are living in a rural area, and cultivating other interests and activities to replace work activities in preparing for retirement. Responsibilities outside of the medical career, such as caregiving elderly parents or supporting a second family can also complicate retirement planning for physicians. Currently, provincial medical associations provide some training and support related to late life transitions and retirement. Given a choice, many physicians might opt for gradual retirement or work sharing rather than stopping abruptly. Currently, there are few systemic supports to enable this either in academic, community or rural practice. The focus of this short course is to provide an opportunity for psychiatrists to reflect on the course of latter part of their career and to strategize together on the options open to us for supporting changes that we can make at whatever point in our career we are and to plan for eventually slowing down and retiring. We hope that this course might inspire psychiatrists to advocate for system changes in their various practice contexts including having regular opportunities to have these types of planning conversations throughout one's career. We also hope that the course attracts psychiatrists at various stages of their career, in all areas of practice and geographic location including psychiatrists who have already retired and continue to attend the CPA meeting. During the course, we will have the opportunity to review the recent literature on late-stage career and retirement issues for physicians. We will use a variety of interactivity teaching methods including personal writing, and small and large group discussion that will help ensure a deep discussion of the important challenges that we face. An intended outcome is to also make recommendations to the CPA on how the organization can also support psychiatrists at this seminal stage of their career.

PC03 - The 21st Century Practice: Using Technology for Psychiatry

Wednesday, 26 September

13:00 - 17:00 (4 hrs)

David Gratzner*, MD; Faiza Khalid-Khan, MD; Allison Crawford, MD, FRCPC, PhD; Simon Hatcher, MD, FRCPC; Gail Beck, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Scholar

At the end of this session, participants will be able to: 1) Better understand the way technology is changing practice; 2) Better understand the opportunities for using apps, social media, telepsychiatry, and blogging; and 3) Better appreciate the ethical considerations of technology use.

What should you do if your patient tries to friend you on Facebook? Should you do e-consults (and can you bill for them)? What apps can you incorporate into your practice? Can you do therapy over the Internet? Should you blog – and how would you go about doing that? In an interactive course drawing on national experts, we consider the 21st Century Practice. Developed for psychiatrists with an interest (but not necessarily an expertise) in technology, we will consider several topics: 1) Social Media for Advocacy, Education, and Career Advancement; 2) Online and e-Therapies in Mental Health; 3) Telepsychiatry and Variations for Psychiatric Care; 4) Development and Use of Apps in Clinical Care; and 5) Blogging for Patients (and You). The course will be led by Dr. David Gratzner (CAMH), an award-winning educator. Presenters will discuss new and emerging trends in mental health care and encourage participation and interaction.

COURSES

C01 - Half-and-Half Buprenorphine Training: Data Sponsored by the American Academy of Addiction Psychiatry

Thursday, 27 September

14:45 - 17:45 (3 hrs)

Wiplove Lamba*, MD, FRCPC, DABAM

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Communicator

Supported by the Addiction Psychiatry Section

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.

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 biopsychosocial 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 people with 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).

C02 - The Evidence-Based Therapist: Using Mentalizing and Alliance Repair Strategies to Improve Outcomes

Thursday, 27 September

14:45 - 17:45 (3 hrs)

Paula Ravitz*, MD, FRCPC; George Tasca, PhD; Jon Hunter, MD, FRCPC; Jan Malat, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Communicator

At the end of this session, participants will be able to: 1) Describe four patterns of relating and prototypic interpersonal problems using attachment theory; 2) List three non-mentalizing states of mind and four therapeutic techniques of mentalizing to improve outcomes with insecurely attached patients; and 3) Detect and repair two types of therapeutic alliance ruptures or strains.

This interactive skills-based workshop focuses on the therapeutic alliance, among the most highly researched psychotherapy process elements robustly related to patient outcomes across all psychotherapy modalities. We provide theoretical frameworks and practical approaches to detect and repair alliance tensions or breakdowns. Attachment theory, contemporary interpersonal theory, counter-transference pulls, alliance repair research, and trauma-informed understanding are used to guide therapeutic strategies based on individual patient differences. Applied principles of mentalizing and metacommunication can deepen therapeutic engagement, transforming tensions into therapeutic opportunities for repair, growth, and improved outcomes.

COURSES

C03 - Healing Souls, Minds, Bodies, and Communities by Merging Indigenous Traditional Practices With Seeking Safety Methods of Achieving Behavioural Resilience in Trauma and Addiction Treatment

Thursday, 27 September

14:45 - 17:45 (3 hrs)

Teresa Marsh*, PhD; Vicky Nguyen, MD; Katie Anderson, MD; Kristen Morin, PhD; Michael Clarke, BA; Carole Eshkakogan, BA; Patrick Oghene, PhD

CanMEDS Roles:

1. Collaborator
2. Communicator
2. Health Advocate

At the end of this session, participants will be able to: 1) Develop an understanding of the Seeking Safety treatment format, including how to conduct the sessions, treatment guidelines, and treatment topics; 2) Foster an understanding of the important role of Indigenous traditional healing practices in the treatment of trauma and addiction; and 3) Understand trauma and intergenerational trauma is disrupted spirituality and hope, leading to self-destruction and suffering.

Seeking Safety, developed by Dr. Lisa M. Najavits, is an evidenced-based cognitive-behavioural therapy (CBT)-informed psychotherapy method proven to be effective in treating people with trauma or concurrent substance use disorder in a variety of settings, including outpatient, inpatient, residential, group, or individual therapy sessions. Seeking Safety is a time-limited, manual-based integrated therapy aimed at moving clients through three stages of recovery: safety, mourning, and reconnection. Content areas may cover the cognitive, behavioural, interpersonal, and case management aspects. The therapist process may address the emotional and extreme affect dysregulation. At the Northern Ontario School of Medicine, an integration of Indigenous traditional practices with Seeking Safety group therapy was implemented at select OATCs and addiction treatment centres to simultaneously address trauma and addiction. Therapists of the Seeking Safety model train and team build by participating as clients would—in traditional sharing circles. Preliminary data demonstrate high satisfaction among therapists and mental health and addiction workers training to provide this model of care. Preliminary outcome measures demonstrate clinically significant improvements in symptoms of post-traumatic stress disorder and severity of substance use in various settings. Consistently, Seeking Safety groups that integrate Indigenous traditional healing practices have high attendance and retention rates. Content and process of Seeking Safety group therapy sessions will be demonstrated for participants.

C04 - Managing Obsessive-Compulsive Disorder: Enhancing Success

Friday, 28 September

14:45 - 17:45 (3 hrs)

Margaret A. Richter*, MD, FRCPC; Marlene Taube-Schiff, PhD, CPsych; Neil Rector, PhD, CPsych

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Scholar

At the end of this session, participants will be able to: 1) Describe key obsessive-compulsive disorder (OCD)-specific strategies to optimize outcomes in cognitive-behavioural therapy (CBT); 2) Explore pharmacotherapy options, including the nature and timing of how to optimally combine these two evidence-based treatments; and 3) Discuss treatment alternatives for refractory OCD, including residential treatment, repetitive transcranial stimulation (rTMS), and psychosurgery.

Obsessive-compulsive disorder (OCD) tends to respond only modestly to first-line pharmacotherapy, leaving most sufferers with significant and disabling symptomatology, even after attaining medication 'response'. Similarly, cognitive-behavioural therapy (CBT) is a recognized first-line treatment, but often is less effective in typical outpatient practice than the evidence suggests or clinicians would hope. Frequently, success is limited by lack of specific knowledge regarding disorder-specific

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differences in treatment for OCD, compared to other anxiety disorders. The focus of this course will be on providing clinicians with OCD-specific tips to optimize outcomes using both medication and CBT. Pharmacotherapy will be reviewed with emphasis on practical strategies to enhance treatment success. Key OCD-specific strategies to optimize outcomes in CBT will be described. Although expert consensus suggests combining these two modalities for severe illness, there are few guidelines regarding how to do this in practice; the nature and timing of how to optimally combine these two evidence-based treatments will be discussed. Other treatment options are newly available in Canada when routine treatment fails. The role of more intensive treatment for OCD will be reviewed, and differences between residential/day hospital interventions and routine outpatient treatment will be discussed. Alternative biological therapies, such as rTMS and psychosurgery, are now available and will be introduced. Points will be illustrated by presentation of selected cases by expert OCD faculty, followed by an opportunity for attendees to discuss application of these principles to their own cases in smaller groups.

C05 - Advanced Pharmacological Management for Depression: Applying CANMAT Guidelines

Friday, 28 September

14:45 - 17:45 (3 hrs)

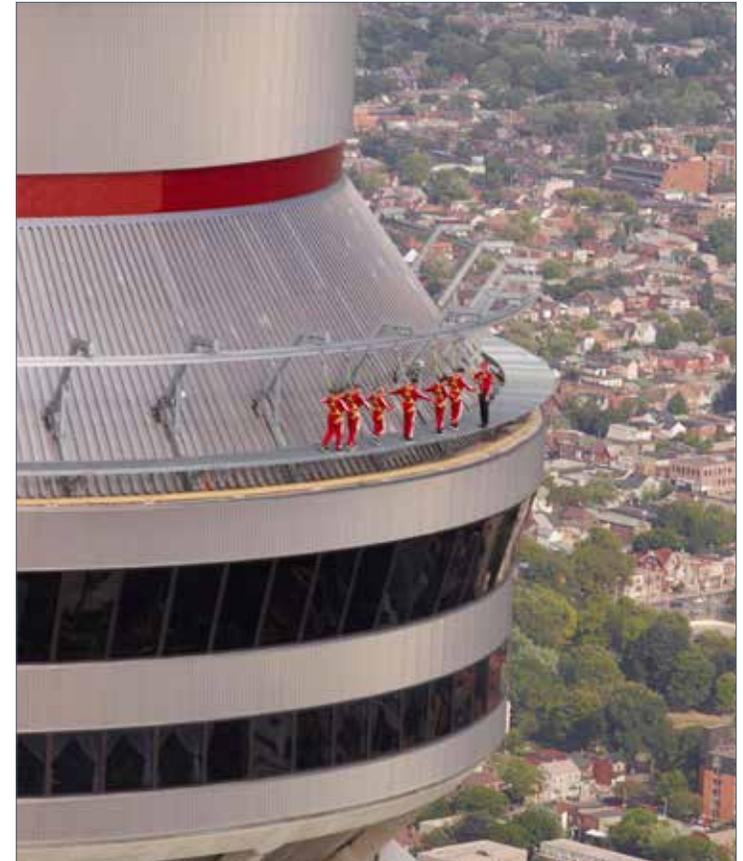
Raymond W. Lam*, MD, FRCPC; Sidney H. Kennedy, MD; Daniel J. Müller, MD, PhD; Diane McIntosh, MD; Roumen Milev, MD, PhD

CanMEDS Roles:

1. Medical Expert
2. Professional
3. Scholar

At the end of this session, participants will be able to: 1) Use clinical tools and algorithms to support measurement-based care for people with major depressive disorder; 2) Select an antidepressant based on the latest clinical, biomarker, and pharmacogenetics evidence; and 3) Describe evidence-based strategies for the pharmacological management of treatment-resistant depression.

New and exciting research has advanced the pharmacotherapy of major depressive disorder (MDD), from new antidepressants to new adjunctive medications, to new studies on genetics and genomics. Most clinicians find it challenging to keep up with this rapidly expanding research literature. For example, a PubMed search for “antidepressants and meta-analysis” returned 280 papers since 2015! To address this challenge, this course will provide a practical approach to pharmacological management for depression, based on the Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 clinical guidelines for MDD and updates since then. CANMAT clinician-researchers will present advanced topics, using a case-based format augmented by interactive polling and discussion with internationally recognized experts in the field. Participants will have hands-on experience with clinical tools to assess cognition and monitor outcomes, clinical algorithms for MDD and treatment-resistant depression, and the latest evidence on biomarkers and pharmacogenetic testing. Resources provided to all participants will include free app- and Internet-based tools and resources, the CANMAT 2017 MDD Pocket Guide, and the CANMAT Patient and Family Guide to Depression Treatment. Participants will be asked to bring either a smartphone, tablet device (iPad, Android tablet), or laptop to the session.



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C06 - Psychopharmacology in Patients With Comorbid Medical Illness: Common Questions for Clinicians. Update 2018

Friday, 28 September

14:45 - 17:45 (3 hrs)

Susan Abbey*, MD, FRCPC; Rima Styra, MD, FRCPC; Adrienne Tan, MD, FRCPC; Richard Yanofsky, MD, FRCPC; Raed Hawa, MD, FRCPC; Carla Garcia, 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 organized approach to the psychopharmacological management of psychiatric patients with comorbid medical illness; 2) List sources of information to help navigate clinically challenging situations; and 3) List drugs that require modification in use (e.g., dosing, dose timing, etc.) because of comorbid medical conditions.

Medical comorbidity often brings with it significant challenges for the psychopharmacological management of psychiatric patients. This course will provide participants with evidence-based answers to common questions about psychopharmacology management in the context of medical comorbidity. It will consist of a brief introduction focused on the general approach to psychopharmacology in patients with comorbid medical illness, followed by a team of experts in the psychopharmacology of medically ill patients providing answers to commonly asked questions, interspersed with case discussions.

C07 - Systematic Reviews and Meta-Analyses are Easier Than You Think: A Step-by-Step Guide!

Friday, 28 September

14:45 - 17:45 (3 hrs)

Steve Kisely*, MD, PhD, FRANZCP, FRCPsych, DF CPA

CanMEDS Roles:

1. Scholar
2. Medical Expert
3. Communicator

At the end of this session, participants will be able to: 1) Understand the use, limitations, and applications of systematic reviews research; 2) Understand the steps involved in completing a systematic review; and 3) Critically appraise a systematic review and meta-analysis.

Systematic reviews and meta-analyses of randomized controlled trials (RCTs) are the most robust form of clinical evidence. Cochrane systematic reviews represent a gold standard for these methodologies. This workshop is an introduction to systematic reviews and meta-analyses based on the training provided to Cochrane Review. This workshop will describe the steps to completing a systematic review and meta-analysis, drawing on the presenter's own experience as the author of eight Cochrane reviews and a further 36 published systematic reviews. These entail registering the title and protocol with either the Cochrane Collaboration or Prospero, and then undertaking the review based on that protocol. It will explain the principles of a literature search, appraising the quality of the published data, and the use of appropriate meta-analytical techniques. These include the appropriate tests to use for continuous and dichotomous variables (e.g., mean difference, relative risks, or odds ratios), and the use of fixed and random effects. Examples of bibliographic software and freeware for meta-analyses such as RevMan or Win-Pepi will also be discussed. Participants can then apply these principles to critically appraising a systematic review and meta-analysis. Greater skills in understanding and conducting systematic reviews or meta-analyses can be useful to residents and psychiatrists.

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C08 - How to Write and Present an “Expert” Expert Report at Trial

Saturday, 29 September

14:45 - 17:45 (3 hrs)

Louis van Zyl*, MB, ChB, FRCPC, DF CPA; Claudette van Zyl, BA (Hons), BCL, LLB; Maya Angenot, BA, BCL, LLB, LLM; Frédéric Desmarais, BA, LLB, BCL; Gary Chaimowitz, MBChB, MBA, FCPA, FRCPC; Julian Gojer, MB, BS, FRCPC, JD; Colin Shapiro, MB, BCh, PhD, FRCPC

CanMEDS Roles:

1. Professional
2. Communicator
3. Collaborator

At the end of this session, participants will be able to: 1) Understand how expert report drafting can translate into more or less persuasive courtroom testimony; 2) Overcome common expert witness fears by using strategies to draft and communicate testimony effectively; and 3) Develop awareness of legal and ethical obligations of honesty, confidentiality, and secrecy.

You have been subpoenaed to appear as an expert witness in a trial. You have never been involved in court proceedings before. What should you expect, and how should you prepare? 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 understanding how the structure, content, and prose of your expert report will impact the strength and persuasiveness of your oral testimony. You will feel the drama of a courtroom in a mock trial as experienced litigators examine and cross-examine opposing expert witnesses. You will learn the hallmarks of a good expert report, as well as the characteristics of reports that risk leading to embarrassment during cross-examination. The course will demonstrate and discuss common strategies used by litigators when questioning expert witnesses. After the mock trial, the opposing expert witnesses 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) recognize the various ethical and confidentiality obligations by which expert witnesses are bound, and 3) understand how expert report drafting can affect what questions may be asked by litigators on direct and cross-examination, and 4) know strategies available to draft an expert report and deliver expert testimony more persuasively.



COURSES

C09 - An Integrated Approach: Inpatient Withdrawal Management and Treatment of Concurrent Disorders

Saturday, 29 September

14:45 - 17:45 (3 hrs)

Valerie Primeau*, MD, FRCPC; Wiplove Lamba, MD, FRCPC; Katie Anderson, MD

CanMEDS Role:

1. Medical Expert
2. Scholar
3. Health Advocate

At the end of this session, participants will be able to: 1) Describe the evidence-based pharmacological treatment of acute substance withdrawal in an inpatient setting; 2) Describe the indications, benefits, and potential adverse effects of the most common pharmacological agents used to reduce substance cravings and to assist in minimizing the risk of relapse upon discharge back into the community; and 3) Appreciate the value in using an integrated approach in the treatment of concurrent disorders in an inpatient setting, including pharmacological and psychological treatment of the psychiatric co-occurring disorders.

In any given year, one in five Canadians experiences a mental health or addiction problem. People with a mental illness are twice as likely to have a substance use disorder, compared to the general population. At least 20% of people with a mental illness have a co-occurring substance use disorder. For people with schizophrenia, the number may be as high as 50%. Similarly, people with substance use disorders are up to three times more likely to have a mental illness. More than 15% of people with a substance use disorder have a co-occurring mental illness. With the current opioid crisis among us, the treatment of concurrent disorders is even more crucial. Unfortunately, many psychiatrists are not familiar with the treatment of concurrent disorders and there is significant variability in the inpatient treatment of patients with concurrent disorders. Many psychiatrists may feel it is best to wait for substance abstinence before treating the underlying mental illness. There is strong evidence that treating mental health and addictions together has the best outcome and leads to a decrease in relapse rates and decrease in health care use and costs. This course will review evidence-based guidelines for the inpatient treatment of concurrent disorders, including the substance withdrawal management and treatment of the concurrent mental health disorders. Clinical vignettes will be used to help trainees think through real-life experiences, and mentorship will be available after the course to support integration of the course knowledge into day-to-day clinical practice.

C10 - Electroconvulsive Therapy: An Update on Contemporary Practice

Saturday, 29 September

14:45 - 17:45 (3 hrs)

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

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Scholar

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) Describe 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

COURSES

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.

C11 - Treatment-Resistant Depression: An Evidence-Informed Approach to Assessment and Management

Saturday, 29 September

14:45 - 17:45 (3 hrs)

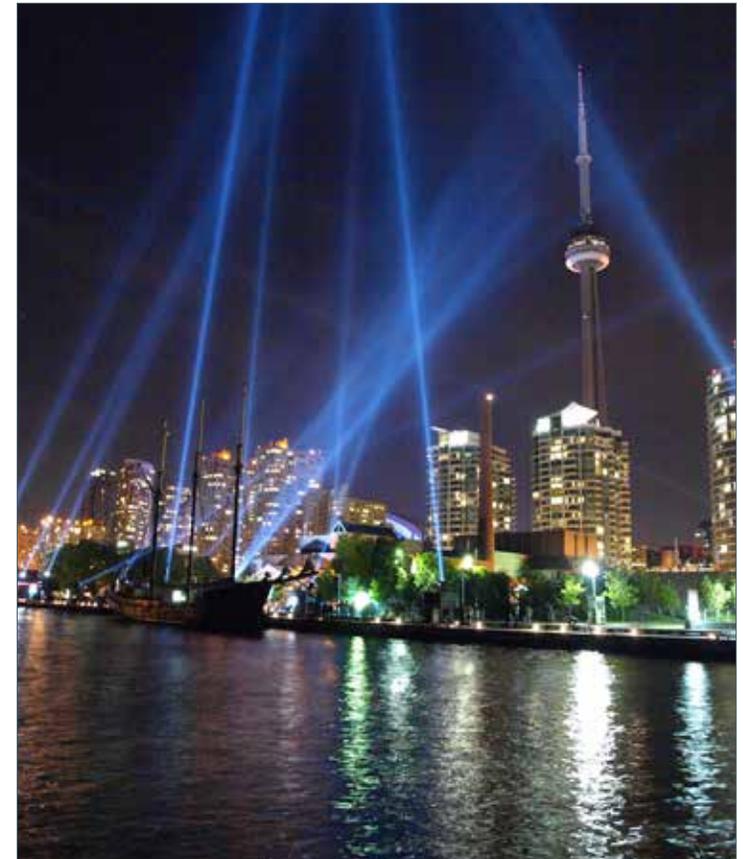
Amer M. Burhan*, MBChB, MSc, FRCPC; Rickinder Sethi, MD; Iouri Rybak, MD, FRCPC; Shane McInerney, MB, MSc, MRCPsych; Peter Giacobbe, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Communicator

At the end of this session, participants will be able to: 1) Appreciate the importance of early identification and management of treatment-resistant depression (TRD); 2) Remember the pharmacological and brain stimulation options available to treat TRD; and 3) Discuss opportunities and barriers to prevention, identification, and management of TRD patients in practice.

The lifetime prevalence of depression for Canadians is 11.3%, which can become chronic in 26.5% of those affected. Over one-half of those receiving first-line treatment for depression do not achieve full response, and about two-thirds require four sequential acute treatment trials to achieve remission. Treatment-resistant depression (TRD) has several definitions, but it mainly refers to depression that does not respond to usual lines of treatment and tends to become chronic. Chronic depression results in high level of disability, impairs quality of life, and results in high service use. There is no agreed upon model of care for patients with TRD in Canada. It is likely that standardizing a care pathway for TRD in mental health practices and translating this to primary care practices will reduce the risk of depression becoming chronic, which could in turn improve care outcomes. In this course we will present the results of evidence-based reviews on the definitions; predictors; impact; assessment; and psychological, pharmacological, and brain stimulation interventions for people with TRD. We will also present a proposed evidence-informed model for the assessment and management of TRD based on a survey of Canadian mood disorder experts who participated in the 2016 CANMAT guidelines development. The course will start with a pre-test, followed by presentations on the definitions and impacts of TRD, assessment, and psychological, pharmacological, and brain stimulation therapies. We will conclude with a post-test, discussion, and feedback from the panel to consolidate participants' learning.



CPA ACADEMY UPDATE COURSES

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

Thursday, 27 September

14:45 - 17:45 (3 hrs)

Kathleen Sheehan*, MD, FRCPC; Claire DeSouza, MD, FRCPC; Michael Hawkins, MD, FRCPC; Lesley Wiesenfeld, 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 current conceptualizations of somatoform disorders in the pediatric population; and 3) Appreciate how physiological and psychological aspects of aging impact psychiatric care of the elderly.

This course will provide participants with an overview of current issues in consultation-liaison (CL) psychiatry and is relevant to the general and specialist psychiatrist alike. This year, the course will take a lifespan approach with presentations focusing on children and adolescents, adults, and geriatric populations. Each presentation will review recently published research in the field, highlighting controversies and key concepts which can impact care of these populations. 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 this may be modified for improved process and patient outcomes based on current best practices.

AC02 - CPA Academy Update Course with Canadian Academy of Child and Adolescent Psychiatry:

Friday, 28 September

14:45 - 17:45 (3 hrs)

Roberto Sassi*, MD, PhD, FRCPC; Teresa (Terry) Bennett, MD, FRCPC, PhD; Daniel Gorman, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Collaborator

At the end of this session, participants will be able to: 1) Appreciate results from three manuscripts representing key findings in child and adolescent psychiatry in 2018; 2) Review risk and protective factors in the development of child psychopathology and intervention options; and 3) Identify novel findings in psychopharmacological treatments for children and youth.

This CPA Update from the Canadian Academy of Child and Adolescent Psychiatry will consist of three short lectures focused on recent findings and interventions in the field of child and adolescent psychiatry that we believe are of interest to general mental health practitioners. First, Dr. Sassi will present preliminary results for the 2014 Ontario Child Health Study, the largest and most comprehensive epidemiological study in child and youth mental health in Canada. Dr. Sassi will also briefly review findings from two key manuscripts published in 2018, examining both genetic and non-genetic (prenatal stress) neurobiological models of psychopathology. Second, Dr. Bennett will present an overview of modifiable risk and protective factors for childhood mental illness, and discuss the results of a particular early intervention treatment modality, the Family Check Up. Last, Dr. Gorman will provide an update on psychopharmacological treatments in child and adolescent psychiatry, focused on novel findings.

CPA ACADEMY UPDATE COURSES

AC03 - CPA Academy Update Course with Canadian Academy of Geriatric Psychiatry

Saturday, 29 September

14:45 - 17:45 (3 hrs)

Daniel M. Blumberger*, MD, MSc, FRCPC; Damien Gallagher, MD, FRCPC; Tarek K. Rajji, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Collaborator

At the end of this session, participants will be able to: 1) Review recent advances in the use of neurostimulation in older adults with depression; 2) Understand the cognitive profile of older adults with depression; and 3) Understand efforts that underway to prevent the onset of dementia in older adults.

Depression is the most common, treatable, mental disorder in late life, making it a major public health concern: two to four percent of persons over the age of 65 suffer from major depression. Current pharmacological treatments for LLD, however, provide modest efficacy. Rates of treatment resistance in randomized controlled trials (RCT) in LLD range from 55-81% using first line antidepressants. Further, the elderly are more likely to experience relapses and recurrences than younger adults. The failure of first line treatment to induce remission in patients leads to impaired psychosocial function and diminished quality of life. Depression in older adults, and non-response to antidepressants, is associated with low connectivity in the cognitive control network. Cognition, in particular executive function and processing speed, are often impaired in LLD. It is an important predictor of acute antidepressant treatment outcome. In a 2010 report from the National Institutes of Health (NIH), depression was identified as one of six potentially modifiable risks for cognitive decline, AD, or both (the five others were diabetes mellitus, present smoking, cognitive inactivity, physical inactivity, and diet with high saturated fat and low vegetable intake). A subsequent Lancet Neurology review calculated that successful interventions targeting depression could reduce the prevalence of AD by up to 15% in North America, making depression the second most promising target for prevention studies after physical inactivity. However, our and others' data have shown that even after successful treatment of depression, older participants still show cognitive deficits and develop MCI or dementia at a rate of one to two percent per month. This session will review the recent advances in brain stimulation treatment for late-life depression, review the link between cognition and depression in late-life and review novel and emerging strategies to prevent dementia.



SYMPOSIA

S08 - Current Perspectives on Cannabis in Psychiatry: From Policy to Efficacy

Thursday, 27 September, 14:45 - 17:45 (3 hrs)

Michael Van Ameringen*, MD, FRCPC; James MacKillop, PhD; Michael Amlung, PhD; Lawrence Martin, MD, FRCPC; Suzanne Archie, MD, FRCPC

CanMEDS Roles:

1. Medical Expert
2. Scholar
3. Health Advocate

At the end of this session, participants will be able to: 1) Understand how regulatory issues and prescribing practices have implications for understanding the role of medical cannabis, particularly for people with psychiatric disorders; 2) Understand how principles and methods of behavioural economic demand can inform impact of cannabis price policies on cannabis use in legalized versus illegal environments; and 3) Develop an understanding of the evidence for the use of cannabis in treating people with depressive disorders, anxiety disorders, and psychotic disorders.

Cannabis is commonly used recreationally for its euphoric and relaxing effects. Although considered an illicit substance in many parts of the world, regulatory bodies in the Netherlands, and in a few states in the US, have legalized its use; Canada is moving towards legalization of recreational use by July 1, 2018. It is expected that increased access to cannabis will result in non-prescription use of cannabis as a treatment for psychiatric disorders. In other jurisdictions, legalization of recreational cannabis has been associated with increased use. The literature supporting cannabis as a treatment for psychiatric disorders is sparse, yet there is a strong belief in the community that it is both safe and efficacious. Cannabis use has been associated with significant adverse effects, including acute impairment in several neurocognitive domains, addiction, and an increased risk of psychosis. This symposium will comprise five presentations highlighting critical clinical, public health, and policy issues related to cannabis use in psychiatry. The first presentation will explore medically prescribed cannabis in Canada in terms of rates, authorized conditions, formulations, and regulatory issues. The next talk will introduce the concept of behavioural economics and will present new data suggesting that greater demand for cannabis measured by a hypothetical marijuana purchase task is associated with higher frequency of cannabis use and greater severity of cannabis use disorder. The final three talks will discuss the literature and critical factors related to cannabis use in three diagnostic categories of psychiatric disorders: anxiety disorders, depressive disorders, and psychotic disorders.

S09 - Treatment Options for Severe OCD: What Works When Routine Treatment Fails?

Thursday, 27 September, 14:45 - 17:45 (3 hrs)

Marlene Taube-Schiff*, PhD; Peggy Richter, MD; Noam Soreni, MD; Neil Rector, PhD, CPsych.; Steven Selchen, MD; Peter Giacobbe, MD

CanMEDS Roles:

1. Collaborator
2. Professional
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.

It is estimated that 40%-60% of individuals with obsessive-compulsive disorder (OCD) fail to respond to first-line pharmacotherapy, and typical outpatient cognitive-behavioural therapy (CBT) may be 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. Dr. Richter will present an overview of pharmacological options for individuals with OCD, focusing on medication options for treatment-refractory individuals, as well as second-line and novel emerging approaches. Although CBT is a very effective modality for OCD, a significant proportion has difficulty with adherence. Dr. Rector will speak to strategies to address common barriers. Dr. Selchen will highlight a mindfulness-based approach, which 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

SYMPOSIA

by Dr. Taube-Schiff, who will additionally describe a new program in Canada, which now serves the refractory OCD population. Neuromodulation strategies, such as repetitive transcranial magnetic stimulation (rTMS) and deep brain stimulation (DBS) have been increasingly recognized as important treatment options for those with refractory psychiatric illness; Dr. Giacobbe will review the extant literature and focus on its use in people with OCD. In conclusion, as current first-line treatment options for OCD may be limited, this symposium will provide clinicians with current knowledge regarding alternative interventions.

S13 - Psychotherapy Across Cultures

Friday, 28 September, 14:45 - 17:45 (3 hrs)

Kenneth Fung*, MD, FRCPC, MSc; Clare Pain, MD, FRCPC, DSc (Hons); Lisa Andermann, MPhil, MD, FRCPC; Farooq Naeem, MBBS, MSc, PhD, MRCPsy; Tariq Munshi, MD, MRCPsych

CanMEDS Roles:

1. Medical Expert
2. Communicator
3. Health Advocate

At the end of this session, participants will be able to: 1) Identify cultural assumptions behind common evidence-based psychotherapies; 2) Discuss cultural considerations and barriers in providing psychotherapy for diverse populations; and 3) Modify psychotherapeutic techniques to better suit patients from diverse communities.

Evidence-based psychotherapies are often underused, especially among culturally diverse non-Western populations. In addition to the important issue of access, the need for cultural adaption is an important consideration, as conventional therapies have been derived from a Western cultural perspective. In this symposium, we will discuss cultural considerations and the process of cultural adaptation of various evidence-based therapies, including cognitive-behavioural therapy (CBT), interpersonal psychotherapy (IPT), and acceptance and commitment therapy (ACT), for diverse groups in Canada and internationally.

S15 - Experiences and Challenges With Medical Assistance in Dying (MAiD)

Friday, 28 September, 14:45 - 17:45 (3 hrs)

Lilian Thorpe*, MD, PhD; Madeline Li, MD, PhD

CanMEDS Roles:

1. Professional
2. Communicator
3. Health Advocate

At the end of this session, participants will be able to: 1) Describe comparative practices and data from a large and a small urban university-based medical assistance in dying (MAiD) program; 2) Describe the lived experience of assessing and providing MAiD by psychiatrists; and 3) Describe practical challenges implementing MAiD.

Psychiatrists have become involved in many capacities related to medical assistance in dying (MAiD), including clinical (assessment and intervention), administrative, teaching, and research. Practices have evolved differently across the country and even within provinces, and not surprisingly, recent Canadian reports have shown much variation in the proportion of MAiD deaths within total deaths. Psychiatrists involved in MAiD have developed much experiential knowledge over time, often challenging previously held beliefs and attitudes. Many unanticipated difficulties in implementing MAiD have required the development of new processes to manage these, frequently involving collaborative problem solving between multiple different care systems. This symposium presents comparative data from two university-cased MAiD programs; discusses the lived experience of psychiatrists intensively involved in the process; and reviews challenges and solutions experienced during the first formative years.

SYMPOSIUM

S21 - Treating the Brain and Minding the Body: Moving Towards a Better Understanding of Metabolic Comorbidity in Psychiatric Disorders

Saturday, 29 September, 14:45 - 17:45 (3 hrs)

Margaret Hahn*, MD, PhD, FRCPC; Ariel Graff, MD, FRCPC; Daniel Mueller, MD, PHD; Sri Mahavir Agarwal, MBBS, MD, PhD; Valerie Taylor, MD, PhD

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Scholar

At the end of this session, participants will be able to: 1) Understand the high comorbidity of metabolic dysfunction in individuals with mental illness and vice versa; 2) Appreciate the complex interplay between illness biology, genetics, and neural factors that contribute to this high comorbidity; and 3) Describe the most effective pharmacological options available to treat antipsychotic-induced weight gain.

Mental illnesses are associated with very high rates of metabolic disorders, including obesity, diabetes, and metabolic syndrome. The reason for this association is complex, including contributing effects of illness-associated lifestyle factors, illness biology, and psychotropic treatments (antipsychotics, mood stabilizers, and certain antidepressants). This symposium will discuss this comorbidity from multiple angles, ranging from biology to treatment. Dr. Graff will discuss novel positron emission tomography (PET) and magnetic resonance spectroscopy (MRS) data, suggesting that reduced insulin sensitivity in humans may be related to striatal dopamine and glutamate levels, helping to elucidate central nervous system pathways that may underlie metabolic abnormalities and possibly offer an understanding of how psychiatric biology may predispose to metabolic comorbidity. We will then review the metabolic burden associated with severe mental illness, focusing on antipsychotic-associated metabolic side effects, which contribute to increased risk of cardiovascular mortality, reductions in medication compliance, and quality of life. Dr. Mueller will review a genetic risk model to predict antipsychotic-induced weight gain, identifying a novel gene risk variant (DGKB). Dr. Agarwal will present an updated Cochrane meta-analysis examining pharmacological interventions to prevent or treat weight gain in patients with schizophrenia treated with antipsychotic medications. As bariatric surgery represents a highly effective treatment for obesity and cardiovascular risk factors, Dr. Taylor will review novel data extracted from the Ontario bariatric registry, including prevalence rates of mental illness and psychotropic medication use. Overall, this symposium will aim to develop a better understanding of metabolic comorbidity in people with psychiatric disorders, from etiology through to management.

S23 - Unmet Needs in Treating Substance Use Disorders

Saturday, 29 September, 14:45 - 17:45 (3 hrs)

Jinghao Mary Yang*, MD; Lovneet Hayer, MD; Timothy Guimond, MD, MSc, PhD (cand); Cathy Long, PhD (cand)

CanMEDS Roles:

1. Medical Expert
2. Health Advocate
3. Leader

At the end of this session, participants will be able to: 1) Consider how institutional attitudes towards substance users contribute to patient care; 2) List barriers that people who abuse substances face in receiving appropriate psychiatric and medical care; and 3) Describe the evidence for and challenges of supervised consumption sites in hospitals.

People who use illicit drugs (PWUD) face substantial barriers to receiving psychiatric and medical care. Canada is in the midst of an opiate crisis. There is an urgent need for innovative ways to treat PWUD in our current health care system. This symposium brings together experiences at two inner city health centres (St. Michael's Hospital in Toronto, Ontario, and Royal Alexandra Hospital in Edmonton, Alberta). At St. Michael's Hospital, work has shown that PWUD are at higher risk of leaving against medical advice, which comes with substantial health complications. A supervised consumption site in hospital has been proposed, and staff from different settings in hospital have given their input into how such a program would affect their work. Finally, a supervised consumption site has been approved at the Royal Alexandra Hospital (expected in spring 2018), and staff will share their experiences in developing and implementing the site.

Attention All Residents!

SPECIAL ACTIVITIES

Resident's Competition

Thursday, 27 September, 12:00 - 13:00

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, 27 September, 13:15 - 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

Thursday, 27 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 Toronto, Queen's University, McMaster 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!*



68th Annual Conference



Canadian Psychiatric Association
Dedicated to quality care
Association des psychiatres du Canada
Dévoué aux soins de qualité

Toronto 2018!
27 - 29 September



Conference Hotel The Westin Harbour Castle

1 Harbour Square, Toronto

Reservations

Individuals are responsible for making their own reservations directly with the hotel. Requests must be received prior to **22 August**, to guarantee the conference rate. When making your reservation, remember to identify yourself as part of the Canadian Psychiatric Association.

Reservations: (866) 716-8101 **Promotional Code:** CPA **Book Online:** [CPA Conference](#) **Website:** www.westinharbourcastletoronto.com

Room Rate: Traditional 1 king/2 doubles - \$269 Includes complimentary in-room WiFi (savings of \$14.95 day).

Hotel Features

The Westin Harbour Castle offers guests an incredibly modern and sophisticated waterfront retreat in the heart of downtown Toronto. We're committed to bringing you back to your best self during your stay with us. To that end, we offer countless amenities that inspire productivity, relaxation, and overall health.

WestinWORKOUT® Gear Lending Program - No room in your suitcase for your running shoes? No problem! Westin has partnered with New Balance to provide athletic shoes and apparel during your stay, for just \$5.00.

WestinWORKOUT® Fitness Studio - Our 1,560 square-foot studio lets you keep up with your normal fitness routine at any hour of the day. Sweeping views of the Toronto Islands will lift your mood as you burn through calories, strengthen your body, and clear your mind.

Indoor Pool - Our expansive pool area is infused with light and has an adjoining seasonal sundeck. Take advantage of the heated, indoor pool year-round. A whirlpool lets you enjoy a moment of pure bliss while soothing tired muscles.

Westin UNWIND - Westin's evening ritual encourages you to reflect and rejuvenate as you make your journey from day to night. Join other guests in the lobby to enjoy food, drink, and an ambience that celebrates the destination.

Business Centre - The hotel boasts a fully equipped business centre. After hours, guests can access the centre using their room keycards.

Dining Options - The hotel offers the Harbour Bar, The Mizzen Restaurant, Toula Restaurant and Bar, The Chartroom Bar and Lounge, and Savoury.

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

FUTURE ANNUAL CONFERENCES

69th Annual Conference
12-14 September 2019
Centre des congrès de Québec
Québec City QC

REGISTRATION DESK

Queens Quay
Wednesday, 26 September
12:00 - 18:00
Thursday, 27 September
07:00 - 17:00
Friday, 28 September
07:00 - 17:00
Saturday, 29 September
08:00 - 16:00

SPEAKERS' PREPARATION ROOM AND PRESS ROOM

Yonge Room
Thursday, 27 September
07:30 - 17:00
Friday, 28 September
07:30 - 17:00
Saturday, 29 September
08:00 - 16:00

EXHIBIT HALL

Metro Centre/West Ballroom
Thursday, 27 September
09:30 - 16:30
Friday, 28 September
09:30 - 16:30
Saturday, 29 September
09:30 - 16:30

REGISTRANT INFORMATION

For those interested and able to attend, Wednesday, 26 September, will offer a limited number of pre-conference courses, 13:00 - 17:00. 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. Thursday 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 \$30 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 \$135 administration fee: 8 August.

Deadline for a 50% Resident/Medical Student registration refund: 8 August.

After this date, refunds will not be issued.

Deadline for a 50% registration refund less \$135 administration fee: 22 August.

After this date, refunds will not be issued.

Deadline for social event refunds: 22 August. After this date, refunds will not be issued.

Deadline for pre-conference courses: 22 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, 28 September, 06:45 - 08:00

Participants will meet in the lobby of The Westin Harbour Castle at 06:30 for a 5K/8K scenic run/walk, weather permitting. The hotel's Running Concierge will lead the group along one of Toronto'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, 29 September

Reception 18:30, Frontenac Foyer

Dinner 19:00, Frontenac Ballroom

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. We hope you will join us in honoring your peers, congratulating Dr. Nachiketa Sinha on his presidential year and welcoming Dr. Wei-Yi Song as the 2018-2019 CPA President. The dress for this event is business attire.

SPECIAL ACTIVITIES FOR RESIDENTS

Resident's Competition

Thursday, 27 September, 12:00 - 13:00

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 Meeting

Thursday, 27 September, 13:15 - 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 (page 25)

Friday, 28 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 Toronto, Queen's University, McMaster 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 **Thursday, 27 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.

CPA Conference App

CPA has developed a conference app that is compatible with the iPhone, iPad as well as Android devices. It will list all abstracts in their entirety, show what is happening now, provide the links for session and conference evaluations, and is searchable. It is a great tool so be sure to check it out!!



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/hashtag/cpaconference) 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

Metro Centre/West Ballroom

Take a moment to see what's new by visiting this year's

exhibitors and conference sponsors. Exhibit Hall hours are 09:30 - 16:30 Thursday - Saturday with beverages and snacks served daily at 11:30 and 14:30.

TRAVEL

Carlson Wagonlit Travel (CWT) is the official travel agency for the 68th Annual Conference. Dial (866) 267 5623 or email yow2.ca@contactcwt.com. Those who book with CWT benefit from reduced service fees.

Air Canada

Special convention fares are **AIR CANADA**  available on Air Canada, Air Canada connector carriers, and joint Air Canada/United services for travel within North America, 19 September - 6 October 2018. Quote the promotion number, **6A22KKF1**, 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 **WESTJET**  upcoming 68th Annual Conference, WestJet is able to offer 5% off Econo and 10% off Plus base fares for travel between Toronto and anywhere WestJet flies in North America. Travel dates are 19 September - 6 October 2018. To take advantage of this offer, please visit [westjet.com](https://www.westjet.com) and use coupon code **A74YV23**.

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 68th Annual Conference. The discounted fares are available for booking from 9 May - 2 October 2018 and available for travel anywhere in Canada or US. Please book online at <https://flyporter.com/Flight?culture=en-CA&promocode=CPAC68> or through your travel agent using promo code “**CPAC68**”.

The logo for Porter Airlines, featuring the word "porter" in a white, lowercase, sans-serif font 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 Toronto. 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 25 September - 1 October 2018. Discount does not apply to Escape fares and Prestige Class. Delegates must reference VIA's convention discount code: **13744**. 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 Harbour Castle, Toronto. Any rooms not reserved by **22 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 26 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.

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.

REGISTRANT INFORMATION

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





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