Pre-Conference Course  
PC01 - Electroconvulsive Therapy: A Core Review of Current Practice  
Wednesday, Oct. 18  
14:00 - 17:00 (3 hrs)  
Meeting Room: Junior Ballroom C (3rd floor - North Tower)  
Caroline Gosselin*, MD, FRCPC; Peter Chan, MD FRCPC; Lisa McMurray, MD FRCPC  

CanMEDS Roles:  
1. Medical Expert  
2. Health Advocate  
3. Collaborator  

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) Formulate how ECT technique, including ECT device parameters, can affect clinical outcome; and 3) Explain 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 session 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. Recommendations for anesthetics will be discussed. The evidence behind and indications for bifrontal, bitemporal, and right and left unilateral electrode placements will be reviewed, including for patients with intracranial metal. Discussion will further focus on various dosing protocols in use, including titration techniques with ultrabrief or brief pulse width settings, and age or gender-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.  

References:  
Pre-Conference Course
PC02 - Integrating Cognitive-Behavioural Therapy for Insomnia Into Psychiatric Practice
Wednesday, Oct. 18
14:00 - 17:00 (3 hrs)
Meeting Room: Junior Ballroom D (3rd floor - North Tower)
Christopher Earle, MD, FRCPC; Raed Hawa, MD, FRCP, DABPN; Atul Khullar, MD FRCPC FAASM; Elliott Lee, MD, FRCP, DABPN; Michael Mak, MD, FRCP, FCPA; Malgorzata Rajda, MD, FRCPC; DABPN;

CanMEDS Roles:
1. Medical Expert
2. Scholar
3. Communicator

At the end of this session, participants will be able to: 1) Assess insomnia and identify cases suitable for cognitive-behavioural therapy for insomnia (CBT-I); 2) Implement core CBT-I interventions into psychiatric practice; and 3) Manage insomnia with comorbid psychiatric disorders and sedative-hypnotic use.

Insomnia is highly prevalent in psychiatric practice and successful treatment improves both the incidence and severity of psychiatric comorbidities. Cognitive-behavioural therapy for insomnia (CBT-I) is the first-line treatment for chronic insomnia, although access to trained therapists is a limiting factor in implementation. This introductory course will focus on practical skills and resources to allow implementation of evidence-based CBT-I interventions as part of general psychiatric practice. Case discussion will highlight particular skill sets and strategies useful in managing insomnia comorbid with other psychiatric disorders.

In a series of interactive presentations, the following topics will be discussed:
1. CBT-I Overview, Assessment, and Core Components
2. Sleep Diary and Sleep Hygiene
3. Behavioural Treatment of Insomnia
5. Sedative-Hypnotic Use in CBT-I and Managing Comorbid Psychiatric Conditions
6. Troubleshooting CBT-I and CBT-I Resources

Pre-Conference Course
PC03 - Interpersonal Psychotherapy (IPT), Culture, Attachment Patterns of Relating and Mentalizing
Wednesday, Oct. 18
14:00 - 17:00 (3 hrs)
Meeting Room: Junior Ballroom AB (3rd floor - North Tower)
Paula Ravitz*, MD; Priya Watson, MD FRCPC

CanMEDS Roles:
1. Communicator
2. Medical Expert
3. Scholar

At the end of this session, participants will be able to: 1) Use IPT in bio-psycho-social-cultural case formulation and depression treatment; 2) Describe IPT clinical guidelines to help patients in the contexts of stressful life events of loss/grief, life changes/social role transitions and relational conflicts/role disputes; and 3) Apply culturally sensitive, trauma-informed, relationally-focused principles to the delivery of mental healthcare and psychotherapy.

IPT is an evidence-supported psychotherapy with numerous RCTs and meta-analyses establishing its effectiveness locally and globally including in low-and-middle-income countries. It is recommended as
a first line depression treatment in consensus treatment guidelines by the WHO, CANMAT, the APA and NICE and has been culturally adapted for many settings.

Principles of IPT are relevant to bio-psycho-social-cultural case formulation and depression treatment for patients whose illness onset or worsening is associated with relational life events of loss, change, conflict, or isolation. Mentalizing principles are compatibly integrated into IPT for patients with unresolved developmental trauma and insecure attachment.

This case-based, interactive workshop provides a foundational overview of IPT with emphasis on culturally-sensitive, trauma-informed clinical care with attention to individual patient differences in attachment patterns of relating and mentalizing.

References: