

# Continuing Medical Education

## Accreditation

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians.

The APA designates this live activity for a maximum of *40 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The overall scientific program provides a broad range of presentations, which include courses and master courses, lectures, scientific and clinical reports, seminars, symposia, and workshops, plus many other sessions. For further information, please refer to the preliminary Program Schedule listed in this guide and review the CME information in the final *Program Guide* on site. A more detailed program will be printed in the February 19, 2016, issue of *Psychiatric News*.

All registrant categories are eligible for education credits.

## CME Evaluation

Participants will be given the opportunity to evaluate and provide feedback on the quality and value of their learning experience. Course directors and program planners will use this information for future activities. CME credit for APA members completing the evaluation will be recorded at [psychiatry.org](http://psychiatry.org) and transferred to the ABPN Physician Folio in August 2016.

## Educational Objectives

By participating in this meeting, you will:

- ▶ Describe new research findings in psychiatry and neuroscience and how they may impact practice.
- ▶ Apply quality improvement strategies to improve clinical care.
- ▶ Provide culturally competent care for diverse populations.
- ▶ Describe the utility of psychotherapeutic and pharmacological treatment options.
- ▶ Integrate knowledge of current psychiatry into discussions with patients.
- ▶ Identify barriers to care, including health service delivery issues.



# Course Introduction

The American Psychiatric Association (APA) Scientific Program Committee for the Annual Meeting works in collaboration with the Department of Continuing Medical Education to develop quality education programs at the Annual Meeting. One aspect of this effort has been the development of short courses covering a single topic in depth and detail. Attendance is limited to allow participants greater opportunities for active participation.

Each of the courses described in this catalog was reviewed by the Scientific Program Committee and is judged to be of high educational quality. Each course also meets the requirements for *AMA PRA Category 1 Credits™*.

Courses provide an excellent opportunity for learning the essential skills of the psychiatric profession. They equip the participant with knowledge and practical skills to meet the challenges of his or her daily practice. Courses are designed for their educational content and accepted for the quality of their presentation, which provides for direct participant/faculty interaction in a small-group setting.

## Master Courses

These in-depth courses are designed to broaden and enhance your professional skills and knowledge in special areas and include applicable publications from American Psychiatric Association Publishing.

## Course Materials and Certificates

Attendees who register in advance will be sent a link to access and download the course materials prior to the meeting. At the conclusion of the course, and upon completion of an online evaluation, course attendees will receive a certificate specific to the course attended.

## Enrollment

Because most of the spaces in the courses fill quite early, you are encouraged to enroll in advance to ensure the availability of space in the course(s) of your choice. Course spaces cannot be reserved; you must purchase a ticket. The maximum number of participants for each course is stated in the description, as well as the date, time, location and fee. The subcommittee on courses has endeavored to

develop a balanced course program to cover all aspects of psychiatry so that courses will be available to participants regardless of their specific interests. The courses have been scheduled throughout the meeting to minimize conflicts with other program offerings.

*Please be advised that children are not permitted to attend courses with their parent(s).*

## Fees

**Most courses require an additional fee. Please see course listings for rates.** Specific fees are listed with each course description. Please take time to ensure that the proper fees for both registration and your course selection(s) are enclosed when filling out the registration form that includes course enrollment. Although registration fees are waived in some cases (see the advance registration form for fee-exempt categories), all registrants who attend courses must pay the full course enrollment fee(s).

## Master Course Fees—Includes a Book

Specific fees are listed with each course description. Please take time to ensure that the proper fees for both registration and your course selection(s) are enclosed when filling out the Advance Registration and Course Enrollment form. Although registration fees are waived in some cases (see the advance registration form for fee-exempt categories), all registrants who attend courses must pay the full course enrollment fee(s).

## Pre-Enrollment

- ▶ Pre-enrollment for courses is open to ALL Annual Meeting registrants.
- ▶ The maximum number of participants for each course is stated in the description, as well as the date, time, location and fee.
- ▶ Please use the Course Enrollment form or the On-Site Course Enrollment form.
- ▶ Course spaces cannot be reserved; you must purchase a ticket.

# Master Course Listings

SATURDAY, MAY 14, 2016

## Update on Pediatric Psychopharmacology

**Topic:** Psychopharmacology

**Director:** Christopher Kratochvil, M.D.

**Master Course Code:** M6211

**Educational Objectives:** 1) Demonstrate knowledge of current clinical guidelines for the use of pharmacotherapy in pediatric psychiatric disorders; 2) Identify practical clinical knowledge gained in the use of psychopharmacology and management of adverse effects; and 3) Utilize recent research on pharmacotherapy in common psychiatric disorders of childhood.

**Description:** The primary objective of this course is to provide practical information to clinicians on the use of psychotropic medications in the treatment of children and adolescents in their practices. Methods: This course will provide an overview and discussion of recent data in pediatric psychopharmacology, with a focus on mood disorders, attention-deficit/hyperactivity disorder, anxiety disorders and autism spectrum disorders. The role of pharmacotherapy in the treatment of these disorders will be addressed, as will practical clinical aspects of using psychotropic medications in the treatment of children and adolescents. Management of adverse effects will be reviewed as well. Awareness of recent research data will help to facilitate an understanding of the basis for current clinical guidelines for the treatment of these psychiatric disorders. Clinically relevant research will be reviewed, within the context of clinical treatment. Conclusion: Awareness of recent research and practice parameters on the use of pediatric psychopharmacology, and the application of this information to clinical practice, can inform and positively impact patient care.

**Course Level:** Intermediate

**9:00 a.m. - 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$365 | **Advance:** \$395 | **On Site:** \$425

**Nonmember Early Bird:** \$465 | **Advance:** \$495 | **On Site:** \$525

**Spaces Available:** 175 | **Code:** M6211

SUNDAY, MAY 15, 2016

## Assessment and Treatment of Eating Disorders

**Topic:** Feeding and Eating Disorders

**Director:** B. Timothy Walsh, M.D.

**Master Course Code:** M6213

**Educational Objectives:** 1) Demonstrate knowledge of the diagnosis of feeding and eating disorders using DSM-5 criteria, including the use of the Eating Disorder Assessment for DSM-5 (EDA-5) app; 2) Identify issues unique to special populations with eating problems, including children and adolescents, males, and culturally diverse samples; and 3) Learn available treatment options for individuals with feeding and eating disorders, including evidence-based psychotherapies and pharmacotherapies.

**Description:** This course aims to provide clinicians with an overview of the identification, assessment, and treatment of feeding and eating disorders, using DSM-5 criteria. The course will begin with a review of the DSM-5 diagnostic criteria for feeding and eating disorders and will introduce a new electronic app that can be used to guide assessment for these conditions. We will review in detail treatment options, including evidence-based psychotherapies and pharmacotherapies. The assessment and treatment of special populations will be emphasized, including children and adolescents, males, and individuals who are overweight or obese. Additionally, guidelines for culturally sensitive assessment of feeding and eating disorders will be provided. The course will conclude with an interactive, case-based discussion that will incorporate core principles reviewed in the course.

**Course Level:** Basic

**9:00 a.m. - 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$365 | **Advance:** \$395 | **On Site:** \$425

**Nonmember Early Bird:** \$465 | **Advance:** \$495 | **On Site:** \$525

**Spaces Available:** 150 | **Code:** M6213

# Master Course Listings (continued)

## Advances in Treatment of Bipolar Disorder

**Topic:** Bipolar and Related Disorders

**Director:** Terence Ketter, M.D.

**Master Course Code:** M6209

**Educational Objectives:** 1) Quantify benefits and harms of different treatment options for bipolar disorder; 2) Provide evidence-based, state-of-the-art treatment, balancing benefits and harms, for individual patients with bipolar disorders across all phases of the illness; and 3) Personalize treatment for individuals with bipolar disorder, accounting for special considerations in children and adolescents, women, and older adults.

**Description:** Treatment of bipolar disorders is rapidly evolving. DSM-5, new FDA approvals and clinical studies have raised important new diagnostic and therapeutic issues related to bipolar disorders, including diagnosis and treatment of bipolar depression (including bipolar mixed depression), approaches to antidepressant-induced mood elevation, and diagnosis and treatment of mood and behavioral problems in special populations of bipolar disorder patients, including children and adolescents, women, and older adults. Current FDA-approved bipolar disorder treatments in adults prominently include mood stabilizers (lithium, divalproex, carbamazepine and lamotrigine) and second-generation antipsychotics (olanzapine, risperidone, quetiapine, ziprasidone, aripiprazole, asenapine, lurasidone and cariprazine) that have robust evidence supporting their differential efficacy across bipolar illness phases and varying (and at times challenging) adverse effect profiles. In contrast, although generally providing adequate somatic tolerability and commonly prescribed in bipolar depression, antidepressants lack compelling evidence of efficacy for this problem. There is currently increasing appreciation of the need for evidence-based, personalized care. Quantitative (numerical) as opposed to qualitative (non-numerical) approaches have the potential to yield more reproducible outcomes. Number needed to treat (NNT) is a quantitative measure of the potential benefit representing how many patients need to be treated to expect one more favorable outcome (i.e., a therapeutic benefit likelihood metric). Number needed to harm (NNH) is an analogously-defined potential therapeutic harm (i.e., side effect risk) likelihood metric. This course includes presentations of therapeutic advances as well as NNT and NNH analyses of approved pharmacotherapies for various phases (acute mania, acute depression and maintenance) of bipolar disorder to facilitate assessments of risks and benefits of treatments in individual patients. Taken together, the information in this course is hoped to facilitate clinicians' efforts to translate the latest advances in research into evidence-based, personalized, state-of-the-art care for patients with bipolar disorder.

**Course Level:** Intermediate

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$365 | **Advance:** \$395 | **On Site:** \$425

**Nonmember Early Bird:** \$465 | **Advance:** \$495 | **On Site:** \$525

**Spaces Available:** 150 | **Code:** M6209

**MONDAY, MAY 16, 2016**

## 2016 Psychiatry Review

**Topic:** Psychopharmacology

**Director:** Robert Boland, M.D.

**Master Course Code:** M6210

**Educational Objectives:** 1) Identify gaps in knowledge in psychiatry and neurology as part of an exercise in lifelong learning; 2) Analyze multiple-choice questions pertinent to clinical topics; 3) Identify preparation strategies for lifelong learning; 4) Demonstrate the ability to search the clinical literature to prepare for lifelong learning; and 5) Convey a working knowledge of the various topical areas likely to be encountered during lifelong learning activities.

**Description:** Essential psychiatric and neurology topics will be reviewed and discussed using multiple-choice questions (MCQ). After a brief introduction covering the basic structure and format of MCQs typically used in psychiatric examinations, participants will review and answer MCQs in various formats using an audience response system. After viewing a summary of the audience responses, faculty members will lead and facilitate a review and discussion of the topic covered by the MCQs. The questions will be grouped by topic and will cover a number of core subjects in psychiatry and neurology. The clinical topics are development, diagnostic methods, psychopathology, psychiatric treatment, neurosciences and neuropsychiatry, research and literature literacy, forensics, ethics, and special topics (e.g., history, administration). Audience members will use an audience response system to respond to the multiple-choice format before correct answers and full explanations and references are provided.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$365 | **Advance:** \$395 | **On Site:** \$425

**Nonmember Early Bird:** \$465 | **Advance:** \$495 | **On Site:** \$525

**Spaces Available:** 175 | **Code:** M6210

# Master Course Listings (continued)

TUESDAY, MAY 17, 2016

## Essential Psychopharmacology

**Topic:** Psychopharmacology

**Director:** Alan Schatzberg, M.D.

**Master Course Code:** M6212

**Educational Objectives:** 1) Provide an update on recent advances in psychopharmacology of major disorders; 2) Discuss in detail approaches to the treatment of autism; 3) Review recent studies on pharmacogenetics of antidepressant response; 4) Provide a rational basis for selection of medications for bipolar disorder; and 5) Discuss efficacy and side effects of antipsychotic agents.

**Description:** This Masters Course in Psychopharmacology will present new material on the pharmacologic treatment of major psychiatric disorders. The course will involve presentation of data, Q&A and case discussions.

**Course Level:** Intermediate

**8:00 a.m. - 5:00 p.m. | 8 Hours**

**Marriott Marquis**

**Member Early Bird:** \$365 | **Advance:** \$395 | **On Site:** \$425

**Nonmember Early Bird:** \$465 | **Advance:** \$495 | **On Site:** \$525

**Spaces Available:** 300 | **Code:** M6212



# Course Listings

SATURDAY, MAY 14, 2016

## Buprenorphine and Office-Based Treatment of Opioid Use Disorder

**Topic:** Addiction Psychiatry/Substance Use and Addictive Disorders

**Director:** Petros Levounis, M.D.

**Course Code:** C6194

**Educational Objectives:** 1) Understand the rationale and need for opioid pharmacotherapy in the treatment of opioid dependence, and describe buprenorphine protocols for all phases of treatment and for optimal patient treatment; 2) Understand specific information on the legislative and regulatory history of office-based opioid pharmacotherapy; 3) Understand the pharmacological characteristics of opioids and identify common comorbid conditions associated with opioid dependence; 4) Understand treatment issues and management of opioid dependence in adolescents, pregnant women, and patients with acute and/or chronic pain; and 5) Describe the resources needed to set up office-based treatment with buprenorphine for patients with opioid use disorder (OUD).

**Description:** Physicians who complete this course will be eligible to request a waiver to practice medication-assisted addiction therapy with buprenorphine for the treatment of opioid use disorder. The course will describe the resources needed to set up office-based treatment with buprenorphine for patients with OUD and review 1) DSM-5 criteria for OUD and the commonly accepted criteria for patients appropriate for office-based treatment of OUD; 2) confidentiality rules related to treatment of substance use disorders, DEA requirements for recordkeeping, and billing and common office procedures; 3) the epidemiology, symptoms and current treatment of anxiety, common depressive disorders and ADHD, and how to distinguish independent disorders from substance-induced psychiatric disorders; and 4) common clinical events associated with addictive behavior. Special treatment populations, including adolescents, geriatric patients, pregnant addicts, HIV-positive patients and chronic-pain patients, will be addressed, and small-group case discussions will be used to reinforce learning.

**Course Level:** Basic

**8:00 a.m. – 5:00 p.m. | 8 Hours**

**Marriott Marquis**

*This course is offered free of charge, but seating is limited.*

**Spaces Available:** 75 | **Code:** C6194

## Cognitive Behavior Therapy for Severe Mental Disorders: Building Treatment Skills That Work

**Topic:** Cognitive Behavioral and Motivational Therapies

**Director:** Jesse Wright, M.D., Ph.D

**Course Code:** C6191

**Educational Objectives:** 1) Describe empirical evidence for the effectiveness of cognitive behavior therapy (CBT) for severe mental disorders; 2) Detail methods for developing effective anti-suicide plans with CBT; 3) Describe key strategies for using CBT to modify delusions; 4) Describe key strategies for using CBT to modify hallucinations; and 5) Detail methods for behavioral interventions for patients who are stuck in chronic and severe depression.

**Description:** There is growing evidence that CBT is an effective method for treating patients with chronic and severe mental disorders such as treatment-resistant depression and schizophrenia. This course helps clinicians gain CBT skills that can be added to pharmacotherapy when medication does not give adequate relief of symptoms. Common clinical problems targeted in the course include hopelessness and suicidal risk, delusions, hallucinations, and entrenched maladaptive behaviors. Course faculty, who have helped develop and test CBT methods for severe mental illness, will demonstrate key methods with role play and videos. Participants will have the opportunity to discuss the application of CBT for their own patients. Examples of skills that will be learned are developing an effective anti-suicide plan, modifying delusions with CBT, teaching patients coping methods for hallucinations, engaging difficult-to-treat patients, using creative methods for behavioral activation and enhancing treatment adherence.

**Course Level:** Basic

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C6191

## Conversion Disorder: Update on Evaluation and Management

**Topic:** Somatic Symptom Disorders

**Director:** Gaston Baslet, M.D.

**Course Code:** C3978

**Educational Objectives:** 1) Perform a clinical evaluation in patients with conversion disorder, in collaboration with a neurologist, and communicate the diagnosis in a way that

# Course Listings (continued)

reinforces engagement in treatment; 2) Recommend, seek advice on or execute the most appropriate treatment plan based on the current evidence from medical literature; and 3) Understand the complexity and heterogeneity of this population, and recognize various modifiable risk factors that should be considered targets for treatment.

**Description:** Conversion disorder (also named Functional Neurological Symptom Disorder in DSM-5) is diagnosed in a sizable proportion of patients seen in neurological practice. Treatment as usual involves referral to a mental health professional, including psychiatrists. During the last decade, there has been increased interest in the development of treatment options for this disorder, yet clear guidelines for the management of this complex population do not exist. This course will review the role of the psychiatrist during the diagnosis and management of patients with conversion disorder. We will provide an overview of our current understanding of the risk factors and pathogenic models of this disorder. These include biological and psychosocial etiologic factors. The course will focus on practical interventions, including guidelines for a comprehensive initial psychiatric evaluation. The effective communication of the diagnosis to patients, families and collaborating providers is crucial. We will discuss the different stages of treatment, including engagement, evidence-based short-term interventions and strategies for the long-term treatment of patients suffering from conversion disorders. The course will emphasize how to collaborate with the multitude of disciplines involved in the care of these patients. This will be facilitated by including speakers from neurology and neuropsychiatry who possess a wealth of clinical experience with the evaluation and treatment of these patients. We will present illustrative cases showcasing the complexity and heterogeneity of patients with conversion disorder.

**Course Level:** Basic

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210  
**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235  
**Spaces Available:** 60 | **Code:** C3978

## Management of Psychiatric Disorders in Pregnant and Postpartum Women

**Topic:** Women's Health

**Director:** Shaila Misri, M.D.

**Course Code:** C4611

**Educational Objectives:** 1) Have increased awareness about mood and anxiety disorders that occur in pregnant and postpartum women; 2) Be familiar with management of Bipolar I and II Disorders in the perinatal population; and 3) Have an improved ability to manage perinatal psychiatric disorders with pharmacological and nonpharmacological treatments.

**Description:** This course provides a comprehensive and in-depth overview of current clinical guidelines and research updates in major depressive disorder. An updated perspective

with regard to perinatal generalized anxiety disorder, panic disorder and obsessive compulsive disorder will be presented. trauma-related disorders such as posttraumatic stress and birth-related trauma will be discussed. Bipolar I and II disorders, including treatment challenges for pregnant and postpartum women will be covered in detail. This course focuses on mother-baby attachment issues, controversy and reality in perinatal pharmacotherapy, and nonpharmacological treatments, including various types of psychotherapies, augmentation therapies, light therapy and infant massage. New findings with Mindfulness-Based Cognitive Behavior Therapies in perinatal women will be presented. This course is interactive, and the audience is encouraged to bring forward their complex patient scenarios or case vignettes for discussion. The course handouts are specifically designed to update the audience on the cutting-edge knowledge in this sub-specialty.

**Course Level:** Intermediate

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210  
**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235  
**Spaces Available:** 75 | **Code:** C4611

## Mood Disorders in Later Life: Achieving Accurate Diagnosis and Effective Treatment

**Topic:** Depressive Disorders

**Director:** James Ellison, M.D., M.P.H.

**Course Code:** C4181

**Educational Objectives:** 1) Describe and explain an evidence-based approach to the recognition and effective management of late life mood disorders; 2) Differentiate between the cognitive effects of normal aging, depression and dementia syndrome of depression; 3) Recognize the common and unique features of bipolar disorder in later life and understand the elements of assessment and evidence-based management; and 4) Describe psychotherapy's role in treating late life mood disorders, list evidence-based approaches and understand modifications that facilitate treatment of older adults.

**Description:** In light of the unprecedented growth of our aging population, clinicians need to be proficient in the diagnostic assessment and effective treatment of late life mood disorders. These debilitating syndromes are widespread and disabling among older adults, but very treatable through the use of standard and newer approaches drawing on psychosocial and somatic therapies. This course provides an interdisciplinary overview of late life mood disorders, emphasizing a biopsychosocial approach. The attendee will acquire an organized approach to assessment and a systematic and evidence-based approach to treatment planning incorporating both psychotherapeutic and somatic interventions. In addition, the attendee will learn to distinguish among the cognitive symptoms associated with mood disorders, the cognitive changes associated with normal aging, and the impairments associated with Major Neurocognitive Disorder. The discussion

# Course Listings (continued)

of psychotherapy for older adults with mood disorders will review evidence-based approaches with particular emphasis on Cognitive Behavior Therapy, Interpersonal Therapy and Problem-Solving Therapy. The newly developed ENGAGE protocol will also be described. The discussion of somatic approaches will include a discussion of the syndrome of 'Vascular Depression' and describe an approach to treating resistant disorders. The faculty will lecture, using illustrative slides, and there will be ample time for interactive discussion. This course is designed primarily for general psychiatrists seeking greater understanding and expertise in treating older patients. For psychiatric residents and fellows, it will provide an advanced introduction. For geriatric psychiatrists, it will provide a review and update. It will be of greatest practical value to attendees who already possess a basic familiarity with principles of pharmacotherapy and psychotherapy.

**Course Level:** Intermediate

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4181

## Updates in Geriatric Psychiatry

**Topic:** Geriatric Psychiatry

**Director:** Rajesh Tampi, M.D., M.S.

**Course Code:** C4006

**Educational Objectives:** 1) Discuss the epidemiology, neurobiology, assessment and management of neurocognitive disorders, and behavioral and psychological symptoms of dementia; 2) Describe the epidemiology, neurobiology, assessment and management of substance use disorders in late life; 3) Enumerate the epidemiology, neurobiology, assessment and management of mood disorders in late life; 4) Elaborate on the epidemiology, neurobiology, assessment and management of anxiety disorders in late life; and 5) Describe the epidemiology, neurobiology, assessment and management of psychotic disorders in late life.

**Description:** Psychiatric disorders are not uncommon in late life. Illnesses like neurocognitive disorders, behavioral and psychological symptoms of neurocognitive disorders, mood disorders, anxiety disorders, psychotic disorders, and substance use disorders are frequently encountered in older adults. The population of older adults is growing rapidly. This has led to an increase in the number of older adults with psychiatric disorders. In this course, we will review the common psychiatric disorders in late life: neurocognitive disorders, behavioral and psychological symptoms of dementias, mood disorders, anxiety disorders, psychotic disorders, and substance use disorders. We have designed this comprehensive review course for clinicians who want to gain expertise in caring for older adults with these psychiatric disorders. This course intends to be a one-stop shop for those who intend to receive the most up-to-date information on dementias, behavioral and psychological symptoms of

neurocognitive disorders, mood disorders, anxiety disorders, psychotic disorders, and substance use disorders in late life. This course will be taught by award-winning geriatric psychiatrists who have expertise in teaching courses in geriatric psychiatry.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295

**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360

**Spaces Available:** 80 | **Code:** C4006

## Transgender and Intersex for the Practicing Psychiatrist

**Topic:** Gender Dysphoria

**Director:** William Byne, M.D.

**Course Code:** C4196

**Educational Objectives:** 1) Define and discuss the relevant terminology, including gender dysphoria, disorders of sex development with and without somatic intersexuality, gender variance, transgender, and transsexuality; 2) Describe the components of culturally and clinically competent assessment, diagnosis and care of those with gender concerns, including those seeking hormones and/or surgery for gender transition; 3) Draw into their clinical work the relevant documents for psychiatrists, including the DSM-5, the AACAP Practice Parameter on GLBT Youth and the Standards of Care of the World Professional Association for Transgender Health; 4) Distinguish DSM-5 Gender Dysphoria from gender concerns arising as epiphenomena of other psychiatric disorders; and 5) Understand how research and society's evolving attitudes toward gender variance have influenced policies that impact access to transgender health services, including hormonal, surgical and mental health care.

**Description:** Transgender people are sufficiently common that even psychiatrists whose practice does not focus on gender variance encounter patients who are transitioning gender or contemplating gender transition. On the other hand, transgender and other gender-variant people are perceived to be too uncommon in the population for prioritization of their clinical needs in the curricula of medical school and psychiatric residency training programs. Individuals with somatic intersexuality are even less common and receive even less attention in education and training programs despite their and their families' often enormous needs for mental health services beginning from the time of diagnosis, which increasingly occurs prenatally. This course will provide psychiatrists and other mental health professionals with the tools needed to deliver respectful, culturally competent and up-to-date mental health care to gender-variant patients, including those with somatic intersex conditions. An emphasis will be placed on those who are, or who are contemplating, transitioning gender. While the program will provide a useful general overview and roadmap for psychiatrists and other health professionals new to treating gender-variant patients, it will also provide an update for psychiatrists, residents, medical students, nurses and clinical social workers who are already experienced in



# Course Listings (continued)

working with gender-variant individuals. The following areas will be addressed: 1) The evolution of concepts of gender, gender variance and associated terminology; 2) The evolution of medical approaches to gender variance, including the changing roles of mental health professionals in transgender health care as reflected in successive versions of the World Professional Association for Transgender Health Standards of Care (WPATH SOC) and the emergence of informed consent models; 3) Common child and adolescent presentations; evaluation of gender-variant youth; assessment and management of co-existing psychopathology in minors; treatment options, including pubertal suppression; persistence and desistance of gender dysphoria of childhood; and family concerns; 4) Common adult presentations, the process of gender transition and other options for authentic gender expression, assessment and management of concurrent psychiatric illness, and stage of life concerns; 5) Mental health assessments for cross-sex hormones and gender-affirming surgery; 6) Presentations, evaluation and management of gender dysphoria in patients with somatic intersexuality; 7) Recent policy changes, including those of the Affordable Care Act, the Department of Health and Human Services, Medicare and the Veterans Health Administration, that impact access to transgender health services; and 8) Complex presentations, nonbinary gender identities and the role of the mental health professional in alternative models of treatment.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295  
**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360  
**Spaces Available:** 60 | **Code:** C4196

## Sleep Medicine: A Review and Update for Psychiatrists

**Topic:** Sleep-Wake Disorders

**Director:** Thomas Hurwitz, M.D.

**Course Code:** C5265

**Educational Objectives:** 1) Recognize the major sleep disorders that can affect patients in their practices; 2) Determine which patients should be referred to a board certified sleep physician; 3) Help patients with obstructive sleep apnea pursue therapy; 4) Determine if patients experience excessive daytime sleepiness; and 5) Facilitate use of CBT principles to treat insomnia.

**Description:** This course will present information about various sleep disorders important to practicing psychiatrists. The introduction will review basic principles of sleep-wake physiological regulation and a description of polysomnographic features of sleep stages. Clinical vignettes that could be seen in a psychiatric clinic will introduce presentations. Primary and comorbid insomnia will be discussed, as well as pharmacological and cognitive behavioral approaches to therapy. Willis Ekbom disease (restless legs syndrome) will be dealt with additionally. Obstructive sleep apnea, a very prevalent disorder, will be presented as a major source

of morbidity for psychiatric patients who are at additional risk because of weight gain associated with psychotropic drugs. Other hypersomnia conditions, such as narcolepsy and idiopathic hypersomnia, will be addressed to further assist participants to distinguish excessive daytime sleepiness from fatigue and apathy. Discussion of parasomnias will describe behavioral disorders of sleep that can be mistaken for nocturnal manifestations of psychiatric disorders. The course will close with a discussion of sleep disorders associated with various psychiatric disorders.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295  
**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360  
**Spaces Available:** 100 | **Code:** C5265

## Neuropsychiatric Masquerades: Medical and Neurological Disorders That Present With Psychiatric Symptoms

**Topic:** Psychosomatic Medicine

**Director:** Jose Maldonado, M.D.

**Course Code:** C5338

**Educational Objectives:** 1) Recognize the most common clues of presentation suggesting an 'organic cause' for psychiatric symptoms; 2) Understand the prevalence, epidemiology and clinical features of the most common endocrine, metabolic, infectious, autoimmune and neurological disorders masquerading as psychiatric illness; 3) Review commonly used pharmacological agents causing behavioral disturbances as common adverse effects; 4) Review diagnostic techniques and evidence-based treatment modalities to address the most common medical disorders masquerading as psychiatric illness; 5) Understand the neurobiology, diagnosis, and novel delirium and alcohol withdrawal management techniques.

**Description:** Psychiatric masquerades are medical and/or neurological conditions that present primarily with psychiatric or behavioral symptoms. The conditions included in this category range from metabolic disorders (e.g., Wilson's disease and porphyria), to infectious diseases (e.g., syphilis, herpes and HIV), to autoimmune disorders (e.g., SLE, MS), to malignancies (e.g., paraneoplastic syndromes and pancreatic cancer), to neurological disorders (e.g., seizure disorders, NPH, dementia and delirium). In this course, we will discuss the presentation and symptoms of the most common masquerades, focusing on pearls for timely diagnosis, and discuss potential management and treatment strategies.

**Course Level:** Advanced

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295  
**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360  
**Spaces Available:** 100 | **Code:** C5338

# Course Listings (continued)

## A Psychiatrist's Guide to Patients With Severe Obesity: Assessment and Beyond

**Topic:** Psychosomatic Medicine

**Director:** Sanjeev Sockalingam, M.D.

**Course Code:** C4163

**Educational Objectives:** 1) Describe predisposing psychosocial factors to obesity and potential medical and surgical interventions; 2) Identify patient characteristics prebariatric surgery that inform patients' postsurgery psychosocial interventions; and 3) Apply pharmacology protocols and brief psychological interventions that improve psychiatric care after bariatric surgery.

**Description:** Psychiatrists are now considered integral to the management of severe obesity in hospital-, and community-based settings. Furthermore, bariatric surgery, an effective and growing treatment for severe obesity, has resulted in more psychiatrists involved in pre- and post-surgery patient care. Nearly 60%-70% of severely obese individuals have a history of a psychiatric illness, and treatments such as bariatric surgery may precipitate additional psychopathology, such as cross-addictive behaviors and de novo eating psychopathology. As a result, psychiatric assessment is now a requirement prior to bariatric surgery by insurers and recommended in best practice guidelines. Therefore, psychiatrists are expected to have an array of skills to manage behavioral, relational and psychiatric aspects of severe obesity management, while also having an understanding of the armamentarium of medical and surgical obesity treatment options. The following course is aimed at psychiatrists and other mental health care providers who are caring for severely obese patients. The course outline will include presentations by an interprofessional team from University of Toronto Bariatric Surgery Collaborative, a six-hospital collaborative with American College of Surgeons Level 1A certification as a Bariatric Center of Excellence. The presenters have research and clinical experience in the care of severely obese individuals, and content will be derived from previous national and international training programs for healthcare professionals. Dr. Jackson, a bariatric surgeon, will present on the North American obesity epidemic and current state of obesity management interventions available for severe obesity. Dr. Taube-Schiff will discuss the diet interventions in obesity management and bariatric surgery and neuropsychiatric sequelae of bariatric-related nutritional deficiencies. Dr. Hawa, psychiatrist and sleep medicine specialist, will provide an approach to assessing psychiatric readiness for bariatric surgery and will discuss evidence-based assessment tools. He will also provide screening tools and the impact of obstructive sleep apnea. Dr. Wnuk will focus on the differential diagnosis for eating psychopathology in severe obesity, including a discussion of DSM-5 eating disorders as they relate to bariatric patients. Dr. Sockalingam will review common postoperative complications related to bariatric surgery, including impact on mood disorders, problematic alcohol use (cross-addiction), suicide risk and body image issues. Dr. Stephanie Cassin will provide practical approaches to integrating motivational interviewing and cognitive behavioral therapy to bariatric psychosocial care of patients. Psychosocial screening tools, best practice psychiatric protocols and practical office-based psychosocial interventions

for severe obesity management will be discussed. Participants will be able to practice skills and trial assessment approaches through video cases and role play.

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4163

## Identifying and Helping Older Adults With Mild Neurocognitive Disorders

**Topic:** Neurocognitive Disorders

**Director:** James Ellison, M.D., M.P.H.

**Course Code:** C4369

**Educational Objectives:** 1) Describe the spectrum of cognitive changes that accompany normal aging, subjective cognitive impairment and mild neurocognitive disorder; 2) Appreciate the role that neuropsychology has played in understanding, assessing and monitoring the progression of milder forms of cognitive impairment associated with typical and pathological aging; 3) List and appreciate the value of the neuroimaging techniques that have clarified the pathology and differential diagnostic issues associated with mild neurocognitive disorders; and 4) Prepare helpful recommendations for a person with mild cognitive changes, including lifestyle factors, medical issues, physical and social activity, cognitive stimulation, and sleep hygiene.

**Description:** Longer survival and more effective management of chronic medical diseases means we are facing an epidemic of mild and major neurocognitive disorders among our aging population. Psychiatrists must be at the vanguard of our efforts to appreciate, evaluate and manage cognitive decline from its earliest stages and even preclinically through preventive interventions. In this course, we will focus on the spectrum of cognitive changes that range from so-called normal cognitive aging through subjective cognitive impairment to mild neurocognitive disorder. We will discuss the early detection of these conditions and review the medical factors that can impair cognition with emphasis on those that can be reversed. We will review a systematic approach to assessment including the use of input from neuropsychology and neuroimaging. New and exciting neuroimaging approaches will be described and illustrated. Finally, we will discuss the lifestyle choices that can delay or prevent cognitive decline, focusing on physical activity, cognitive stimulation, nutrition, social engagement, medical disease management and restorative sleep. The teaching will include presentations with case vignettes and interactive discussion.

**Course Level:** Intermediate

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4369

# Course Listings (continued)

## Melatonin and Light Treatment of SAD, Sleep and Other Body Clock Disorders

**Topic:** Depressive Disorders

**Director:** Alfred Lewy, M.D.

**Course Code:** C6192

**Educational Objectives:** 1) Use the salivary dim light melatonin onset and sleep time to phase type circadian sleep and mood disorders as to whether they are phase advanced or phase delayed; 2) Treat a patient with appropriately timed bright light exposure (evening or morning) and/or low-dose melatonin administration (morning or afternoon) using the patient's phase type; and 3) Monitor treatment response using the dim light melatonin onset (DLMO)/midsleep interval, targeting six hours.

**Description:** This course will enable practitioners to advise patients on how to use melatonin and bright light to treat circadian sleep and mood disorders. There are two categories for these disorders: phase advanced and phase delayed. The prototypical patient with seasonal affective disorder (SAD), or winter depression is phase delayed; however, some are phase advanced (Lewy et al., PNAS, March 9, 2006). Shift work maladaptation, nonseasonal major depressive disorder (Emens, Lewy et al., Psychiatry Res., August 15, 2009) and ADHD can also be individually phase typed and then treated with a phase-resetting agent at the appropriate time. Phase-advanced disorders are treated with evening bright light exposure and/or low-dose (about 0.5 mg) morning melatonin administration. Phase-delayed disorders are treated with morning light and/or low-dose afternoon/evening melatonin administration. High doses of melatonin can be given at bedtime to help some people sleep. The best phase marker is the circadian rhythm of melatonin production, specifically, the time of rise in levels during the evening. In sighted people, samples are collected under dim light conditions. This can be done at home using saliva. Within a year or two, this test should become available to clinicians. The DLMO occurs on average at about 8 or 9 p.m.; earlier DLMOs indicate a phase advance, later DLMOs indicate a phase delay. The circadian alignment between DLMO and the sleep/wake cycle is also important. Use of the DLMO for phase typing and guiding clinically appropriate phase resetting will be discussed in detail, focusing on SAD. A jet-lag treatment algorithm will be presented that takes into account the direction and number of time zones crossed for when to avoid and when to obtain sunlight exposure at destination, and when to take low-dose melatonin before and after travel. Books instructing the use of light treatment will also be reviewed as well as the most recent research findings.

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

Member **Early Bird:** \$165 | Advance: \$185 | On Site: \$210

Nonmember **Early Bird:** \$190 | Advance: \$210 | On Site: \$235

Spaces Available: 60 | Code: C6192

## Mentalization-Based Treatment for Borderline Personality Disorder

**Topic:** Personality Disorders

**Director:** Anthony Bateman, M.D.

**Course Code:** C6195

**Educational Objectives:** 1) Demonstrate an understanding of the mentalizing problems of Borderline Personality Disorder (BPD); 2) Recognize mentalizing and nonmentalizing interventions; 3) Develop and maintain a mentalizing therapeutic stance; and 4) Use some basic mentalizing techniques in everyday clinical work.

**Description:** Mentalization is the process by which we implicitly and explicitly interpret the actions of ourselves and others as meaningful on the basis of intentional mental states (e.g., desires, needs, feelings, beliefs and reasons). We mentalize interactively and emotionally when with others. Each person has the other person's mind in mind (as well as his or her own), leading to self-awareness and other awareness. We have to be able to continue to do this in the midst of emotional states, but BPD is characterized by a loss of capacity to mentalize when emotionally charged attachment relationships are stimulated. The aim of Mentalization-Based Treatment (MBT) is to increase this capacity to ensure the development of better regulation of affective states and to increase interpersonal and social function. In this course, we will consider and practice interventions that promote mentalizing, contrasting them with those that are likely to reduce mentalizing. Participants will become aware of which of their current therapeutic interventions promote mentalizing. The most important aspect of MBT is the therapeutic stance. Video and role play will be used to ensure participants recognize the stance and can use it in their everyday practice. Small-group work will be used to practice basic mentalizing interventions described in the manual. In research trials, MBT has been shown to be more effective than treatment in the context of a partial hospital program, both at the end of treatment and at eight-year follow-up. A trial of MBT in an outpatient setting has also been completed. This shows effectiveness when applied by nonspecialist practitioners. Independent replication of effectiveness of MBT has been shown in cohort studies, and additional randomized controlled trials are in progress. The course will therefore provide practitioners with information about an evidence-based treatment for BPD, present them with an understanding of mentalizing problems as a core component of BPD, equip them with clinical skills that promote mentalizing and help them recognize nonmentalizing interventions.

**Course Level:** Intermediate

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

Member **Early Bird:** \$165 | Advance: \$185 | On Site: \$210

Nonmember **Early Bird:** \$190 | Advance: \$210 | On Site: \$235

Spaces Available: 75 | Code: C6195

# Course Listings (continued)

## What Every Psychiatrist Needs to Know About Epilepsy

**Topic:** Neuropsychiatry

**Director:** Rochelle Caplan, M.D.

**Course Code:** C4012

**Educational Objectives:** 1) Apply knowledge about the bidirectional relationship between epilepsy and psychiatric disorders to improve interdisciplinary collaboration and the outcomes of the treatment of patients with epilepsy; 2) Perform a comprehensive evaluation in patients with seizures and successfully navigate challenging clinical manifestations that require careful diagnostic clarification; and 3) Design a treatment plan that follows current evidence and that integrates the neurobiological and psychosocial contributions that epilepsy and its treatment have in various psychiatric presentations.

**Description:** Psychiatric disorders are common in patients with epilepsy, beyond what is expected with a chronic medical condition. Both neurobiological and psychosocial factors contribute to the expression of psychopathology in patients with epilepsy. Clinical and translational research demonstrate a bidirectional relationship between epilepsy and a wide range of psychiatric disorders, including depression, anxiety, attention deficit hyperactivity disorder, autism spectrum disorders, psychosis and suicide. Despite these robust data, the mental health needs of many epilepsy patients remain unmet and impact the quality of life of these patients and the management of their illness. This course will guide clinicians on how to evaluate the challenging differential diagnoses of epilepsy patients, such as psychiatric disorders that mimic seizures, as well as behavioral and affective symptoms that represent seizure manifestations. We will discuss in detail a wide variety of psychiatric manifestations (including depression, anxiety and attention deficit hyperactivity disorder) in the context of epilepsy. The course will also include a review of current antiepileptic drugs and their impact on mood, behavior and cognition, as well as the impact of psychotropic medications on seizures. Evidence-based psychosocial interventions that address mood, anxiety and executive dysfunction in epilepsy will be discussed in detail. Emphasis will be placed on the need for interdisciplinary collaboration to clarify diagnosis, select appropriate therapies and optimize outcomes. Faculty will include experts in neurology, neuropsychiatry, clinical psychology and neuropsychology who possess a wealth of clinical expertise in the evaluation and treatment of patients with epilepsy with comorbid psychiatric diagnoses. We will present illustrative cases showcasing the complexity of these clinical scenarios. Participation from the audience will be encouraged.

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4012

**SUNDAY, MAY 15, 2016**

## Interpersonal Psychotherapy

**Topic:** Individual Psychotherapies

**Director:** John Markowitz, M.D.

**Course Code:** C4090

**Educational Objectives:** 1) Understand the basic indications, rationale and techniques of interpersonal psychotherapy (IPT) for depression; 2) Appreciate key research supporting the use of IPT for depression and other disorders; and 3) Recognize some of the adaptations or IPT for other psychiatric diagnoses and formats.

**Description:** Interpersonal psychotherapy, a manualized, time-limited psychotherapy, was developed by the late Gerald L. Klerman, M.D., Myrna M. Weissman, Ph.D., and colleagues in the 1970s to treat outpatients with major depression. Its strategies help patients understand links between environmental stressors and the onset of their mood disorder and to explore practical options to achieve desired goals. IPT has had impressive research success in controlled clinical trials for acute depression, prophylaxis of recurrent depression and other Axis I disorders such as bulimia and PTSD. This course, now in its 22<sup>nd</sup> consecutive year at the APA Annual Meeting, presents the theory, structure and clinical techniques of IPT along with some of the research supporting its use. The course is intended for therapists experienced in psychotherapy and treatment of depression who have not had previous exposure to IPT. Please note, the course will not provide certification in IPT, a process that requires ongoing training and supervision. Participants should read the IPT manual: Weissman MM, Markowitz JC, Klerman GL: Clinicians' Quick Guide to Interpersonal Psychotherapy. New York: Oxford University Press, 2007. They may also be interested in Markowitz JC, Weissman MM (Editors): Casebook of Interpersonal Psychotherapy. New York: Oxford University Press, 2012, which contains a wealth of case examples.

**Course Level:** Intermediate

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4090

## Understanding and Treating Narcissistic Personality Disorder

**Topic:** Personality Disorders

**Director:** Frank Yeomans, M.D.

**Course Code:** C4225

**Educational Objectives:** 1) Understand and diagnose the range of narcissistic pathology; 2) Understand the concept of the pathological grandiose self and how to approach this psychological structure clinically; 3) Understand treatment techniques that address narcissistic resistances and help the patient look beyond his or her rigid narcissistic stance and begin

# Course Listings (continued)

to engage meaningfully with others; and 4) Understand how to help the patient gain awareness of and deal with the anxieties that the pathological grandiose self defends against.

**Description:** Narcissistic disorders are prevalent and can be among the most difficult clinical problems to treat. Narcissistic patients tend to cling to a system of thought that interferes with establishing relations and successfully integrating into the world. Furthermore, these patients can engender powerful countertransference feelings of being incompetent, bored, disparaged and dismissed or, at the other extreme, massively and unnervingly idealized. This course will present a framework for conceptualizing, identifying and treating individuals diagnosed with narcissistic personality disorder (NPD) or with significant narcissistic features. Narcissism encompasses normative strivings for perfection, mastery and wholeness, as well as pathological and defensive distortions of these strivings. Such pathological distortions may present overtly in the form of grandiosity, exploitation of others, retreat to omnipotence or denial of dependency, or covertly in the form of self-effacement, inhibition and chronic, extreme narcissistic vulnerability. Adding to the difficulties in diagnosing and treating narcissistic disorders is the fact that they can manifest themselves in multiple presentations depending on the level of personality organization, subtype or activated mental state. In this course, we will review the levels of narcissistic pathology. We will go on to discuss a specific theoretical and clinical formulation of narcissism and a manualized psychodynamic psychotherapy, transference focused psychotherapy, that has been modified to treat patients with narcissistic disorders. We will review therapeutic modifications that can help clinicians connect with and treat patients with narcissistic pathology at different levels.

**Course Level:** Basic

**8:00 a.m. - Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 75 | **Code:** C4225

## Good Psychiatric Management for Borderline Personality Disorder: What Every Psychiatrist Should Know

**Topic:** Personality Disorders

**Director:** John Gunderson, M.D.

**Course Code:** C4759

**Educational Objectives:** 1) Explain the diagnosis to patients and families and establish reasonable expectations for change (psychoeducation); 2) Manage the problem of recurrent suicidality and self-harm while limiting personal burden and liability; 3) Expedite alliance-building via use of medications and homework; and 4) Know when to prioritize BPD's treatment and when to defer until a comorbid disorder is resolved.

**Description:** The course will describe an empirically validated treatment approach: General Psychiatric Management (GPM) (McMain et al., AJP, 2009). GPM's emphasis on psychoeducation

about genetics and prognosis and its integration of medications is consistent with other good psychiatric care. It uses management strategies that are practical, flexible and commonsensical. Listening, validation, judicious self-disclosures and admonishments create a positive relationship in which both a psychiatrist's concerns and limitations are explicit. Techniques and interventions that facilitate the patient's trust and willingness to become a proactive collaborator will be described. Guidelines for managing the common and usually most burdensome issues of managing suicidality and self-harm (e.g., inter-session crises, threats as a call-for-help, excessive use of ERs or hospitals) will be reviewed. How and when psychiatrists can usefully integrate group, family or other psychotherapies will be described.

**Course Level:** Basic

**8:00 a.m. - Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4759

## Practical Assessment and Management of Behavior Disturbance in Patients With Moderate to Severe Dementia

**Topic:** Neurocognitive Disorders

**Director:** Maureen Nash, M.D., M.S.

**Course Code:** C4057

**Educational Objectives:** 1) Understand how to evaluate persons with symptoms and differentiate the common types of dementia: Alzheimer's, vascular, Lewy body, Parkinson's and frontal temporal lobe; 2) Understand the overlap between delirium and dementia with behavior disturbance and how to differentiate and treat those suffering from these two maladies; 3) Have a framework for person-centered assessment and treatment planning, including nonpharmacological interventions; 4) Understand risks, benefits and alternatives of evidence-based treatments for the common types of dementia with behavior disturbance; and 5) Understand the challenges of identifying pain and the terminal nature of advanced dementia.

**Description:** Preventing and treating moderate to severe behavior disturbance in those with dementia is one of the most challenging problems in geriatric psychiatric clinical practice. The regulatory environment and concerns about the risks of treatment are in the press and on the minds of clinicians and the general public. Successful treatment requires a holistic view of assessment, symptom interpretation and knowledge of the evidence base. This course is designed for psychiatrists, primary care providers and advanced practice nurses who desire to learn how to assess and manage behavior disturbances in those with dementia. This course is designed by and for clinicians with a solid basis in the current evidence. Cases will be used throughout the course to illustrate the diagnostic issues and the treatment dilemmas. The course will thoroughly review assessment, nonpharmacological management,

# Course Listings (continued)

pharmacological management and discussion of quality-of-life issues. Management for both inpatient and outpatient situations will be covered; however, the emphasis will be on the most difficult situations, typically those who are referred to emergency rooms or are inpatients in adult or geriatric psychiatry units. The first half will be an overview of behavior disturbance and how to measure it while determining the proper diagnosis. Determining the type of dementia and detecting delirium is emphasized for proper management. There will also be a subsection reviewing the diagnosis and treatment of delirium and discussion of how it relates to behavior disturbance in those with dementia. Next there will be discussion of practical nonpharmacological interventions and in-depth discussion of the pharmacological management of behavior disturbance in dementia. Current controversies and the regulatory environment in long-term care will be discussed. Cases of Alzheimer's, Lewy body, frontal temporal lobe and other dementias will be used to highlight aspects of diagnosis and successful management of the behavior disturbances unique to each disease. Audience participation will be encouraged throughout and is an integral part of the learning process.

**Course Level:** Intermediate

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295

**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360

**Spaces Available:** 60 | **Code:** C4057

## **Integrating Behavioral Health and Primary Care: Practical Skills for the Consulting Psychiatrist**

**Topic:** Integrated and Collaborative Care

**Director:** Anna Ratzliff, M.D., Ph.D.

**Course Code:** C4664

**Educational Objectives:** 1) Make the case for integrated behavioral health services in primary care, including the evidence for collaborative care; 2) Discuss principles of integrated behavioral health care; 3) Describe the roles for a primary care consulting psychiatrist in an integrated care team; and 4) Apply a primary care-oriented approach to psychiatric consultation for common behavioral health presentations.

**Description:** Psychiatrists are in a unique position to help shape mental health care delivery in the current rapidly evolving healthcare reform landscape using integrated care approaches, in which mental health care is delivered in primary care settings. In this model of care, a team of providers, including the patient's primary care provider, a care manager and a psychiatric consultant, work together to provide evidence-based mental health care. This course is designed to introduce the role of a psychiatrist functioning as part of an integrated care team. The first part of the course describes the delivery of mental health care in primary care settings with a focus on the evidence base, guiding principles and practical skills needed to function as a primary care consulting psychiatrist. The second part of the course is devoted to advanced skills. Topics

include supporting accountable care and leadership essentials for the integrated care psychiatrist. The course will focus on providing a combination of didactic material, case discussion and practice exercises. Three speakers, including Anna Ratzliff, M.D., Ph.D. from the University of Washington, Department of Psychiatry and Behavioral Sciences, Lori Raney, M.D., Chair APA Workgroup on Integrated Care, and John Kern, M.D., Chief Medical Officer, Regional Mental Health, will present didactic material and allow ample time for questions and discussion.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

*This course is offered free of charge, but seating is limited.*

**Spaces Available:** 80 | **Code:** C4664

## **Psychodynamic Psychopharmacology: Applying Practical Psychodynamics to Improve Pharmacologic Outcomes With Treatment Resistant Patients**

**Topic:** Psychopharmacology

**Director:** David Mintz, M.D.

**Course Code:** C4774

**Educational Objectives:** 1) Describe the evidence base linking meaning factors and medication response; 2) Develop an integrated biopsychosocial treatment frame; 3) Diagnose common psychodynamics underlying pharmacologic treatment resistance; 4) Use psychodynamic interventions in pharmacotherapy to ameliorate psychodynamic contributors to medication issues; and 5) Recognize and contain countertransference contributions to pharmacologic treatment resistance.

**Description:** Though psychiatry has benefited from an increasingly evidence-based perspective and a proliferation of safer and more tolerable treatments, outcomes are not substantially better than they were a quarter of a century ago. Treatment resistance remains a serious problem across psychiatric diagnoses. While there are many reasons for this, one likely contributor is a treatment environment that has promoted a symptom-focused and biomedically reductionistic approach to patients that neglects the profound impact of psychological and interpersonal factors on treatment outcome. In this environment, prescribing psychiatrists may not possess the knowledge, skills or attitudes needed to transfer psychotherapeutic skills to the psychopharmacology relationship. As such, we are working without some of our most potent tools for working with troubled patients. Psychodynamic psychopharmacology is an approach to psychiatric treatment that explicitly acknowledges and addresses the central role of meaning and interpersonal factors in pharmacologic treatment. While traditional objective-descriptive psychopharmacology provides guidance about what to prescribe, the techniques of psychodynamic psychopharmacology inform prescribers about how to prescribe to maximize outcomes. The course will review the evidence base connecting meaning and medications, showing that effective pharmacotherapy will involve thoughtful

# Course Listings (continued)

attention to psychological and social factors that promote optimal outcomes. We will review psychodynamic concepts relevant to the practice of psychopharmacology, with particular attention to psychodynamics and psychosocial factors that underlie pharmacologic treatment resistance. We will explore how a developmental, person-centered approach to prescribing can mobilize patients' strengths in the service of functional growth and optimal use of medication and will outline technical principles of psychodynamic psychopharmacology, providing participants with tools for working with psychodynamic resistances to and from psychiatric medications. The course is intended to be highly interactive, and ample space will be provided for discussion of clinical cases, facilitating skill acquisition and the ability to transfer this learning back into clinical practice.

**Course Level:** Intermediate

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295

**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360

**Spaces Available:** 100 | **Code:** C4774

## Street Drugs and Mental Disorders: Overview and Treatment of Dual Diagnosis Patients

**Topic:** Addiction Psychiatry/Substance Use and Addictive Disorders

**Director:** John Tsuang, M.D.

**Course Code:** C4300

**Educational Objectives:** 1) Understand the issues relating to the treatment of dual diagnosis patients; 2) Know the popular street drugs and club drugs; and 3) Know the available pharmacological agents for treatment of dual diagnosis patients.

**Description:** According to the ECA study, 50% of general psychiatric patients suffer from a substance abuse disorder. These patients, so-called dual diagnosis patients, are extremely difficult to treat, and they are big users of public health services. This course is designed to familiarize participants with diagnosis and state-of-the-art treatment for dual diagnosis patients. We will first review the different substances of abuse, including club drugs, and their psychiatric manifestations. The epidemiological data from the ECA study for dual diagnosis patients will be presented. Issues and difficulties relating to the treatment of dual diagnosis patients will be stressed. The available pharmacological agents for treatment of dual diagnosis patients and medication treatment for substance dependence will be covered. Additionally, participants will learn the harm reduction versus abstinence model for dual diagnosis patients.

**Course Level:** Basic

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 75 | **Code:** C4300

**MONDAY, MAY 16, 2016**

## The Clinical Assessment of Malingered Mental Illness

**Topic:** Forensic Psychiatry

**Director:** Phillip Resnick, M.D.

**Course Code:** C4165

**Educational Objectives:** 1) Demonstrate skill in detecting deception; 2) Detect malingered psychosis; 3) Identify four signs of malingered insanity defenses; and 4) Identify five clues to malingered PTSD.

**Description:** This course is designed to give psychiatrists practical advice about the detection of malingering and lying. Faculty will summarize recent research and describe approaches to suspected malingering in criminal defendants. Characteristics of true hallucinations will be contrasted with simulated hallucinations. Dr. Resnick will discuss faked amnesia, mental retardation and the reluctance of psychiatrists to diagnose malingering. The limitations of the clinical interview and psychological testing in detecting malingering will be covered. The session will delineate 10 clues to malingered psychosis and five signs of malingered insanity defenses. Video recording of three defendants describing hallucinations will enable participants to assess their skills in distinguishing between true and feigned mental disease. Participants will also have a written exercise to assess a plaintiff alleging posttraumatic stress disorder. Handouts will cover malingered mutism and feigned PTSD in combat veterans.

**Course Level:** Basic

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 75 | **Code:** C4165

## Evidence-Based Psychodynamic Therapy: A Pragmatic Clinician's Workshop

**Topic:** Psychodynamic Psychotherapy

**Director:** Rick Summers, M.D.

**Course Code:** C4220

**Educational Objectives:** 1) Become aware of the substantial evidence base supporting psychodynamic psychotherapy; 2) Improve treatment selection by applying a contemporary and pragmatic framework for delivering psychodynamic therapy; 3) Diagnose core psychodynamic problems and develop a psychodynamic formulation for appropriate patients; and 4) Understand how to develop an effective therapeutic alliance and employ techniques for facilitating change.

**Description:** This course will build the clinician's ability to provide effective and pragmatically focused psychodynamic therapy by reviewing the current evidence base for the treatment, presenting a contemporary and concise conceptual framework for the treatment and offering a detailed discussion of psychodynamic techniques. Many video clips with class discussion about technique and a group exercise on defining the core psychodynamic problem of a presented patient will

# Course Listings (continued)

make the course lively and participatory. The course follows the arc of therapy by discussing the central concepts of therapeutic alliance, core psychodynamic problems, psychotherapy focus and strategies for change. Presentation of the relevant evidence is paired with the model and the specific techniques to bolster the clinician's confidence in the effectiveness of the method. The video clips and group discussion provide an opportunity for interactive learning.

**Course Level:** Intermediate

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4220

## Emergency Psychiatry: The Basics and Beyond

**Topic:** Emergency Psychiatry

**Director:** Kimberly Nordstrom, M.D., J.D.

**Course Code:** C5154

**Educational Objectives:** 1) Identify psychiatric emergencies; 2) Feel more comfortable in creating alliances with patients who may be in a decompensated state; 3) Complete a suicide risk assessment; 4) Treat agitation with de-escalation techniques and medications; and 5) Discuss treatments that can be used in emergency situations.

**Description:** Behavioral emergencies may occur in any setting—outpatient, inpatient and emergency departments, as well as in the community. When psychiatric emergencies do occur, psychiatrists should be prepared to deal with surrounding clinical and system issues. One of the most important challenges is the initial assessment and management of a psychiatric crisis/emergency. This includes differentiating a clinical emergency from a social emergency. This seminar can serve as a primer or as an update for psychiatrists in the evaluation and management of psychiatric emergencies. The course faculty offer decades of experience in emergency psychiatry. The participants will learn about the role of medical and psychiatric evaluations and the use of risk assessment of patients in crisis. The course faculty will delve into when laboratory or other studies may be necessary and note instances when this information does not change treatment course. Tools, such as protocols, to aid in collaboration with the emergency physician will be examined. The art of creating alliances and tools for engaging the crisis patient will be discussed. The participants will also learn about the management of agitation (de-escalation and medication use), and special emphasis will be given to psychopharmacological treatments in the emergency setting. The course is divided into two parts: The first focuses on evaluation and the second on treatment. To round out the lectures on treatment, the chairperson will ask questions of the presenters to highlight practice differences. A combination of lectures and case discussion cover fundamental and pragmatic skills to identify, assess, triage and manage a range of clinical crises. Course

faculty includes emergency psychiatrists and an emergency medicine physician to help provide various viewpoints and allow for rich discussion.

**Course Level:** Basic

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C5154

## Exploring Technologies in Psychiatry

**Topic:** Computers, Technology and the Internet

**Director:** Robert Kennedy, M.D.

**Course Code:** C5259

**Educational Objectives:** 1) Review the various current and emerging technologies and connections that are possible in psychiatry and medicine; 2) Evaluate the emerging technologies and how they impact clinical practice today and tomorrow; and 3) Recognize the pros and cons of electronic physician-patient communication.

**Description:** This is a newly revised course that addresses the important aspects of managing information and technology that have become an integral component of the practice of psychiatry and medicine. Finding ways to make technology work both as a means of communication and as a way of keeping up-to-date on current changes in the field is an important goal. Whether it is collaborating with a colleague over the Internet, using a teleconferencing system, participating in a social network, using a smartphone or tablet to connect via email, obtaining critical drug information at the point of care, or evaluating the impact of various treatments in health care management, there are many ways and reasons to connect. This course is divided into three sections: 1a)Your Practice—Part 1: Explores various ways to keep up with important information in the field, maintain your clinical expertise and remain current in your knowledge in psychiatry and medicine, lifelong learning, and online meetings. 1b)Your Practice—Part 2: Describes ways to manage patient information such as the electronic medical record, practice information, screening tools, extending your practice, educational resources and educational prescriptions in practice, and patient portals; 2) Your Profession: Explores your professional identity online; security, privacy, social media and ways to manage them; and how other specialties handle the online world; 3) The Future of Technology in Psychiatry and Medicine: Reviews technology trends, applications and app development, gadgets, and the future of patient interaction. It will explore the evolving role of tablets and smartphones, how these leading edge technologies have changed our relationship to information, and their widespread adoption by psychiatrists and healthcare professionals. The movement toward digitizing health care information is making the numerous apps and mobile devices a great way to integrate and streamline all aspects of the medical process for enhanced care. This course will explore many of the ways that clinicians can use technology



# Course Listings (continued)

to manage and improve their practice and connect to colleagues and to needed information and even to patients. This course is not intended for novices. It will get the experienced computer user up to speed on cutting edge technologies, practice trends and technologies that will impact the profession over the next decade.

**Course Level:** Intermediate

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C5259

## Psychodynamic Principles With Treatment-Resistant Mood Disorders: Breaking Through Treatment Resistance by Focusing on Comorbidity

**Topic:** Psychodynamic Psychotherapy

**Director:** Eric Plakun, M.D.

**Course Code:** C4121

**Educational Objectives:** 1) Describe evidence that psychosocial factors play a role in the cause and effective treatment of treatment-resistant mood disorders; 2) Explain the contribution to treatment resistance of personality disorders, including associated immature defenses like splitting and projective identification; 3) Define the practice of 'psychodynamic psychopharmacology' and explain its role in effective treatment of treatment-resistant mood disorders; and 4) Utilize specific psychodynamic principles to improve outcomes in patients with treatment-resistant mood disorders.

**Description:** Although algorithms help psychiatrists select biological treatments for patients with treatment-resistant mood disorders, the subset of patients with early adverse experiences and comorbid personality disorders often fails to respond to medications alone. These treatments frequently become chronic crisis management, with high risk of suicide. This course describes a comprehensive approach to this subset of treatment-resistant patients derived from a longitudinal study of patients in extended treatment at the Austen Riggs Center. The course offers an overview of psychoanalytic object relations theory to facilitate an understanding of how immature defenses may lead to treatment resistance. Ten psychodynamic principles extracted from study of successful treatments are presented and illustrated with case examples. Among these are listening beneath symptoms for therapeutic stories, putting unavailable effects into words, attending to transference-countertransference paradigms contributing to treatment resistance, and attending to the meaning of medications—an approach known as 'psychodynamic psychopharmacology.' This psychodynamic treatment approach guides the conduct of psychotherapy, but also guides adjunctive family work, helps integrate the psychopharmacologic approach, and maximizes medication compliance. Time will be included to allow course participants to discuss their own cases, as well as the case material offered by the presenters. The course is designed to

help practitioners improve outcomes with these patients in their own work setting.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295

**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360

**Spaces Available:** 60 | **Code:** C4121

## Mind-Body Programs: Stress, Anxiety, Depression, PTSD, Military Trauma and Mass Disasters: Lecture and Experiential (Replaces Yoga of the East and West)

**Topic:** Integrative Medicine (CAM)

**Director:** Patricia Gerbarg, M.D.

**Course Code:** C4306

**Educational Objectives:** 1) Describe how heart rate variability and sympatho-vagal balance contribute to overall well-being and stress-resilience; 2) Apply Polyvagal Theory to understanding how Voluntarily Regulated Breathing Practices (VRBPs) help shift the organism from states of defensive disconnection towards a state of safety and connectedness; 3) Discuss the vagal-gamma-aminobutyric acid theory of inhibition and its potential relevance to treatment of stress, anxiety and trauma-related disorders; 4) Experience coherent breathing for stress reduction and learn how VRBPs can be used to reduce anxiety, insomnia, depression and symptoms of PTSD; and 5) Experience open focus attentional training for stress reduction, improved attention and relief of physical and psychological distress for clinicians and their patients.

**Description:** Dr. Richard P. Brown and Dr. Patricia Gerbarg use PowerPoint slides, lecture, video clips, experiential practices and Q&A. This repeat of last year's Yoga of the East and West is updated with new research. Neurophysiological models, research review: Breath-Body-Mind (BBM) uses simple practices, primarily VRBPs with coordinated movements derived from yoga, qigong, martial arts, meditation and modern neuroscience. Easily learned for relief of stress, anxiety, depression and PTSD, they can be modified for different settings—private offices, clinics, hospitals, groups, schools, military bases and disaster sites. We present developments in understanding how VRBPs rapidly improve sympatho-vagal balance, emotion regulation and symptom resolution in a wide variety of disorders and patient populations. The evolving neurophysiological theory incorporates concepts of Polyvagal Theory (Stephen Porges), interoception, interactions between the autonomic nervous system, GABA pathways, emotion regulatory circuits, neuroendocrine response and social engagement networks. Polyvagal theory asserts that physiological states characterized by increased vagal influence on heart rate variability support social engagement and bonding and inhibit defensive limbic activity. A specific feature of trauma-related disorders—disconnection, disruption of bonding—will be explored. Dr. Gerbarg will briefly update research evidence that specific VRBPs, in combination with

# Course Listings (continued)

other practices, resulted in significant rapid improvements in psychological and physical symptoms in studies of GAD, veterans with PTSD, healthcare providers, bowel disease and survivors of mass disasters: 2004 Southeast Asian Tsunami, 9/11 World Trade Center attacks, Gulf Horizon oil spill, and war and slavery in Sudan. Preliminary data from a mass resonance spectroscopy study of effects on brain GABA levels in patients with depression will be presented. Experiential practices: Dr. Brown guides participants through rounds of movement with VRBPs: Coherent Breathing, 4-4-6-2, Breath Moving, 'Ha' and Open Focus Meditation. The gentle movements can be done standing or sitting and are suitable for adults and children. Awareness and mindfulness of breath and changes in mental and physical states is cultivated. Attendees enhance learning by participation in group processes. Clinical cases—PTSD: Dr. Gerbarg covers clinical issues, indications, contraindications, risks, benefits and guidelines for augmenting psychotherapy with VRBPs. Cases illustrate restoration of connectedness/bonding through VRBPs that shift the individual from states of fear and immobilization to states of safety and bonding. Cases include a victim of sexual abuse, a former U.S. Air Force U2 pilot, a second generation Holocaust survivor, and a healthcare worker in Sudan. Resources for skill development are given. Bring towel or blanket.

**Course Level:** Intermediate

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295

**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360

**Spaces Available:** 80 | **Code:** C4306

## Risk Assessment for Violence

**Topic:** Aggressive Behaviors: Etiology, Assessment and Treatment

**Director:** Phillip Resnick, M.D.

**Course Code:** C4354

**Educational Objectives:** 1) Specify four types of paranoid delusions that can lead to homicide; 2) Identify the relative risk of violence in schizophrenia, bipolar disorder and substance abuse; and 3) Indicate three factors that increase the likelihood that violent command hallucinations will be obeyed.

**Description:** This course is designed to provide a practical map through the marshy minefield of uncertainty in risk assessment for violence. Recent research on the validity of psychiatric predictions of violence will be presented. The demographics of violence and the specific incidence of violence in different psychiatric diagnoses will be reviewed. Dangerousness will be discussed in persons with psychosis, mania, depression and substance abuse. Special attention will be given to persons with specific delusions, command hallucinations, premenstrual tension and homosexual panic. Personality traits associated with violence will be discussed. Childhood antecedents of adult violence will be covered. Advice will be given on taking a history from potentially dangerous patients and countertransference feelings. Instruction will be given in the elucidation of violent

threats, sexual assaults and 'perceived intentionality.'

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4354

## Neuroanatomy of Emotions

**Topic:** Biological Psychiatry

**Director:** Ricardo Vela, M.D.

**Course Code:** C4376

**Educational Objectives:** 1) Identify the principal brain structures involved in emotional expression; 2) Name the main functional neural circuitry of the limbic system; 3) Discuss abnormal brain structures in autism; 4) Discuss neurodevelopmental brain abnormalities in schizophrenia; and 5) Discuss the role of the subcallosal gyrus in depression.

**Description:** Psychiatry has been revolutionized by the development of brain imaging research, which has expanded our understanding of mental illness. This explosion of neuroscientific knowledge will continue to advance. In April 2013, President Obama called for a major initiative for advancing innovative neurotechnologies for brain research. NIMH has launched the new research domain criteria that conceptualizes mental disorders as disorders of brain circuits that can be identified with the tools of clinical neuroscience. Psychiatrists need to access fundamental knowledge about brain neuroanatomy and neurocircuitry that will allow them to understand emerging neuroscientific findings that will be incorporated into the practice of psychiatry. This symposium will describe the structure of limbic nuclei and their interconnections as they relate to the basic mechanisms of emotions. Neuroanatomical illustrations of limbic nuclei, associated prefrontal and cerebellar structures, and main neurocircuitry will be presented. Drawing from classic neurobiological research studies and clinical case data, this course will show how each limbic structure, interacting with each other, contributes to the expression of emotions and attachment behavior. Three-dimensional relationships of limbic structures will be demonstrated through the use of a digital interactive brain atlas with animated illustrations. The relevance of neuroanatomical abnormalities in autism, PTSD, major depression and schizophrenia will be discussed in the context of limbic neuroanatomical structures.

**Course Level:** Intermediate

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 75 | **Code:** C4376

## Evaluation and Treatment of Sexual Dysfunctions

# Course Listings (continued)

**Topic:** Sexual Dysfunctions

**Director:** Waguih IsHak, M.D.

**Course Code:** C4139

**Educational Objectives:** 1) Acquire practical knowledge and skills in evaluation of sexual disorders; 2) Acquire practical knowledge and skills in treatment of sexual disorders; and 3) Learn to apply gained knowledge/skills to real examples of sexual disorders.

**Description:** The course is designed to meet the needs of psychiatrists who are interested in acquiring current knowledge about the evaluation and treatment of sexual disorders in everyday psychiatric practice. The participants will acquire knowledge and skills in taking an adequate sexual history and diagnostic formulation. The epidemiology, diagnostic criteria and treatment of different sexual disorders will be presented, including the impact of current psychiatric and nonpsychiatric medications on sexual functioning. Treatment of medication-induced sexual dysfunction (especially the management of SSRI-induced sexual dysfunction) as well as sexual disorders secondary to medical conditions will be presented. Treatment interventions for sexual disorders will be discussed, including psychotherapeutic and pharmacological treatments. Clinical application of presented material will be provided using real world case examples brought by the presenter and participants. Methods of teaching will include lectures, clinical vignettes and group discussions.

**Course Level:** Intermediate

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4139

## Acute Brain Failure: Neurobiology, Prevention and Treatment of Delirium

**Topic:** Psychosomatic Medicine

**Director:** Jose Maldonado, M.D.

**Course Code:** C5357

**Educational Objectives:** 1) Identify the strengths and weaknesses of various screening and diagnostic instruments used for the detection of delirium; 2) Recognize the main risk factors for the development of delirium in the clinical setting; 3) Describe the evidence regarding the use of nonpharmacological techniques (e.g., light therapy, early mobilization) in delirium prevention and treatment; 4) Define the evidence behind the use of antipsychotic agents in the prevention and treatment of delirium; and 5) Recognize the evidence behind the use of nonconventional agents (e.g., alpha-2 agonist, melatonin, anticonvulsant agents) in the prevention and treatment of delirium.

**Description:** Delirium is a neurobehavioral syndrome caused by the transient disruption of normal neuronal activity due to disturbances of systemic physiology. It is also the most common psychiatric syndrome found in the general hospital

setting, causing widespread adverse impact to medically ill patients. Studies have demonstrated that the occurrence of delirium is associated with greater morbidity, mortality, and a number of short- and long-term problems. Short-term, patients suffering from delirium are at risk of harming themselves (e.g., falls, accidental extubation) and of accidentally injuring their caregivers due to confusion, agitation and paranoia. Long-term, delirium has been associated with increased hospital-acquired complications (e.g., decubitus ulcers, aspiration pneumonia), a slower rate of physical recovery, prolonged hospital stays and increased placement in specialized intermediate and long-term care facilities. Furthermore, delirium is associated with poor functional and cognitive recovery, an increased rate of cognitive impairment (including increasing rates of dementia) and decreased quality of life. This course will review delirium's diagnostic criteria (including new DSM-5 criteria), subtypes, clinical presentation and characteristics, available diagnostic tools, the theories attempting to explain its pathogenesis, and the reciprocal relationship between delirium and cognitive impairment, and summarize behavioral and pharmacological evidence-based techniques associated with successful prevention and treatment techniques. We will also use delirium tremens (i.e., alcohol withdrawal delirium) as a way to better understand deliriums, pathophysiology and discuss novel, benzodiazepine-sparing techniques in order to better control the syndrome and prevent its complications while avoiding the deliriogenic effects of benzodiazepine agents.

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C5357

**TUESDAY, MAY 17, 2016**

## ECT Practice Update for the General Psychiatrist

**Topic:** Nonpharmacological Somatic Therapies ECT, TMS

**Director:** Peter Rosenquist, M.D.

**Course Code:** C6193

**Educational Objectives:** 1) Consider the indications and risk factors for ECT and estimate likely outcomes based upon patient characteristics; 2) Define the physiologic and neurocognitive effects of ECT as they relate to specific and potentially high-risk patient populations; 3) Review the evidence related to ECT stimulus characteristics and summarize the differences between brief and ultra-brief pulse width stimuli; and 4) Define strategies for optimizing treatment outcomes during the ECT course and maintaining remission over time.

**Description:** This course is designed to appeal to general psychiatrists and other health care providers who are involved in providing ECT or referring patients for ECT. The five faculty of this course are intimately involved with both research and the administration of ECT on a regular basis. The focus of the activity will be to provide an up-to-date discussion of the current practice

# Course Listings (continued)

of ECT, but is not intended as a 'hands on' course to learn the technique of ECT. The presentations and discussions will include a review of the psychiatric consultation for ECT beginning with the indications, caveats for use of ECT in special patient populations, anesthesia options, potential side effects from ECT and concurrent use of psychotropic and nonpsychotropic medications. The course also includes a practical introduction to the decision making process guiding the choice of techniques including electrode placement, stimulus dosage and parameter selection, as well as relapse prevention strategies. Also included will be an update on current theories of mechanism of action. Any practitioner who has involvement with ECT, either in administration of the procedure or in the referral of patients for ECT, should consider attending this course.

**Course Level:** Basic

**8:00 a.m. – Noon | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 75 | **Code:** C6193

## DSM-5 Changes: Overview and Practical Applications (Including the Transition to ICD-10-CM)

**Topic:** Diagnosis Assessment

**Director:** Michael First, M.D.

**Course Code:** C6201

**Educational Objectives:** 1) Be familiar with the new organization structure of the DSM-5; 2) Be familiar with rationale and implications for the incorporation of a more dimensional approach to DSM-5; 3) Be familiar with the relationship with the ICD-10-CM and DSM-5; and 4) Be familiar with the changes being made throughout the DSM-5, including their rationale and practical implications.

**Description:** This course will present a practical and comprehensive overview of DSM-5, focusing on the changes and their clinical applications, as well as some of the controversies that arose during the DSM-5 process. The presentation begins with a summary of the goals and aspirations of the DSM-5 revision process and how these impacted the structure of the final product. The presentation then covers general issues in the use of the manual, including an explanation of the relationship between the ICD-10-CM coding system and the DSM-5 system. The course then continues with a presentation of the changes to the various sections of the DSM-5, including Neurodevelopmental Disorders; Schizophrenia and Other Psychotic Disorders; Bipolar and Depressive Disorders; Anxiety Disorder; Obsessive-Compulsive and Related Disorders; Trauma and Stressor-Related Disorders; Dissociative Disorders; Somatic Symptom Disorders; Eating Disorders; Sexual Dysfunctions; Sleep-Wake Disorders; Disruptive, Impulse Control and Conduct Disorders; Substance-Related and Addictive Disorders; Neurocognitive Disorders; and Personality Disorders. For those changes that have been controversial, the pros and cons of the changes will be presented. The course concludes with a look toward the future in terms

of the plans to make DSM-5 a living document as well as an overview of the research categories for further study.

**Course Level:** Basic

**9:00 a.m. – 4:00 p.m. | 6 Hours**

**Marriott Marquis**

**Member Early Bird:** \$225 | **Advance:** \$260 | **On Site:** \$295

**Nonmember Early Bird:** \$275 | **Advance:** \$310 | **On Site:** \$360

**Spaces Available:** 100 | **Code:** C6201

## Talking With Your Patients About Marijuana Use: What Every Psychiatrist Should Know

**Topic:** Psychopharmacology

**Director:** Henry Levine, M.D.

**Course Code:** C4091

**Educational Objectives:** 1) Discuss the CNS activity of cannabis, and the physiologic actions of cannabis and the cannabinoid system; 2) Discuss the medical usefulness and hazards of cannabis, particularly pertaining to psychiatric and substance abuse disorders; 3) Discuss the medico-legal climate regarding cannabis and legal restrictions on the medical use of cannabis; and 4) Take a relevant history from, listen to, educate and counsel patients who wish to use or are using cannabis for medical treatment, or who are using it recreationally while in psychiatric treatment.

**Description:** Marijuana, according to NIDA, is “the most commonly used illicit substance.” However, according to state, not federal, laws, medical marijuana is legal in 23 states and the District of Columbia. Four states have also legalized recreational use of marijuana. As the number of states legalizing marijuana grows, more patients are turning to us, their doctors, for advice and information regarding marijuana’s risks and benefits. Some patients with psychiatric illness are using marijuana recreationally as well without knowledge of its effects. Both groups deserve education from us based on our scientific knowledge. However, despite research to the contrary, much of it done abroad, the U.S. government still considers marijuana a Schedule I substance “with no currently accepted medical use and a high potential for abuse.” The federal stance has inhibited research on the science of marijuana and has promoted an attitude toward marijuana’s risks and benefits that is not scientifically based. We need to be able to counsel and educate our patients based on objective, scientific data. There is too much said with authority about medical aspects of marijuana—pro and con—that is misleading and deceptive. This course will teach the practitioner to understand the risks and benefits, restrictions, and seductions their patients face in considering cannabis use. The faculty will review the 2,500-year-long history of cannabis use in medicine and the more recent history of restrictions on research and use of cannabis in the U.S. We will discuss the cannabinoid system, CB1 and CB2 receptors, and their distribution and function, as well as the endogenous cannabinoids. We will cover cannabis’s routes of administration, bioavailability, distribution and elimination, and the unique actions of various cannabinoids. We will then present clinical

# Course Listings (continued)

research and its limitations on the usefulness of cannabis in psychiatric conditions, including anxiety, depression, psychosis, PTSD and sleep, and its role in violence. We will also review clinical research on its usefulness in nonpsychiatric medicine, including its actions in patients with inflammation, pain, spasm, loss of appetite, nausea, epilepsy and HIV. We will present data on the FDA-approved cannabinoids. The faculty will detail hazards of cannabis use, including addiction, accidents, psychosis, cognitive deficits, withdrawal, heart and lung illnesses, and other psychiatric symptoms. We will describe the legal restrictions and limitations on psychiatric practitioners who may be asked by their patients to issue a 'cannabis recommendation.' We will teach the practitioner to take a history relevant to the use of medical cannabis. We will discuss ways to listen to and talk with patients who are interested in using or are actively using cannabis for medical reasons, or who are using cannabis recreationally while in treatment for a psychiatric disorder. We will not address screening for or treatment of addiction.

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C4091

## Motivational Interviewing for the Routine Practice of Psychiatry

**Topic:** Cognitive Behavioral and Motivational Therapies

**Director:** Steven Cole, M.D., M.A.

**Course Code:** C4948

**Educational Objectives:** 1) Describe three questions and four skills of Brief Action Planning (BAP); 2) Explain how BAP aligns with the 'Spirit of Motivational Interviewing;' 3) Discuss the three levels and 13 separate skills of 'Stepped Cate Advanced Skills for Action Planning' (SAAP) for patients with persistent unhealthy behaviors; 4) Use the eight core competencies of BAP and 13 advanced skills of SAAP in routine psychiatric practice; and 5) Gain skill to demonstrate/train BAP/SAAP for students, team members and colleagues.

**Description:** Motivational Interviewing (MI) is defined as a "collaborative, patient-centered form of guiding to elicit and strengthen motivation for change." There are over 15 books on MI, over 1,000 publications and 200 clinical trials, 1,500 trainers in 43 languages, and dozens of international, federal, state and foundation research and dissemination grants. Four meta-analyses demonstrate effectiveness across multiple areas of behavior, including substance abuse, smoking, obesity and medication nonadherence, as well as improved outcomes in physical illnesses, including mortality. MI has been shown to contribute to improved outcomes when combined with cognitive behavioral or other psychotherapies. New data reinforces its relevance for psychiatrists: life expectancy of patients with severe mental illness is 32 years less than

age- and sex-matched controls, and the risk of death from cardiovascular disease is 2-3 times higher in mental patients than controls. Despite this evidence and its compelling relevance, most psychiatrists have little appreciation of the principles and practice of MI. Using interactive lectures, high-definition annotated video demonstrations and role-play, this course offers the opportunity to learn core concepts of MI and practice basic and advanced MI skills. The course introduces participants to an innovative motivational tool, BAP, developed by the course director (who is a member of MINT: Motivational Interviewing Network of Trainers). Research on BAP was presented at the First International Conference on MI (2008) and the Institute of Psychiatric Services (2009). BAP has been published by the AMA, the Patient-Centered Primary Care Collaborative, Bates' Guide to the Physical Exam and the Commonwealth Fund and disseminated by programs of the CDC, HRSA, the VA, the Indian Health Service and the Robert Wood Johnson Foundation. Participants will learn how to utilize the three core questions and five associated skills of BAP in routine practice and in a manner consistent with the 'Spirit of Motivational Interviewing.' For those patients with persistent unhealthy behaviors, attendees will also have the opportunity to observe and practice 13 higher-order evidence-based interventions, described as SAAP. Though designed as an introductory course, the material will also be useful to practitioners with intermediate or advanced experience in MI (or other behavior change skills) because they will learn how to utilize BAP in routine care for improved clinical outcomes and/or for training others.

**Course Level:** Basic

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 75 | **Code:** C4948

## Restoring Professionalism: Integrating Mind, Brain and Body for Distressed Physicians

**Topic:** Wellness

**Director:** A.J. Reid Finlayson, M.D.

**Course Code:** C5307

**Educational Objectives:** 1) Recognize the continuum of care for problematic physician behavior health from suicide to healthy lifestyle; 2) Describe the components of a comprehensive fitness-for-duty evaluation for unprofessional physician behavior; 3) Review and discuss three case examples of unprofessional behavior that may undermine patient safety, including disrupting the optimal functioning of clinical teams, sexual boundary violations and dangerous prescribing practices; 4) Explain the effects of disruptive physician behavior on other members of clinical teams; and 5) Identify a variety of psycho-educational approaches to remediate problematic physician behaviors and enhance professionalism.

**Description:** Medical boards or colleges, physician health

# Course Listings (continued)

programs, hospitals and practice groups often seek consultation in dealing with problematic physician behaviors that threaten patient safety or interfere with optimal functioning of clinical teams. This course will present findings from comprehensive evaluations of over 600 physicians and describe continuing education programs developed to educate over 1,500 physicians with behavior problems that involved prescribing improperly, violating boundaries and distressing clinical teams. Participants will review the 360 degree feedback tool that is used to evaluate professional interactions as a way to reinforce and augment change. They will participate in experiential exercises such as the flooding test, some grounding exercises, and DRAN concepts. Available outcome data, including follow-up 360 feedback data, will be presented and discussed. Case studies and self-reflective exercises during the course will illustrate how fitness-for-duty evaluations, transformative learning experiences and practicing self-awareness can be

applied not only to manage disruptive behavior but to promote and enhance physician wellness. Participants will have the opportunity to experience several developmental tools used to evaluate and monitor professional behavior, including a 360-degree evaluation process. A self-reflective exercise utilizing a nautical metaphor will be used to integrate the concept of professionalism with well-being of the mind, brain and body.

**Course Level:** Intermediate

**1:00 p.m. – 5:00 p.m. | 4 Hours**

**Marriott Marquis**

**Member Early Bird:** \$165 | **Advance:** \$185 | **On Site:** \$210

**Nonmember Early Bird:** \$190 | **Advance:** \$210 | **On Site:** \$235

**Spaces Available:** 60 | **Code:** C5307

