

IACAPAP 2016

**Fighting Stigma,
Promoting Resiliency
and Positive
Mental Health**

*"As far as we can discern,
the sole purpose of human existence
is to kindle a light in the darkness
of mere being"*

- C. G. Jung

**September 18-22, 2016
Calgary TELUS Convention Centre
Calgary, Alberta, Canada
www.iacapap2016.org
#IACAPAP2016**

Shutterstock, Phil Emmerson



**The 22nd International Association for
Child and Adolescent Psychiatry and
Allied Professions World Congress (IACAPAP)**



**36th Annual Conference for the
Canadian Academy of Child and
Adolescent Psychiatry (CACAP)**



Fondation Graham Boeckh Foundation

ABOUT THE GRAHAM BOECKH FOUNDATION

Based in Canada and open to the world, GBF aims to be a catalyst in bringing about changes that significantly improve the lives of people with or at risk of mental illness.

A CATALYST FOR TRANSFORMING YOUTH MENTAL HEALTH

The Foundation initiates and supports integrated youth services projects and early intervention initiatives, such as:



ACCESS Open Minds

A pan-Canadian integrated youth services initiative, a partnership between GBF and CIHR, to show how youth mental health services can be transformed



British Columbia Integrated Youth Services Initiatives

Improving access to mental health, substance use and primary care for youth and young adults across BC

**RECOMMENDED FIRST-LINE
IN CHILDREN, ADOLESCENTS AND ADULTS^{1*}**

ANYONE IN THE FAMILY CAN HAVE ADHD

BIPHENTIN®: FOR ADHD PATIENTS FROM 6-65 YEARS OLD²

IN ADULTS:

- ✓ Fast onset – similar to IR methylphenidate^{2†}

IN CHILDREN ≥6 YEARS OF AGE AND ADOLESCENTS:

- ✓ Demonstrated improvements within one hour^{2‡}
- ✓ Efficacy shown to last for 10 to 12 hours^{2§}

- ✓ Flexible dosing – available in 8 strengths for dose optimization^{2¶}

- ✓ May be sprinkled on these soft foods: apple sauce, yogurt or ice cream²

Biphentin® is indicated for treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children 6-11, adolescents 12-18 and adults >18 years of age.

Refer to the page in the bottom-right icon for additional safety information and a web link to the Product Monograph discussing:

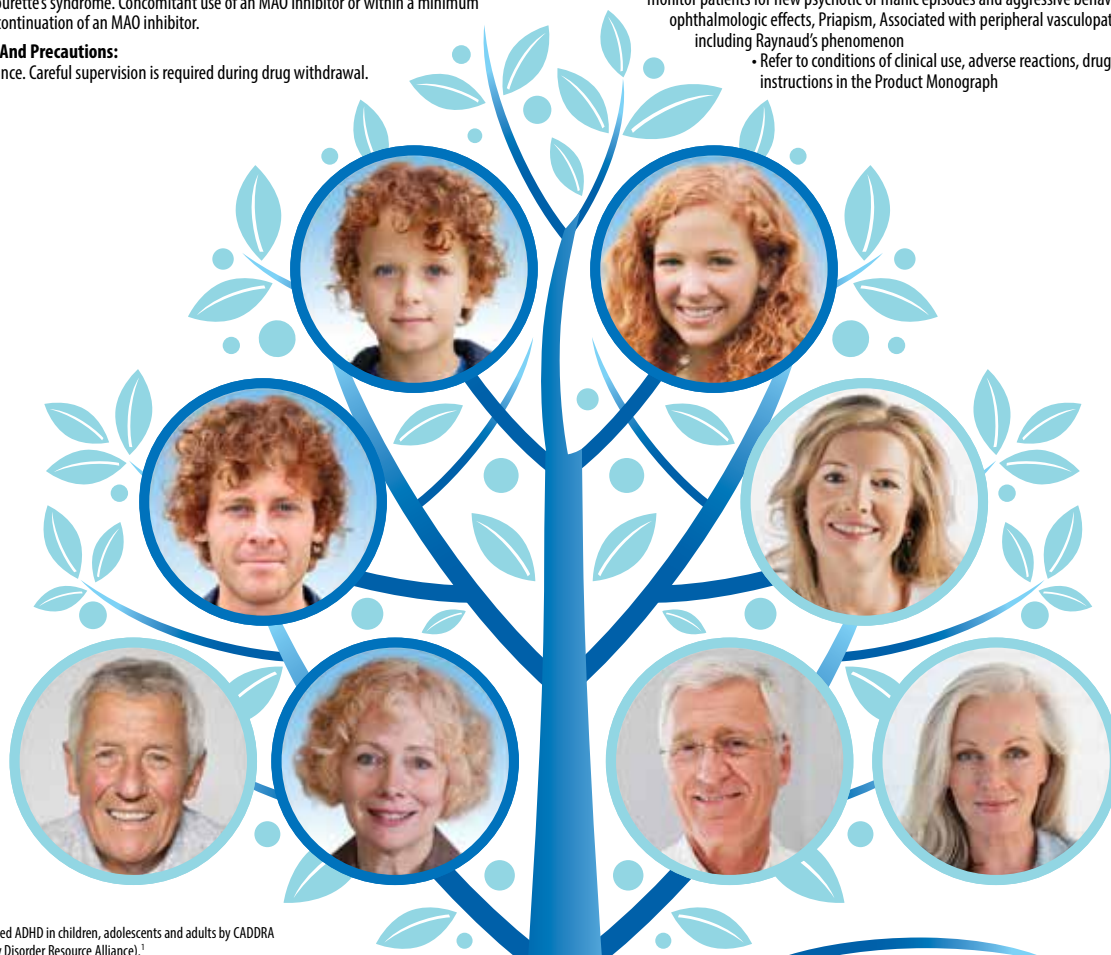
- Contraindications in patients with anxiety, tension, agitation, thyrotoxicosis, advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension or glaucoma. Motor tics or with family history or diagnosis of Tourette's syndrome. Concomitant use of an MAO inhibitor or within a minimum of 14 days following discontinuation of an MAO inhibitor.

Most Serious Warnings And Precautions:

- Drug dependence/tolerance. Careful supervision is required during drug withdrawal.

Other relevant warnings and precautions regarding risk of sudden cardiac death in Patients who are involved in strenuous exercise or activities or have a family history of sudden cardiac death, sudden death, screening for cardiovascular and cerebral vascular conditions, monitor blood pressure, long-term suppression of growth, Psychiatric effects: Not for treatment of depression; not for use in treatment or prevention of normal fatigue states; may exacerbate psychosis symptoms in patients with pre-existing psychotic disorder; Screen for risk of bipolar disorder in patients with comorbid depressive symptoms; monitor patients for signs of suicide related behaviour, monitor patients for new psychotic or manic episodes and aggressive behaviour, neurologic effects, ophthalmologic effects, Priapism, Associated with peripheral vasculopathy, including Raynaud's phenomenon

- Refer to conditions of clinical use, adverse reactions, drug interaction and dosing instructions in the Product Monograph



* Recommended first-line for uncomplicated ADHD in children, adolescents and adults by CADDRA (Canadian Attention Deficit Hyperactivity Disorder Resource Alliance).¹

† Rapidly and extensively absorbed with peak blood levels obtained in 1 to 3 hours. The initial peak plasma concentration at 1.7 hours post-dose was similar to 1.8 hours for the immediate-release formulation when fasting.²

‡ Improvements relative to placebo were noted within 1 hour on Biphentin® and persisted into the early evening in a double-blind, placebo-controlled, crossover comparison of Biphentin® and IR methylphenidate in ADHD children and adolescents 6-15 years of age (n=17).²

§ IOWA Conners' Rating Scale and Conners' Parent Rating Scale performed at approximately 10 and 12 hours, respectively, post-morning dose in two separate randomized, double-blind crossover studies vs. IR methylphenidate and placebo and vs. IR methylphenidate in children and adolescents ≥6 years of age.²

¶ Biphentin® should be initiated at the lowest possible dose and titrated in weekly increments of 10 mg/day. Maximum daily dose of 1 mg/kg (not exceeding 60 mg/day) in children 6-12 years of age and adolescents. Maximum dose of 80 mg/day for adults.²

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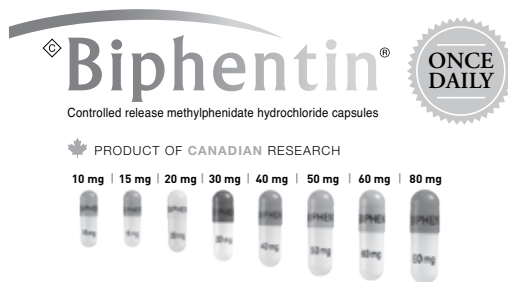
Purdue Pharma Inc.
Canada's Partner of Innovation
Purdue Pharma
Pickering, Ontario L1W 3W8

Member



PRODUCT OF CANADIAN RESEARCH

10 mg | 15 mg | 20 mg | 30 mg | 40 mg | 50 mg | 60 mg | 80 mg



Indications & Clinical Use:

Biphentin® is indicated for treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in children 6-11, adolescents 12-18 and adults >18 years of age. Biphentin® is indicated as an integral part of a total treatment program for ADHD that may include other measures (psychological, educational, social) for patients with this syndrome. Drug treatment may not be indicated for all patients with this syndrome. Effectiveness for more than 4 weeks has not been systematically evaluated in placebo-controlled trials. Physicians electing to use Biphentin® for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient. Should not be taken by children under 6 years of age. No data is available for patients >65 years of age.

Contraindications:

- Anxiety, tension, agitation, thyrotoxicosis, advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension or glaucoma
- Motor tics or with family history or diagnosis of Tourette's syndrome
- Concomitant use of an MAO inhibitor or within a minimum of 14 days following discontinuation of an MAO inhibitor

Most Serious Warnings And Precautions:

- **Drug dependence/tolerance.** Careful supervision is required during drug withdrawal

Other Relevant Warnings And Precautions:

- The risk of sudden cardiac death should be considered although incremental risk of adverse cardiac events has not been confirmed
- Patients who are involved in strenuous exercise or activities; are using other stimulants or medications for ADHD; or have a family history of sudden cardiac death
- Cardiovascular – sudden death and pre-existing structural cardiac abnormalities or other serious heart problems
- Screen for cardiovascular and cerebral vascular conditions before initiating treatment and monitor for new conditions during treatment
- Monitor blood pressure at appropriate intervals especially in patients with pre-existing conditions that may result in hypertension
- Long-term suppression of growth: Carefully monitor patients requiring long-term therapy. Interrupt treatment in patients not growing or gaining weight as expected
- Psychiatric effects: Not for treatment of depression; not for use in treatment or prevention of normal fatigue states; may exacerbate psychosis symptoms in patients with pre-existing psychotic disorder; screen for risk of bipolar disorder in patients with comorbid depressive symptoms; monitor patients for signs of suicide-related behaviour; monitor patients for new psychotic or manic episodes and aggressive behaviour
- Neurologic effects: Discontinue if seizure frequency rises
- Ophthalmologic effects
- Priapism
- Associated with peripheral vasculopathy, including Raynaud's phenomenon
- Not for use in pregnant women unless the potential benefit outweighs the risk to the fetus. A risk to the suckling child cannot be excluded
- Patients with an element of agitation may react adversely; discontinue therapy if necessary
- Patients should be cautious when driving or operating machinery
- Drug interactions

For more information:

Please consult the Product Monograph at <http://www.purdue.ca/files/Biphentin-PM-EN.pdf> for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece.

The Product Monograph is also available by calling us at 1-800-387-5349.

References:

1. Canadian Attention Deficit Hyperactivity Disorder Resource Alliance (CADDRA): Canadian ADHD Practice Guidelines, Third Edition, Toronto ON; CADDRA, 2011. <http://www.caddra.ca/pdfs/caddraGuidelines2011.pdf>. Accessed September 26, 2013.
2. Biphentin® Product Monograph, Purdue Pharma, March 4, 2015 or such later date as posted at www.purdue.ca.



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VYVANSE was made for moments like these

- **Significantly improved ADHD symptoms vs. placebo, as assessed by ADHD-RS-IV** (LS mean difference from baseline: -24.3 vs. -5.7 placebo; $p < 0.001$; primary endpoint)^{1†}
- **Significantly improved CHIP-CE:PRF Achievement Domain scores vs. placebo at week 7** (mean change from baseline: 9.4 vs. -0.8 placebo; $p < 0.001$; secondary endpoint)^{47†‡}

VYVANSE was made for the treatment of ADHD

VYVANSE is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). VYVANSE is indicated as an integral part of a total treatment program for ADHD that may include other measures (psychological, educational/vocational, social) for patients with this syndrome.

VYVANSE should not be used in children under 6 years of age and is not indicated for use in the geriatric population (>65 years of age).

The physician who elects to use VYVANSE for extended periods should periodically re-evaluate the long-term usefulness of the drug.

Refer to the page in the bottom right icon for additional safety information and for a web link to the product monograph discussing:

- Contraindications in advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, allergy to amphetamines, glaucoma, agitated states, history of drug abuse, during or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result)
- Serious warnings and precautions related to abuse and dependence, and serious cardiovascular events or sudden death

ADHD-RS-IV: ADHD Rating Scale IV.

CHIP-CE:PRF: Child Health and Illness Profile-Child Edition: Parent Report Form.

† VYVANSE is usually dosed at 30 mg for starting or switching; in Canada, the maximum dose should not exceed 60 mg/day.

‡ 7-week study. Endpoint was defined as the last on-treatment visit (including early termination) at which a valid CHIP-CE:PRF domain or subdomain score was obtained. Higher scores indicate better health-related quality of life.

- Other relevant warnings and precautions related to sudden death and pre-existing structural cardiac abnormalities or other serious heart problems, hypertension or other cardiovascular conditions, pre-existing psychosis, screening patients for bipolar disorder, emergence of new psychotic or manic symptoms, aggression, suicidal behavior and ideation, seizures or tics in Tourette's syndrome, suppression of growth, visual disturbance, peripheral vasculopathy (including Raynaud's phenomenon), patients who use other sympathomimetic drugs, pregnant and nursing women, pre-treatment evaluation and continuous monitoring: growth and cardiovascular status, dosing considerations in patients with severe renal insufficiency and effects on ability to operate machinery or vehicles

Please consult the product monograph, study parameters and reference list available at <http://www.shirecanada.com/vyvp/en> for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece.

The product monograph is also available by calling Shire Pharma Canada ULC at 1-800-268-2772.

Vyvanse^{®*}
(lisdexamfetamine
dimesylate capsules)

Shire

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CDA/PRMCDA/VYV/16/0023 64853-05-2017-E



See page 6 for additional safety information.



WHEN SYMPTOMS ARE STILL
EXPRESSING
THEMSELVES
despite psychostimulant therapy

+ Add INTUNIV XR
to help with unresolved ADHD symptoms

NOW INDICATED FOR AGES 6–17

INTUNIV XR is indicated as adjunctive therapy to psychostimulants for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in children and adolescents, aged 6 to 17 years, with a sub-optimal response to psychostimulants.

INTUNIV XR is indicated as monotherapy for the treatment of ADHD in children and adolescents aged 6 to 17 years.

INTUNIV XR is indicated as an integral part of a total treatment program for ADHD that may include other measures (psychological, educational/vocational, social) for patients with this syndrome.

The physician electing to use INTUNIV XR for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

INTUNIV XR is not indicated in children < 6 years of age and in patients ≥ 18 years of age.

Please consult the Product Monograph, study parameters and reference list available at www.shirecanada.com/ixrpm/en for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this document.

The Product Monograph is also available by calling Shire Pharma Canada ULC at 1-800-268-2772.

ADHD: attention deficit hyperactivity disorder



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CDA/BU/INT/15/0028E Date of preparation: December 2015



intunivXR[®]
(guanfacine hydrochloride) Extended-Release Tablets
1mg, 2mg, 3mg, 4mg

a significant unmet need...

Early Morning Functioning in Stimulant-Treated Children and Adolescents with Attention-Deficit/Hyperactivity Disorder, and its Impact on Caregivers

Floyd R. Sallee, MD, PhD

"Conclusions: Control of EMF impairments from inadequately controlled ADHD symptoms is a significant unmet need in children and adolescents with ADHD treated with stable morning doses of stimulant medications. Current orally administered stimulant treatment options have not addressed this challenge."

READ THE FULL ARTICLE ONLINE:

ironshorepharma.com/ADHD



IRONSHORE
PHARMACEUTICALS & DEVELOPMENT, INC.

IPA256 July 2016



Indications and Clinical Use:

VYVANSE is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).

VYVANSE is indicated as an integral part of a total treatment program for ADHD that may include other measures (psychological, educational/vocational, social) for patients with this syndrome.

VYVANSE should not be used in children under 6 years of age and is not indicated for use in the geriatric population (>65 years of age).

The physician who elects to use VYVANSE for extended periods should periodically re-evaluate the long-term usefulness of the drug.

Contraindications:

- Advanced arteriosclerosis
- Symptomatic cardiovascular disease
- Moderate to severe hypertension
- Hyperthyroidism
- Known hypersensitivity or idiosyncrasy to the sympathomimetic amines
- Allergy to amphetamines or to components of VYVANSE or its container
- Glaucoma
- Agitated states
- History of drug abuse
- During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result)

Most Serious Warnings and Precautions:

- **Abuse and Dependence:** Amphetamines have a potential for abuse, misuse, dependence or diversion for non-therapeutic uses.
- **Cardiovascular:** The misuse of amphetamines may cause serious cardiovascular adverse events and sudden death.

Other Relevant Warnings and Precautions:

- Sudden death and pre-existing structural cardiac abnormalities or other serious heart problems
- Hypertension or other cardiovascular conditions
- Pre-existing psychosis, screening patients for bipolar disorder, emergence of new psychotic or manic symptoms, aggression, suicidal behavior and ideation
- Seizures, tics in Tourette's syndrome
- Suppression of growth
- Visual disturbance
- Peripheral vasculopathy, including Raynaud's phenomenon
- Patients who use other sympathomimetic drugs
- Pregnant and nursing women
- Pre-treatment evaluation and continuous monitoring: growth and cardiovascular status
- Dosing considerations in patients with severe renal insufficiency
- Effects on ability to operate machinery or vehicles

The most frequently reported adverse drug reactions ($\geq 5.0\%$) in pediatric, adolescent or adult pivotal clinical trials were: anorexia, anxiety, decreased appetite, decreased weight, diarrhea, dizziness, dry mouth, headache, insomnia, irritability, nausea, upper abdominal pain and vomiting.

For More Information:

Please consult the product monograph, study parameters and reference list available at

<http://www.shirecanada.com/vyvp/en> for important information relating to adverse reactions, drug interactions and dosing information which have not been discussed in this piece.

The product monograph is also available by calling Shire Pharma Canada ULC at 1-800-268-2772.



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PSYCHIATRIC
ASSOCIATION



EPA 2017

25th

EUROPEAN
CONGRESS
OF PSYCHIATRY

**SUBMIT
YOUR
ABSTRACT**

**DEADLINE:
6 OCTOBER 2016**

**TOGETHER
FOR
MENTAL
HEALTH**

Florence, Italy
1-4 April 2017

www.epa-congress.org



IACAPAP 2016

Fighting Stigma: Promoting Resiliency and Positive Mental Health

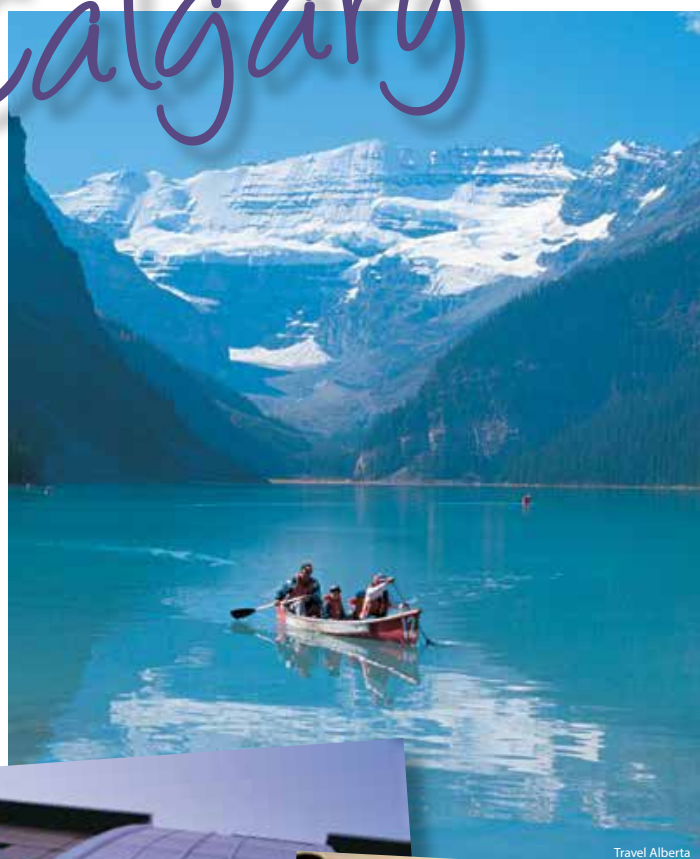


The 22nd International Association for
Child and Adolescent Psychiatry and
Allied Professions World Congress (IACAPAP)



36th Annual Conference for the
Canadian Academy of Child and
Adolescent Psychiatry (CACAP)

Calgary



Travel Alberta

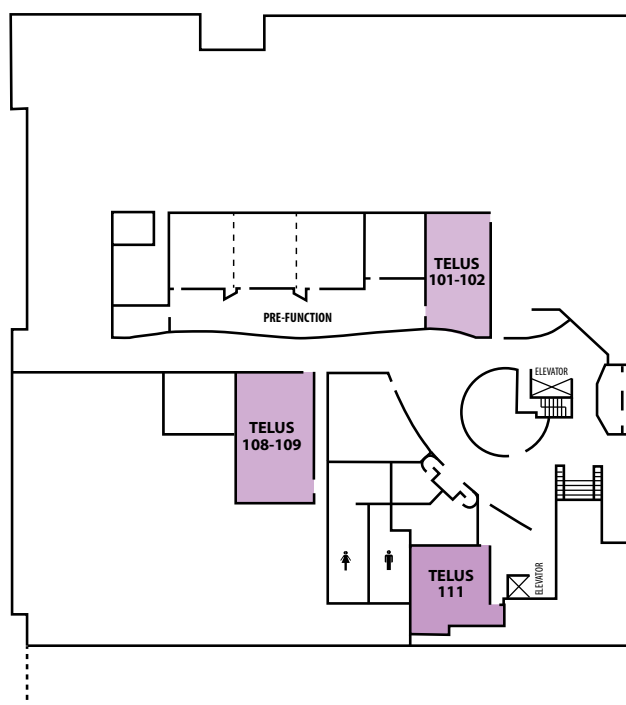


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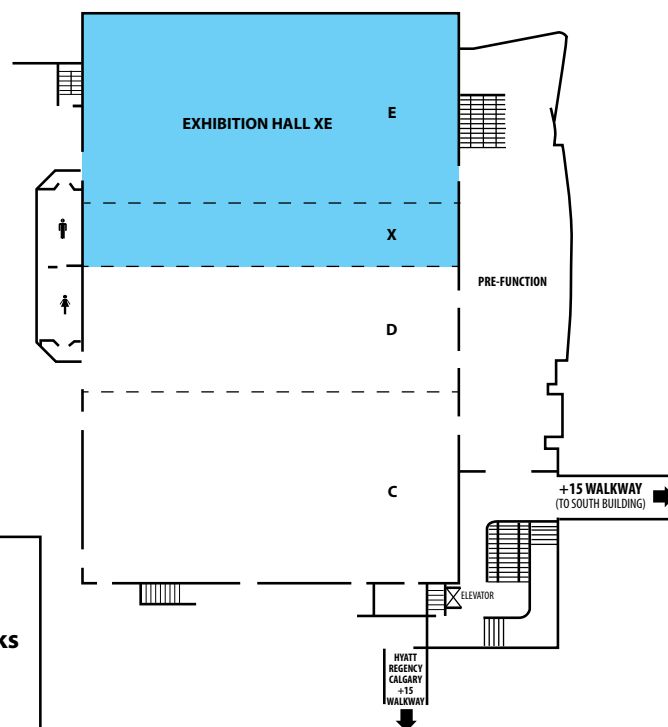
Downtown Calgary





Main Level

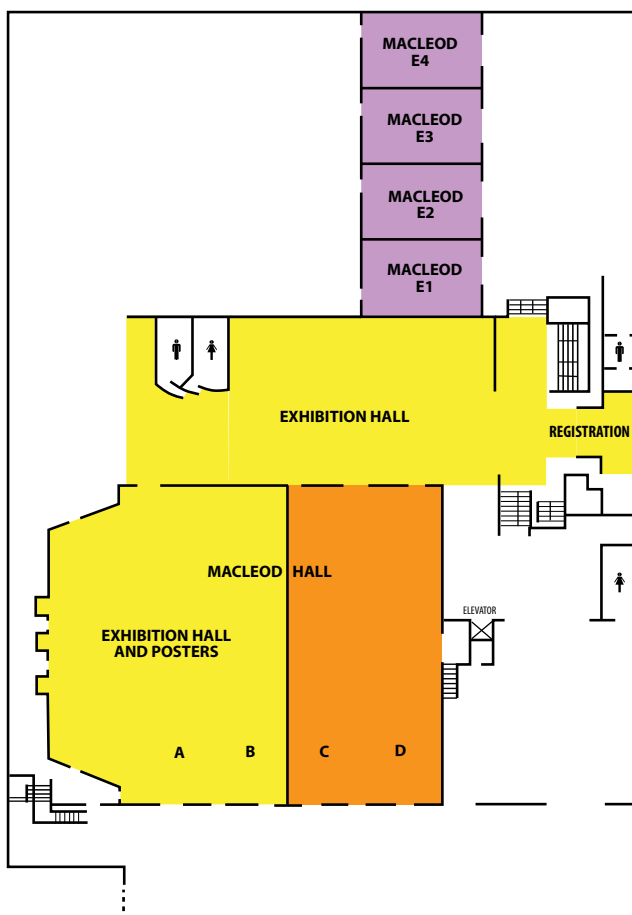
Upper Level



LEGEND

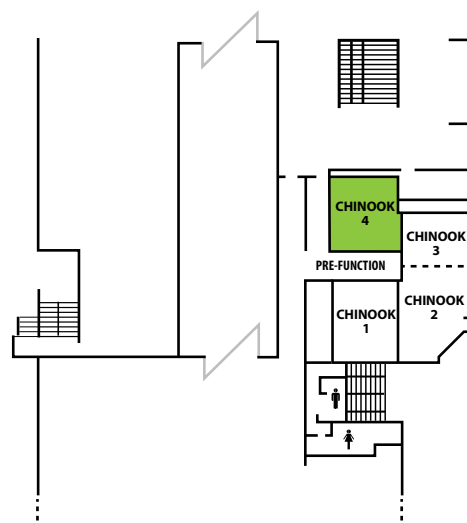
- Registration, Exhibition and Posters, Refreshment Breaks**
 - Macleod Hall A, B
 - Macleod Hall Pre-function Area
- Plenary Session Room** – Macleod Hall C, D
- Concurrent Session Rooms**
 - Acadia A, B
 - Glen 201-203, 204, 205, 206, 208-209
 - Macleod E1, E2, E3, E4
 - TELUS 101-102, 108-109, 111
- Speaker Ready Room** – Chinook 4
- Welcome Reception** – Exhibit Hall XE

Lower Level

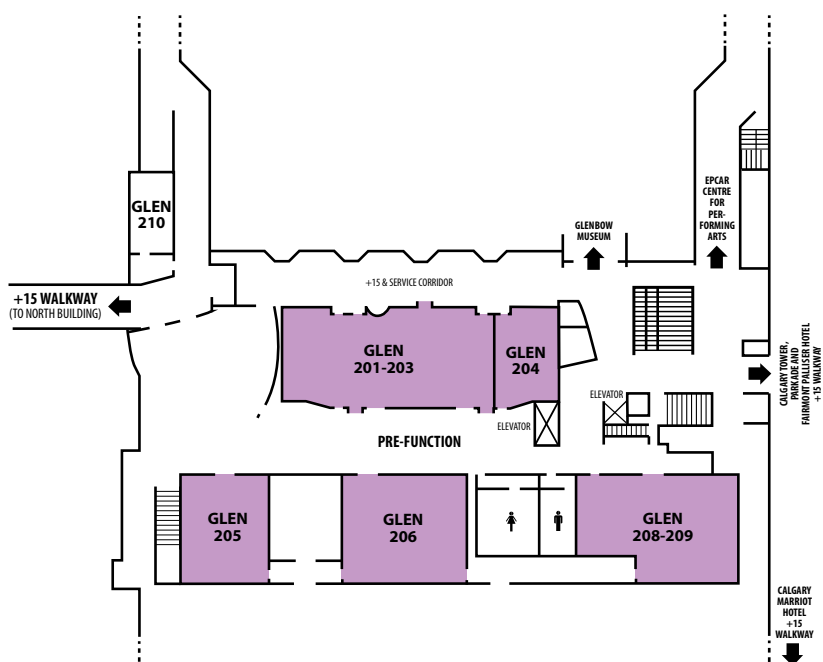


South Building

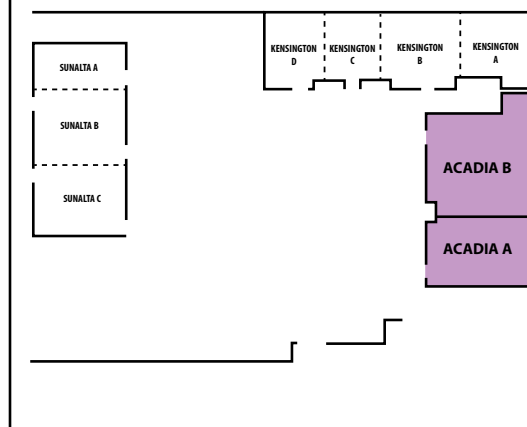
Main Level



Upper Level



Calgary Marriott Downtown Hotel – 2nd Floor



President of IACAPAP

Dr. Bruno Falissard, MD, PhD

Professor of Public Health, Université Paris-Sud, Paris, France



China, France, South-Africa in the past, Czech Republic and Singapore in the future. The IACAPAP biannual Congress is moving all around the planet and stops this year in Calgary, Canada.

Even if the internet is now the most efficient tool when communicating with people who live in very distant countries, we have an essential need to see each other in face to face meetings. In “real life”, as we say now.

Most of us are overwhelmed by information. We have access to an incredible number of scientific papers and health authorities are publishing numerous clinical guidelines. Our patients are changing because most of them are involved in social networks and thus their relationship with society, religion, parents and families is no longer the same.

The IACAPAP Congress is a unique moment where we can meet together, from very different countries, practicing different jobs but all much involved in child and adolescent psychiatry and mental health. We have to talk, formally and informally. Altogether we have to find some sense in this fascinating maelstrom, because this sense is a necessary condition for acquiring the indispensable stability for our clinical practice. Our patients need it.

Many people have worked hard to allow us to meet once again. We have to thank them warmly. In particular Chris Wilkes, the IACAPAP 2016 Congress Chair. During the past few years an important part of his life has been dedicated to our community. Thank you Chris and have a wonderful meeting all!

Sincerely,

A handwritten signature in black ink, likely belonging to Dr. Bruno Falissard. The signature is stylized and fluid, with a large loop at the top and a long, sweeping stroke at the bottom.

IACAPAP 2016 Congress Chair

Dr. Chris Wilkes

IACAPAP Vice President, CACAP President, Alberta Health Services and University of Calgary, Canada



It is with great pleasure and pride that I welcome you to the joint meeting of the 22nd International Association for Child and Adolescent Psychiatry and Allied Professionals World Congress (IACAPAP 2016) and the 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (CACAP). The overarching

theme of the Congress is *"Fighting Stigma: Promoting Resiliency and Positive Mental Health"* and this is inflected throughout the program with its varied and distinguished keynote lectures and its more than 600 free papers, research symposia, academic perspectives, workshops, study groups and posters.

As all allied disciplines are represented in our Congress from some 70 countries, we are able to present a program that covers the broad based themes of IACAPAP to increase both awareness and prevention of mental health problems for children and youth around the world, and advocate for evidenced-based treatments which are both neuro-developmentally sensitive and trauma informed. These goals are facilitated by arranging the oral presentations into three broad themes of *"General Child and Adolescent Mental Health"*, *"Psychiatric Disorders and Co-morbid Conditions"* and *"Principles of Treatment and Care"*.

To facilitate networking and in-depth discussions with your colleagues on the pathology, psychology and politics of child and youth mental health issues, we have arranged the program into four time slots each day with keynote lecturers and 14 concurrent sessions in parallel together, and a variety of posters (new posters every day!) for your review and discussion with the authors.

The Congress opening will be inclusive of the First Nations from the province of Alberta. Worldwide we have become increasingly aware of the harm done to many Aboriginal peoples around the world over the last 150 years. In Canada alone, forced cultural change, forced relocation and residential schooling affected an estimated 150,000

children. There is an epidemic of suicide, addictions and violence in many of our First Nation communities. Currently the First Nation male youth suicide rate in Canada is around 124/100,000, which is six times that of non-First Nation males. So with the goal of opening new doors for healing for many First Nation, Aboriginal and Indigenous children and families around the world, key Congress symposia will address issues of injustice and social disparities faced by these communities.

As Congress Chair I would like to emphasize that organizing this meeting would not have been possible without the generous and expert help of so many people. So I would like to express my deep appreciation and thanks to members of the IACAPAP and CACAP executive, and especially my esteemed colleague Dr Ashley Wazana, Chair of the Research and Scientific Program Committee. I am also very grateful to many of my colleagues from the University of Calgary, especially the faculties of Medicine, Nursing, Social Work, Psychology, Education, Kinesiology and the Faculty of Law. All have given generously of their time and have actively collaborated with CACAP and IACAPAP to ensure a truly multi-disciplined Congress. There have also been many hours of invaluable discussions and contributions from the members of the Steering Committee, Congress Organizing Committee, and finally the members of the Helmut Remschmidt Seminar program and the Donald J. Cohen Fellowship Program have ensured that we have maintained our tradition of international mentoring of young mental health professionals around the world.

I look forward to seeing you all this week and hope you enjoy the program!

Sincerely,

IACAPAP 2016 Research and Scientific Program Committee



Dr. Ashley Wazana
Chair, IACAPAP 2016
Research and Scientific
Program Committee



Dr. Kathleen Pajer
Vice-chair, IACAPAP 2016
Research and Scientific
Program Committee

We are very excited to welcome you to Calgary for the joint 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress and 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (IACAPAP 2016). The congress theme is *"Fighting Stigma: Promoting Resiliency and Positive Mental Health"*. We have a rich program of presenters from more than 70 countries, with representation from all allied mental health disciplines and levels of experience ranging from trainees to well established and prolific presenters.

We will be presenting a program which answers IACAPAP and CACAP's broad-based goals to advance our knowledge in new clinical, research, educational, and advocacy. In the 60 years since Canada last hosted this event, care in mental health has become more complex and challenging. For example, self-harm in youth seems to have become a rite of passage and serious mental disorders such as psychosis and anorexia nervosa appear to be striking our children at younger ages. Psychiatry is deeply embedded in research about the social determinants of health. Technology has become a cornerstone of social experience in the development of children and youth, radically changing the experiences of younger generations and the consequent supports and pressures they experience. Genetic and epigenetic research demonstrates that environmental experiences affect us positively and negatively across generations, and that therapies in all modalities can take advantage of early developmental plasticity to effect change.

The oral program (on page 27, best viewed as a two-page document) covers three themes. The first theme of *"General Child and Adolescent Mental Health"* includes a rich variety of talks on epidemiology, prevention, stigma, resilience, brain and behaviour, child development, training and policy. The second theme of *"Principles of Treatment and Care"* features presentations of both innovative and evidence based interventions across all modalities (psychotherapeutic, pharmacological, nutritional, systems based, biological to name a few). The third theme of *"Psychiatric Treatment and Co-morbid Conditions"* includes presentations on all major and emerging psychopathology. Of course the focus on stress, trauma and resilience and the unprecedented migration and refugee crisis our planet is experiencing is a key and continuous feature of our program.

The program reflects the impressive work Conference Chair and CACAP president Chris Wilkes and the dedication of so many experts in the IACAPAP executive, Conference Organizing Committee and Research and Scientific Program committee who have volunteered their time as reviewers and chairs. The program is designed to optimize your learning experience. Themes are spread equally over the four days with a rich variety of every presentation format for each time slot. A new presentation format is included this year, the Special Interest Study Groups, a presentation which offers an opportunity for presenters and participants to share and network across international clinical, research and policy settings. Concurrent sessions will run in parallel with a rich slate of 25 keynote speakers. Poster sessions are arranged for each day, by the three themes, with presentations on the last day including some of the more highly reviewed poster submissions.

In addition to the structured educational experiences provided, we encourage networking across these two great academies, sharing experiences and knowledge with each other at social events and through post-speaker discussions, poster presentations, and "hall talk". We hope you arrive with minds open and eager to learn and that you leave with an array of international contacts and fresh, exciting ideas to apply to your own practice, research, and teaching.

Alberta Minister of Health The Honourable Sarah Hoffman



On behalf of the Government of Alberta, it is my pleasure to welcome you to the joint meeting of the 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress and the 36th Annual Canadian Academy of Child and Adolescent Psychiatry Conference.

This event is a vital opportunity to hear about best practices, innovations and new directions in the field of child and adolescent mental health. The insights and experiences that will be shared here with professionals from Canada, and around the world, will help improve services for children and their families.

Child and youth addiction and mental health is an ongoing priority for the Government of Alberta and a chosen area of focus as we move forward with Valuing Mental Health, our strategy for transforming Alberta's addiction and mental health system.

This year's theme – *"Fighting Stigma: Promoting Resiliency and Positive Mental Health"* is fitting and critical for us to understand. We know early intervention can have a big impact on addiction and mental health issues later in life. That is why conferences like this are valuable for collaborating on ways we can all work together to promote child and youth mental health learning to help reduce stigma and increase the likelihood of appropriate screening, assessment and early intervention.

On behalf of all Albertans, thank you for the work you do as researchers, academic leaders and practitioners improving the developmental health of children and youth around the world.

Enjoy the conference!

A handwritten signature in blue ink, appearing to read 'Sarah Hoffman'.

Sarah Hoffman
Deputy Premier
Minister of Health

Committee Listings

IACAPAP Executive Committee

President: Bruno Falissard, MD, PhD, France
Secretary General: Fusun Cetin Cuhadaroglu, MD, Turkey
Treasurer: Gordon Harper, MD, USA
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Naoufel Gaddour, MD, Tunisia

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Helmut Remschmidt Research Seminar

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Prof. Per Anders Rydelius, Karolinska Institutet, Sweden

Donald J. Cohen Fellowship Program

Ayesha Mian, MD, Aga Khan University, Pakistan

Naoufel Gaddour, MD, University of Monastir, Tunisia

Appreciation of Volunteers

The IACAPAP Executive Committee expresses its sincere appreciation to the following volunteers: Congress Organizing Committee Members, Research and Scientific Program Committee Members, Abstract Reviewers, Helmut Remschmidt Research Seminar Coordinators, Donald J. Cohen Fellowship Program Coordinators, Scholarship Selection Committee Members, Session Co-Chairs, Presenters, Awards Reviewers, and Congress Volunteers. Their efforts and commitment have helped to make IACAPAP 2016 a success!

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Project Coordinator: Craig Lansley

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Awards & Scholarships

IACAPAP Medal

The IACAPAP medal was created by a former IACAPAP President, Irving Philips, to honour persons, irrespective of their profession and position, for their achievement and engagement in relation to the major aims of IACAPAP:

'To advocate for the promotion of mental health and development of children and adolescents through policy, practice and research. To promote the study, treatment, care and prevention of mental and emotional disorders and disabilities involving children, adolescents and their families through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant disciplines.'

This year's IACAPAP Medal winner will be announced at the Congress Closing Ceremony. For a list of the past IACAPAP Medal recipients visit iacapap.org/about/awards

Scholarship Program

This year we want to offer a warm welcome to several delegates from Nepal, Uruguay, Sweden and Kenya who received sponsorships provided by CACAP and IACAPAP to attend the joint Congress in Calgary. The purpose of these sponsorships is to provide opportunities for mental health professionals from resource depleted parts of the world to network with other mental health professionals and additionally to promote the acquisition of new skills to improve clinical practice by facilitating knowledge transfer from research finding in child and youth mental health to clinical practice.

Please extend a special welcome to Bharati Sharma, Dr. Sofia Fernandez Viola, Dr. Ines Bebeacua, Dr. Abdulbaghi Ahmad and Dr. Judy Kamau.

Bharati Sharma is a nurse from Nepal who will be presenting her research on junior high school adolescents from two schools in Pokhara city who had been screened using a youth self report questionnaire for emotional and behavioural problems. Dr Sofia Fernandez Viola is a second year resident in Child and Adolescent Psychiatry from Montevideo, Uruguay. Dr. Inés Acosta Bebeacua is also from Montevideo, Uruguay and is a Child Psychiatry resident. Dr. Abdulbaghi Ahmad, is an Associate Professor at Uppsala University in Sweden originally from the Kurdistan Region of Iraq. Dr. Judy Kamau is a practicing Consultant Psychiatrist, a Lecturer for the Department of Psychiatry at the University of Nairobi and currently the Assistant Secretary for the African Association for Child and Adolescent Mental Health (AACAMH).

Donald J. Cohen Fellowship Program

The Donald J. Cohen Fellowship Program (DJCFP) for International Scholars in Child and Adolescent Mental Health is a training program for young professionals modelled on successful activities at previous IACAPAP Congresses and Research Seminars. Its main goal is to facilitate access of aspiring leaders to the international organized community of child and adolescent mental health.

The DJCFP Fellowship Program aims to foster the professional development of emerging leaders in child and adolescent psychiatry throughout the world. We understand 'leadership' in its broadest context – whereas some countries may benefit most from advancing their scientific and research development forward, others will from effecting organizational change in their pediatric mental health infrastructures, and yet others from enhancing the education and training of a new cadre of specialists.

Congratulations to this year's Fellows:

Chung Soomin, South Korea
Marina Romero, Spain
Joanne Mueller, UK
Dmytro Martesenkowsky, Ukraine
Le Huu Kim, Australia and Vietnam
Ashley Radomski, Canada
Mauro Filho, Brazil
Massimiliano Orri, Italy
Julia Dray, Australia
Fernanda Prieto, Chile
Carolina Garcés Quevedo, Chile
Eugene Davids, South Africa
Cristal Oxley, UK
Sarah Elaraby, Egypt
Saliha Kılınç, Turkey
Antonin Sebella, Czech Republic
Sundar Gnanavel, India
Tze Jui Goh, Singapore
Pooja Panchal, India
Sifate Syed, Bangladesh

Applications for the 2018 Donald J. Cohen Fellowship Program are scheduled to open in the Fall of 2017.

2016 Mentors

Naoufel Gaddour
Ayesha Mian
Andres Martin
Joaquin Fuentes
John Fayyad
Hesham Hamoda
Petrus DeVries
Gina Dimitropoulos
Sheri Madigan
Monique Jericho

Awards & Scholarships

Helmut Remschmidt Research Seminar

The Helmut Remschmidt Research Seminar Series is a prestigious international seminar series organized under the auspices of IACAPAP. The format is a 5-day residential research training workshop for approximately 24 young child and adolescent mental health professionals, which takes place in the country that will host the next IACAPAP Congress. The seminar combines teaching/discussion and mentored work on research projects. Topics include research design, presentation skills, review etc. The main purpose of the seminars is to inspire young and emerging researchers to do research in child and adolescent mental health. The product of the research workshops is submission of an abstract for the next IACAPAP Congress.

Acknowledgements:

We are extremely grateful to the wide range of people who contributed to the 2015 seminar. A few specific acknowledgements are warranted:

- Our hosts: Cumming School of Medicine, University of Calgary and Alberta Children's Hospital Research Institute
- To The Scientific Association for Child and Adolescent Psychiatry Berlin (Wissenschaftlicher Verein für Kinder-und Jugendpsychiatrie Berlin) for travel sponsorship
- All mentors and speakers, for their time and expertise

2015 Participants:

Lubna Anis, Canada
Danielle Baribeau, Canada
Takoua Brahim, Tunisia
Katherine Bright, Canada
Caroline Buzanko, Canada
Jane (Pei-Chen) Chang, Taiwan
Gabrielle Chartier, Canada
Emma Climie, Canada
Iliana Garcia-Ortega, Canada
Kristian Hansson, Sweden
Martha Hart, Canada
Julia Imanoff, Canada
Debbie Jones, Canada
Sambath Kao, Cambodia
Hanna Kubas, Canada
Lorie Laroche, Canada
Jonathan Lee, Canada
Iain Perkes, Australia
James Shelly, South Africa
Sivleap (Leap) Sor, Cambodia
Maisha Syeda, Canada

Details on the next Helmut Remschmidt Research Seminar in Czech Republic and how to apply will be available online at www.iacapap.org in early 2017.



Rocky Mountaineer

General Information

Registration & Name Badges

The registration desk is located in the Macleod Hall pre-function area, Lower Level – South Building of the Calgary TELUS Convention Centre and is open during the following hours:

Sunday September 18	12:00 – 19:30
Monday, September 19	07:00 – 16:30
Tuesday, September 20	07:30 – 16:30
Wednesday, September 21	07:30 – 16:30
Thursday, September 22	07:30 – 17:00

In addition to being a means of identification to colleagues, you are required to wear your name badge for admission to congress sessions, the exhibition area and events. Room monitors will check name badges on admission to the session or event. Accompanying persons will be issued tickets for the social functions for which they have paid to attend. Replacement badges are available at the registration desk at a cost per badge of \$25.

*Please note, in order to reduce our environmental impact, delegate bags will not be provided this year.

Speaker Ready Room

The Speaker Ready Room is intended to support all presenters, chairpersons, and moderators. It will be equipped with computers for reviewing and editing presentation files onsite. It is located in the Chinook 4 Room, Lower Level – South Building of the Calgary TELUS Convention Centre and is open during the following hours:

Sunday, September 18	13:00 – 17:00
Monday, September 19	07:00 – 18:00
Tuesday, September 20	07:00 – 18:00
Wednesday, September 21	07:00 – 18:00
Thursday, September 22	07:00 – 15:00

Accreditation

This activity is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, and approved by the University of Calgary Office of Continuing Medical Education and Professional Development. Participants may claim up to a maximum of 27 credits.

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

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

Certificate of Attendance

All registered attendees who participate in the Congress will be eligible to receive an electronic Certificate of Attendance once they complete a Congress evaluation survey. Attendees can use this to apply for Continuing Medical Education credits. Details on how to complete the survey will be emailed to all attendees following the Congress.

Language of the Congress

The official language of the Congress is English. Simultaneous Interpretation from English to French / French to English is available for the following sessions:

Date: Wednesday, September 21

Location: Glen 201-203

08:15 – 09:15 – **Keynote Session – Public Health Perspectives on Determinants of Suicide and Population-based Strategies for Children and Adolescents in Canada**, Alain Lesage

09:30 – 10:30 – **Keynote Session – Building Resilience Through Community Partnerships: A Short Intro to the Neurorelational Framework (NRF)**, Connie Lillas

11:00 – 12:30 – **O36 Issues in Developmental Child Psychiatry**

Meeting Room Protocol & Mobile Devices

Every effort will be made to ensure that all sessions start and end on time. Speakers and participants are asked to work together to respect the schedule. Respect your fellow participants by turning your cellular phones and other noise-making devices to mute during the sessions.

Wifi

IACAPAP 2016 is pleased to provide complimentary basic wifi to attendees. Follow the instructions below to connect your device (one per attendee).

1. Select CTCCWiFi as your network
2. Open a web browser and you will be redirected to a Login Page
3. Enter the code "18856" and accept the terms and conditions
4. You will be redirected to the CTCC Home Page, at which point you will be connected to WiFi.

General Information

IACAPAP 2016 Smartphone App

IACAPAP 2016 has a Congress smartphone app! In the app you can view the full program schedule, create your own agenda, view floorplans, and connect on Social Media. Go to the Apple app store or Google Play Store, search for IACAPAP2016 and download the app. Blackberry users can visit the IACAPAP Congress website to click on a link to view the app in a browser. The app will be available to download on all devices a few days prior to the Congress.

Food and Beverage

Morning and afternoon refreshment breaks will take place in Macleod Hall AB and the prefunction space outside. Breaks are included in the cost of registration. A concession stand will be located in the Exhibit Hall, selling drinks, snacks and lunches and accepts cash, debit and credit cards. The concession is open from 8:00 to 16:00. For a list of nearby restaurants see page 98.

Dietary Requirements

Dietary requirements noted during the registration process have been communicated to the venue. If special meals are being provided for you, you will receive dietary tickets with your name badge. Please present these tickets to the catering staff at the appropriate meal function. If you have dietary requirements and did not let us know during the registration process, please inform the staff at the registration desk.

Children

For safety reasons, children under the age of 12 are not permitted in the session rooms, exhibit hall or poster zones.

Lost & Found

All lost and found items are turned into the facilities security department. If you have lost an item please check with the security department and with the staff at the registration desk.

Business Services

For basic business services (print, copy, fax etc.) please visit the Business Services Centre located on the Main Level – North Building of the Calgary TELUS Convention Centre.

Smoking Policy

The Calgary TELUS Convention Centre is a non-smoking venue. Smoking is permitted outside the building; however local by-laws forbid smoking within 10 metres of any entrance door or window.

Gratuities

Gratuities are seldom included on the final bill in Canadian restaurants. It is customary to tip 15% of restaurant and taxi bills, less for poor service and more for exceptional service. Tipping is not required for meals at the Congress that are included in your registration.

Emergency Procedures & First Aid

In the event of a medical emergency, the facility's Security Department personnel are the first responders in a coordinated procedure with the City's fire and emergency agencies. Dial 333 from any CTCC house phone, or alert any CTCC staff for emergency first aid. Each building has a first aid room equipped with an Automated External Defibrillator and first aid kit but are not staffed with medical personnel.

In the event of a fire an alarm will sound at the first sign of a problem and is considered a "first stage" alarm.

- When there is a "first stage" alarm, no action is immediately necessary.
- It means all individuals are to standby for further instructions from the public address system.
- In almost all cases, the cause of the problem is identified and rectified at this point (usually in 1 – 4 minutes). The alarm will stop sounding, and activity can proceed as usual.
- In the rare case that a problem goes beyond a first stage alarm, the alarm continues to ring but changes into a highly audible, rapid alarm known as a "second stage" alarm.
- Second stage is accompanied by instructions over the public address system, and may include evacuation instructions.

For non-emergent medical care the closest medical walk-in clinic and hospital are listed here:

Sheldon M. Chumir Health Centre and Walk-in Clinic

This facility provides 24/7 care for people with injuries or illnesses that are not life threatening.

1213 – 4 Street SW, Calgary, Alberta, T2R 0X7

Phone: 403-955-6200

Foothills Medical Centre and Hospital

This facility provides a range of healthcare services including a 24/7 emergency department.

1403 – 29 Street NW, Calgary, Alberta, T2N 2T9

Phone: 403-944-1110 (switchboard)

Tours

For questions about pre and post Congress tours please call Anderson Vacations at 1-403-245-600 or 1-866-814-7378. The pickup location for all tours is in front of the Calgary Tower (opposite side of 9th Ave. from the CTCC). Please come prepared for all weather conditions. Dressing in layers is best.

Renseignements généraux

Inscription et badges

Le bureau d'inscription est situé dans l'espace de préfonction du hall Macleod, à l'étage inférieur de l'édifice sud du Centre des congrès TELUS de Calgary. Les jours et les heures d'ouverture sont les suivants.

Dimanche 18 septembre	12 h – 19 h 30
Lundi 19 septembre	7 h – 17 h 30
Mardi 20 septembre	7 h 30 – 17 h 30
Mercredi 21 septembre	7 h 30 – 17 h 30
Jeudi 22 septembre	7 h 30 – 17 h

Les badges servent à identifier les participants au congrès et doivent obligatoirement être portés pour pouvoir assister aux séances, prendre part aux activités et accéder à la salle d'exposition. Les surveillants des salles vérifieront les badges avant chaque séance ou activité. Un billet sera remis aux accompagnateurs ayant payé pour assister à une activité sociale. Il sera possible de se procurer des badges de remplacement au bureau d'inscription au coût de 25 \$ chacun.

Salle de préparation des conférenciers

Une salle de préparation des conférenciers pourvue d'ordinateurs et d'imprimantes a été aménagée pour que les présentateurs, les présidents et les animateurs puissent

passer en revue et modifier les fichiers de leur présentation sur place. Elle est située dans la salle Chinook 4, au niveau inférieur de l'édifice sud du Centre des congrès TELUS de Calgary. Les jours et les heures d'ouverture sont les suivants.

Dimanche 18 septembre	13 h – 17 h
Lundi 19 septembre	7 h – 18 h
Mardi 20 septembre	7 h – 18 h
Mercredi 21 septembre	7 h – 18 h
Jeudi 22 septembre	7 h – 15 h

Accréditation

Cet événement constitue une activité d'apprentissage en groupe agréée (section 1) conformément à la définition précisée par le programme de Maintien du certificat du Collège royal des médecins et chirurgiens du Canada, et approuvée par le Bureau de la formation médicale continue et du perfectionnement professionnel de l'Université de Calgary. Les participantes et participants peuvent demander un maximum de 27 crédits.

En vertu d'une entente conclue entre le Collège royal des médecins et chirurgiens du Canada et l'American Medical Association, les médecins peuvent convertir les crédits obtenus au titre du programme de MDC du Collège royal en crédits de catégorie 1 de l'AMA PRAMC. Vous trouverez



Travel Alberta

Renseignements généraux

l'information sur le processus de conversion des crédits du programme de MDC du Collège royal en crédits de l'AMA à l'adresse www.ama-assn.org/go/internationalcme.

Les activités éducatives tenues au Canada et reconnues par le Collège royal des médecins et chirurgiens du Canada comme des activités d'apprentissage collectif agréées (section 1) sont réputées admissibles à des crédits européens de formation médicale continue par l'Union européenne des médecins spécialistes.

Attestation de Participation

Une attestation de participation sera envoyée par courriel aux participants inscrits une fois que ceux-ci auront répondu au sondage d'évaluation du congrès. Cette attestation pourra être présentée au moment de la demande de crédits de formation médicale continue. Les détails relatifs au sondage seront transmis par courriel à tous les participants après le congrès.

Langue du congrès

Le congrès se déroulera en anglais. Des services de traduction simultanée de l'anglais vers le français seront offerts dans le cadre des séances suivantes :

Journée: Mercredi 21 septembre

Lieu : salle Glen 201-203

8 h 15 – 9 h 15 – **Conférenciers d'honneur – Perspectives de santé publique sur les déterminants du suicide et stratégies axées sur la population destinées aux enfants et aux adolescents au Canada**, Alain Lesage

9 h 30 – 10 h 30 – **Conférenciers d'honneur – Accroître la résilience grâce à des partenariats communautaires : une courte introduction au cadre neurorelationnel**, Connie Lillas

11 h – 12 h 30 – **O36 Enjeux liés à la psychiatrie du développement de l'enfant**

Protocole relatif aux salles de réunion et appareils mobiles

Nous ferons tout notre possible pour que les séances commencent et se terminent aux heures indiquées. Nous demandons aux conférenciers et aux participants de bien vouloir respecter l'horaire.

Veuillez respecter les autres participants en éteignant ou en mettant en mode silencieux votre téléphone cellulaire ou tout autre appareil bruyant pendant les séances.

Internet sans fil

Le congrès de l'IACAPAP 2016 est heureux d'offrir aux participants un accès à Internet sans fil de base sans frais. Veuillez suivre les instructions ci-dessous pour vous connecter à partir de votre appareil (un appareil par participant).

1. Sélectionnez le réseau CTCCWiFi.
2. Ouvrez votre navigateur Web. Vous serez redirigé vers une page d'ouverture de session.
3. Entrez le code « 18856 » et acceptez les conditions générales d'utilisation.
4. Vous serez redirigé vers la page d'accueil du Centre des congrès TELUS de Calgary. Vous serez alors connecté au réseau sans fil.

Application mobile du congrès de l'IACAPAP 2016

Le congrès de l'IACAPAP 2016 a sa propre application mobile! Vous pouvez y consulter la programmation complète, créer votre propre programme, voir les plans de salle et vous connecter aux réseaux sociaux du congrès. Dans l'Apple App Store ou le Google Play Store, cherchez l'application IACAPAP2016 et téléchargez-la. Si vous utilisez un appareil Blackberry, allez sur le site Web du congrès de l'IACAPAP. Vous y trouverez un lien pour accéder à l'application dans un navigateur. À noter que l'application sera disponible pour téléchargement sur tous les appareils quelques jours avant le congrès.

Aliments et boissons

Les pauses-rafraîchissement de l'avant-midi et de l'après-midi auront lieu dans l'aire d'exposition des affiches et sont incluses dans les frais d'inscription. Un stand alimentaire ouvert de 8 h à 16 h sera aménagé dans le hall d'exposition (espace de préfonction du hall Macleod). Des boissons, des collations et des lunches y seront servis. Pour connaître la liste des restaurants à proximité, veuillez consulter la page 98.

Exigences alimentaires

Les exigences alimentaires précisées à l'inscription ont été communiquées au centre des congrès. Si vous avez indiqué des besoins particuliers, des bons alimentaires vous seront remis avec votre badge. Veuillez présenter ces bons aux préposés au service alimentaire au moment de commander vos repas. Si vous avez des exigences alimentaires dont vous ne nous avez pas fait part à l'inscription, veuillez en informer les préposés au bureau d'inscription.

Renseignements généraux

Enfants

Pour des raisons de sécurité, les enfants âgés de 12 ans ou moins ne sont pas admis dans les salles des séances, dans la salle d'exposition et dans les aires d'exposition des affiches.

Objets perdus

Les objets perdus sont remis au service de sécurité de l'établissement. Si vous avez perdu un objet, veuillez vérifier auprès du service de sécurité et des préposés au bureau d'inscription.

Services d'affaires

Si vous avez des documents à imprimer, à photocopier ou à télécopier, vous pourrez le faire au centre de services d'affaires situé au niveau principal de l'édifice nord du Centre des congrès TELUS de Calgary.

Politique sans fumée

Le Centre des congrès TELUS de Calgary a adopté une politique sans fumée. Il est possible de fumer à l'extérieur du bâtiment, mais conformément au règlement local, il est interdit de le faire à une distance inférieure à 10 mètres des portes d'entrée et des fenêtres.

Pourboires

Dans les restaurants du Canada, les pourboires sont rarement inclus dans l'addition. Il est d'usage de laisser un pourboire de 15 % aux serveurs de restaurant et aux chauffeurs de taxi; moins si le service était mauvais, et plus si le service était excellent. Vous n'avez pas à verser de pourboire pour les repas inclus dans vos frais d'inscription au congrès.

Procédures d'urgence et premiers soins

Advenant une urgence médicale, les employés du service de sécurité de l'établissement sont les premiers répondants en attendant l'arrivée des pompiers et des ambulanciers. Veuillez composer le 333 à partir de n'importe quel téléphone intérieur du Centre des congrès TELUS de Calgary, ou adressez-vous à n'importe quel employé de l'établissement pour obtenir des premiers soins. Chaque édifice abrite une salle de premiers soins munie d'un défibrillateur externe automatique et d'une trousse de premiers soins, mais aucun préposé médical n'y est en poste.

Advenant un incendie, une alarme retentira au premier signe d'un problème, et sera considérée comme une alarme initiale.

- Si une alarme initiale est déclenchée, aucune mesure immédiate n'est requise.
- Toutes les personnes se trouvant dans l'établissement doivent attendre de recevoir d'autres instructions par la voie du système de diffusion publique.
- Dans la plupart des cas, la cause du problème est habituellement identifiée et résolue en une à quatre minutes. L'alarme cessera de sonner et les activités pourront alors reprendre normalement.
- Dans les rares cas où un problème dépasse l'étape de l'alarme initiale, l'alarme continue de sonner, mais le son devient alors plus fort et rapide, ce qu'on appelle une alarme de deuxième niveau.
- Si une alarme de deuxième niveau survient, des instructions seront communiquées par la voie du système de diffusion publique. Un ordre d'évacuation pourrait être donné.

Pour obtenir des soins médicaux non urgents, la clinique sans rendez-vous et l'hôpital les plus proches sont les suivants.

Sheldon M. Chumir Health Centre (clinique sans rendez-vous)

Cet établissement offre des soins 24 heures par jour, 7 jours par semaine aux personnes ayant des blessures ou une affection ne mettant pas leur vie en danger.

1213, 4th Street SW

Calgary (Alberta) T2R 0X7

Téléphone : 403 955-6200

Foothills Medical Centre (hôpital)

Cet établissement offre une gamme de services de soins de santé, dont des services d'urgence 24 heures par jour, 7 jours par semaine.

1403, 29th Street NW

Calgary (Alberta) T2N 2T9

Téléphone : 403 944-1110 (standard)

Visites guidées

Si vous avez des questions sur les visites guidées organisées avant et après le congrès, veuillez communiquer avec Anderson Vacations au 403 245-600 ou au 1 866 814-7378. La cueillette des participants à chaque visite aura lieu devant la tour Calgary (de l'autre côté de la 9^e Avenue). Préparez-vous en fonction de toutes les conditions météorologiques. L'idéal est porter plusieurs couches de vêtements.

Program Details

Sunday, September 18



Pre-Congress Institutes

The following Pre-Congress Institutes will be held on Sunday, September 18 on the second floor of the Calgary Marriott Downtown Hotel. The Institutes are designed to enhance the educational programming available at Congress through half and full day workshops on specific topics. The Congress Organizing Committee would like to thank all hosts, speakers and organizers for their participation. Registration for Pre-Congress Institutes will take place from 08:00 – 10:30 at the Calgary Marriott Downtown Hotel.

Evidence-Based Cognitive Hypnotherapy for Anxiety and Depression in Children and Adolescents

Time: 09:00 – 16:00

Speaker: Dr. Assen Alladin, Ph.D., R.Psych, University of Calgary, Canada

The Self, the Law, Genes, and the Brain: The Impact of Childhood Sexual Abuse

Time: 09:00 – 16:00

Host: University of Calgary

Speakers:

Dr. Frank McMaster, PhD (Chair), University of Calgary, Canada

Dr. Paul Arnold, MD, PhD, FRCPC, University of Calgary, Canada

Warren Binford, Ed.M., J.D., Willamette University, USA

Sheldon Kennedy, Sheldon Kennedy Child Advocacy Centre, Canada

Integration of Services for Adolescent Mental Health

Time: 13:00 – 16:00

Host: Graham Boeckh Foundation

Speakers:

Dr. Ashok Malla, McGill University, Canada

Dr. Steve Mathias, University of British Columbia, Canada

Dr. Amy Cheung, Sunnybrook Research Institute, Canada

Pediatric Psychopharmacology Update

Time: 09:00 – 16:00

Speakers:

Dr. Graham J. Emslie, MD, UT Southwestern and Children's Medical Center of Dallas, USA

Dr. Christopher J. Kratochvil, MD, University of Nebraska Medicine, USA

Dr. Karen D. Wagner, MD, PhD, University of Texas Medical Branch, USA

Increasing Engagement in Children and Youth through the Implementation and Practice of the Neurosequential Model of Therapeutics

Time: 09:00 – 12:00

Host: Hull Services

Speakers:

Dr. Emily Wang, Ph.D., R. Psych, Hull Services, Canada

Nicole Berggren, M.C., R. Psych, Hull Services, Canada

CADDRA (Canadian ADHD Resource Alliance): From Guidelines to Advocacy

Time: 09:00 – 12:00

Host: CADDRA

Speakers:

Dr. Declan Quinn, MD, FRCP(C), University of Saskatchewan, Canada

Dr. Doron Almagor, MD, FRCP(C), University of Toronto, Canada

Aggression in Early Childhood: Tools for Assessment and Strategies to Help Caregivers

Time: 09:00 – 12:00

Host: ElmTree Clinic

Speakers:

Dr. Carole Anne Hapchyn, MD, FRCPC, ElmTree Clinic, Canada

Dr. Brandene Lorrain, MD, FRCPC, ElmTree Clinic, Canada

Teresa Davis, MEd, RPsych, ElmTree Clinic, Canada

Opening Ceremonies

Time: 17:00 – 19:00

Location: Macleod Hall, South Building, Lower Level

Join us for the Congress kickoff event with First Nation's performances, two prominent Keynote lectures and the famous Royal Canadian Mounties! A full description of the Opening Ceremonies and Welcome Reception can be found on page 98.

Welcome Reception

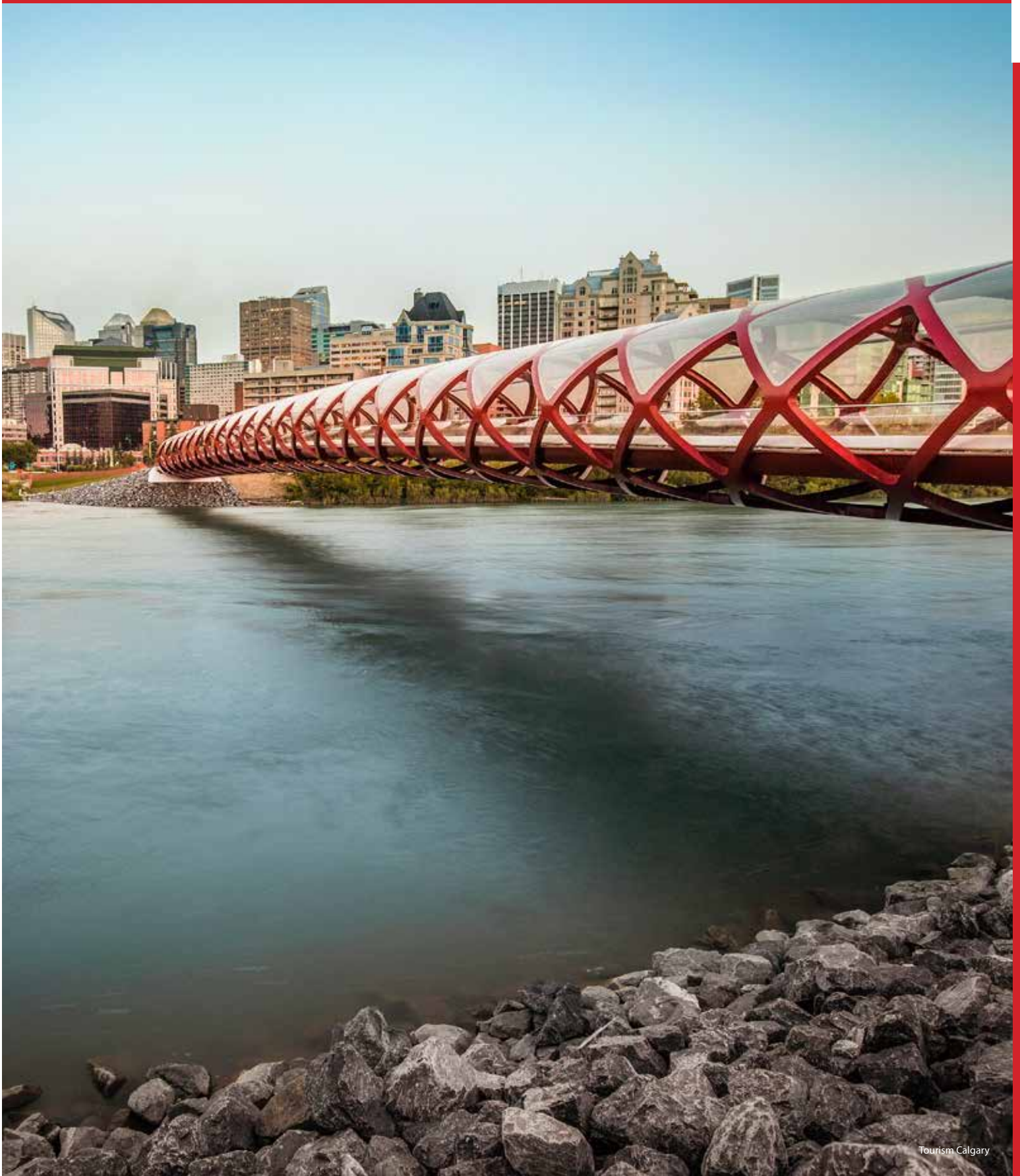
Time: 19:00 – 21:00

Location: Exhibit Hall XE, North Building, Upper Level

Program Details

Monday, September 19

MONDAY



PLENARY SESSIONS Macleod Hall C,D			Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	CONCURRENT SESSIONS Macleod E1		Macleod E2	Macleod E3	Macleod E4
08:15	Youth Mental Health: Strengthening Psychiatry and Society through Reform and Investment in the Mental Health, Well-being and Productivity of Young People Prof. Pat McGorry	9:00 – 10:30	W01 The Bird That Wants to Fly: Hurt, Hope and Healing Diane L. Kaufman	RS01 Pre- and Post-Natal Maternal Mental Health and Adverse Child Outcomes: Social-Biological Mechanisms Carly A. McMorris	W02 Movie Clips Used in Psychoeducation of Childhood Pathology – A Picture is Worth More than Oral Descriptions Umesh Jain	W03 'Reproductive Health' to Improve Mental Health in Refugee Girls. What Do We Know, What Can We Do and What is Needed? Cecil Prins-Aardema	W04 Stigma: From the Inside Out Monique C. Jericho	O03 Suicidal Ideation and Behaviour in Rural and Urban Settings O03.1 Epidemiological Trends of Completed Suicide in Chilean Adolescents Mario Valdivia O03.2 Characteristics and Dispositions of Children and Adolescents Presenting with Suicidal Behaviors to Rural and Urban Emergency Departments of Texas Jane Miles O03.3 Intent to Die Among Adolescent Students of Semi-Rural Communes of the Province of Concepcion, Chile Mario Valdivia	
		9:00							
09:15	Break	9:20							
		9:40							
09:30	The Alberta Family Wellness Initiative: An innovation platform to improve health and well-being outcomes for all children and families through knowledge translation and application Nancy Mannix	10:00							
10:30	Break	10:30	Refreshment Break and Poster Viewing with Authors						
		11:00 – 12:30		W15 The 3 rd YEAH IACAPAP Session: Practicing Child Psychiatry in the 21 st Century Norbert Skokauskas	W08 Embodied Stigma: Addressing Weight Bias Across the Weight Spectrum Shelly Russell-Mayhew	W09 Theory to Practice: Integrating Utilization Focused Evaluations into Treatment Programs Jeffrey D. Couillard	W10 Who is in Charge: the Rights of an Adolescent in the Inpatient Hospital Setting: A Multicultural Perspective Jordan S. Cohen	SG02 Technology Enabled Collaborative Care Models Chetana Kulkarni	
11:00		11:00							
		11:20							
11:30	Resilience, Resistance and Renewal for Indigenous Youth Dr. Rod McCormick	11:40							
		12:00							
		12:20							
12:30	Lunch (on own) Poster Displays	12:30	Lunch (on own) and Poster Viewing P1 CACAP Annual General Meeting (Glen 201-203. Lunch provided. CACAP Members only.)						

LEGEND

W – Workshop

RS – Research Symposia

SG – Study Group

AP – Academic Perspectives Symposia

O – Orals

CONCURRENT SESSIONS								
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111	
AP01 Leaders Forum: the Future of Child and Adolescent Psychiatry I Bruno Fallisard	RS02 Tourette Syndrome and Tic Disorders in Asia: Focusing on Pharmacotherapy Yukiko Kano	O01 Youth, Adaptation and Positive Mental Health	AP02 The Impact of Stigma on the Health of Indigenous Children and Youth in Canada Jean-Victor P. Wittenberg	O02 ADHD Treatment	SG01 Pasifika!! A IACAPAP Study Group Journey Across the South Pacific and the Indian Oceans Suzanne H. Dean	W05 Parental Mental Health: Who Will Help the Parents? Suzanne M. Blackwell	W06 Pediatric Somatization: A Canadian Perspective on Clinical Management and Program Development Andrea Chapman	9:00 – 10:30
		O01.1 Multidisciplinary Intervention for Youths with Mental Health Conditions – a 2 Year Study on Occurrences in Disruptive Behaviour Regina L. Ubana		O02.1 Correlations of Clinical Trial Outcomes Based on Symptoms, Functional Impairment and Quality of Life in Children and Adolescents with ADHD Michael Huss				9:00
		O01.2 Embracing Ubuntu: The Presence and Power of Developmental Assets in Zulu Youth Kelly D. Schwartz		O02.2 Long-Term Safety and Efficacy of Guanfacine Extended-Release in Children and Adolescents with ADHD in Study SPD503-318 Michael Huss				9:20
		O01.3 Handling Demands on Success – A Conceptual Model of Adolescents Coping with Every Day Life From a Gender Perspective Marie E. Wilhsson		O02.3 Work Experiences in Children Psychosocial Attention Centers: Difficulties of Establishing a Comprehensive Model for the Caring of Children Diagnosed with ADHD Cinthia M. Cavalcante Ferreira				9:40
		O01.4 Military Adolescents' Attitudes toward Relocating and Psychosocial Adjustment: The Importance of Peer Relationships Amanda Bullock		O02.4 Physical Monitoring in ADHD and the Introduction of a Novel Web Based Application Cristal J. Oxley				10:00
Refreshment Break and Poster Viewing with Authors								10:30
RS03 Positive Mental Health and Resilience: Themes From the 2016 IACAPAP Monograph Bruno Fallisard	AP03 Specialist Training in Child- and Adolescent Psychiatry: Towards more Uniform Standards? Henrikje Klasen	O05 Supporting Families and Caregivers	O06 Trauma and Treatment	O07 Prevalence and Treatment for Eating Disorders	O08 Prediction and Prevention in CAMH	O09 Prediction and Trajectories of CAMH	RS04 Seamless Pathway to Care through School Mental Health Literacy and Go-To Educator Early Identification Approaches Stan Kutcher	11:00 – 12:30
		O05.1 Family Challenges in Raising Children in Indonesia Yapina Widyawati	O06.1 Prevalence of Trauma Symptoms in Primary School Children 2 Years After Typhoon Haiyan Paulin Grace G. Morato	O07.1 Prevalence of Eating Disorders, Perceived Socio-Cultural Stress and Ideal Body Image in Adolescents – A School Based Study From India Darpan M. Kaur	O08.1 Behavioral Problems in Preschool Children: Developing Early Intervention Programs Marina M. Rocha	O09.1 Early Language Difficulties and the Trajectories of Behavioral and Emotional Disorders Across Childhood Richard O'Kearney		11:00
		O05.2 Family Climate and Children's Positive and Negative Affect: the Mediating Roles of Hope and Loneliness During Childhood Malka Margalit	O06.2 Mental Health Factors Associated with Resilience in a Natural Disaster: the Calgary 2013 Flood Erin Hetherington	O07.2 A Household Built on Skills: A DBT-informed Approach to Multi-family Group Therapy Gisele Marcoux	O08.2 Adverse Childhood Experiences and Other Correlates of Adult Sexual Offending Behaviour: An Exploratory Study Vandana Choudhary	O09.2 Latent Profiles of Adolescents from Dissolved Families: Predicting Depressive Symptoms in Emerging Adulthood Laura M. Di Manno		11:20
		O05.3 Caregiver Stress, Child-rearing Attitudes, Self-Esteem, and Child Development Muhammad K. Mughal	O06.3 Trauma-Informed Care: Integrating Adverse Childhood Experiences Into Child and Youth Mental Health and Addictions Programming Ryan Clements		O08.3 Impact of Risk Factors on Behavior Problems Indicators According to the Parents' and Child's Reports Marina M. Rocha	O09.3 Joint Trajectories of Depression and Perfectionism Across Adolescence and Childhood Risk Factors Tracy Vaillancourt		11:40
		O05.4 Feasibility of Home-Based Intervention Module for Specific Learning Disorder in Indian Context Anamika Sahu	O06.4 Progressive Counting: User Friendly Trauma Treatment for Kids Marjorie E. Robb		O08.4 Social and Economic Impacts of Using an Integrated Model to Address Child Abuse Bonnie Johnston	O09.4 Investigating Differences in Prevalence of Risk of Current Mental Health Problems of Australian Adolescents by Socio-Demographic Characteristics Julia Dray		12:00
Lunch (on own) and Poster Viewing P1 CACAP Annual General Meeting (Glen 201-203. Lunch provided. CACAP Members only.)								12:30

PLENARY SESSIONS Macleod Hall C,D		Acadia A (Calgary Marriott)		Acadia B (Calgary Marriott)		CONCURRENT SESSIONS			
					Macleod E1	Macleod E2	Macleod E3	Macleod E4	
		14:00 – 15:30	O10 Bridging Physical and Mental Disorders	W11 Effective, High-Quality Inpatient Psychiatric Care for Youth through Outcomes, Benchmarking and Standards: National and International Perspectives Lila Amirali	SG03 Early Identification Initiatives in Youth Mental Health Kathleen MacDonald	RS07 Sleep Mood and Suicide in Adolescent – Link Between Sleep and Psychiatry Colin M. Shapiro	W13 Recovery and Transitions in MH Services: Promoting a More Positive Journey and Resilience Framework From Youth to Adulthood Omer S. Moghraby	W14 Beyond Mountains; Experiential and Adventure Therapy with Adolescents Jeffrey D. Couillard	
14:00	Unraveling the Developmental Origins of Disruptive Behavior Problems: From Social Learning to Epigenetics Dr. Richard Tremblay	14:00	O10.1 Psychiatric Comorbidity in Children with Physical Health Conditions Mark Ferro						
		14:20	O10.2 Study of Somatoform Disorders in Children and Adolescents From a Tertiary Care Child Psychiatry Centre in India Kuppili Pooja Panchal						
		14:40	O10.3 The Relationship between Physical and Mental Disorders in a Pediatric Population Gabrielle Chartier						
15:00	Break	15:00							
15:15	Have we lost the subject? When time has come to reconsider the role of scientific positivism on clinical practice Dr. Bruno Falissard	15:30	Refreshment Break and Poster Viewing with Authors						
		16:00 – 17:30		AP05 “Hope” Operationalizing the Concept of Hope Myron L. Belfer	O15 Mental Health Interventions in School – I	SG04 A School-Based Collaborative Model for Health and Mental Health Service Delivery in Aboriginal Communities Don Andrews	AP07 A Multi-Disciplinary Collaboration in Enhancing the Resilience of Hospitalized Children and Adolescents Eva C. Ihle	W18 Implementing Feedback Informed Treatment in Counselling Sandy Berzins	
					O15.1 School Psychiatry – a Swedish Branch of Child and Adolescent Psychiatry with Haydays 1920-1970, Now Tested Again Per-Anders Rydelius				
16:15	Break	16:00			O15.2 Enhancing Social-emotional Competence in Preschool Children in Pakistan: Effects of Promoting Alternative Thinking Strategies Curriculum Ayesha Inam				
		16:20			O15.3 Acceptability and Efficacy of Openminds: a Sustainable Model of Mental Health Literacy Education in Schools Praveetha Patalay				
16:30	Understanding the Heterogeneity in Mental Health Outcomes Among Bullied Youth: Genetic, Neurophysiological, and Neuroendocrine Considerations Dr. Tracy Vaillancourt	16:40							
17:00		17:00							

LEGEND

W – Workshop

RS – Research Symposia

SG – Study Group

AP – Academic Perspectives Symposia

O – Orals

CONCURRENT SESSIONS								
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111	
RS05 AACAMH Symposium: Various Aspects of CAMH in Africa Naoufel Gaddour	W12 Constructing Hope and Motivation in Parents and Adults With Complex Trauma Histories: Phase A, The ITTM Valerie Copping	RS06 Using Advanced Imaging to Understand Mental Illness in Children and Adolescents Hesham Hamoda	O11 Psychopharmacology	AP04 Research on Childhood Sexual Abuse: Psychosocial, Neurobiological and Legal Perspectives Paul D. Arnold	O12 ADHD and Executive Function		W16 It Really is All Fun and Games: Novel Assessment and Treatment Interventions for Selective Mutism Susan Baer	14:00 – 15:30
			O11.1 Cardiac Arrhythmias and Methylphenidate: a Pharmacoepidemiological Approach in Vigibase® Alexis Revet		O12.1The Impairment of Executive Function in Preschool Children with ADHD in Chinese Jinsong Zhang			14:00
			O11.2 The Association Between Methylphenidate Treatment and the Risk for Fracture Among Young ADHD Patients: a Nationwide Population-Based Study in Taiwan Vincent C. Chen		O12.2 Meta-Analysis of Organizational Skills Interventions for Children and Adolescents with Attention- Deficit/ Hyperactivity Disorder Aida Bikic			14:20
			O11.3 Antidepressants in French Children and Adolescents: What Prescribing Tendencies? What Side Effects? What Experience for Patients? Alexis Revet		O12.3 Quantitative Analysis of Home-based Daily Routine Interventions for Supporting Executive Function in Children Pierre Séguin			14:40
								15:00
Refreshment Break and Poster Viewing with Authors								15:30
W17 Adventures in Mental Wellness Sheldon Franken	RS08 Trauma in Children and Adolescents with Sexual Abuse in India: A Current Update on Impact, Assessment, Clinical Management and Policy Framework Sujata Satapathy	O13 Biological Correlates of Autism	O14 Mood Disorders	AP06 Treatment Seeking and Behaviour Change in Transition-Aged Youth with Substance Use Problems: Practice Lessons From Research Joanna Henderson	O16 Involving Families in Caregiving in Child and Adolescent Mental Health		RS09 Assessment and Intervention to Address the Mental Health Needs of Children and Youth in Government Care – A Cross Border Perspective Bart Klika	16:00 – 17:30
		O13.1 Cortical Thickness as Neural Correlate of Autism-Associated Gene Variants Yi-Ling Chien	O14.1 Social Cognition in Adolescents with Major Depression – Preliminary Results From the SAD Youth Study Stefan Lüttke		O16.1 Competency-Based Curriculum Education in Mental Health Nursing Mahvash Salsali			16:00
		O13.2 Diffusion Tensor Imaging in young children with Autism Spectrum Disorders Sowmyashree M. Kaku	O14.2 Can We Detect Vulnerability to Depression in Healthy Siblings of Depressed Adolescents? A Cross-Sectional Study Using a Social Cognition Perspective Gabrielle Chartier		O16.2 Advanced Practice Family Nursing: Making a Difference in Child and Adolescent Family Therapy Christie L. Orr-Brown			16:20
		O13.3 Vitamin D Status in Indian Children with Autism Spectrum Disorder – A Pilot Study Salah Basheer	O14.3 Understanding the Role of Positive Affect, Dampening, and Emotional Clarity in Predicting Depressive Symptoms Brae Anne McArthur		O16.3 Affiliate Stigma, Family Support, Caring Difficulties and Depression in Caregivers with Developmental Delayed Children Chien-ho Lin			16:40
			O14.4 Patient and Family Perspective on Factors that Promote Recovery in Adolescent Depression in Singapore: a Qualitative Study Jasmine Yeo					17:00

Keynote Speakers – Monday, September 19

All keynote and concurrent sessions take place at the Calgary TELUS Convention Centre unless otherwise indicated.

Time: 08:15 – 09:15

Location: Macleod Hall C & D

Youth Mental Health: Strengthening Psychiatry and Society through Reform and Investment in the Mental Health, Well-being and Productivity of Young People

Speaker: Prof. Patrick McGorry, Orygen, National Centre of Excellence in Youth Mental Health, Australia

Mental and substance use disorders are among the leading health and social issues facing society, and now represent the greatest threat from non-communicable diseases (NCD) to prosperity, predicted by the World Economic Forum to reduce global GDP by over \$16 trillion by 2030. This is not only due to their prevalence but critically to their timing in the life cycle. They are by far the key health issue for young people in the teenage years and early twenties, and if they persist, they constrain, distress and disable for decades. Epidemiological data indicate that 75% of people suffering from an adult-type psychiatric disorder have an age of onset by 24 years of age. Young people on the threshold of the peak productive years of life have the greatest capacity to benefit from stepwise evidence-based treatments and better health care delivery. Furthermore, the critical developmental needs of adolescents and emerging adults are poorly met by existing conceptual and service models. The paediatric-adult structure of general health care, adopted with little reflection by psychiatry, turns out to be a poor fit for mental health care. Youth culture demands that young people are offered a different style and content of service provision in order to engage with and benefit from interventions. In Australia a new system of enhanced primary care, headspace, has been developed for 12 – 25 year olds. This is now operating in 100 communities in Australia. Access has been greatly improved especially for some traditionally hard to engage subgroups. Outcomes include reduced distress, better functional outcomes and reduced self harm. Similar programs are in place in Ireland, Israel, the UK and Denmark and are under development in Canada and the Netherlands. The need for international structural reform and an innovative research agenda represents one of our greatest opportunities and challenges in the field of psychiatry and a huge opportunity for child and adolescent psychiatry which may be able to “come out of its shell” and form the vanguard of mental health reform.

Learning Objectives:

1. Gain an understanding of the pattern of burden of disease and its implications for mental health reform and modern society;
2. Update knowledge on international progress of and opportunities for reform and investment in youth mental health; and
3. Understand the potential for child and adolescent psychiatry to expand as a discipline and assume a leadership role in mental health reform.



Professor McGorry is the Executive Director of Orygen, the National Centre of Excellence in Youth Mental Health and Professor of Youth Mental Health at the University of Melbourne. His professional interests are in all elements of youth mental health, and more particularly, in early intervention for emerging serious mental illnesses in young people. He has played a major role in mental health reform both nationally and internationally, originally leading the pioneering Early Psychosis Prevention and Intervention Centre, a highly innovative model for mental health service delivery that has been hugely influential world-wide, and he has led the development and scaling up of headspace, Australia's National Youth Mental Health Foundation. His key goal is to ensure that all young people have timely access to information, support and expert preventively oriented care for mental ill health and have every chance to fulfill their potential.

Time: 09:30 – 10:30

Location: Macleod Hall C & D

The Alberta Family Wellness Initiative: An Innovation Platform to Improve Health and Well-being Outcomes for all Children and Families through Knowledge Translation and Application

Speaker: Nancy Mannix, Palix Foundation, Canada

The Alberta Family Wellness Initiative (AFWI) aims to mobilize and connect synthesized scientific research about early brain and biological development to better understand and address how intergenerational factors as well as experiences in children's lives as they grow and develop impact on their health and well-being throughout life, in particular on

mental health and addiction. Since its inception, AFWI has engaged with change agents and leaders in health, human services, justice, education, academia and community sectors to develop and support a multitude of activities in early childhood development, mental health and addiction meant to ultimately bring about positive, evidence-informed change in policy and practice for the benefit of children and families. This presentation will feature AFWI supported initiatives focused on applying the science through developing, testing and evaluating science-based policy and practice innovations. New Alberta based research projects will be highlighted along with examples of broad reaching, public health focused knowledge mobilization efforts. These efforts centre on building understanding about the importance of mitigating and buffering toxic stress in the lives of children and families as a way to build resilience and prevent poor outcomes throughout life.

Learning Objectives:

1. Describe early brain and biological development science (i.e. the core story of brain development) and the influence that adverse childhood experiences (ACEs) can have on brain development and subsequent addiction and mental health outcomes;
2. Review the novel AFWI approach to mobilizing and applying this science base to prevent addiction, and strengthen mental health beginning in early life; and
3. Recognize intervention research projects underway in Alberta that aim to apply the core story of brain development science and knowledge about the impact of ACEs on lifelong health in practice.



Ms. Mannix is the Chair and Patron of the Palix Foundation, a private foundation with offices in Calgary and Edmonton. The Foundation, through the Alberta Family Wellness Initiative, is focused on creating alignments between science, policy and practice in the areas of brain development and its connection to addiction in order to

bring about effective, comprehensive and integrated services for Alberta families. Currently, Ms. Mannix serves on the Alberta Innovates – Health Solutions Board of Directors. She has had a long career in the charitable sector and has worked for a number of organizations, including the Calgary Health Trust and the Canada West Foundation. She has also served on numerous boards including the Alberta Heritage Foundation for Medical Research and the Alberta Bone and Joint Health Institute. Ms. Mannix has a Bachelor of Arts Degree from the University of San Diego and a Juris Doctor Degree from Seattle University.

Time: 11:30 – 12:30

Location: Macleod Hall C & D

Resilience, Resistance and Renewal for Indigenous Youth

Speaker: Dr. Rod McCormick, Thompson Rivers University, Canada

Given the Aboriginal holistic view of 'community' and in the philosophy of 'all my relations' it is not surprising that what promotes resilience in Aboriginal communities originates outside of the individual, that is, in the family, community, society, culture and in nature. Aboriginal resilience clearly has a collective aspect combining spirituality, family strength, elders, ceremony, oral traditions, identity and support. Using examples such as Attawapiskat and Idle no more this presentation will trace the healing path of Resilience, Resistance and Renewal for Indigenous Youth and the role that identity, belonging, balance, cleansing, empowerment, and responsibility play in this healing journey.

Learning Objectives:

1. Recognize the role that connection has in increasing resilience for Indigenous youth;
2. Discuss holistic and interconnected nature of Indigenous healing and wellness; and
3. Review examples of Indigenous Resilience, Resistance and Renewal.



Dr. Rod McCormick is Mohawk (Kanienkehake) and a full professor and British Columbia (BC) Government research chair in Aboriginal health at Thompson Rivers University in Kamloops, BC. Prior to moving to his partner's home reserve in Kamloops (Tk'emlúps te Secwépemc), Rod worked as a professor in the counselling

psychology program at the University of British Columbia (UBC) for 18 years and also ran the Native Indian Teacher Education program at UBC for 7 years. Rod is one of the most highly funded researchers in Aboriginal health in the world and has been the Nominated Principal Investigator of three Aboriginal health research networks over the past 12 years. In addition to being an active therapist and clinician for over 25 years, Dr. McCormick has published over 50 scholarly journal articles, chapters, reports and books on Aboriginal mental health and has presented at over 100 regional, national and international conferences.

Keynote Speakers – Monday, September 19

Time: 14:00 – 15:00

Location: Macleod Hall C & D

Unraveling the Developmental Origins of Disruptive Behavior Problems: From Social Learning to Epigenetics

Speaker: Dr. Richard Tremblay, University College Dublin, University of Montreal, Canada

This presentation will be based on a programme of large scale longitudinal and experimental studies from early childhood to adulthood.

Learning Objectives:

1. Recognize developmental trajectories of disruptive behaviors from early childhood to adulthood;
2. Identify types of early interventions with disruptive children that can prevent school drop-out, substance abuse, delinquent behavior as well as criminal behavior; and
3. Describe epigenetic mechanisms that appear to lead to early disruptive behavior and that could be targeted in preventive interventions.



Richard E. Tremblay is Professor of Early Childhood Development at the School of Public Health, Physiotherapy and Population Science, University College Dublin and Emeritus Professor of Pediatrics and Psychology at the University of Montreal (Canada). He is director of the University College Dublin Research Centre on Childhood

and Human Development, he coordinates the Marie Curie International Network for Early Childhood Health Development and is the founding editor of the online Encyclopedia on Early Childhood Development. Since 1984 he initiated 5 ongoing longitudinal-experimental studies on the development of children's health and wellbeing. He was also part of the scientific team that created the Canadian National Longitudinal Study of Children and Youth (NLSCY). He is Fellow of the American Academy for the Advancement of Science, Fellow of the Academy of Experimental Criminology and Fellow of the Royal Society of Canada. He published more than 400 scientific papers and 14 books.

Time: 15:15 – 16:15

Location: Macleod Hall C & D

Have We Lost the Subject? When Time Has Come to Reconsider the Role of Scientific Positivism on Clinical Practice

Speaker: Dr. Bruno Falissard, IACAPAP, France

Medicine has evolved over centuries from a theological stage (shamanism) to a metaphysical stage (Hippocrates' theory of humors) and ultimately to a positive stage, emerging with Andreas Vesalius, which reached its apogee with Claude Bernard in the 19th century. The amazing impact of anatomy, physiology and statistics in the progression of therapeutics has subsequently shaped occidental medicine. Doctors are now trained in specializations according to organs (cardiology, urology, pneumology, etc.) and medical studies rely heavily on biology courses. As a consequence, we have lost a global medical approach that holistically incorporated, culture and mind, mind and body, body and organs. The impact of this loss has been particularly important in disciplines such as child and adolescent psychiatry, where culture and mind play an important role. It is time for clinicians to step back and to consider wisely all sources of knowledge necessary for their practice.

Learning Objectives:

1. Summarize the evolution of knowledge in child and adolescent psychiatry in the last two centuries;
2. Demonstrate the impact of this evolution on our clinical practice; and
3. Discuss how to put the subject back in the center of our concern.



After some initial training in mathematics and fundamental physics (Ecole Polytechnique, Paris), Bruno Falissard engaged in medical studies and specialized in psychiatry in 1991. His PhD was in biostatistics (interim analyses in clinical trials, 1990) and his post doc in psychometrics and exploratory multidimensional methods.

He was assistant professor in child and adolescent psychiatry in 1996-1997, associate professor in Public Health in 1997-2002 and full professor in Public Health from 2002. He is at the head of the Master in Public Health of South-Paris University (600 students) and at the head of a research unit "Mental Health and Public Health" (140 members). He is co-author of 380 papers and author of 4 books. He has a clinical activity in child and adolescent psychiatry (consultation). Dr Falissard has been President of IACAPAP since 2015.

Keynote Speakers – Monday, September 19

Time: 16:30 – 17:30

Location: Macleod Hall C & D

Understanding the Heterogeneity in Mental Health Outcomes Among Bullied Youth: Genetic, Neurophysiological, and Neuroendocrine Considerations

Speaker: Dr. Tracy Vaillancourt, University of Ottawa, Canada

Bullying, defined as a systematic abuse of power, is pervasive with 30% of North American children and youth reporting being bullied occasionally and 10% reporting being bullied on a daily basis. Longitudinal studies point to a causal relation between being bullied and subsequent mental health problems. For example, there is strong evidence that bullying causes depression. Importantly however, not all children and youth become unwell as a consequence of poor peer treatment. In this presentation, the heterogeneity in mental health outcomes of bullied youth is discussed. Specifically, the roles of genetics, neurophysiology, and neuroendocrinology are considered.

Learning Objectives:

1. Examine the link between bullying and mental health;
2. Identify the temporal sequence between bullying and mental health; and

3. Explain heterogeneity in mental health outcomes by considering genetic, neurophysiological, and neuroendocrine evidence.



Tracy Vaillancourt, Ph.D., is a Canada Research Chair in Children's Mental Health and Violence Prevention at the University of Ottawa where she is cross-appointed as a full professor in the Faculty of Education (counselling program) and in the School of Psychology, Faculty of Social Sciences. Dr. Vaillancourt is also a member of the

College of the Royal Society of Canada and the Offord Centre for Child Studies at McMaster University. She received her B.A., M.A., and Ph.D. from the University of British Columbia (human development), her post-doctoral diploma from the University of Montreal and Laval University (developmental psychology), and post-doctoral re-specialization in applied child psychology (clinical) from McGill University. Dr. Vaillancourt's research examines the links between aggression and children's mental health functioning, with a particular focus on the neurobiology of peer victimization. She is currently funded by the Canadian Institutes for Health Research.



Sauf avis contraire, les conférences et les séances parallèles auront toutes lieu au Centre des congrès TELUS de Calgary.

Heure : 8 h 15 – 9 h 15

Lieu : salle Macleod C/D

Santé mentale des jeunes : renforcer la psychiatrie et la société en améliorant la santé mentale, le bien-être et la productivité des jeunes et en investissant dans ces domaines / Youth Mental Health: Strengthening Psychiatry and Society through Reform and Investment in the Mental Health, Well-being and Productivity of Young People

Conférencier : Prof. Patrick McGorry, Orygen : The National Centre of Excellence in Youth Mental Health, Australie

Les troubles mentaux et les troubles liés à l'utilisation de substances, qui appartiennent à la catégorie des maladies non transmissibles, figurent parmi les principaux enjeux de santé et enjeux sociaux auxquels notre société fait face et représentent actuellement la menace la plus grande à la prospérité. Selon les prévisions du Forum économique mondial, ils réduiront le PIB mondial de plus de 16 trillions de dollars d'ici 2030. Cette situation s'explique non seulement par la prévalence de ces troubles, mais aussi, de manière significative, par le moment où ceux-ci se manifestent dans le cycle de la vie. Ces troubles constituent de loin le principal problème de santé des adolescents et des jeunes adultes au début de la vingtaine, et s'ils persistent, ils deviennent contraignants et handicapants et causent un désarroi pendant des décennies. Selon les données épidémiologiques dont nous disposons, la manifestation de la maladie survient au plus tard à l'âge de 24 ans chez 75 % des gens atteints d'un trouble psychiatrique de type adulte. Les jeunes au seuil des années les plus productives de leur vie sont les plus susceptibles d'améliorer leur état grâce à des traitements par étapes fondés sur des données probantes et à de meilleurs soins de santé.

En outre, les modèles conceptuels et les modèles de services actuels répondent mal aux besoins critiques liés au développement des adolescents et des jeunes adultes. La structure pédiatrique-adulte des soins de santé généraux, adoptée par le milieu de la psychiatrie sans grande réflexion, s'avère peu efficace sur le plan des soins de santé mentaux. La culture des jeunes exige que les jeunes aient accès à des services au style et au contenu différents pour qu'ils puissent entreprendre des traitements et en bénéficier. En Australie, un nouveau système de soins de santé

améliorés, appelé headspace, aujourd'hui établi dans plus de 100 collectivités du pays, a été mis sur pied à l'intention des jeunes de 12 à 25 ans. L'accès à des soins est depuis beaucoup plus facile, en particulier chez quelques-uns des sous-groupes traditionnellement difficiles à mobiliser. Parmi les résultats, mentionnons un désarroi moins grand, un meilleur fonctionnement et une automutilation réduite. Des programmes similaires ont été mis en œuvre en Irlande, en Israël, au Royaume-Uni et au Danemark, et sont en cours d'élaboration au Canada et aux Pays-Bas. Le besoin d'une réforme structurelle internationale et d'un programme de recherche innovateur constitue l'une des occasions les plus importantes et l'un des plus grands défis dans le milieu de la psychiatrie. Une telle réforme et un tel programme présentent un immense potentiel pour la branche de la pédopsychiatrie, qui pourrait alors « sortir de sa coquille » et être à l'avant-garde de la réforme du système de santé mentale.

Objectifs d'apprentissage

1. Comprendre le modèle de « fardeau de la maladie » et ce que celui-ci implique pour la réforme du système de santé mentale et la société moderne;
2. Actualiser les connaissances sur les progrès internationaux liés à la réforme du système de santé mentale et à l'investissement dans la santé mentale des jeunes, ainsi que sur les occasions qui en découlent; et
3. Connaître le potentiel d'élargissement de la pédopsychiatrie en tant que discipline et comprendre comment celle-ci pourrait jouer un rôle de premier plan dans la réforme du système de santé mentale.



Patrick McGorry est le directeur général d'Orygen : The National Centre of Excellence in Youth Mental Health et est professeur au Département de la santé mentale des jeunes de l'Université de Melbourne. Il s'intéresse à toutes les dimensions de la santé mentale des jeunes, en particulier l'intervention précoce en cas de nouvelle maladie

mentale grave. Le Prof. McGorry œuvre activement à la réforme du domaine de la santé mentale tant à l'échelle nationale qu'internationale. Il a notamment été le premier directeur du Early Psychosis Prevention and Intervention Centre, modèle de prestation de services de santé mentale hautement innovant dont se sont inspirés de nombreux établissements dans le monde entier. Il a aussi dirigé la mise sur pied et l'élargissement du service headspace de la National Youth Mental Health

Foundation (Australie). Son principal objectif est de faire en sorte que tous les jeunes atteints d'une maladie mentale puissent accéder en temps voulu à de l'information, à un soutien et à des soins préventifs spécialisés et aient une chance de réaliser leur plein potentiel.

Heure : 9 h 30 – 10 h 30

Lieu : salle Macleod C/D

L'Alberta Family Wellness Initiative : une plateforme d'innovation visant à améliorer la santé et le bien-être des jeunes et des familles grâce à la transmission et à l'application des connaissances / The Alberta Family Wellness Initiative: An Innovation Platform to Improve Health and Well-being Outcomes for all Children and Families through Knowledge Translation and Application

Conférencière : Nancy Mannix, Fondation Palix, Canada

L'Alberta Family Wellness Initiative (AFWI) a pour but de mobiliser et de lier la recherche synthétisée sur le développement cervical et biologique précoces afin de mieux comprendre et étudier la façon dont les facteurs intergénérationnels et les expériences vécues à chaque étape de la croissance influent sur la santé et le bien-être des enfants tout au long de leur vie, en particulier sur les plans de la santé mentale et des dépendances. Depuis son lancement, l'AFWI a noué le dialogue avec des agents de changement et des dirigeants œuvrant dans les secteurs de la santé, des services sociaux, de la justice et de l'éducation, ainsi que dans les milieux universitaire et communautaire, afin de mettre sur pied et de soutenir une multitude d'activités liées au développement des jeunes enfants, à la santé mentale et aux dépendances. Ces activités visent à apporter des changements positifs et fondés sur des données probantes en matière de politiques et de pratiques, et ce, dans l'intérêt des jeunes et des familles. Cette conférence traitera d'initiatives soutenues par l'AFWI portant sur l'application de la science grâce à l'élaboration, à l'essai et à l'évaluation de politiques et pratiques innovatrices fondées sur la science. De nouveaux projets de recherche albertains seront présentés, accompagnés d'exemples d'efforts de mobilisation des connaissances à vaste portée axés sur la santé publique. Ces efforts ont pour but de mieux faire

comprendre l'importance de limiter et d'amortir le stress toxique dans la vie des enfants et des familles, afin d'accroître la résilience et de favoriser la réussite à chaque étape de la vie.

Objectifs d'apprentissage

1. Décrire la science à la base du développement cervical et biologique précoces (c.-à-d. l'histoire au cœur du développement du cerveau) et l'influence que peuvent avoir les expériences négatives vécues durant l'enfance sur le développement du cerveau ainsi que sur les dépendances et les problèmes de santé mentale subséquents.
2. Examiner la nouvelle approche de l'AFWI en matière de mobilisation et d'application de la science pour prévenir les dépendances et favoriser la bonne santé mentale dès le début de la vie.
3. Connaître les projets de recherche interventionnelle menés en Alberta ayant pour but d'appliquer l'histoire au cœur de la science du développement du cerveau et les connaissances sur l'impact des expériences négatives vécues durant l'enfance sur la santé tout au long de la vie.



Nancy Mannix est la présidente de la Fondation Palix, organisme privé ayant des bureaux à Calgary et à Edmonton. Par le biais de l'Alberta Family Wellness Initiative, la fondation a pour mission d'aligner la science, la politique et la pratique dans le domaine du développement du cerveau et de ses incidences sur les dépendances afin

d'offrir des services efficaces, globaux et intégré aux familles de l'Alberta. À l'heure actuelle, Mme Mannix siège au conseil d'administration de l'organisme Alberta Innovates – Health Solutions. Elle a mené une longue carrière dans le secteur caritatif et a travaillé pour de nombreux organismes, dont la Calgary Health Trust et la Canada West Foundation. Elle a également siégé à différents conseils d'administration, dont celui de l'Alberta Heritage Foundation for Medical Research et de l'Alberta Bone and Joint Health Institute. Elle détient un baccalauréat ès arts de l'Université de San Diego et un doctorat en jurisprudence de l'Université de Seattle.

Heure : 11 h 30 – 12 h 30

Lieu : salle Macleod C/D

Résilience, résistance et renouvellement chez les jeunes Autochtones / Resilience, Resistance and Renewal for Indigenous Youth

Conférencier : Dr Rod McCormick, Université Thompson Rivers, Canada

Compte tenu du point de vue global des peuples autochtones concernant la « communauté » et de la philosophie « Toutes mes relations », il n'est pas surprenant de constater que ce qui favorise la résilience dans les communautés autochtones émane de l'extérieur de la personne, c'est-à-dire de la famille, de la communauté, de la société, de la culture et de la nature. La résilience des Autochtones comporte à l'évidence un aspect collectif alliant spiritualité, force familiale, aînés, cérémonie, traditions orales, identité et soutien. Au moyen d'exemples tels qu'Attawapiskat and Idle No More, cette conférence traitera du processus de guérison basé sur la résilience, la résistance et le renouvellement des jeunes Autochtones, ainsi que du rôle que l'identité, l'appartenance, l'équilibre, la purification, l'autonomisation et la responsabilité jouent dans cette expérience de guérison.

Objectifs d'apprentissage

1. Reconnaître le rôle que jouent les relations dans l'accroissement de la résilience des jeunes Autochtones.
2. Discuter de la nature globale et interreliée de la guérison et du bien-être chez les Autochtones.
3. Examiner des exemples de résilience, de résistance et de renouvellement des Autochtones.



Le Dr Rod McCormick est un Mohawk (Kanienkehaka) et professeur titulaire ainsi que titulaire d'une chaire de recherche du gouvernement de la Colombie-Britannique sur la santé des Autochtones à l'Université Thompson Rivers, à Kamloops. Avant de déménager dans la réserve de ses partenaires à Kamloops (Tk'emlúps te

Secwe pemc), il a travaillé pendant 18 ans comme enseignant au programme de psychologie de l'orientation à l'Université de la Colombie-Britannique, où il a aussi dirigé pendant sept ans le programme de formation des enseignants autochtones. L'un des chercheurs sur la santé des Autochtones les mieux financés dans le monde, le Dr McCormick occupe depuis les douze dernières années le poste de chercheur principal désigné au sein de trois réseaux de recherche sur la santé des Autochtones.

Outre ses 25 années d'expérience à titre de thérapeute et de clinicien, le Dr McCormick a publié plus de 50 articles de revues spécialisées, chapitres, rapports et livres sur la santé mentale des Autochtones et a donné plus de 100 conférences dans le cadre de congrès régionaux, nationaux et internationaux.

Heure : 14 h – 15 h

Lieu : salle Macleod C/D

Élucider les origines développementales des problèmes de comportement nuisible : de l'apprentissage social à l'épigénétique / Unraveling the Developmental Origins of Disruptive Behavior Problems: From Social Learning to Epigenetics

Conférencier : Dr Richard Tremblay, Collège universitaire de Dublin, Université de Montréal, Canada

Cette conférence s'appuie sur un programme d'études longitudinales et expérimentales à grande échelle s'étendant de la petite enfance à l'âge adulte.

Objectifs d'apprentissage

1. Comprendre les trajectoires de développement des comportements nuisibles de la petite enfance à l'âge adulte.
2. Définir les types d'interventions précoces pouvant être menées auprès des enfants perturbateurs pour prévenir le décrochage scolaire, la toxicomanie, la délinquance et la criminalité.
3. Décrire les mécanismes d'épigénétique susceptibles d'engendrer un comportement nuisible en bas âge et pouvant être ciblés dans le cadre d'interventions préventives.



Richard E. Tremblay est professeur de développement de l'enfant à l'École de santé publique, de physiothérapie et des sciences du sport du Collège universitaire de Dublin (UCD) en Irlande et professeur émérite de pédiatrie et de psychologie à l'Université de Montréal. Il est directeur du centre de recherche sur le développement

du jeune enfant et du développement humain du Collège universitaire de Dublin, coordonnateur du réseau international Marie Curie pour la promotion de la santé dès la petite enfance et fondateur de l'Encyclopédie sur le développement des jeunes

enfants. Depuis 1984, il a lancé cinq études longitudinales et expérimentales sur le développement de la santé et du bien-être des enfants. Il a également fait partie de l'équipe scientifique à l'origine de l'Enquête longitudinale nationale sur les enfants et les jeunes (ELNEJ). Il est membre de l'American Academy for the Advancement of Science, de l'Academy of Experimental Criminology et de la Société royale du Canada. Il a publié plus de 400 articles scientifiques ainsi que 14 livres.

Heure : 15 h 15 – 16 h 15

Lieu : salle Macleod C/D

Avons-nous perdu le sujet? Quand le temps est venu de réexaminer le rôle du positivisme scientifique sur la pratique clinique / Have We Lost the Subject? When Time has come to Reconsider the Role of Scientific Positivism on Clinical Practice

Conférencier : Dr Bruno Falissard, IACAPAP, France

Au fil des siècles, la médecine a évolué d'un stade théologique (chamanisme) à un stade métaphysique (théorie des humeurs d'Hippocrate), puis à un stade positif, portée à ses débuts par Andreas Vesalius, et atteignant son apogée avec Claude Bernard au 19^e siècle. L'impact extraordinaire de l'anatomie, de la physiologie et de la statistique dans la progression de la thérapeutique a donné naissance à la médecine occidentale. Les médecins poursuivent désormais des spécialisations selon les organes (cardiologie, urologie, pneumologie, etc.) et les études en médecine s'appuient fortement sur les cours de biologie. Par conséquent, nous avons perdu cette approche médicale globale intégrant culture et pensée, pensée et corps, corps et organes. Les effets de cette perte se font particulièrement sentir dans des disciplines telles que la pédopsychiatrie, où la culture et la pensée jouent un rôle important. Le temps est venu pour les cliniciens de prendre du recul et de considérer de manière avisée toutes les sources de connaissances nécessaires dans le cadre de leur pratique.

Objectifs d'apprentissage

1. Résumer l'évolution des connaissances dans le domaine de la pédopsychiatrie au cours des deux derniers siècles.
2. Démontrer l'incidence de cette évolution sur notre pratique clinique.
3. Discuter de la façon dont nous pouvons ramener le sujet au cœur de nos préoccupations.



Après de brèves études en mathématiques et en physique fondamentale (École Polytechnique, Paris), Bruno Falissard a entrepris des études en médecine et s'est spécialisé en psychiatrie en 1991. Sa thèse de doctorat portait sur la biostatistique (analyses intermédiaires dans le cadre d'essais cliniques, 1990) et sa thèse de postdoctorat, sur la psychométrie et les méthodes exploratoires multidimensionnelles. Le Dr Falissard a été professeur adjoint de pédopsychiatrie en 1996 et 1997 et professeur agrégé de santé publique de 1997 à 2002. Depuis 2002, il est professeur titulaire de santé publique. Il est responsable du programme de maîtrise en santé publique à l'Université Paris-Sud (600 étudiants) et dirige une unité de recherche en santé mentale et santé publique (140 membres). Il a coécrit 380 articles, a publié quatre livres et donne des consultations en pédopsychiatrie au privé. Depuis 2015, il occupe les fonctions de président de l'Association internationale de psychiatrie de l'enfant et de l'adolescent et des professions affiliées.

Heure : 16 h 30 – 17 h 30

Lieu : salle Macleod C/D

Comprendre l'hétérogénéité des résultats liés à la santé mentale des jeunes victimes d'intimidation : facteurs génétiques, neurophysiologiques et neuroendocrinologiques / Understanding the Heterogeneity in Mental Health Outcomes Among Bullied Youth: Genetic, Neurophysiological, and Neuroendocrine Considerations

Conférencière : Dre Tracy Vaillancourt, Université d'Ottawa, Canada

L'intimidation, qui se définit comme un abus de pouvoir systématique, est omniprésente. En effet, 30 pour cent des enfants et des jeunes nord-américains ont déclaré en être victimes à l'occasion, et 10 pour cent disent en subir sur une base quotidienne. Des études longitudinales révèlent un lien de causalité entre le fait d'être victime d'intimidation et l'apparition subséquente de problèmes de santé mentale. Par exemple, tout indique que l'intimidation cause la dépression. Il importe cependant de noter que la détérioration de la santé mentale à la suite de mauvais traitements par des pairs ne survient pas chez tous les enfants et les jeunes touchés.

Cette conférence traitera de l'hétérogénéité des résultats liés à la santé mentale des jeunes victimes d'intimidation. Une attention particulière sera portée au rôle de la génétique, de la neurophysiologie et de la neuroendocrinologie.

Objectifs d'apprentissage

1. Examiner le lien de causalité entre l'intimidation et la santé mentale.
2. Définir la séquence temporelle entre l'intimidation et la santé mentale.
3. Expliquer l'hétérogénéité des résultats liés à la santé mentale en examinant les données génétiques, neurophysiologiques et neuroendocrinologiques.



La Dre Tracy Vaillancourt est titulaire de la Chaire de recherche du Canada en santé mentale des enfants et en prévention de la violence à l'Université d'Ottawa, où elle est à la fois professeure titulaire à la Faculté des sciences de l'éducation (programme de consultation) et à l'École de

psychologie, Faculté des sciences sociales. Elle est également membre du Collège de la Société royale du Canada et de l'Offord Centre for Child Studies à l'Université McMaster. Elle a obtenu son baccalauréat ès arts, sa maîtrise ès arts et son doctorat de l'Université de la Colombie-Britannique (développement humain), son diplôme postdoctoral de l'Université de Montréal et de l'Université Laval (psychologie du développement), et a effectué une nouvelle spécialisation postdoctorale en psychologie infantile appliquée (clinique) à l'Université McGill. Ses travaux de recherche portent sur les liens entre l'agression et le fonctionnement mental des enfants, et s'intéressent particulièrement à la neurobiologie de la victimisation par les pairs. Dans le cadre de ses travaux actuels, la Dre Vaillancourt reçoit le soutien financier des Instituts de recherche en santé du Canada.



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Posters – Monday, September 19

Macleod Hall A & B

Prog. #	Title	Author
P1 Posters, General Child and Adolescent Mental Health		
P1.01	Comparison of Health and Wellbeing Among Public and Private Secondary School Students in Abeokuta, Nigeria	Oluyemi Akinmolayan
P1.02	Structural Invariance of the Antisocial Process Screening Device in Clinical and Community Samples of Elementary School-Aged Children	Vincent Bégin
P1.03	Communal Commitment and Youth Development: An Ethnographic Case Study of the Calgary Stampede Showband	Allison Bichel
P1.04	Gemellite et troubles psychiatriques chez l'enfant: profil clinique	Sarra Bouslah
P1.05	Adolescents' Reactions Toward Parental Deployment and Depression: the Moderating Role of Child-Parent Communication	Amanda Bullock
P1.06	Effects of Audience Types on Children's Drawings of Emotionally Significant Human Figures	Esther Burkitt
P1.07	Concept Analysis of Bodily Integrity in Infants Born Intersex/With Disorders of Sex Development	Jennifer M. Carroll
P1.08	PCIT-Based Behavioural Treatment of Selective Mutism: Sample Characteristics, Treatment Acceptability and Preliminary Outcome Data	Rosalind Catchpole
P1.09	A Scoping Review of Mental Health Prevention and Intervention Initiatives for Infants and Preschoolers At-Risk for Socio-Emotional Difficulties	Kim Corrigan
P1.10	Information-Seeking Behaviour of Young People and Mental Health	David Este
P1.11	To Characterize and Verify the Risks for Mental Disability in the Population of Children From 5 to 15 Years in Vitória ES Brazil	Denise M. Ferreira
P1.12	Acceptability and Effectiveness of the Resilience Promotion Program "Volantin" (Kite): a Community Mental Health Intervention. Phase I and II Studies	Muriel Halpern
P1.13	Age and Gender Influences on Substance Use Reasons and Motivation in Treatment Seeking Youth	Joanna Henderson
P1.14	Maternal Reports of Stress in Mid-Pregnancy is Associated with Poorer Child Language and Cognitive Development at Age 2 Years	Catherine M. Herba
P1.15	What Does Being "Concurrent Capable" Mean Within the Field of Addiction and Mental Disorder Prevention?	Cheryl A. Houtekamer
P1.16	Assessing Infant Mental Health Care Knowledge, Attitudes and Practices Among Health Service Providers in a Sample of Primary Health Care Centers in Ismailia, Egypt	Omneya Ibrahim
P1.17	The Impact of Maternal Anxiety on Maternal-Infant Attachment: a Systematic Review	Katherine Bright
P1.18	Intergenerational Risk Transmission and Toxic Stress: Impact on Child Development in a Community Social Pediatrics	Andréane Melançon
P1.19	Current Status of and Issues in Child and Adolescent Psychiatric Treatment at a General Psychiatric Hospital in Japan	Atsushi Kurita
P1.20	Mental Health Problems in Children and Adolescents with Obesity	Young S. Kwak
P1.21	The Effect of a School Violence Prevention Program for Elementary School First Grader	Young S. Kwak
P1.22	PTSD and Quality of Life in Out-of-School Youths	So H. Lee
P1.23	The Influences of Perceived Social Support and Personality on Trajectories of Co-Development of Depression and Delinquency in Taiwanese Youth	Yin-Ju Lien
P1.24	Prenatal and Subsequent Factors Predicting Internalizing Problems in Adolescence	Ilona Luoma
P1.25	Prevalence of Anxiety Disorders Among Patients Referred for Urgent Psychiatric Consultation	Niki M. Mofidi
P1.26	Youth at Risk of Serious Mental Illness	Catherine Marshall
P1.27	Sociocultural Attitudes Towards Appearance and Eating Problems in Japanese Female Adolescents	Takayo Mukai
P1.28	Psychological Distress, Psychopathological Dimensions and Psychosocial Problems of Difficult Adolescents in Kinshasa	Davin M. Mpaka
P1.29	Forum Theatre as Mental Health Promotion for Patients and Caregivers	Evangeline Ng

Posters – Monday, September 19

Monday Posters

Prog. #	Title	Author
P1.30	A Survey on Professional Awareness of Early Screening of Autism Spectrum Disorder	Dong Hyun Noh
P1.31	The Relationship between Diagnosis of Developmental Disorders during the Preschool Years and Student Adjustment in Late Elementary School Period	Kenji Nomura
P1.32	Pattern of Child and Adolescent Psychiatric Disorders Among Patients Consulting Sbrana Psychiatric Clinics in Botswana	Anthony A. Olashore
P1.33	Why are Father's Not Included in Research on Infant Mental Health Intervention and Prevention Initiatives: Findings From a Scoping Review	Jacqueline Quick
P1.34	Coping Strategies for Stress Used by Adolescent Girls in Riyadh, Kingdom of Saudi Arabia	Hafsa Raheel
P1.35	Understanding the Impacts of Child Welfare Involvement on Adolescent Pregnancy Risk: a Systematic Review and Meta-Analysis	Kaylee M. Ramage
P1.36	The Direct and Indirect Effects of Victimization on the Mental Health of Gay Adolescents and Young Adults	Frank A. Sattler
P1.37	Epidemiological Study of Child and Adolescent Mental Health in Egypt	Amira G. Seifeldin
P1.38	Maladie Métabolique (Phénylcétonurie) et Troubles Neurodéveloppementaux	Hela Slama
P1.39	Impaired White Matter Integrity and Social Cognition In High Functioning Autism Spectrum Disorders: A Diffusion Tensor Imaging Study	Dong-Ho Song
P1.40	Early Traumatic Experiences, Perceived Discrimination and Conversion to Psychosis in those at Clinical High Risk for Psychosis	Jacqueline Stowkowy
P1.41	One Year Trajectory Analysis for ADHD Symptoms and Its Associated Factors in Community Samples of Taiwan	Chia-Jui Tsai
P1.42	Screening of Emotional and Behavioral Problems Among Urban Children and Adolescents Attending in Bangla Medium, English Medium and Religious School	Md S. Uddin
P1.43	Self-Harm in Child and Adolescent Psychiatric Inpatients: a Retrospective Study	Naista Zhand
P1.44	The Impact of Bullying on Physical Health and Immune Function in Adolescents	Yifei Zhu
P1.45	Growth in a 2-Year, Open-Label Study of Lisdexamfetamine Dimesylate in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder	Chris Reaume

Program Details

Tuesday, September 20



TUESDAY

PLENARY SESSIONS Macleod Hall C,D			Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	CONCURRENT SESSIONS		Macleod E1	Macleod E2	Macleod E3	Macleod E4
08:15	Effecting System Change in Youth Mental Health J. Anthony Boeckh	9:00 – 10:30	W20 First Nation Teen Mental Health Forced Multiplier – Rotating Doctors, Minimal Psychiatry, Nurses Station Empty – Solved by Hybrid Model Tele-Mental Health Amit Mathur	RS10 Brain Stimulation in Paediatric Neuropsychiatric Disorders Frank P. MacMaster	RS12 Promoting Resilience in Latin America: Mental Health Research Initiatives in Chile Matias Irarrazaval	SG06 Pediatric Consultation-Liaison Psychiatry Claire M. De Souza		AP08 Pan-Canadian Perspective on Family Therapy and Family Therapy Training: Importance to Mental Health and Psychiatry Alan McLuckie	O18 From Assessment to Treatment	
		9:00								
09:15	Break									
		9:20								
09:30	Resiliency and Risk in Autism Spectrum Disorder Peter Szatmari	9:40								
		10:00							O18.1 Developing Culturally Sensitive Service Provision for Children and their Families in Mental Health Settings. The Intercultural Consultation at Toulouse Jean-Philippe Raynaud	
									O18.2 Progress Monitoring in Mindfulness-Based Addictions Treatment: Preliminary Results Jeff Wilson	
									O18.3 Efficacy of Mindfulness-Based Psychotherapies for Children and Adolescents: What is the Empirical Evidence? Maisha M. Syeda	
									O18.4 Evaluation of an Anti-Stigma Intervention Program for Caregivers of Adolescents with Mental Illness in Alexandria, Egypt Ahmed L. Moustafa	
10:30	Break	10:30	Refreshment Break and Poster Viewing with Authors							
		11:00 – 12:30	W24 Autism-Family as Co-Therapists (FACT): an Intervention Model From a Tertiary Care Centre in India Sowmyashree M. Kaku	W25 The IACAPAP iCAMH: Train the Trainers Henrikje Klasen	SG07 IACAPAP Workgroup on Gender Issues Cecil Prins-Aardema	AP09 Conducting Psychosocial Research with Children and Youth in Multicultural Western Societies: Is Culture Given Sufficient Attention? Michael L. Zwiers		O24 Maternal Depression and Anxiety	O25 Biological Markers of Child Psychopathology and Development	
		11:00						O24.1 Maternal Depression and Early Childhood Mental Health in Low- and Middle-Income Countries. a Review of Mechanisms Catherine M Herba	O25.1 Biological Correlates of Social Processing Across Neurodevelopmental Disorders Danielle A. Baribeau	
11:30	Out of the Shadows Forever Michael Kirby	11:20						O24.2 Maternal Separation Anxiety, But Not Parental Self-Efficacy, Associated with Child Social and Emotional Problems at Age 2 Erin Hetherington	O25.2 Female Conduct Disorder: Biological Insights and Treatment Implications Kathleen A. Pajer	
		11:40	LEGEND W – Workshop RS – Research Symposia SG – Study Group AP – Academic Perspectives Symposia O – Orals							
		12:00								
12:30	Lunch (on own) Poster Displays	12:30	Lunch (on own) and Poster Viewing P2							
13:00	Gerald Caplan Lecture Dr. Gregory Fritz Pediatric Psychosomatic Medicine in the 21 st Century									

CONCURRENT SESSIONS								
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111	
W21 "You Want Me To Do What!?!": Exposure and Response Prevention in Eating Disorder Treatment Norman Kim	W22 Capacity Building and Therapeutic Consultation for Children and Families with Histories of Complex Trauma in Rural Communities through TeleMental Health Services Susan Dundas	W23 Innovative Approaches to Medical Education in Child and Adolescent Psychiatry – The Role of Technology Waqar Waheed	O17 Description and Treatment of Displaced and Refugee Children and Adolescents	RS11 Protective Factors and Suicidal Behaviour in Adolescence Jean-Marc Guile		O20 Intervention in Support of Mother-child Interaction	O21 Psychotic Disorder	9:00 – 10:30
			O17.1 Psycho-social Profile of Syrian Refugees in Egypt Amira G. Seifeldin			O20.1 A Descriptive Case Study of an Intervention to Ameliorate the Effects of Long Term Hospitalisation on an Infant's Attachment Processes Jean E. Hawken	O21.1 Symptom Content Study of Perceptual Abnormalities in Individuals at Clinical High Risk Yun Lu	9:00
			O17.2 A File Study From an Ecological Approach of Refugee Children Having Been Referred for Psychiatric Care Geertrui Serneels			O20.2 Action Team on Triadic Attachment and Child Health (ATTACH): Results of a Parental Reflective Function Intervention Nicole Letourneau	O21.2 8-10 Years Follow Up of Child and Adolescent Schizophrenia Huanzhong Liu	9:20
			O17.3 Competence and Psychopathology Among War Displaced Children and Adolescents in Duhok, Kurdistan Region of Iraq Abdulbaghi Ahmad			O20.3 Relational Play Therapy (RPT) from a Cross Cultural Perspective: An Egyptian Experience Suaad S. Moussa	O21.3 Neural Activity During Emotion Recognition After Social Cognition Training in First-Episode Psychosis Lisa Buchy	9:40
			O17.4 Crisis Intervention Program for Children and Adolescents (CIPCA) to Prevent Posttraumatic Psychopathology, Preliminary Report Abdulbaghi Ahmad				O21.4 Pediatric Catatonia: Review and New Vagal Theory Dirk Dhossche	10:00
Refreshment Break and Poster Viewing with Authors								10:30
W26 Syrian Refugee Families in Canada: Collaboration and Clinical Experience in Mental Health Care Azaad Kassam	O22 Adolescent Treatment Issues	W27 Transitionitis Prevention: Successful Navigation of the Job Hunt NOS (Not Otherwise Specified) Katherine Matheson	O23 Mental Health Interventions in School – II	RS13 Best Practices in Stigma Reduction Impacting Youth – the Canadian Context Romie Christie	O26 The Complexities of ADHD Diagnosis and Outcome	W28 Developing Services for Adolescent Perpetrators of Sexual Offences in Custody and Beyond: a UK Perspective Celia K. Sadie	SG08 High Conflict Divorce and Parenting: Promising Practices Across Systems Jeffrey C. Chang	11:00 – 12:30
	O22.1 Depression and Associated Factors among Adolescent Females in Riyadh, Kingdom of Saudi Arabia, A Cross-sectional Study Hafsa Raheel		O23.1 Mental Health and Wellbeing Provision in Schools in Europe: Results From 10 Countries Praveetha Patalay					11:00
	O22.2 Does Average Really Matter? Body Dissatisfaction and the Effect of Body Norm Information on Male Body Size Estimates Tanya D. Hutchinson		O23.2 Exploring the Potential Effectiveness of a School-Based Intervention on Mental Health Problems and Resilience in Australian Adolescents Julia Dray					11:20
	O22.3 Adolescent Connection to Supportive Relationships Katherine M. Thompson		O23.3 When Psychiatry Goes to School: Jamaican Dream-A-World Study Resilience Promotion Model for High Risk, Disadvantaged Children Jaswant Guzder					11:40
	O22.4 Factors Associated with Re-admission to Adolescent Psychiatric Care Deirdre I. Pieterse		O23.4 Effects of a Two-Generation Pre-school Program After Age 10: Receptive Language in Children and Resolve in Mothers Carla S. Ginn					12:00
Lunch (on own) and Poster Viewing P2								12:30

PLENARY SESSIONS Macleod Hall C,D			Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	CONCURRENT SESSIONS		Macleod E3	Macleod E4
		14:00 – 15:30			Macleod E1	Macleod E2		
14:00	Integrated Youth Mental Health: An African Odyssey Dr. Stanley Kutcher	14:00	AP10 Rethinking Child Psychiatric Assessment: Quality of Care, Family Engagement, and System Outcomes William Gardner	O27 Neurodevelopmental Disorders	SG09 Improvement in Child and Adolescent Mental Health Services: Regional Systems Naru Fukuchi	W31 Just Do It! Presenting and Publishing Your Work in Child and Adolescent Psychiatry Andres Martin		RS15 From Community to Clinic and Back: What Population-Based Samples Can Tell Us About the Etiology of Childhood Psychopathology? Christie L. Burton
		14:20		O27.1 An Exploratory Evaluation of the Link Between Mild Traumatic Brain Injury and the Development of Mental Health Symptoms Clare Gray				
		14:40		O27.2 Psychiatric Sequelae of Concussion in Children Abdul Rahman				
				O27.3 Change of Sensory Phenomena and Related Features in Clinical Course of Tourette Syndrome Yukiko Kano				
15:00	Break	15:00						
15:15	Youth Mental Health: The New Frontier Dr. Ashok Malla							
		15:30	Refreshment Break and Poster Viewing with Authors					
		16:00 – 17:30	W33 Collaborative Team Training: Exploring the use of Simulation to Reduce Patient Trauma, Seclusion and Restraint in the Management of Acute Psychiatric Crisis Sharon Martin	AP12 What's Right with Kids These Days?: Three Perspectives on How Youth Are Thriving and What We Shouldn't Do About It Kelly D. Schwartz	W35 Medical Malpractice Pitfalls in Child and Adolescent Psychiatry Practice Waqar Waheed	AP13 Fighting Weight Stigma: "Bodies at Risk" Shelly K. Russell-Mayhew	O32 Mental Health Policy	W36 Introduction to the Short-Term Assessment of Risk and Treatability: Adolescent Version (START: AV): a Primer on Assessing and Managing Diverse Risks and Needs Tonia L. Nicholls
16:15	Break	16:00					O32.1 Understanding Care for Children and Youth with Mental Disorders in Canada Michelle Parker	
		16:20					O32.2 Strategies on General Child and Adolescent Mental Health in the National Plan of Action for Children in Kenya 2015-2022 Ruth N. W. Njuguna	
16:30	Longitudinal Studies in Child and Adolescent Delinquency: Continuities, Discontinuities and Resiliency Prof. Helmut Remschmidt	16:40					O32.3 Analysis of Brazilian Public Policies for Autism Spectrum Disorders: Between Psychosocial Care and Rehabilitation Rossano C. Lima	
		17:00					O32.4 The Implementation of the Western Canada Waiting List Children's Mental Health-Priority Criteria Score Instrument: 2002-2015 Results Jason B. Novick	

LEGEND

W – Workshop

RS – Research Symposia

SG – Study Group

AP – Academic Perspectives Symposia

O – Orals

CONCURRENT SESSIONS								
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111	
AP11 Leaders Forum: the Future of Child and Adolescent Psychiatry II Nick Kowalenko		RS14 IACAPAP Online Teaching, e-learning and Online Publishing Initiatives – a Challenge and Chance to Improve Worldwide Mental Health Joerg M. Fegert	W29 Insights From the Rearview Mirror: Linking Lived Experience of Recovery to Child and Adolescent Resiliency Elizabeth A. Anderson	W30 Prescribing for Children and Adolescents: Perspective From Low Resource Country Devashish Konar	SG10 Suicide Prevention in Nunavut – How to Engage Youth in Becoming Visionaries Polina J. Anang	W32 The Body Remembers; the Brain Reacts: Clinical Applications of Understanding the Underlying Connections Between Eating Disorders and Trauma Norman Kim	SG11 Selective Mutism with or Without Co-Morbid Social Anxiety Disorder: Working Towards a Better Understanding of Young Children Who Do Not Speak Suneeta Monga	14:00 – 15:30
								14:00
								14:20
								14:40
								15:00
Refreshment Break and Poster Viewing with Authors								15:30
RS16 Cognitive Behavioral Therapy (CBT) and Skills Training for ADHD Throughout the Lifespan Lily Hechtman	W34 An Experiential Introduction to Expressive Arts Therapy Single Session Group (Designed for an Acute Care Inpatient Adolescent Psychiatry Unit) Sara M. Clark	O30 CAMH in Under-served Regions	O31 Comorbidity of ADHD	RS17 Predictors for the Development of Childhood ADHD Symptoms Hanna Christiansen	SG12 Neuroimaging in Child and Adolescent Psychiatry – Challenges, Implications and Research Sowmyashree M. Kaku	RS18 Syrian Children Exposed to War: Opportunities for Community and School-based Interventions John Fayyad	W37 Psychodynamic Psychotherapy with Children and Adolescents: Seeking The Good, The Bad and The Beautiful! Nanette Gerlach	16:00 – 17:30
		O30.1 Child and Adolescents Mental Health Services in Saudi Arabia: Too Little, But is it Too Late? Lamis S. Solaim	O31.1 Child ADHD Severity and Internet Addiction: A Moderated Mediation Analysis En Nien Tu					16:00
		O30.2 Scaling up Mental and Social Well-being Promotion Programs for Youth in Under-resourced Settings Katherine S. Leventhal	O31.2 Attention Deficit Hyperactivity Disorder (ADHD) as an Autism Spectrum Disorders (ASD) Outcome Sarra Bouslah					16:20
		O30.3 Lessons Learned: a One Year Update on New Services to Improve Access to Tertiary Mental Health Care for Children and Youth in BC Susan Baer	O31.3 Depression, Anxiety and Stress in Parents of Children with Autism Spectrum Disorders (ASD) and Attention-Deficit Hyperactivity Disorder (ADHD) Sarra Bouslah					16:40
		O30.4 Child Labour in Low and Middle Income Countries and Its Consequences for Mental Health: a Systematic Literature Review of Epidemiologic Studies Matthew Hodes						17:00

Keynote Speakers – Tuesday, September 20

All keynote and concurrent sessions take place at the Calgary TELUS Convention Centre unless otherwise indicated.

Time: 08:15 – 09:15

Location: Macleod Hall C & D

Effecting System Change in Youth Mental Health

Speaker: J. Anthony Boeckh, Graham Boeckh Foundation, Canada

Tony Boeckh will describe the Graham Boeckh Foundation's (GBF) focus on strategically leading and funding projects that will have a system-wide transformative impact to positively improve the access and delivery of mental health care services for young people (aged 12-25 years). He will talk about what GBF has been doing, what needs to be done and its progress to date. Tony will also touch on innovative approaches being developed to improve the access young people have to quality support and treatment in the community.

Tony's personal story of his son's horrible experience with the system epitomizes all that has been wrong with the system and why it must change. Graham Boeckh grew up as a friendly, passionate and sensitive boy with many friends; he was an accomplished athlete, outdoorsman, canoeist and student whose life began to unravel as the symptoms of schizophrenia began to take hold. He died at the age of 22 from Neuroleptic Malignant Syndrome (complications from medication).

The health system failed Graham, as it has countless others, and that is why GBF is determined to improve how patients and families are treated in Canada.

The basic message is one of optimism and why the dreadful track record of providing access and quality services to young people is in the process of changing.

Learning Objectives:

1. Recognize the importance of a comprehensive, sustainable, scalable and flexible model to address youth mental health;
2. Prepare to collaborate with policy makers, researchers, community care providers and youth and families; and
3. Review the development of the evidence: the importance of robust research and evaluation.



Tony is Chair of the Graham Boeckh Foundation (GBF), a private family foundation that was established in honour of his son Graham. It created the first Chair in Schizophrenia research in Canada in 1996 at McGill's Douglas Mental Health University Institute. The Boeckh family funds initiatives in the area of mental health

and other related disciplines and works to support policy, clinical research and other initiatives designed to transform the mental health care system in Canada. GBF has partnered with CIHR in a \$25 million project (TRAM) to create a pan-Canadian Network (ACCESS Open Minds) to transform mental health care in Canada for young people.

*Mr. Boeckh is a Board member of the Brain & Behavior Research Foundation N.Y. (awarding NARSAD grants), former Chair and Vice Chair of Brain Canada (Neuroscience Canada) and former Director of the Mental Health Commission of Canada. Tony Boeckh is also President of Boeckh Investments Inc., a family office. From 1968 to 2002, Tony was Chief Executive and Editor-in-chief of Montreal-based BCA Publications. He authored *The Great Reflation* in 2010 and *The Stock Market and Inflation* in 1982. He has a PhD in Finance and Economics from The Wharton School, University of Pennsylvania, and a BCom from the University of Toronto.*

Time: 09:30 – 10:30

Location: Macleod Hall C & D

Resiliency and Risk in Autism Spectrum Disorder

Speaker: Dr. Peter Szatmari, The Hospital for Sick Children in Toronto, Canada

The developmental health of individuals with autism spectrum disorder (ASD) is the result of the interaction between risk factors such as rare genetic variants and 'resiliency'. Resiliency is the capacity to have a better than expected outcome given a background of risk but this topic is rarely discussed in the ASD literature. There are in fact many examples of resilient individuals with ASD as demonstrated in several recent familial and longitudinal studies of ASD. This presentation will review the concepts of risk and resiliency in the literature and highlight lessons learned that may be of use to all individuals with ASD.

Learning Objectives:

1. Describe the interaction of risk and resiliency in ASD;

2. Explain what resiliency means in the context of a diagnosis of ASD; and
3. Discuss examples of resiliency from the recent literature on ASD



Starting March 1st 2013, Dr. Peter Szatmari assumed the combined position of Chief, Child and Youth Mental Health Collaborative at the Centre for Addiction and Mental Health and The Hospital for Sick Children in Toronto, as well as Director of the Division of Child and Adolescent Psychiatry at the University of Toronto.

Dr. Szatmari, holds the newly-endowed Patsy and Jamie Anderson Chair in Child and Youth Mental Health. He has worked in the field of autism spectrum disorder (ASD) for over thirty years and has been engaged in studying the longitudinal course of this disorder and its genetic causes. Dr. Szatmari's group has published extensively on identifying genetically informative phenotypes, copy number variants, and along with the Autism Genome Project, on linkage and GWAS in autism. He is the founding Director of CAIRN, a patient-oriented research network in early intervention in ASD. He has been editor of several important journals in the field of child and adolescent psychiatry and has consulted to government agencies in Canada, the USA and the UK. He is the author of the book "A Mind Apart; Understanding Autism and Asperger Syndrome".

Time: 11:30 – 12:30

Location: Macleod Hall C & D

Out of the Shadows Forever

Speaker: Michael Kirby, Partners for Mental Health, Canada

Child and youth services are the most under-resourced, fragmented and discontinuous part of the mental health system. It is critical that these service problems be addressed if children and youth with a mental illness are to be able to live their life to the fullest extent possible. To address these systemic problems will require a multi-year effort by children and youth, parents, service providers, and service funders from the public and private sectors.

This effort should be focused around the following five themes:

1. Increasing mental health promotion and mental illness prevention initiatives. This requires a powerful anti-stigma program targeted at children and youth, and their parents and educating them about the signs of emerging mental illness.

2. Focusing attention on early detection, diagnosis and treatment. Currently, detection occurs much later than it should and waiting times for treatment are totally unacceptable.
3. Increasing the role of allied mental health professionals (e.g. Child psychologists and other registered youth therapists). Let psychiatrists treat more complex cases which require their advanced training. (This requires changes to the Medicare funding rules in Canada.)
4. Creating a seamless transition from the youth mental health system to the adult system. Currently a myriad of obstacles makes this virtually impossible.
5. Eliminating the silos which exist between mental health services.

Canada's first national mental health report was titled 'Out of the Shadows at Last'. If significant progress is made on the above five themes, the child and youth mental health system will truly be Out of the Shadows Forever.

Learning Objectives:

1. Describe their role in accelerating early detection, diagnosis and treatment;
2. Demonstrate how the role of all mental health service providers needs to change; and
3. List the key factors that must be addressed to resolve the systemic problems in the current child and youth mental health system.



Mike Kirby was born in Montreal and earned a B.Sc. and an M.A. in Mathematics from Dalhousie University. In 1965, he received a Ph.D. in Applied Mathematics from Northwestern University.

Mike Kirby first entered government in 1970 as Chief of Staff to the Premier of Nova Scotia, later becoming the Deputy Chief of Staff to Prime Minister Trudeau. Mike was Secretary to the Cabinet for Federal-Provincial Relations and Deputy Clerk of the Privy Council from 1980 to 1983. He was summoned to the Senate of Canada in 1984 and retired in 2006, after 22 years of service. From 1999-2006, he chaired the Standing Senate Committee on Social Affairs, Science and Technology. In March 2007, Prime Minister Harper asked him to create the Mental Health Commission of Canada, and become its inaugural Chair. In December 2008, he was named an Officer of the Order of Canada. He resigned as Chair of the Commission in 2012 to become the first Chair of Partners for Mental Health, Canada's first national social movement in support of mental health.

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Time: 13:00 – 14:00

Location: Macleod Hall C & D

Gerald Caplan Lecture: Pediatric Psychosomatic Medicine in the 21st Century

Speaker: Dr. Gregory Fritz, American Academy of Child and Adolescent Psychiatry, USA

Pediatric psychosomatic medicine has evolved from a linear, psychoanalytic causal explanation of the etiology of seven specific illnesses to a comprehensive view of how the mind-body interacts in disease, with substantial interest in psycho-physiologic mechanisms. This presentation will use pediatric asthma to illustrate the characteristics and content of modern psychosomatic medicine.

Learning Objectives:

1. Apply a useful schema for biopsychosocial factors affecting disease at multiple points to pediatric asthma;
2. Recognize the relationship between stress and immune factors in pediatric asthma;
3. Describe how ethnic and cultural factors are related to asthma prevalence and severity; and
4. Explain the relationship between asthma symptom perception and morbidity



Gregory Fritz, MD is currently Professor, Vice Chair, and Director of the Division of Child and Adolescent Psychiatry in the Department of Psychiatry and Human Behavior at the Brown Medical School as well as Director of Child and Adolescent Psychiatry at the Hasbro Children's Hospital, all in Providence, RI, USA. Dr. Fritz has published

extensively on a wide range of topics pertaining to child and adolescent psychiatry, particularly in the area of pediatric psychosomatic medicine. He has been funded by the NIH to study the psychophysiology of asthma, health disparities, and adjustment to chronic pediatric illness. Dr. Fritz is currently President of the AACAP and has served that organization as chair of several committees; JAACAP Editorial Board; and Comer Minority Research Mentor. He received the Simon Wile Award (1998) and the Irving Philips Award for Prevention (2012) from the AACAP. He lives in an empty nest in Warren, RI with his wife Nancy and their dog.

Time: 14:00 – 15:00

Location: Macleod Hall C & D

Integrated Youth Mental Health: An African Odyssey

Speaker: Dr. Stanley Kutcher, IWK Health Centre, Canada

This address will inform the audience about an innovative integrated intervention designed and successfully applied to address the challenge of youth depression in Sub-Saharan Africa. This project, funded by Grand Challenges Canada has been, over the last three years, applied in areas of Malawi and Tanzania. The project consists of three integrated components: radio youth programming addressing youth mental health and depression; training of teachers in the guide mental health literacy resource and the development of "in-school" radio listening clubs supported by education and case identification of youth at risk; training of community health workers in the assessment, screening, diagnosis and treatment of youth depression. The project has brought together Canadian education and research expertise, Canadian and African educational radio expertise; African clinical, education and research expertise and Ministry of Health leadership in both countries. Research conducted in every component of this work has demonstrated significantly positive results. Currently the work is focusing on embedding these successes in the most relevant educational institutions and mental health policies of both countries. This demonstrates that an integrated, horizontal approach to youth mental health literacy and care needs can be successfully developed for the African context and suggests that scale up of this model may hold promise across the Sub-Saharan parts of the continent.

Learning Objectives:

1. Recognize how youth friendly media and schools can be used to effectively promote the development of youth mental health literacy;
2. Describe how an integrated horizontal pathway to care for youth depression can be built in the context of strengthening existing communication, education and health systems; and
3. Apply available and demonstrated effective educational, training, clinical and policy application strategies that could be applied in other low-income settings, in Africa and possibly beyond.

Dr. Kutcher is an internationally-renowned expert in adolescent mental health and leader in mental health research, advocacy, training, policy, and services innovation working at the IWK Health Center and Dalhousie University. Dr. Kutcher has received numerous awards and honors for his work including:

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the Order of Nova Scotia, Excellence in Education Award (CACAP), a Best Doctor in Canada, Dr. John Savage Memorial Award for outstanding humanitarian contributions to global health, Canadian College of Neuropsychopharmacology Gold Medal, Lifetime Achievement Award of the Canadian Psychiatric Research

Foundation and the Ruedy Award for Innovation in Medical Education. He is currently focused on knowledge translation for improving mental health literacy and care in schools and primary care along with the development, application and evaluation of electronic youth mental health engagement, self-care and personal health record. He continues innovative youth mental health development and research across Canada, and globally – including China, South America, Latin America and Africa.

Time: 15:15 – 16:15

Location: Macleod Hall C & D

Youth Mental Health: The New Frontier

Speaker: Dr. Ashok Malla, McGill University, Canada

The last few years have seen a burgeoning interest in youth mental health in several countries. In this plenary lecture I will trace the recent history of interest in and achievements of early intervention in psychotic disorders, arguably the most significant development in mental health services research and policy change in the last two decades, as one of the principal driving forces for the new interest in improving youth mental health services for all severities of mental disorders. I will touch upon other developments, largely outside the health sector, that have further advanced this 'movement'. I will then briefly review the current state and models of transformation of youth mental health services across several countries (Australia, Ireland and the U.K.), including some efforts in low-middle income countries. Finally, I will provide a more detailed review of the Canadian approaches to transforming youth mental health services, with particular focus on the CIHR-GBF funded Pan-Canadian SPOR (Strategies for Patient Oriented Research) project, ACCESS Open Minds (ACCESS Esprit-ouvert). This project is designed to evaluate a model for transformation of youth mental health services across six provinces and one territory with a view to scaling up in the future based on evidence produced from this project.

Learning Objectives:

1. Describe the rationale and origins of the recent interest in youth mental health;
2. Recognize the current international efforts at transforming youth mental health services; and
3. Review the recent Canadian national CIHR-GBF funded research project on youth mental health service transformation and evaluation.



Dr. Malla is a Professor of Psychiatry at McGill University; holds a Tier 1 Canada Research Chair in Early Psychosis, with a cross appointment in Department of Epidemiology, and is an editor of the Journal of Social Psychiatry and Psychiatric Epidemiology. He is the Nominated Principal Investigator of a \$25M

grant for a national research project on transformation of youth mental health services in Canada (ACCESS Open Minds), funded jointly by the Graham Boeckh Foundation and CIHR under the Strategies for Patient Oriented Research (SPOR). Until recently, he has been the founding Director of the Prevention and Early Intervention Program for Psychoses (PEPP-Montreal), based at the Douglas Mental Health Institute. He has published extensively, held numerous peer reviewed research grants from CIHR and NIH, supervised numerous clinical and research trainees, and has been an advisor on program development and research in early intervention in psychotic disorders in several countries. He is also leading several global mental health projects in India.

Time: 16:30 – 17:30

Location: Macleod Hall C & D

Longitudinal Studies in Child and Adolescent Delinquency: Continuities, Discontinuities and Resiliency

Speaker: Prof. Helmut Remschmidt, Philipps-University Marburg, Germany

After a short description of the literature the lecture reports on two large longitudinal studies: (1) a study on a representative sample of 256 delinquent children with a follow up interval of 30 years and (2) a study on 114 juvenile murderers and violent delinquents including a follow up period of 13 years after the index offence.

Both studies allow to differentiate between several groups of offenders: desisters who finished their delinquent activity

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after the sentence, respective punishment, persists, who continued to commit crimes after imprisonment and multiple chronic offenders (about 10% in both studies) who were responsible for the majority of delinquent acts in both studies and who revealed the highest rates of social adversities. Prediction of delinquent behaviour was possible to some extent by using individual, psychosocial and family variables and statistical procedures like Kaplan-Meier curves. Prevention measures and promising interventions will be discussed.

Learning Objectives:

1. Recognize methodological problems of longitudinal studies;
2. Describe antisocial behavior and delinquency during childhood and adolescence;
3. Explain how to differentiate delinquent behavior during the course of development;
4. Describe the background of deviant behavior at different ages and in different environments;
5. Review how to prevent antisocial and delinquent behavior in children and adolescents; and
6. Discuss what makes children stronger and resistant.



Helmut E. Remschmidt, Professor for Child Psychiatry, MD, PhD, Child and Adolescent Psychiatrist, Clinical Psychologist, FRCPsych. Honorary President of IACAPAP, Former Head of the Department of Child and Adolescent Psychiatry, Philipps-University, Marburg (Germany) from 1980-2006; since Oct 1, 2006, Professor

emeritus. Head of the Department of Child and Adolescent Psychiatry and Neurology at the Freie Universität Berlin from 1975 to 1980. Special Professor of Psychiatry at the University of Birmingham/U.K. (1993-1996). President of the European Society for Child and Adolescent Psychiatry (ESCAP) (1995-1999). President of the International Society for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) from 1998 to 2004. Scientific Director of the WPA Global Presidential Program on Child and Adolescent Mental Health, carried out in cooperation with IACAPAP and WHO (2003-2005).

Awards: Many awards, among them the Max Planck- Award for International Cooperation(1999).

Publications: More than 600 articles in scientific journals and book chapters in several languages. Author, co-author and editor of more than 50 books in the field of child and adolescent psychiatry and mental health. Editor and co-editor of several scientific journals.

Guest Researcher and Invited Lecturer at many universities in Europe, Israel, Africa, USA, China, Chile, Brazil, Uruguay, Thailand, Korea, and Australia.



Sauf avis contraire, les conférences et les séances parallèles auront toutes lieu au Centre des congrès TELUS de Calgary.

Heure : 8 h 15 – 9 h 15

Lieu : salle Macleod C/D

Santé mentale des jeunes : changer le système / Effecting System Change in Youth Mental Health

Conférencier : J. Anthony Boeckh, Fondation Graham Boeckh, Canada

Tony Boeckh décrira la mission de la Fondation Graham Boeckh (FGB), qui est de lancer et de financer des initiatives stratégiques dont les résultats transformeront l'ensemble du système afin d'améliorer la prestation des soins de santé mentale destinés aux jeunes âgés de 12 à 25 ans et de faciliter l'accès à de tels soins. M. Boeckh parlera du travail actuel de la FGB, du travail qu'il reste à faire et des progrès réalisés à ce jour. Il se penchera aussi sur les approches innovantes établies pour faciliter l'accès des jeunes à des services de soutien et à des traitements de qualité dans la collectivité.

L'histoire personnelle de M. Boeckh constitue le parfait exemple des ratés du système et démontre que la situation doit changer. Son fils, Graham Boeckh, était un garçon amical, passionné et sensible entouré d'amis; il était un athlète accompli, un amateur de plein air, un canoéiste et un étudiant dont la qualité de vie s'est dégradée quand des symptômes de schizophrénie sont apparus. Il est décédé à l'âge de 22 ans du syndrome malin des neuroleptiques (complications liées aux médicaments).

Tout comme de nombreux autres jeunes, Graham a été victime du système. C'est pourquoi la FGB est déterminée à améliorer la façon dont les patients et les familles sont traités au Canada.

Le message fondamental en est un d'espoir : le piètre bilan en matière d'accès à des services de qualité destinés aux jeunes est sur le point de changer.

Objectifs d'apprentissage

1. Reconnaître l'importance d'un modèle global, durable, évolutif et souple pour traiter les problèmes de santé mentale des jeunes.
2. Bien se préparer à collaborer avec les décideurs, les chercheurs, les fournisseurs de soins communautaires ainsi que les jeunes et les familles.
3. Examiner le développement des données probantes : l'importance de la recherche et de l'évaluation approfondies.



Tony Boeckh est le président de la Fondation Graham Boeckh (FGB). Cette fondation familiale privée mise sur pied en hommage au fils de M. Boeckh, Graham, a créé la première chaire de recherche canadienne en schizophrénie à l'Institut Douglas de l'Université McGill. La famille Boeckh finance des initiatives dans le domaine

de la santé mentale et d'autres domaines connexes, et œuvre à soutenir l'élaboration des politiques, la recherche clinique et d'autres initiatives ayant pour but de transformer le système de soins de santé mentale au Canada. La FGB s'est associée aux IRSC dans le cadre d'une initiative de 25 millions de dollars – Recherche transformationnelle pour adolescents atteints de maladies mentales (TRAM) – dans le but de créer un réseau pancanadien (ACCESS Esprits ouverts) visant à transformer les soins de santé mentale offerts aux jeunes du Canada.

M. Boeckh siège au conseil de la Brain & Behavior Research Foundation (qui verse les subventions NARSAD), ainsi que l'ancien président et vice-président de la Fondation Brain Canada (NeuroScience Canada) et l'ancien directeur de la Commission de la santé mentale du Canada. Il est également président du bureau de gestion de patrimoine Boeckh Investments inc. De 1968 à 2002, il a occupé les fonctions de chef de la direction et de directeur de la rédaction à BCA Research, à Montréal. Il est l'auteur des livres *The Great Reflation* (2010) et *The Stock Market and Inflation* (1982). Il détient un doctorat en finance et économie de la Wharton School de l'Université de Pennsylvanie et un baccalauréat en communications de l'Université de Toronto.

Heure : 9 h 30 – 10 h 30

Lieu : salle Macleod C/D

Troubles du spectre de l'autisme : résilience et risque / Resiliency and Risk in Autism Spectrum Disorder

Conférencier : Dr Peter Szatmari, Hôpital pour enfants malades de Toronto (SickKids), Canada

La santé développementale des personnes atteintes d'un trouble du spectre de l'autisme (TSA) résulte de l'interaction entre les facteurs de risque (par ex., des variantes génétiques rares) et la « résilience ». La résilience est la capacité à obtenir un meilleur résultat que prévu dans un contexte de risque, mais ce sujet est rarement abordé dans la littérature sur les

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TSA. Il existe en effet de nombreux exemples de personnes résilientes atteintes d'un TSA, comme l'ont démontré bon nombre d'études familiales et longitudinales sur les TSA. Dans le cadre de cette conférence, nous examinerons les concepts du risque et de la résilience dans la littérature et présenterons des leçons apprises pouvant être utiles à tous ceux et celles vivant avec un TSA.

Objectifs d'apprentissage

1. Décrire l'interaction entre le risque et la résilience dans le contexte des TSA.
2. Expliquer ce que signifie la résilience dans le contexte d'un diagnostic de TSA.
3. Présenter des exemples de résilience tirés de la littérature récente sur les TSA.



Depuis le 1^{er} mars 2013, le Dr Peter Szatmari occupe le poste combiné de chef du consortium sur la santé mentale des enfants et des adolescents au Centre de toxicomanie et de santé mentale et à l'Hôpital pour enfants malades de Toronto (SickKids). Il est aussi directeur de la division de psychiatrie de l'enfant et de

*l'adolescent de l'Université de Toronto, et titulaire de la nouvelle chaire Patsy et Jamie Anderson en santé mentale des enfants et des adolescents. Depuis plus de 30 ans, il travaille dans le domaine des troubles du spectre de l'autisme (TSA), dont il étudie le cours longitudinal et les causes génétiques. Le groupe du Dr Szatmari a à son actif de nombreuses publications sur l'identification des phénotypes génétiquement informatifs, sur les variantes du nombre de copies, et dans le cadre du Projet du génome de l'autisme, sur la liaison génétique et l'étude d'association pangénomique (GWAS) en autisme. Le Dr Szatmari est le directeur-fondateur de CAIRN, réseau de recherche axé sur le patient se consacrant à l'intervention précoce en cas de TSA. Il a dirigé la rédaction de différentes revues spécialisées en pédopsychiatrie et a été consultant auprès d'organismes gouvernementaux du Canada, des États-Unis et du Royaume-Uni. Il est l'auteur du livre *A Mind Apart; Understanding Children with Autism and Asperger Syndrome*.*

Heure : 11 h 30 – 12 h 30

Lieu : salle Macleod C/D

Hors de l'ombre pour toujours / Out of the Shadows Forever

Conférencier : Michael Kirby, Partenaires pour la santé mentale, Canada

Les services à l'enfance et à la jeunesse représentent l'élément du système de santé mentale le plus fragmenté et le plus discontinu du système de santé mentale, ainsi que celui qui manque le plus de ressources. Il est essentiel d'agir pour que les enfants et les jeunes souffrant d'une maladie mentale puissent vivre le mieux possible. La résolution de ces problèmes systémiques nécessitera des années d'efforts de la part des enfants, des jeunes et des parents, ainsi que des fournisseurs de services et des bailleurs de fonds des secteurs public et privé.

Ces efforts devraient être axés sur les cinq thèmes ci-dessous.

1. Accroître le nombre d'initiatives de promotion de la santé mentale et de prévention des maladies mentales. Cela nécessitera la mise en œuvre d'un programme vigoureux de lutte contre la stigmatisation à l'endroit des enfants et des jeunes, et les parents devront expliquer à leurs enfants quels sont les premiers signes d'une maladie mentale.
2. Mettre l'accent sur la détection, le diagnostic et le traitement précoces. À l'heure actuelle, la maladie est détectée beaucoup plus tard qu'elle le devrait, et les temps d'attente avant de recevoir un traitement sont tout à fait inacceptables.
3. Renforcer le rôle des professionnels paramédicaux (par ex., pédopsychologues et autres thérapeutes jeunesse autorisés). Laisser les psychiatres traiter les cas plus complexes nécessitant une formation poussée. (Cette mesure exige la modification des règles de financement du régime d'assurance-maladie du Canada.)
4. Assurer une transition harmonieuse du système de santé mentale des jeunes au système des adultes – ce qui est pratiquement impossible à l'heure actuelle en raison de nombreux obstacles.
5. Éliminer le cloisonnement des différents services de santé mentale.

Au Canada, le premier rapport national sur la santé mentale était intitulé *De l'ombre à la lumière*. Si d'importants progrès sont réalisés sur les cinq thèmes ci-dessus, le système de santé mentale des enfants et des jeunes passera véritablement de l'ombre à la lumière.

Objectifs d'apprentissage

1. Décrire le rôle des intervenants pour accélérer la détection, le diagnostic et le traitement précoces.
2. Définir le nouveau rôle que devraient jouer les fournisseurs de services de santé mentale.
3. Indiquer les principaux facteurs sur lesquels nous devons agir pour résoudre les problèmes systémiques caractérisant actuellement le système de santé mentale des enfants et des jeunes.



Natif de Montréal, Mike Kirby est titulaire d'un baccalauréat ès sciences et d'une maîtrise en mathématiques de l'Université Dalhousie. En 1965, il a obtenu un doctorat en mathématiques appliquées de l'Université Northwestern. Il est entré au service du gouvernement en 1970 en tant que chef de cabinet du premier ministre de la Nouvelle-Écosse, puis

est ensuite devenu chef de cabinet adjoint du premier ministre Trudeau. De 1980 à 1983, il a occupé les fonctions de secrétaire du Cabinet aux relations fédérales-provinciales et de sous-greffier du Conseil privé. En 1984, il a été nommé au Sénat du Canada et a pris sa retraite en 2006 après 22 ans de service. De 1999 à 2006, il a présidé le Comité sénatorial permanent des affaires sociales, des sciences et de la technologie. En mars 2007, le premier ministre Harper lui a demandé de mettre sur pied la Commission de la santé mentale du Canada (CSMC) et d'en être son premier président. En décembre 2008, il a été nommé officier de l'Ordre du Canada. En 2012, il a quitté ses fonctions de président de la CSMC pour devenir le premier président de Partenaires pour la santé mentale, premier mouvement national visant à améliorer la santé mentale au Canada.

Heure : 13 h – 14 h

Lieu : salle Macleod C/D

Conférence Gerald Caplan : la pédiatrie psychosomatique au 21^e siècle / Gerald Caplan Lecture: Pediatric Psychosomatic Medicine in the 21st Century

Conférencier : Dr Gregory Fritz, American Academy of Child and Adolescent Psychiatry, États-Unis

La pédiatrie psychosomatique a évolué au fil des ans, passant d'une explication causale linéaire et psychanalytique de l'étiologie de sept maladies spécifiques à un point de vue global sur la façon dont l'esprit et le corps interviennent

dans la maladie, une grande importance étant accordée aux mécanismes psycho-physiologiques. Dans le cadre de cette conférence, l'asthme pédiatrique servira d'exemple pour illustrer les caractéristiques et le contenu de la médecine psychosomatique moderne.

Objectifs d'apprentissage

1. Appliquer un schéma utile à l'asthme pédiatrique pour ce qui est des facteurs biopsychosociaux jouant un rôle dans la maladie à différentes étapes.
2. Comprendre le lien entre le stress et les facteurs immunitaires dans l'asthme pédiatrique.
3. Décrire la façon dont les facteurs ethniques et culturels sont liés à la prévalence et à la gravité de l'asthme.
4. Expliquer le lien entre la perception du symptôme de l'asthme et la morbidité.



Le Dr Gregory Fritz est actuellement professeur, vice-président et directeur de la Division de psychiatrie des enfants et des adolescents au Département de psychiatrie et du comportement humain de la Brown Medical School, ainsi que directeur du Service de psychiatrie des enfants et des adolescents au Hasbro

Children's Hospital, à Providence (Rhode Island, États-Unis). Il a publié de nombreux articles sur un éventail de sujets liés à la psychiatrie des enfants et des adolescents, notamment dans le domaine de la pédiatrie psychosomatique. Il reçoit du financement des National Institutes of Health (NIH) pour étudier la psychophysiologie de l'asthme, les disparités sur le plan de la santé et l'adaptation aux maladies pédiatriques chroniques. Le Dr Fritz est actuellement président de l'American Academy of Child and Adolescent Psychiatry (AACAP) et a présidé différents comités au sein de cette dernière, dont le comité éditorial du JAACAP et le comité James Comer Minority Research. Il a reçu le Simon Wile Award (1998) et l'Irving Philips Award for Prevention (2012) de l'AACAP. Lui et son épouse vivent dans un nid vide à Warren (Rhode Island) avec leur chien.

Heure : 14 h – 15 h

Lieu : salle Macleod C/D

Santé mentale des jeunes intégrée : une odyssée africaine / Integrated Youth Mental Health: An African Odyssey

Conférencier : Dr Stanley Kutcher, Centre de santé IWK, Canada

Cette conférence portera sur une initiative intégrée innovante mise sur pied pour s'attaquer au défi de la dépression chez les jeunes en Afrique subsaharienne. Financée par Grands Défis Canada, cette initiative est menée depuis les trois dernières années dans des régions du Malawi et de la Tanzanie. Elle comprend trois volets intégrés : émissions de radio traitant de santé mentale et de dépression chez les jeunes; formation des enseignants en matière de ressources de littératie en santé mentale, création de clubs d'écoute de radio en milieu scolaire et organisation d'activités de sensibilisation et d'identification des jeunes à risque; formation des travailleurs communautaires de la santé en matière d'évaluation, de dépistage, de diagnostic et de traitement de la dépression chez les jeunes. L'initiative est le fruit du travail conjoint d'experts canadiens en éducation et en recherche, d'experts africains dans le domaine clinique et en éducation et recherche, et des ministères de la Santé des deux pays. Les travaux de recherche réalisés dans chaque volet se sont traduits par des résultats très positifs. À l'heure actuelle, l'objectif est d'intégrer ces réussites aux établissements d'enseignement les plus pertinents et aux politiques de santé mentale des deux pays. Cette initiative démontre qu'une approche intégrée et horizontale en matière de littératie en santé mentale des jeunes et de traitement peut être mise en œuvre avec succès dans un contexte africain et indique que l'élargissement de ce modèle est prometteur dans les régions subsahariennes du continent.

Objectifs d'apprentissage

1. Savoir de quelle façon les médias destinés aux jeunes et les établissements d'enseignement peuvent jouer un rôle dans la promotion efficace de la littératie en santé mentale des jeunes.
2. Décrire la façon dont une approche intégrée et horizontale en matière de traitement de la dépression chez les jeunes peut être établie dans le contexte du renforcement des systèmes de communication, d'éducation et de santé actuels.
3. Adopter des stratégies accessibles ayant démontré leur efficacité sur les plans de l'éducation, de la formation et de l'application des politiques ainsi que sur le plan

clinique, et pouvant être appliquées dans d'autres contextes où les revenus sont faibles, en Afrique et possiblement au-delà.



Le Dr Stanley Kutcher est un expert de renommée internationale œuvrant dans le domaine de la santé mentale des adolescents. Il est aussi un chef de file en recherche, promotion, élaboration de politiques et innovation des services en lien avec la santé mentale. Il travaille actuellement au Centre de santé IWK et à l'Université

Dalhousie, et a remporté de nombreux prix et distinctions pour son travail, dont une médaille de l'Ordre de la Nouvelle-Écosse, un prix d'excellence en éducation (CACAP), le Prix du meilleur médecin au Canada, le prix commémoratif Dr John Savage pour sa contribution humanitaire exceptionnelle à la santé dans le monde, la médaille d'or du Collège canadien de neuropsychopharmacologie, le Prix d'excellence pour l'ensemble de ses réalisations de la Fondation canadienne en recherche psychiatrique, et le prix John Ruedy pour l'innovation en enseignement médical. Ses travaux actuels portent sur le transfert des connaissances visant à améliorer la littératie en santé mentale et les traitements dans les établissements d'enseignement et de soins primaires, ainsi que sur la création, l'application et l'évaluation d'un portail de soins personnels, de dossiers de santé personnels et de mobilisation des jeunes souffrant d'un problème de santé mentale. Il poursuit ses travaux novateurs en développement et en recherche sur la santé mentale des jeunes au Canada et dans le monde entier, dont en Chine, en Amérique du Sud, en Amérique latine et en Afrique.

Heure : 15 h 10 – 16 h 10

Lieu : salle Macleod C/D

Santé mentale des jeunes : la nouvelle frontière / Youth Mental Health: The New Frontier

Conférencier : Dr Ashok Malla, Université McGill, Canada

Depuis quelques années dans de nombreux pays, nous assistons à un intérêt grandissant pour la santé mentale des jeunes. Dans le cadre de cette conférence plénière, je retracerai l'histoire récente de l'intérêt pour les troubles psychotiques et les réalisations dans ce domaine. Il s'agit sans aucun doute du progrès le plus important dans la recherche sur les services de santé mentale et la réorientation de ces derniers, ainsi que l'une des principales forces vives du

nouvel intérêt à améliorer les services de santé mentale des jeunes, quelle que soit la gravité des troubles mentaux. Je parlerai aussi d'autres percées, la plupart dans des secteurs autres que celui de la santé, à l'origine de l'avancement de ce « mouvement ». J'examinerai ensuite brièvement l'état actuel et les modèles de transformation des services de santé mentale des jeunes dans différents pays (Australie, Irlande et Royaume-Uni), entre autres des initiatives menées dans des pays à revenu faible et moyen. Enfin, je me pencherai de manière plus approfondie sur les approches canadiennes de transformation des services de santé mentale des jeunes, en portant une attention particulière à l'initiative pancanadienne de recherche ACCESS Esprits ouverts, financée par les IRSC et la FGB et s'inscrivant dans le cadre de la Stratégie de recherche axée sur le patient (SRAP). Cette initiative vise à évaluer un modèle de transformation des services de santé mentale des jeunes dans six provinces et un territoire. Ce modèle pourrait être par la suite élargi en fonction des résultats obtenus.

Objectifs d'apprentissage

1. Exposer les raisons et les origines du récent intérêt porté à la santé mentale des jeunes.
2. Connaître les initiatives internationales actuellement menées pour transformer les services de santé mentale des jeunes.
3. Examiner l'initiative de recherche conjointe des IRSC et de la FGB sur la transformation et l'évaluation des services de santé mentale des jeunes.



Le Dr Ashok Malla est professeur de psychiatrie à l'Université McGill (Montréal) et est titulaire d'une chaire de recherche du Canada de niveau 1 en psychose précoce. Il est aussi un membre associé du Département d'épidémiologie de l'Université McGill et est l'éditeur du Journal of Social Psychiatry and Psychiatric

Epidemiology. Il est le chercheur principal désigné d'une initiative de recherche nationale portant sur la transformation des services de santé mentale des jeunes au Canada (ACCESS Esprits ouverts), initiative financée conjointement à hauteur de 25 millions de dollars par la Fondation Graham Boeckh et les IRSC dans le cadre de la Stratégie de recherche axée sur le patient (SRAP). Jusqu'à récemment, le Dr Malla était le directeur fondateur du Programme d'évaluation, d'intervention et de prévention des psychoses (PEPP-Montréal), basé à l'Institut universitaire en santé mentale Douglas. Il a publié de nombreux articles, a reçu de la part des IRSC et des NIH bon nombre de subventions de recherche examinée par les

pairs et a supervisé un grand nombre de stagiaires cliniques et stagiaires de recherche. Il agit à titre de conseiller en élaboration de programmes et en recherche dans le domaine des troubles psychotiques dans différents pays. Il dirige également une série de projets internationaux sur la santé mentale en Inde.

Heure : 16 h 30 – 15 h 30

Lieu : salle Macleod C/D

Études longitudinales sur la délinquance des enfants et des adolescents : continuités, discontinuités et résilience / Longitudinal Studies in Child and Adolescent Delinquency: Continuities, Discontinuities and Resiliency

Conférencier : Prof. Helmut Remschmidt, Université de Marbourg, Allemagne

Dans le cadre de cette conférence, une courte description de la littérature sera présentée, suivie de l'examen de deux vastes études longitudinales : (1) une étude menée auprès d'un échantillon représentatif de 256 enfants délinquants suivis sur une période de 30 ans; et 2) une étude menée auprès de 114 meurtriers juvéniles suivis sur une période de 13 ans après l'infraction à l'origine de leur peine. Ces deux études permettent de distinguer différents groupes de délinquants : ceux qui ont renoncé à la délinquance après avoir purgé leur peine; ceux qui ont continué à commettre des crimes après leur incarcération; et les multirécidivistes (environ 10 % dans chacune des études), responsables de la majorité des actes de délinquance dans les deux études et affichant les taux les plus élevés d'adversités sociales. Il a été possible de prédire dans une certaine mesure le comportement délinquant en utilisant des variables individuelles, psychosociales et familiales ainsi que des procédures statistiques comme les courbes Kaplan-Meier. Les mesures de prévention et les interventions prometteuses seront également abordées.

Objectifs d'apprentissage

1. Connaître les problèmes méthodologiques liés aux études longitudinales.
2. Décrire le comportement antisocial et la délinquance à l'enfance et à l'adolescence.
3. Expliquer comment on peut distinguer le comportement délinquant au cours du développement.
4. Décrire le contexte du comportement déviant à différents âges et dans différents milieux.

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5. Examiner les moyens de prévenir le comportement antisocial et la délinquance chez les enfants et les adolescents.
6. Discuter de ce qui rend les enfants plus forts et résistants.



Le Dr Helmut E. Remschmidt est professeur de pédopsychiatrie, pédopsychiatre, psychologue clinicien, membre du Collège royal de psychiatrie et président honoraire de l'Association internationale de psychiatrie de l'enfant et de l'adolescent et des professions affiliées. Il a dirigé le

Département de pédopsychiatrie de l'Université de Marbourg (Allemagne) de 1980 à 2006 et est professeur émérite depuis 2006. Parmi les autres postes qu'il a occupés, mentionnons : chef du Département de pédopsychiatrie et de neurologie de l'Université Freie (Berlin) de 1975 à 1980; professeur de psychiatrie à l'Université de Birmingham (Royaume-Uni) de 1993 à 1996; président de

l'European Society for Child and Adolescent Psychiatry (ESCAP) de 1995 à 1999; président de l'Association internationale de psychiatrie de l'enfant et de l'adolescent et des professions affiliées de 1998 à 2004; directeur scientifique du programme présidentiel mondial de l'Association mondiale de psychiatrie sur la santé mentale des enfants et des adolescents (IACAPAP), mené en collaboration avec l'IACAPAP et l'OMS de 2003 à 2005.

Prix : De nombreux prix, dont le Prix Max Planck pour la coopération internationale (1999).

Publications : Plus de 600 articles publiés dans des revues scientifiques et chapitres de livre dans différentes langues. Auteur, coauteur et éditeur de plus de 50 livres dans les domaines de la psychiatrie de enfants et des adolescents et de la santé mentale. Éditeur et coéditeur de différentes revues scientifiques.

Chercheur et conférencier invité dans de nombreuses universités en Europe, en Israël, en Afrique, aux États-Unis, en Chine, au Brésil, en Uruguay, en Thaïlande, en Corée et en Australie.



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Prog. # Title

Author

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P2.01	Gender Difference in Association Between ADHD Symptoms and Childhood Overweight: Mediation Effect of Emotional Problem and Eating Pattern	Joung-Sook Ahn
P2.02	L'association Trouble obsessionnel compulsif et Trouble bipolaire à l'enfance : comorbidité ou continuum?	Sarra Bouslah
P2.03	Impure ADHD as Bipolar Disorder Prodrome	Sarra Bouslah
P2.04	Repetitive-Restricted Behavior and Sensory Response in Children with Autism Spectrum Disorder (ASD)	Takoua Brahim
P2.05	Love, Sex, and Social Support: Correlates of Paternal Postpartum Depression	Emily E. Cameron
P2.06	Traumatic Brain Injury in Individuals at Clinical High Risk for Psychosis	Lisa Buchy
P2.07	Impact of Allergy on Children with Attention Deficit Hyperactivity Disorder: an Egyptian Study	Heba H. Elshahawi
P2.08	Acquisition of Functional Skills by Autistic Children Between 36 and 90 Months in Vitória - ES- Brazil	Denise M. Ferreira
P2.09	Validation of an Arabic Version of the "Scale for Social Adaptation in Children" (EASE)	Hela Slama
P2.10	Factors Influencing the Theory of Mind Skills in 390 Tunisian Typically Developing Children	Hela Slama
P2.11	Parental Age: Risk Factor for Autism?	Naoufel Gaddour
P2.12	Autism and Deafness: Common Features or Comorbidity?	Naoufel Gaddour
P2.13	Psychiatric Comorbidity in Children with Autism Spectrum Disorders and Association with Maternal Emotional Manifestations	Hela Slama
P2.14	Prevalence of Somatic Comorbidity in Children with Autism Spectrum Disorders	Hela Slama
P2.15	Conversion Disorder: Co-morbidity with Depression, Anxiety and Trauma. A Case Study among Female Warsaw-Yikealo Secondary School (WYSS) Students	Yonatan H. Gilazgi
P2.16	Educational Achievement at Age 9.5 Years in Children Born to Methadone-Maintained Mothers	Jacqueline M. Henderson
P2.17	Autism Spectrum Disorders (ASD) in South Asia: A Systematic Review	Helal U. Ahmed
P2.18	Emotional Dysregulation, Dysfunctional Beliefs and Attitudes –Predictive Factors of Low Resilience in Conduct Disorders and Depression in Adolescents	Andra Isac
P2.19	Familial Factors Involved in Adolescent Substance Use Disorders	Andra Isac
P2.20	Altruistic Sharing Behavior in Children with Autism Spectrum Disorder	Jin Jing
P2.21	Perception of the Teachers Toward Disruptive Behavior of School Children and Their Role in Identifying ADHD Symptoms	Anda M. Jurma
P2.22	The Characteristics of the Children with 'Hikikomori' (Prolonged Social Withdrawal) and Its Difference From School Absenteeism in Japan	Hidekazu Kato
P2.23	Risk Factors Associated with Dissociative and Somatoform Disorders in Children and Adolescents – a Case Control Study From India	Darpan M. Kaur
P2.24	The Differences in Cognitive Deficits Between Affective Psychosis and Non-Affective Psychosis in Korean Adolescents	Gyung-Mee Kim
P2.25	Environmental Lead and Tobacco Smoke Exposure and Neurocognitive Performance in Attention-Deficit/Hyperactivity Disorder	Soo Yeon Kim
P2.26	Heart Rate Variability and Inhibitory Control in Adolescents with Attention-Deficit Hyperactivity Disorder	Elisabet Kvadsheim
P2.27	Relations Between Childhood Adversities and Specific Psychotic Experiences in Children with First-Episode Psychosis	Sigita Lesinskiene
P2.28	Psychiatric Diagnoses in Individuals at Clinical High Risk for Psychosis: findings from the NAPLS-2 Cohort	Danijela Piskulic
P2.29	Key Considerations in Mental Health Treatment for Adolescents with Autism	Katelyn C. Lowe
P2.30	Symptom Content Over Time in Clinical High Risk Youth: From Baseline to Conversion	Catherine Marshall

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P2.31	Associations of Mismatch Negativity with Severity of Child and Adolescent Patients with Attention Deficit/Hyperactivity Disorder	Hiroki Matsuu
P2.32	P300 Correlate with the Severity of Child and Adolescent Patients with Attention Deficit/Hyperactivity Disorder as Measured by Event Related Potentials	Hiroki Matsuura
P2.33	High Prevalence of Psychotic Symptoms in Children with High-Functioning Autism Spectrum Disorders	Dai Miyawaki
P2.34	Niveau de connaissance des médecins des institutions publique de santé sur les caractéristiques de l'autisme à Kinshasa, R.D.Congo	Davin M. Mpaka
P2.35	Prévalence de l'autisme chez les enfants de moins de 5 ans au Congo: étude préliminaire en milieu semi-rural de Kisantu	Davin M. Mpaka
P2.36	Usefulness of Animal Type Robot Assisted Therapy for Autism Spectrum Disorder in the Child and Adolescent Psychiatric Ward	Yoshihiro Nakadoi
P2.37	Autistic Traits in Adolescents of Schizophrenia Spectrum Disorder	Yoshihiro Nakadoi
P2.38	A Modern Approach in Child and Adolescent Psychoses: New Perspectives	Laura A. Nussbaum
P2.39	Clinical Features of Autism Spectrum Disorder as Background Factor of School Refusal - a Retrospective Chart Review	Shinichiro Ochi
P2.40	Relationship between attention and psychopathology in Autism Spectrum Disorder	Shinji Okino
P2.41	Dyskinesia in an Un-Medicated 17 Year Old with 5 Year History of Tobacco Use: a Case Report	Anthony A. Olashore
P2.42	Disruptive Mood Dysregulation Disorder and Familial History of Major Mood Disorders: FORBOW Data	Lukas Propper
P2.43	Parenting Stress and Childhood ADHD: What Role Does Stigma Play in Parents' Difficulties Accepting Their Children with ADHD?	Jacqueline Quick
P2.44	The Role of Rare Genetic Variants in Pediatric Obsessive-Compulsive Disorder	Sefi Kronenberg
P2.45	Circadian Typology of Primary School Children Diagnosed with Attention Deficit Hyperactivity Disorder in the Presence of Sleep Disturbances	Ayse Rodopman Arman
P2.46	Early Morning Functioning in School-Age Children With Attention-Deficit/Hyperactivity Disorder	Floyd R. Sallee
P2.47	Mental Health and Adaptation in 7/8 Year-Old Children Prenatally Exposed to Methadone and Buprenorphine (OMT)	Einar Heiervang
P2.48	Japanese Doctors' Attitude Towards Disclosure of Diagnosis to Children with Autism Spectrum Disorder	Hiroyuki Sato
P2.49	Sleep Characteristics in Child and Adolescent Offspring of Parents with Bipolar Disorder	Antonin Sebela
P2.50	Theory of Mind in Children with High Functioning Autism: a Case Control Study From Tunisia	Hela Slama
P2.51	Structural Difference in Youth with ADHD with Emotional Dysregulation as Compared to Those Without: a Voxel-Based Morphometry Study	Chia-Jui Tsai
P2.52	School Functions in Unaffected Siblings of Youths with Autism Spectrum Disorders	En Nien Tu
P2.53	Prevalence of Attention Deficit Hyperactivity Disorder in Selected Rural Primary School Children in Bangladesh	M M J. Uddin
P2.54	Autistic Traits, Mental Well-Being, and Adjustment to Daily Life in Japanese University Students	Teruhisa Uwatoko
P2.55	Childhood and Impulsivity. Evolution and Treatment in One Child with Comorbidity Between Emotional Dysregulation and Bipolar Spectrum	José A. Vargas Castro
P2.56	Non Violent Aggression and Attention Deficit Disorder. Subtype or Comorbidity?	Laura M. Viola
P2.57	Functional Outcomes in Adolescents with ADHD Treated with PRC-063 in a Randomized, Placebo-Controlled, Multicenter Study with a 6-Month Open Label Extension	Margaret L. Weiss
P2.58	Impairments of Event-Related Potentials in Drug-naïve Pediatric Patients with Obsessive-compulsive Disorder	Kazuhiko Yamamuro
P2.59	Event-Related Potentials Reflect the Efficacy of Pharmaceutical Treatments in Children and Adolescents with Attention Deficit/Hyperactivity Disorder	Kazuhiko Yamamuro
P2.60	Do Autistic Traits Influence Food Preferences? : a Large-Scale Study with a General Population of Preschool Children in Japan	Sayaka Yoshimura

Program Details

Wednesday, September 21

WEDNESDAY



PLENARY SESSIONS Macleod Hall C,D			Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	CONCURRENT SESSIONS			
					Macleod E1	Macleod E2	Macleod E3	Macleod E4
08:15	Stigma and Its Consequences for Youth Prof. Heather Stuart	9:00 – 10:30		W38 Ethical Considerations of Medical Decision-Making Capacity in Pediatric Consult-Liaison Psychiatry Polina J. Anang	W42 The CanREACH Pediatric Pharmacology Program Continuing Medical Education: History and Implementation Methods Abdul Rahman	RS19 Structural and Functional Imaging Studies in Far East Asian Children and Adolescents with Attention-Deficit Hyperactivity Disorder Susan S. Gau		
09:15	Break							
		9:20						
09:30	A Developmental Approach to Understanding the Evolution of Psychopathology: Improving Early Identification and Novel Treatment Targets Dr. Anne Duffy	9:40						
		10:00						
10:30	Break	10:30	Refreshment Break and Poster Viewing with Authors					
		11:00 – 12:30	AP15 Borderline Intellectual Functioning and ID/IDD: Co-Morbid Conditions and Implications for Care Kerim M. Munir	O35 Treatment of Anxiety Disorders	O38 Prevalence and Characteristics of Stigma	W46 Progressive Psychiatric Rehabilitation of Youth with Complex Mental Problems Sarah Van Grieken	O39 Risk Factors and Outcome of ACE	W48 Time 2 Talk – a Whole School Approach to Challenging Stigma and Raising Awareness About Mental Health and Emotional Well-being Nick Barnes
		11:00		O35.1 Children and Adolescents with OCD: a Chart Review of 17 Years From a Tertiary Care Centre in India John Vijay Sagar Kommu	O38.1 An Exploratory Analysis of Internalized Stigma, Stress, and Needs in Parents of Children Suffering from Neurodevelopmental Disorders Ananya Mahapatra		O39.1 Maternal Adverse Childhood Experiences, Parenting, and Offspring Child Development Sheila McDonald	
		11:20		O35.2 Separation Anxiety Disorder in Male Primary School Children in Northwest Nigeria Aishatu A. Abdullateef	O38.2 Magnitude of Stigma and Resilience among the Parents: Experience from a Child Guidance Clinic in Bangladesh Dr. Manirul Islam		O39.2 Stability of Resilience in Maltreated Children and Adolescents – 6 Months Follow-up of the CANMANAGE Study Andreas Witt	
11:30	Couples Overcoming PTSD Everyday Program – A Family Journey Lt. Col. Chris Linford	11:40		O35.3 Outcomes of a National Pilot Randomized Controlled (RCT) Trial of Internet-Based Cognitive Behavioral Therapy (CBT) for Adolescent Anxiety Ashley D. Radomski	O38.3 Why do Parents Decide to Disclose Their Child's Mental Health Disorder? Kim Eaton		O39.3 Exposure to Adverse Childhood Experiences and Maternal Utilization of Community Services Shawn X. Dodd	
		12:00		O35.4 Bringing Mental Health Services to the Classroom – Intervention Model for Schoolchildren with Anxiety Sarosh Khalid-Khan			O39.4 Prevalence and Emotional Correlates of Abuse and Neglect Among Internally Displaced Youths in Maiduguri, Nigeria Asmau M. Dahiru	
12:30	Lunch (on own) Poster Displays	12:30	Lunch (on own) and Poster Viewing P3 IACAPAP General Assembly (Glen 205)					

LEGEND

W – Workshop

RS – Research Symposia

SG – Study Group

AP – Academic Perspectives Symposia

O – Orals

CONCURRENT SESSIONS								
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111	
PLENARY SESSIONS 8:15-9:15 Public Health Perspectives on determinants of suicide and population based strategies for children and adolescents in Canada. Dr. Alain Lesage	W39 Maximising Quality and Effectiveness of In-Patient Treatment in UK, Norway and Estonia: It's the Process that Counts Simon Wilkinson	AP14 Combating Stigma in Child and Youth Mental Health: From Neurons to Neighbourhoods Gina Dimitropoulos	O33 Treatment and Outcome of Autism	W41 Confronting Hiccups to Blackholes: Psychodynamic Understanding in Therapeutic Work with Children and Adolescents Roslyn Webb	O34 User's and Family's Perspective of Mental Health Services	RS20 Innovative Resources for Teaching Child and Adolescent Mental Health Worldwide Joe Rey	W43 Post Concussion Syndrome and Mental Health Leah Shalanski	9:00 – 10:30
			O33.1 Children with Autism Growing Up 10-15 Years Follow Up Study Ahmed M. Al-Ansari		O34.1 Qualitative Study on Caregiver's Burden, Experiences and Unmet Needs of Parents having Children with Specific Learning Disorder (SLD) Rajesh Sagar			9:00
			O33.2 How Adolescents with Autism Spectrum Disorders (ASD) Spontaneously Attend to Real-Life Scenes: Use of a "Change Blindness" Paradigm Michal Hochhauser		O34.2 Subjective Experiences and Quality of Life in Siblings of Children with Intellectual Disabilities: a Review of Literature Sundar Gnanavel			9:20
			O33.3 The Impact of Brief In-Patient Parent Training for Home Based Interventions for Children with Autism Spectrum Disorder in India Kuppili Pooja Panchal		O34.3 Barriers to Child and Adolescent Mental Health Services in Kenya: a Service User Perspective Judy W. Kamau			9:30
9:30-10:30 Building Resilience Through Community Partnerships: A Short Intro to the Neuro-relational Framework (NRF) Dr. Connie Lillas					O34.4 The Role of Parenting and Adolescent Decision Making on Health Behaviour Eugene L. Davids			9:40
Refreshment Break and Poster Viewing with Authors								10:00
O36 Issues in Developmental Child Psychiatry	W45 Child and Adolescent Psychiatry Delivered to the Inuit of Nunavut. A Discussion on Models of Care, Culture, Best Practices and Learnings David Willis	O37 Non-pharmacological Treatments of ADHD	RS21 What Works in Cognitive-Behavioral Interventions in Children with Externalizing Behavior Problems? Mediators of Treatment Outcome Manfred P. Doepfner	RS22 Suicide, Child Protection and Child Mental Health Services in Arab Countries John Fayyad	SG13 Addressing the Potential Applicability of Pharmacogenomics in the Clinical Practice of Child and Adolescent Psychiatry Salma Malik		W49 Internalized Other Interviewing as an Innovative Therapeutic Skill Karl Tomm	10:30
O36.1 Les recherches CAPEDP et PANJO, proposer des visites à domicile pour promouvoir des relations mère-enfant de qualité Romain Dugravier		O37.1 Non-Medical and Multi-Modal Interventions for Children with ADHD in India in the Last 40 Years: Where Do We Stand? Sujata Satapathy						11:00
O36.2 Profil clinique de l'autisme à Kinshasa, R.D.Congo Davin M. Mpaka		O37.2 Association of Polyunsaturated Fatty Acids (PUFAs) with Delay Aversion and Temporal Processing in Attention Deficit Hyperactivity Disorder Jane Pei-Chen Chang						11:20
O36.3 Impact of Antisocial Traits for Trajectories of Conduct Problems among Boys and Girls with Early Clinically Significant Conduct Problems Vincent Bégin		O37.3 Potential Nutritional and Hormonal Biomarkers in Children with Attention Deficit Hyperactivity Disorder Presenting to a Tertiary Care Centre in India Kuppili Pooja Patnaik						11:40
		O37.4 Single Blind Placebo Controlled Trial of Iron Supplementation for Ferritin Deficient Children with Attention Deficit Hyperactivity Disorder Heba H. Elshahawi						12:00
Lunch (on own) and Poster Viewing P3 IACAPAP General Assembly (Glen 205)								12:30

PLENARY SESSIONS Macleod Hall C,D			Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	CONCURRENT SESSIONS			
					Macleod E1	Macleod E2	Macleod E3	Macleod E4
		14:00 – 15:30	W50 The Mental Health and High School Curriculum Guide Yifeng Wei	W51 Engagement, Understanding, and Accountability: a Good Start to Working with Transitional-Aged Youth Michael Stubbs	W52 Applications of Motivational Interviewing in the Treatment of Adolescents with Eating Disorders Anne Trépanier	O44 Policy Development		O45 Measurement in Cultural Psychiatry
14:00	Behavioral, Biological, and Epigenetic Consequences of Different Early Social Experiences in Primates Dr. Stephen Suomi	14:00				O44.1 Promoting Awareness of Children's Mental Health Issues by Exchanging Experiences Between Developed and Developing Countries Muhammad M. Bakht		O45.1 Using Non-Verbal Tests for Transcultural Psychological Assessments? The Case of de Rey-Osterrieth Complex Figure Muriel Bossuroy
		14:20				O44.2 Development of the Project of Sapporo Children's Mental Health Care Network (PSCMHC) Takuya Saito		O45.2 DSM 5 Child Cultural Formulation Interview Module: Promoting Cultural Competence and Knowledge Transfer Dr. Jaswant Guzder
		14:40				O44.3 Using Linked Cross-Ministry Data to Profile Mental Health Resilience Among Young Albertans, 2006 to 2011 Christine Werk		O45.3 French Adaptation of the TEMAS' Test (Tell-Me-A-Story): A Test for Children Coming From Different Ethnic Origins Muriel Bossuroy
15:00	Break	15:00				O44.4 Improving Social, Economic and Health Outcomes for High-Risk Adolescents in Remote Communities Through a Process of Transdisciplinary Research Alice Knight		O45.4 Strengths and Difficulties Questionnaire (SDQ): Psychometric Properties and Validation in a South African Sample Petrus J. de Vries
15:15	Drugs, Neuro-Development, Cognitive Functioning and Mental Illness: Intersections on the Adolescent Highway Dr. Ken Winters	15:30	Refreshment Break and Poster Viewing with Authors					
		16:00 – 17:30	O48 Supporting Families and Caregivers	O49 Mobile and e-health	W55 Global Mental Health Research: Guidelines on How to Conduct a Successful International Research Project Studying Suicidal Behaviors Carolina M. Hausmann-Stabile	RS25 New Perspectives on Child and Adolescence Psychiatric Practices Nicole Catheline	RS26 Social Outcomes of Children and Adolescents with Neurodevelopmental Disorders Jane P. Chang	W56 Successful Medication Management System in a Non-Profit Organization in Alberta Huyen T. Hou
16:15	Break	16:00	O48.1 Stress Management's Strategies of Parents in the Newborn Intensive Care Nursery Marzieh Hasanpour	O49.1 Content Analysis of Non-Suicidal Self-Injury Posts on Tumblr Blogs Rachael R. Sharman				
		16:20	O48.2 Family of Special Needs Children; Resiliency, Risk and Protective Factors Yapina Widyawati	O49.2 Wetakecare: Testing a Mobile Web-Based Interactive Communication System to Support Mental Health Integration in Primary Care Philippe Robaey				
16:30	Systems Collaboration Sheldon Kennedy	16:40		O49.3 The Link Randomised Controlled Trial: Can a Dedicated Online Help-Seeking Service Improve Access to Mental Health Care for Young People? Sylvia D. Kauer				
17:00		17:00						

LEGEND

W – Workshop

RS – Research Symposia

SG – Study Group

AP – Academic Perspectives Symposia

O – Orals

CONCURRENT SESSIONS									
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111		
O40 Prenatal Mood Disorder	RS23 Developmental Antecedents, Early Identification and Prevention of Severe Mental Illness in High Risk Youth Rudolf Uher	O41 Mental Illness Stigma in Families	O42 Psychological Treatment for Adolescents	SG14 Developing Models for Training in Child and Adolescent Psychiatry in Low and Middle Income Countries John Vijay Sagar Kommu	O46 Mental Health Interventions in School - III	RS24 ADHD: Cognitive, Intellectual and Mood Deficits Sadaaki Shirataki	O47 Trends, Description and Prevention of ACE	14:00 – 15:30	
O40.1 Preschool Language Development of Children Prenatally Exposed to Methadone Jacqueline M. Henderson		O41.1 Multi-dimensionality of Stigma in Families with Parental Mental Illness Scott J. Yates	O42.1 From Innovation to Implementation – a Family Centered/ Evidence Based Approach to Treating Adolescent Mental Health Alex MacDonald		O46.1 Enhancing Emotional Literacy Through Visual Arts: an Innovative Approach to Promotion and Prevention Margaret A. Nixon		O47.1 Psychological Correlates Associated with Adverse Childhood Experiences in Children and Adolescents Diagnosed with Dissociative Disorders Renu Sharma	14:00	
O40.2 Protective Factors for Child Development at Age 2 in the Presence of Poor Maternal Mental Health: Results From the All Our Babies (AOB) Pregnancy Cohort Sheila McDonald		O41.2 Parents of Hospitalized Infants in NICN Experience Stigma of Shame Marzieh Hasanpour	O42.2 Dialectical Behavior Therapy for Adolescents and DBT-Based Treatments: Patient, Caregiver, and Therapist Experience Marjorie E. Robb		O46.2 A Descriptive Study of Knowledge, Attitudes and Practices of Teachers in Ibadan, Nigeria About Adolescent Depression Olurotimi A. Adejumo		O47.2 Adult Daughters Look Back on Being Mothered by an Incest Survivor Peggy F. Voth	14:20	
O40.3 Associations Between Prenatal Maternal Stress, Depression, and Anxiety and Early Child Behaviour at 2 Years are Mediated by Early Parenting Practices Catherine M. Herba			O42.3 DBT Adapted for Young Adolescents: Effects on Family Functioning Olivia MacLeod				O47.3 Immediate and Longterm Mental Health Outcomes in a Cohort of Adolescent Female Rape Survivors in Cape Town: a Longitudinal Study Yewande O. Oshodi	14:40	
							O47.4 CIPCA Preventing Posttraumatic Psychopathology, One Year Follow Up Abdulbaghi Ahmad	15:00	
Refreshment Break and Poster Viewing with Authors									15:30
W54 Brief, CBT-based Interventions for Anxiety and Depression in Children and Adolescents Katharina Manassis	SG15 The Youth Community Support Program: An Innovative Response to Complex Mental Health Needs Cherelyn Lakusta		O51 Characteristics and Treatment of Child and Adolescents with Trauma	AP16 Fighting Stigma Towards Mental Illness: Cross-Cultural Perspectives Involving Constructs of Social Distance and Individualism-Collectivism Kerim M. Munir	SG16 Mental Health in the Lives of Indigenous Children Around the World: A Forum for Reflection and Discussion Suzanne H. Dean	O52 Prevention and Early Intervention	W57 Outside the Binary: Assessing and Treating Youth with Non-Binary Sexual and Gender Identities Kevin G. Alderson	16:00 – 17:30	
			O51.1 Striving for Resilience and Growth: a Community-Based Approach for Dealing with Refugee Children Geertrui Serneels					O52.1 Prevention and Promotion of Resiliency in Children From 3 to 10 Years of Age and Their Families in a Setting Based Approach Bianca V. von Huels	16:00
			O51.2 Reproductive Health Issues of Young People Living with Mental Illness in Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria Boladale Mapayi					O52.2 A Pilot Randomized Controlled Trial of a Preventive Intervention Program for Depression in Chilean Families Matias Irrarrazaval	16:20
			O51.3 Resilience in Military Families: the Role of Parental Mental Health Andrea M. Stelnicki					O52.3 Prevention and Early Intervention with Families Affected by Parental Mental Illness: Think Family Programme with Early Help Services Lina Gatsou	16:40
			O51.4 Building Resilience in Crisis Situation: the Lebanese Experience of the Association for the Protection of War Children Myrna Gannage					O52.4 Mental Health Counselling Outcomes in Child Welfare Robbie Babins-Wagner	17:00

Keynote Speakers – Wednesday, September 21

All keynote and concurrent sessions take place at the Calgary TELUS Convention Centre unless otherwise indicated.

Time: 08:15 – 09:15

Location: Macleod Hall C & D

Stigma and Its Consequences for Youth

Speaker: Prof. Heather Stuart, Queen's University, Canada

The stigma associated with mental illnesses is often described as more debilitating and long lasting than the illness itself. This is particularly true for those who first experience symptoms during adolescence or young adulthood. This presentation will examine the nature and nurture of self-stigma, public stigma, and structural stigma and their implications for individuals, family members, and the larger mental health system. The importance of targeting anti-stigma interventions to youth, who are more likely to report being stigmatized, will be presented along with best practices in anti-stigma activities aimed at this group. In particular, the youth pilot projects undertaken by the Opening Minds Anti-stigma Initiative of the Mental Health Commission of Canada will be presented and the lessons learned will be reviewed.

Learning Objectives:

1. Identify key components of the stigma process as it pertains to people with a mental illness;
2. Recognize the implications of stigmatization for the self, family members, and mental health systems; and
3. Describe the importance of targeting anti-stigma interventions to youth.



Heather Stuart, MA (Sociology, University of Western Ontario), PhD (Epidemiology, University of Calgary) is a Full Professor in the Departments of Public Health Sciences, Psychiatry, and the School of Rehabilitation Therapy at Queen's University. She also holds the Bell Canada Mental Health and Anti-stigma Research

Chair at Queen's. Dr. Stuart is also the Senior Consultant to the Mental Health Commission of Canada's Opening Minds, Anti-stigma initiative and the past Chair of the World Psychiatric Association's Stigma and Mental Health Scientific Section. Dr. Stuart's research focuses on mental health services evaluation with a specific focus on the destigmatization of mental illnesses. She has contributed to the peer reviewed scientific literature in the areas of mental health needs assessments; suicide and suicide prevention; stigma and stigma reduction; and workplace mental health and is the co-author of several books. Her most recent books deal with anti-stigma programming and human rights legislation.

Time: 08:15 – 09:15

Location: Glen 201 – 203

**Simultaneous Interpretation from French to English is provided for this presentation.*

Public Health Perspectives on Determinants of Suicide and Population-based Strategies for Children and Adolescents in Canada

Speaker: Dr. Alain Lesage, University of Montreal, Canada

From a public health perspective there are four great determinants of health states: i) Genetic/developmental (distal factors); ii) environmental factors (physical and societal); iii) health habits (can include substances abuse); iv) services. Taking as an example the remarkable decrease in the adolescent suicide rate in the province of Quebec, Canada; potentially effective population-based strategies with regards to services as determinants will be discussed. In addition, societal actions addressing distal factors, like universal child day care, that may also be playing a role will be considered. From a public health perspective, there seems to be enough evidence that population-based strategies can help prevent suicide in children and adolescents. These population-based strategies include : i) promotion and prevention: universal awareness programs of idioms of psychological distress and the need to consult; ii) further training of primary care physicians; iii) better training of school and primary health and social workers; iv) targeting youth at risk like those presenting at the Emergency Room following suicide attempts.

Learning Objectives:

1. Recognize that multi-pronged population based strategies that address both distal and proximal determinants of suicide must exist for adolescent suicide prevention;
2. Recognize that both universal school-based awareness programs for children and youth, mental health literacy programs, but also training of better detection in treatment of common mental disorders and substance abuse at the primary care level in collaboration with schools, are also important as well as coordination of specialist addiction, mental health services with the justice system; and
3. Explain that suicide in adolescents can be prevented with a combination of population based programs base and individually base effective interventions for common mental disorders being delivered, like medication, psychotherapy and case management.

Keynote Speakers – Wednesday, September 21



Currently Professor in the Department of Psychiatry at the University of Montreal, since 1987 Alain Lesage is a clinician at the Montreal University Mental Health Institute (IUSMM – www.iusmm.ca; formerly Louis-H. Lafontaine Hospital) and researcher at its Research Centre (formerly Fernand-Seguin Research Center). Since 2009

he is associate director of the Quebec Network on Suicide (www.reseausuicide.qc.ca/) funded by the Quebec health and social Research Funds (www.reseausuicide.qc.ca/).

He is past president of the Canadian Academy of Psychiatric Epidemiology (CAPE), and past vice-president of the Advisory Committee of the Institute of Neurosciences, Mental Health and Addiction of the Canadian Institutes of Health Research (CIHR). He received in November 2007 the Alex Leighton Award from CAPE and the Canadian Psychiatric Association. In 2013, he has been nominated associate member of the executive of the European Network of Mental Health Services Research (ENMESH – www.enmesh.eu/).

Time: 09:30 – 10:30

Location: Glen 201 – 203

**Simultaneous Interpretation from English to French is provided for this presentation.*

Building Resilience Through Community Partnerships: A Short Intro to the Neurorelational Framework (NRF)

Speaker: Dr. Connie Lillas, Interdisciplinary Training Institute, USA

It is not uncommon for infants, children, and families entering various service delivery systems to face fragmentation and isolated siloes of services. Creating transformative communities that coordinate service delivery across multiple sectors by sharing a common language and goals, addresses the fragmented care for our most vulnerable populations. The NRF's assessment and intervention strategies address the public health challenge of infants, children, and families in toxic stress, by supporting relational resilience in the developing brain. Three core concepts of brain development are translated into three clinical steps for assessment and intervention that create a common language and a shared approach: 1) adaptive versus toxic stress, 2) age appropriate versus low levels of relational engagement, and 3) age appropriate developmental and functional brain capacities versus

delays or disorders. Building resilience in communities can occur in different ways – coordinating care using the three clinical steps in private practice teams, agencies, and cross-sector teams. These larger community teams intentionally organize and train practitioners from five service delivery sectors: medical, developmental disabilities, mental health, early care and education, and child welfare. As teams are trained simultaneously, they begin to shift practitioners from functioning in isolation to integrative collaborative care, and from multi-disciplinary to inter- and transdisciplinary work.

Learning Objectives:

1. Apply the knowledge of toxic stress to enhance assessment of observed behaviors;
2. Apply the NRF's three clinical steps guides holistic assessment and intervention planning; and
3. Discuss how NRF principles promote inter- and transdisciplinary practice across systems of care.



Connie Lillas, PhD, MFT, RN is the Director of the Interdisciplinary Training Institute with a background in high-risk maternal-child nursing, family systems, and developmental psychoanalysis. She is a National Graduate Zero To Three Leadership Fellow and a Court Team Liaison for a birth to three-year-old Fostering

*Family Partnerships pilot promoting child welfare reform in Los Angeles. Connie has a full-time private practice, specializing in dual diagnosis across both developmental delays and mental health concerns. In addition, she trains locally, nationally, and internationally on the Neurorelational Framework (NRF, 2009) based upon her co-authored book—*Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice*, which is a part of the W. W. Norton Interpersonal Neurobiology Series.*



Keynote Speakers – Wednesday, September 21

Time: 09:30 – 10:30

Location: Macleod Hall C & D

A Developmental Approach to Understanding the Evolution of Psychopathology: Improving Early Identification and Novel Treatment Targets

Speaker: Dr. Anne Duffy, University of Calgary, Canada

A developmental approach to studying the emergence of serious mental illness has yielded important information which should advance accurate earlier detection of evolving psychiatric diseases, separate these from transient distress or adjustment problems and identify novel opportunities for intervention. Approaches in mapping psychotic disorders have focused on symptomatic help-seeking youth, while more recent advances in recurrent mood disorders have focused on longitudinal follow-up of offspring of affected parents. The latter reflects the high heritability of recurrent mood disorders such as bipolar disorder. Despite independently replicated findings, our diagnostic approach has not as yet changed and routine clinical practice has not translated the evidence into improved individual treatment or care pathways. This presentation will illustrate these points using published data from studies of the offspring of bipolar parents. Implications and future directions will be discussed.

Learning Objectives:

1. Review published and replicated evidence of the natural history of the development of recurrent mood disorders in high-risk offspring;
2. Highlight the implications for improving early detection, individual treatment, and developing evidence-based care pathways; and
3. Discuss barriers to advancements.



Anne Duffy is a psychiatrist with a clinical and research focus on characterizing the early stages of mood disorders that recur and continue into adulthood in high-risk children and youth (www.flourishresearch.com). She is currently the Campus Alberta Innovates Professor in Youth Mental Health at

the University of Calgary and Director of a specialized Mood Disorders Program that includes services for youth at high risk located at the Foothills Medical Centre. Duffy's research has been funded consistently >20 years from provincial, national

and international peer-reviewed operating grants including from the Canadian Institutes of Health Research and has won several competitive salary awards including a Canada Research Chair in Child Mood Disorders. Duffy has mentored >50 clinical and research trainees and has >80 publications in scientific journals to her credit. Her work has resolved several controversies in the field, highlighted the importance of heterogeneity of mood disorders and recently resulted in a clinical staging model charting the development of bipolar and related mood disorders in high-risk youth. When not working, she enjoys skiing and cycling with her family.

Time: 11:30 – 12:30

Location: Macleod Hall C & D

Couples Overcoming PTSD Everyday Program – A Family Journey

Speaker: Lt. Col Chris Linford, (Retired), Canada

Post-Traumatic Stress Disorder is not an individual's injury; it belongs to the family surrounding that individual. LCol (retired) Chris Linford served 33 years in the Canadian Armed Forces and deployed to the Gulf War, Rwanda and Afghanistan. Chris' journey with PTSD stemmed from the deployment to Rwanda in 1994 but stigma surrounding this injury kept him from seeking help for ten years. During that time his family suffered daily with his mood swings, anxiety and intense anger. Finally asking for help in 2004, he started on a journey back to health attending therapy and got back to his military career and even deployed to Afghanistan.

During this deployment his PTSD returned with a vengeance forcing further therapy within the military but he needed something they could not offer; he needed to be around other similarly injured veterans. From this experience Chris learned of the importance of the family and that his PTSD had actually injured his spouse and children. He wrote the book "Warrior Rising- A Soldier's Journey to PTSD and Back" and went on a cross country speaking tour partnered with his wife Kathryn to tell their story of the impact of PTSD in their home.

Through this learning they conceptualized and sought clinical input to create the COPE Program or "Couples Overcoming PTSD Everyday". They are funded mainly through Wounded Warriors Canada and have this year nationalized COPE into several provinces. COPE is an innovative program that seeks to group couples to learn as a community about PTSD and how to better manage it in the home together. Through the power of the group, Chris learned PTSD can be owned by the family, vice it owning the family.

Keynote Speakers – Wednesday, September 21

Learning Objectives:

1. Recognize that stigma continues to prevent those suffering with PTSD to come forward and ask for help;
2. Explain how the COPE Program can be a solid choice to augment couples/family counselling; and
3. Describe that PTSD impacts the entire family and thus the family needs to be treated as the client.



Lieutenant Colonel (retired) Chris Linford served in the Canadian Armed Forces for 33 years. He completed three operational deployments to the Gulf War 1991, Rwanda 1994, and Afghanistan 2009-2010. He was diagnosed with Post Traumatic Stress Disorder (PTSD) in 2004 almost ten years post Rwanda when his world

crashed. Through treatment he returned to health and went on to Command 1 Field Ambulance in Edmonton and was the Executive Officer to the US Navy led Role 3 Combat Hospital in Kandahar. He has written the book "Warrior Rising- A Soldier's Journey to PTSD and Back" and continues to speak publicly about that journey. Along the way he discovered the importance of his personal relationships and the impact they had upon his health. Chris and his wife Kathryn have developed the COPE Program or "Couples Overcoming PTSD Everyday" where couples learn to fight PTSD together.

Time: 14:00 – 15:00

Location: Macleod Hall C & D

Behavioral, Biological, and Epigenetic Consequences of Different Early Social Experiences in Primates

Speaker: Dr. Stephen Suomi, Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD), National Institutes of Health (NIH), USA

Over the past decade a substantial body of research has demonstrated significant interactions between specific genetic polymorphisms and early social environmental factors that can influence behavioral, biological, and epigenetic development in nonhuman primates. Differences in early rearing social experiences (maternal vs. peer-only rearing during the first 6 months of postnatal life) have been associated with significant differences in behavioral development, in emotional regulation, in hypothalamic-pituitary-adrenal activity, in neurotransmitter metabolism, in both brain structure and function, and even in genome

wide patterns of methylation and gene expression. Similar consequences for behavioral, biological, and epigenetic development can be demonstrated for infants whose mothers differ in social dominance status. Given the apparently "protective" power of secure early attachment relationships for young monkeys, recent research has been focused on characterizing specific aspects of social interplay between rhesus monkey infants and their mothers during the first month of life, particularly those involving face-to-face exchanges, that are associated with the development of secure attachment relationships. It now appears that these forms of social interaction are far more frequent, extensive, and intense than was previously reported. Moreover, such early social exchanges may provide the foundation for the acquisition of specific social skills and strategies associated with species-normative patterns of social behavior throughout development, and, additionally, may provide a means for minimizing at least some of the behavioral, biological, and epigenetic consequences of otherwise adverse early social experiences.

Learning Objectives:

1. Characterize behavioral, biological, and epigenetic consequences of early maternal vs. nursery rearing in rhesus monkeys;
2. Characterize very early patterns of species-normative mother-infant interaction; and
3. Describe recent efforts to improve social responsiveness in infant monkeys who exhibit deficits in their neonatal social interactive capabilities.



Stephen J. Suomi, Ph.D. is Chief of the Laboratory of Comparative Ethology at the Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD), National Institutes of Health (NIH) in Bethesda, Maryland. Dr. Suomi has received international recognition for his extensive research

on biobehavioral development in rhesus monkeys and other primates. His present research focuses on 3 general topics: the interaction between genetic and environmental factors in shaping individual developmental trajectories, the issue of continuity vs. change and the relative stability of individual differences throughout development, and the degree to which findings from monkeys studied in captivity generalize to monkeys living in the wild and also to humans living in different cultures. Dr. Suomi has been the recipient of numerous awards and honors throughout his professional career. To date, he has authored or co-authored over 450 articles published in scientific journals and chapters in edited volumes.

Keynote Speakers – Wednesday, September 21

Time: 15:15 – 16:15

Location: Macleod Hall C & D

Drugs, Neuro-Development, Cognitive Functioning and Mental Illness: Intersections on the Adolescent Highway

Speaker: Dr. Ken Winters, Winters Consulting Group, USA

Adolescence is a period of significant brain development. Research now suggests that the human brain is still maturing during the adolescent years with changes continuing into the early 20's. The developing brain and early life experiences may give rise to adolescent risk behaviors and contribute to the negative effects of drugs and to the development of mental illness. This emerging science and implications for prevention and treatment efforts will be reviewed.

Learning Objectives:

1. Describe adolescent normal brain development;
2. Explain how youth are particularly vulnerable to effects of alcohol and other drugs;
3. Recognize the possible effects of early negative experiences on mental health; and
4. Discuss how to use this emerging science in drug prevention and treatment.



Ken C. Winters, Ph.D. is the Director of the Winters Consultant Group, a research group that specializes in addiction research, education and training. He was a professor in the Department of Psychiatry at the University of Minnesota for 25 years, and also served as a Senior Scientist with the Treatment Research Institute,

Philadelphia, PA. He founded and directed for 25 years the Center for Adolescent Substance Abuse Research (CASAR). He continues as an advisor to CASAR. Dr. Winters received his B.A. from the University of Minnesota and a Ph.D. in Psychology (Clinical) from the State University of New York at Stony Brook. His primary research interests are the assessment and treatment of addictions, including adolescent drug abuse and problem gambling. His recent work in the field has focused on SBIRT models for adolescents. He is on the editorial board of the Journal of Substance Abuse Treatment, Journal of Child and Adolescent Substance Abuse, and the Journal of Gambling Studies. He has received numerous research grants from the National Institute of Health and various foundations, and was the 2005 recipient of the Senior Investigator Award by the National Center for Responsible Gaming. Dr. Winters is a

frequent publisher, speaker and trainer, and he is a consultant to many organizations, including the Hazelden Foundation, The Partnership at Drug Free.Org, the Council on Underage Drinking, and the Mentor Foundation (an international drug abuse prevention organization).

Time: 16:30 – 17:30

Location: Macleod Hall C & D

Systems Collaboration

Speaker: Sheldon Kennedy, Sheldon Kennedy Child Advocacy Centre, Canada

Child abuse – including sexual abuse, physical abuse and severe neglect – is one of the most critical public health issues of our generation. Child abuse is a form of trauma. Prolonged trauma impacts the brain, leading to impairments in learning, behavior, and increasing the likelihood of physical and mental health problems over time. The Sheldon Kennedy Child Advocacy Centre addresses the direct impact of child abuse, with 40% of children assessed presenting with mental health issues, suicidal ideation, self-harm, sexualized behaviours and aggression. 63% of youth between the ages of 12 and 18 assessed struggle with one or more of these issues.

The impact of child abuse can last a lifetime. The good news is that we now know that hope and healing is possible. Innovative and integrated approaches based in the science of brain development and trauma are transforming how child abuse is addressed in Alberta and across the country. The Sheldon Kennedy Child Advocacy Centre brings together six government organizations including police, child protection, health, justice and education, to better serve children and families who are involved in the investigation, intervention and treatment of child abuse.

The Sheldon Kennedy Child Advocacy Centre pushes traditional boundaries to shape practice and policy around the needs of children and youth, offering streamlined and wrap-around interventions. Ground-breaking research and fearless innovation is providing direction in how to best intervene with children and families who have experienced child abuse, cultivating resilience that strengthens individuals and our communities.

Learning Objectives:

1. Describe why we are advancing the shift from: 'what's wrong with you?' to 'what happened to you?';
2. Make sense of how the dots connect between childhood trauma and life-altering impacts; and

Keynote Speakers – Wednesday, September 21

3. Recognize that an effective and streamlined response to child abuse requires integrated practice and policy across sectors – increasing efficiency and effectiveness and positive outcomes for children and families.



Sheldon Kennedy won a Memorial Cup, World Junior Gold Medal and skated for three teams in his eight-year NHL career. He is best known for his courageous decision to charge his Major Junior Hockey league coach with sexual assault for the abuse he suffered over a five year period while a teenager under his care. Through this

disclosure, and the important work that Sheldon continues to do, he has become an inspiration to millions of abuse survivors around the world. Sheldon has been instrumental in bringing

governments, public and private sector partners together to work collaboratively to influence policy change and improve the way child abuse is handled. He has influenced changes in Canadian law and has taken his message to the International Olympic Committee and the US Senate. Sheldon is the Lead Director at the Sheldon Kennedy Child Advocacy Centre, the first-of-its-kind in Canada, offering full wrap-around services for victims of child abuse. He is also the Co-Founder of Respect Group Inc., which provides empowering online abuse, bullying and harassment prevention education to sport organizations, schools and the workplace.



Photo: Ryan Bray

Sauf avis contraire, les conférences et les séances parallèles auront toutes lieu au Centre des congrès TELUS de Calgary.

Heure : 8 h 15 – 9 h 15

Lieu : salle Macleod C/D

La stigmatisation et ses conséquences chez les jeunes / Stigma and Its Consequences for Youth

Conférencière : Prof. Heather Stuart, Université Queen's, Canada

La stigmatisation associée aux maladies mentales est souvent décrite comme plus débilatante et plus durable que la maladie elle-même. C'est particulièrement le cas pour les personnes dont les premiers symptômes apparaissent à l'adolescence ou au début de l'âge adulte. Dans le cadre de cette conférence, nous examinerons la nature et la culture de l'autostigmatisation, de la stigmatisation publique et de la stigmatisation structurelle, ainsi que les conséquences que celles-ci ont sur les personnes qui en sont victimes, les membres de leur famille et l'ensemble du système de santé mentale. Nous soulignerons l'importance de cibler des interventions de lutte contre la stigmatisation chez les jeunes les plus susceptibles de signaler leur situation, et présenterons des pratiques exemplaires liées aux activités de lutte contre la stigmatisation destinées à ce groupe. Nous parlerons notamment de projets pilotes visant les jeunes menés dans le cadre de l'initiative Changer les mentalités de la Commission de la santé mentale du Canada et examinerons les leçons apprises.

Objectifs d'apprentissage

1. Définir les éléments clés du processus de stigmatisation se rapportant aux personnes souffrant d'une maladie mentale.
2. Connaître les conséquences de la stigmatisation sur les personnes qui en sont victimes, les membres de leur famille et l'ensemble du système de santé mentale.
3. Décrire l'importance de cibler des interventions de lutte contre la stigmatisation chez les jeunes.



Détenant une maîtrise en sociologie de l'Université Western Ontario et un doctorat en épidémiologie de l'Université de Calgary, la Dre Heather Stuart est professeure titulaire aux départements des sciences de la santé publique et de psychiatrie et à l'École de réadaptation de l'Université Queen's. Elle est également titulaire

de la Chaire de recherche Bell Canada sur la santé mentale et la lutte contre la stigmatisation à l'Université Queen's, conseillère

principale dans le cadre de l'initiative Changer les mentalités de la Commission de la santé mentale du Canada, et ancienne présidente de la section scientifique sur la stigmatisation et la maladie mentale de l'Association mondiale de psychiatrie. Ses travaux de recherche portent sur l'évaluation des services de santé mentale, en particulier la déstigmatisation des maladies mentales. La Dre Stuart a contribué à des publications scientifiques évaluées par des pairs dans les domaines de l'évaluation des besoins en santé mentale, du suicide et de la prévention du suicide, de la stigmatisation et de la réduction de la stigmatisation, et de la santé mentale en milieu de travail. Elle est aussi la coauteure de nombreux livres. Ses plus récents livres traitent des programmes de lutte contre la stigmatisation et des lois sur les droits de la personne.

Heure : 8 h 15 – 9 h 15

Lieu : salle Glen 201-203

Perspectives de santé publique sur les déterminants du suicide et stratégies axées sur la population destinées aux enfants et aux adolescents au Canada / Public Health Perspectives on Determinants of Suicide and Population Based Strategies for Children and Adolescents in Canada

Conférencier : Dr Alain Lesage, Université de Montréal, Canada

Du point de vue de la santé publique, il existe quatre grands déterminants des états de santé : i) facteurs génétiques/développementaux (distaux); ii) facteurs environnementaux (physiques et sociétaux); iii) habitudes de vie (peuvent comprendre la toxicomanie); iv) services. En prenant comme exemple la diminution notable du taux de suicide chez les adolescents dans la province du Québec, nous discuterons des stratégies potentiellement efficaces axées sur la population relativement aux services en tant que déterminants. Nous considérerons en outre les mesures sociétales tenant compte des facteurs distaux, notamment les services universels de garde d'enfants, et pouvant également jouer un rôle. Du point de vue de la santé publique, il existe suffisamment de données démontrant que les stratégies axées sur la population peuvent contribuer à prévenir le suicide chez les enfants et les adolescents. Ces stratégies comprennent les éléments suivants : i) promotion

et prévention : programmes de sensibilisation aux idiomes de détresse psychologique et au besoin de consulter; ii) formation approfondie des médecins de premier recours; iii) meilleure formation des travailleurs en milieu scolaire, des travailleurs offrant des soins de santé primaires et des travailleurs sociaux; iv) accent mis sur les jeunes à risque, comme ceux qui se présentent à la salle d'urgence à la suite d'une tentative de suicide.

Objectifs d'apprentissage

1. Comprendre que des stratégies à volets multiples axées sur la population qui tiennent compte à la fois des déterminants distaux et proximaux du suicide doivent exister pour prévenir le suicide chez les adolescents.
2. Reconnaître que les programmes scolaires de sensibilisation des enfants et des jeunes et les programmes de littératie en santé mentale, de même que les programmes de formation visant à mieux détecter et à traiter les troubles mentaux communs et la toxicomanie au niveau des soins primaires en collaboration avec les établissements d'enseignement, sont tout aussi importants que la coordination des services spécialisés en toxicomanie et en santé mentale avec le système juridique.
3. Expliquer que le suicide chez les adolescents peut être prévenu par la mise en œuvre à la fois de programmes axés sur la population et d'interventions individuelles efficaces pour les troubles mentaux communs, comme la médication, la psychothérapie et la prise en charge.



Actuellement professeur au Département de psychiatrie de l'Université de Montréal, le Dr Alain Lesage est clinicien à l'Institut universitaire en santé mentale de Montréal (IUSMM – www.iusmm.ca; anciennement l'Hôpital Louis-H. Lafontaine) et chercheur au Centre de recherche du même établissement

(anciennement le Centre de recherche Fernand-Séguin). Depuis 2009, il est codirecteur du Réseau québécois sur le suicide, les troubles de l'humeur et les troubles associés (www.reseausuicide.qc.ca/), financé par le Fonds de recherche Santé Québec et le Fonds de recherche Société et culture Québec.

Le Dr Lesage est l'ancien président de l'Académie canadienne de l'épidémiologie psychiatrique (CAPE) et l'ancien vice-président du comité consultatif de l'Institut des neurosciences, de la santé mentale et des toxicomanies des Instituts de recherche en santé du Canada (IRSC). En novembre 2007, il a reçu le Prix Alex Leighton, prix conjoint de l'Association des psychiatres du Canada et de l'Académie canadienne d'épidémiologie

psychiatrique. En 2013, il a été nommé membre associé de la direction de l'European Network of Mental Health Services Research (ENMESH – www.enmesh.eu/).

Heure : 9 h 30 – 10 h 30

Lieu : salle Glen 201-203

Accroître la résilience grâce à des partenariats communautaires : une courte introduction au cadre neurorelationnel / Building Resilience Through Community Partnerships: A Short Intro to the Neurorelational Framework (NRF)

Conférencière : Dr Connie Lillas, Interdisciplinary Training Institute, États-Unis

Il n'est pas inhabituel pour les nourrissons, les enfants et les familles entrant dans différents systèmes de prestation de services de faire face à la fragmentation et au cloisonnement des services. La création de collectivités transformatrices qui coordonnent la prestation des services dans de multiples secteurs en partageant un langage et des objectifs communs constitue une solution aux soins fragmentés pour les populations les plus vulnérables. Les stratégies d'évaluation et d'intervention du cadre neurorelationnel tiennent compte du défi que représente le stress toxique pour les nourrissons, les enfants et les familles dans le système public, en favorisant la résilience relationnelle dans le cerveau en développement. Trois concepts fondamentaux du développement du cerveau se traduisent par trois étapes cliniques liées à l'évaluation et à l'intervention, qui créent un langage commun et une approche partagée : 1) stress adaptatif par rapport à stress toxique, 2) adaptation à l'âge par rapport à niveaux faibles d'engagement relationnel, et 3) capacités développementales et fonctionnelles du cerveau en fonction de l'âge par rapport aux retards ou aux troubles. L'accroissement de la résilience dans les collectivités peut se produire de différentes façons – en coordonnant les soins au moyen des trois étapes cliniques dans les équipes de pratique, les agences et les équipes intersectorielles. Ces équipes communautaires plus grandes organisent et forment intentionnellement les praticiens de cinq secteurs de la prestation de services : secteur médical, déficiences développementales, santé mentale, services à la petite enfance et éducation, et protection de l'enfance. Comme les équipes sont formées simultanément, les praticiens cessent de fonctionner de manière isolée et prodiguent des

soins intégrés en collaboration, et travaillent sur une base transdisciplinaire plutôt que multidisciplinaire.

Objectifs d'apprentissage

1. Appliquer les connaissances relatives au stress toxique pour améliorer l'évaluation des comportements observés.
2. Appliquer les trois étapes cliniques du cadre neurorelationnel pour orienter l'évaluation globale et la planification des interventions.
3. Discuter de la façon dont les principes du cadre neurorelationnel favorisent la pratique interdisciplinaire et transdisciplinaire dans les systèmes de soins.



Directrice de l'Interdisciplinary Training Institute, la Dre Connie Lillas s'intéresse à la santé maternelle et infantile à risque élevé, aux systèmes familiaux et à la psychanalyse développementale. Elle est titulaire d'une bourse de recherche du programme ZERO TO THREE et agente de liaison de l'équipe du tribunal dans

*le cadre d'une initiative pilote visant à favoriser l'établissement de partenariats familiaux à l'intention des enfants de zéro à trois ans et faisant la promotion de la réforme du système de protection de l'enfance à Los Angeles. La Dre Lillas pratique au privé à temps plein et se spécialise dans les diagnostics mixtes en lien avec les retards du développement et les problèmes de santé mentale. Elle offre en outre de la formation locale, nationale et internationale sur le cadre neurorelationnel (2009), cadre expliqué dans le livre qu'elle a coécrit, *Infant/Child Mental Health, Early Intervention, and Relationship-Based Therapies: A Neurorelational Framework for Interdisciplinary Practice*, qui fait partie de la série W. W. Norton sur la neurobiologie interpersonnelle.*



Heure : 9 h 30 – 10 h 30

Lieu : salle Macleod C/D

Une approche axée sur le développement pour comprendre l'évolution de la psychopathologie : réviser les objectifs en matière de dépistage précoce et de traitements novateurs / A Developmental Approach to Understanding the Evolution of Psychopathology: Improving Early Identification and Novel Treatment Targets

Conférencière : Dre Anne Duffy, Université de Calgary, Canada

Une approche axée sur le développement pour étudier l'apparition de graves troubles mentaux a permis de recueillir des renseignements importants qui devraient favoriser un dépistage précoce précis des maladies psychiatriques évolutives, distinguer celles-ci des détresses passagères ou des problèmes d'adaptation, et créer de nouvelles occasions d'intervention. Les approches visant à détecter les psychoses mettent l'accent sur les jeunes qui présentent des symptômes et qui cherchent de l'aide, tandis que des progrès plus récents liés aux troubles de l'humeur récurrents portent particulièrement sur les suivis longitudinaux de la progéniture de parents touchés. Cette dernière approche témoigne de l'hérédité élevée des troubles de l'humeur récurrents, comme le trouble bipolaire. Malgré des découvertes reproduites de façon indépendante, notre méthode diagnostique n'a pas changé jusqu'à présent et la pratique clinique courante n'a pas transformé les données en des traitements individuels ou des protocoles de soins améliorés. Cette conférence présentera ces éléments à l'aide de données publiées provenant d'études de la progéniture de parents bipolaires. Nous discuterons des répercussions et des orientations futures.

Objectifs d'apprentissage

1. Examiner des données publiées et reproduites de l'histoire naturelle du développement des troubles de l'humeur récurrents chez la progéniture très vulnérable.
2. Faire ressortir les répercussions de l'amélioration du dépistage précoce et du traitement individuel, et de l'élaboration de protocoles de soins fondés sur des données probantes.
3. Discuter des obstacles aux progrès.



La Dre Anne Duffy est une psychiatre qui, dans le cadre de son approche clinique et de ses travaux de recherche, s'intéresse à la caractérisation des stades précoces des troubles de l'humeur qui se produisent chez les enfants et les jeunes très vulnérables et qui se poursuivent à l'âge adulte (www.flourishresearch.com). Elle est

actuellement professeure dans le cadre du Campus Alberta Innovates Program (CAIP) en santé mentale chez les jeunes à l'Université de Calgary et directrice d'un programme spécialisé sur les troubles de l'humeur dans le cadre duquel sont offerts des services à des jeunes très vulnérables au Foothills Medical Centre. Pendant plus de 20 ans, les travaux de recherche de la Dre Duffy ont souvent bénéficié de subventions d'exploitation provinciales, nationales et internationales dont l'octroi est fondé sur l'évaluation par des pairs, notamment une subvention de la part des Instituts de recherche en santé du Canada. La Dre Duffy a également remporté plusieurs bourses salariales concurrentielles, dont le titre de titulaire de la Chaire de recherche du Canada sur les troubles de l'humeur chez les enfants. Elle a en outre encadré plus de 50 stagiaires de recherche et stagiaires en milieu clinique. Elle est l'auteur de plus de 80 publications dans des revues scientifiques. Son travail a permis de résoudre un grand nombre de controverses dans le domaine, de souligner l'importance de l'hétérogénéité des troubles de l'humeur et, tout récemment, de produire un modèle de détermination des stades cliniques montrant le développement de troubles bipolaires et de troubles de l'humeur chez les jeunes très vulnérables. Lorsque la Dre Duffy ne travaille pas, elle fait du ski et du vélo avec sa famille.

Heure : 11 h 30 – 12 h 30

Lieu : salle Macleod C/D

Programme « Couples Overcoming PTSD Everyday » (COPE) : une expérience familiale / Couples Overcoming PTSD Everyday Program – A Family Journey

Conférencier : Lieutenant-colonel (à la retraite) Chris Linford, Canada

L'état de stress post-traumatique (ESPT) n'est pas qu'une blessure personnelle. Il affecte toute la famille de la personne atteinte. Le lieutenant-colonel (à la retraite) Chris Linford a accompli son service militaire dans les Forces armées canadiennes pendant 33 ans et a été déployé à la guerre du Golfe, au Rwanda et en Afghanistan. Il a commencé à vivre avec un ESPT à la suite de son déploiement au Rwanda en

1994, mais en raison des stigmates sociaux à l'égard de ce traumatisme, il n'a pas osé demander de l'aide pendant dix ans. Pendant cette période, ses changements d'humeur, son anxiété et sa colère intense ont fait souffrir toute sa famille. En 2004, il a enfin demandé de l'aide et a retrouvé la santé grâce à un traitement. Il a repris sa carrière militaire et a même été déployé en Afghanistan.

Pendant son déploiement, son ESPT a fait un retour en force, l'obligeant à suivre d'autres traitements au sein de l'armée. Il avait toutefois besoin de quelque chose qu'on ne pouvait pas lui offrir : être entouré d'autres anciens combattants atteints d'un trouble semblable. Grâce à son expérience, Chris a saisi le rôle important joué par la famille et a compris que son épouse et ses enfants avaient eux aussi souffert de son ESPT. Il a écrit le livre *Warrior Rising – A Soldier's Journey to PTSD and Back* et a donné une série de conférences d'un bout à l'autre du pays, accompagné de son épouse Kathryn, pour parler des répercussions qu'a eues le ESPT sur sa famille.

Grâce à cette expérience d'apprentissage, ils ont défini le concept du programme COPE, aussi appelé « Couples Overcoming PTSD Everyday », et ont tenté d'obtenir une contribution clinique pour le mettre sur pied. Ils sont principalement financés par Wounded Warriors Canada et cette année, ils ont élargi la portée de leur programme à d'autres provinces. Le programme novateur COPE vise à réunir des couples afin qu'ils puissent, en groupe communautaire, en apprendre plus sur l'ESPT et les façons de mieux en gérer les répercussions à la maison. Grâce au pouvoir du groupe, Chris a appris que la famille peut contrôler l'ESPT, plutôt que de se laisser contrôler par celui-ci.

Objectifs d'apprentissage

1. Prendre conscience que les préjugés font encore en sorte que des personnes atteintes de l'ESPT n'osent pas demander de l'aide.
2. Décrire en quoi le programme COPE peut s'avérer une solution profitable pour augmenter le nombre de services de consultation offerts aux couples et aux familles.
3. Expliquer que l'ESPT a des répercussions sur toute la famille et que, de ce fait, la famille elle-même doit également être traitée.



Le lieutenant-colonel (à la retraite) Chris Linford a accompli son service dans les Forces armées canadiennes pendant 33 ans. Il a été déployé trois fois : à la guerre du Golfe en 1991, au Rwanda en 1994 et en Afghanistan en 2009 et en 2010. Il a reçu un diagnostic d'état de stress post-traumatique (ESPT) en 2004, environ

*dix ans après être allé au Rwanda, où son monde s'est écroulé. Grâce à un traitement, il a retrouvé la santé, puis il a occupé le poste de commandant de l'unité 1ère Ambulance de campagne à Edmonton et de commandant en second pour l'hôpital de rôle 3 dirigé par les Forces navales des États-Unis à Kandahar, en Afghanistan. Il a écrit le livre *Warrior Rising – A Soldier's Journey to PTSD and Back* et continue de parler publiquement de son expérience. En cours de route, il a découvert l'importance de ses relations personnelles et les effets positifs que celles-ci ont sur sa santé. Le lieutenant-colonel Chris Linford et son épouse Kathryn ont mis sur pied le programme COPE, aussi appelé « Couples Overcoming PTSD Everyday », grâce auquel des couples apprennent à lutter ensemble contre l'ESPT.*

Heure : 14 h – 15 h

Lieu : salle Macleod C/D

Conséquences comportementales, biologiques et épigénétiques de différentes expériences sociales précoces chez les primates / Behavioral, Biological, and Epigenetic Consequences of Different Early Social Experiences in Primates

Conférencier : Dr Stephen Suomi, Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD), National Institutes of Health (NIH), États-Unis

Au cours de la dernière décennie, un grand nombre de travaux de recherche ont mis en évidence des interactions non négligeables entre des polymorphismes génétiques précis et des facteurs socio-environnementaux précoces pouvant influencer sur le développement comportemental, biologique et épigénétique des primates non humains. Des différences entre les expériences sociales précoces en élevage (l'élevage par la mère en comparaison à l'élevage entre pairs pendant les six premiers mois de la période postnatale) ont été associées à des différences substantielles entre le développement comportemental, la régulation des émotions, l'activité hypothalamo-hypophyso-surrénalienne, le métabolisme des neurotransmetteurs, la structure du cerveau et les fonctions cérébrales, et les modèles de l'ensemble des génomes de la méthylation et de l'expression génétique. Des conséquences similaires pour le développement comportemental, biologique et épigénétique peuvent être démontrées chez les nourrissons dont les mères se distinguent par leur statut social dominant. Étant donné le pouvoir apparemment « protecteur » des relations d'attachement précoces sans risque pour les jeunes

macaques, les récents travaux de recherche ont mis l'accent sur la définition d'aspects particuliers des interactions sociales entre les macaques rhésus nourrissons et leur mère pendant les premiers mois de vie, plus particulièrement sur les interactions impliquant des échanges face à face associées au développement de relations d'attachement sans risque. Il semble maintenant que ces formes d'interactions sociales sont beaucoup plus fréquentes, profondes et intenses qu'auparavant. De plus, de tels échanges sociaux précoces peuvent constituer le fondement de l'acquisition d'aptitudes et de stratégies sociales précises associées aux modèles normatifs de comportement social propre à l'espèce tout au long du développement. Ces échanges permettent d'autant plus de réduire un certain nombre de conséquences comportementales, biologiques et épigénétiques d'autres expériences sociales précoces négatives.

Objectifs d'apprentissage

1. Définir les conséquences comportementales, biologiques et épigénétiques de l'élevage précoce par les mères en comparaison à l'élevage en nourricerie chez les macaques rhésus.
2. Caractériser les modèles normatifs très précoces d'interactions mère-nourrisson propres à l'espèce.
3. Décrire les récents efforts visant à améliorer la réactivité sociale des macaques nourrissons dont les aptitudes en matière d'interactions sociales néonatales présentent des lacunes.



Le Dr Stephen J. Suomi est le chef du laboratoire d'éthologie comparative du Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD) des National Institutes of Health (NIH) à Bethesda, dans l'État du Maryland. Il a été salué par la communauté internationale pour ses vastes travaux de recherche

sur le développement de la biologie du comportement des macaques rhésus et d'autres primates. Ses travaux de recherche actuels portent sur trois sujets généraux : l'interaction entre les facteurs génétiques et les facteurs ambiants dans la formation des trajectoires de développement des individus; les enjeux entourant la continuité et le changement et la stabilité relative des différences individuelles tout au long du développement; et le degré auquel les découvertes provenant d'études des macaques en captivité peuvent être généralisées aux macaques vivant en milieu naturel et également aux humains vivant dans des cultures différentes. Le Dr Suomi a reçu un grand nombre de prix et de distinctions au cours de sa carrière. À ce jour, il a écrit et coécrit plus de 450 articles publiés dans des revues scientifiques et des chapitres d'ouvrages collectifs.

Heure : 15 h 15 – 16 h 15

Lieu : salle Macleod C/D

Drogues, neurodéveloppement, fonctionnement cognitif et maladie mentale : intersections sur le chemin de l'adolescence / Drugs, Neuro-Development, Cognitive Functioning and Mental Illness: Intersections on the Adolescent Highway

Conférencier : Dr Ken Winters, Winters Consulting Group, États-Unis

L'adolescence est une période au cours de laquelle le cerveau se développe considérablement. Des études indiquent que le cerveau humain se développe encore pendant l'adolescence et que des changements s'opèrent même jusqu'au début de la vingtaine. Le cerveau en plein développement et les premières expériences peuvent susciter des comportements à risque chez les adolescents et contribuer aux effets négatifs de la drogue et au développement de maladies mentales. Cette conférence traitera de cette science émergente et des répercussions sur la prévention et les efforts de traitement.

Objectifs d'apprentissage

1. Décrire le développement normal du cerveau chez les adolescents.
2. Expliquer pourquoi les jeunes sont particulièrement vulnérables aux effets de l'alcool et d'autres drogues.
3. Reconnaître les effets possibles des premières expériences négatives sur la santé mentale.
4. Discuter de la manière dont cette science émergente peut être utilisée dans la prévention de l'abus des drogues et le traitement pour toxicomanie.



Le Dr Ken C. Winters est le directeur du Winters Consultant Groups, groupe de recherche qui se spécialise dans la recherche, l'éducation et la formation sur les dépendances. Il a été professeur au Département de psychiatrie de l'Université du Minnesota pendant 25 ans ainsi que scientifique chevronné au Treatment Research Institute, à

Philadelphie, en Pennsylvanie. Il a fondé le Center for Adolescent Substance Abuse Research (CASAR), qu'il a dirigé pendant 25 ans. Encore aujourd'hui, il y œuvre à titre de conseiller. Le Dr Winters est titulaire d'un baccalauréat ès arts de l'Université du Minnesota et d'un doctorat en psychologie (clinique) de l'Université de l'État de New York à Stony Brook. Ses principaux

champs d'intérêt en matière de recherche sont le diagnostic et le traitement des dépendances, notamment l'abus de drogues chez les adolescents et les problèmes de jeux d'argent. Ses récents travaux dans le domaine portent plus particulièrement sur les modèles d'intervention de dépistage de courte durée et de recommandation de traitement (IDCDRT) pour les adolescents. Le Dr Winters fait partie du comité de rédaction du Journal of Substance Abuse Treatment, du Journal of Child and Adolescent Substance Abuse et du Journal of Gambling Studies. Il a reçu de nombreuses subventions de recherche de la part des National Institutes of Health et de différentes fondations. En 2005, il a reçu la bourse pour chercheurs chevronnés du National Center for Responsible Gaming. Le Dr Winters est un éditeur, un conférencier et un formateur dont on entend souvent parler. Il agit également à titre de conseiller au sein de différents organismes, dont la Hazelden Betty Ford Foundation, The Partnership For Drug-Free Kids, le Council on Underage Drinking et la Mentor Foundation (organisme international de prévention de l'abus de drogues).

Heure : 16 h 30 – 17 h 30

Lieu : salle Macleod C/D

Collaboration des systèmes / Systems Collaboration

Conférencier : Sheldon Kennedy, Sheldon Kennedy Child Advocacy Centre, Canada

La violence faite aux enfants, qui englobe la violence sexuelle, la violence physique et la négligence sévère, compte parmi les problèmes de santé publique les plus importants de notre génération. Il s'agit en fait d'une forme de traumatisme. Un traumatisme prolongé peut avoir des répercussions sur le cerveau, causer des troubles d'apprentissage et de comportement et augmenter les risques de problèmes de santé physique et mentale avec le temps. Le Sheldon Kennedy Child Advocacy Centre s'intéresse aux répercussions directes de la violence faite aux enfants. Quarante pour cent des enfants qui y sont évalués ont des problèmes de santé mentale, des pensées suicidaires et des comportements sexualisés, s'automutilent ou sont victimes d'agression. Soixante-trois pour cent des jeunes évalués âgés de 12 à 18 ans sont aux prises avec au moins un de ces problèmes.

Les répercussions de la violence faite aux enfants peuvent durer toute une vie. La bonne nouvelle est que nous savons maintenant que la guérison et l'espoir sont possibles. Des approches innovatrices et intégrées fondées sur la science du traumatisme et du développement du cerveau transforment la façon dont la violence faite aux enfants est abordée

en Alberta et ailleurs au pays. Le Sheldon Kennedy Child Advocacy Centre regroupe six organismes gouvernementaux œuvrant dans des domaines comme les services policiers, la protection de l'enfance, la santé, la justice et l'éducation, afin de mieux répondre aux besoins des enfants ainsi qu'à ceux des familles sujettes à des enquêtes, à des interventions et à des traitements liés à la violence faite aux enfants.

Le Sheldon Kennedy Child Advocacy Centre transcende les limites traditionnelles pour orienter les pratiques et les politiques vers les besoins des enfants et des jeunes, tout en offrant des interventions rationalisées et intégrées. Des études révolutionnaires et des initiatives innovatrices et audacieuses donnent également une direction aux interventions à privilégier avec des enfants et des familles qui ont connu de la violence faite aux enfants, en cultivant la résilience afin de renforcer les personnes et les collectivités.

Objectifs d'apprentissage

1. Expliquer pourquoi nous favorisons un changement en matière de questionnement, à savoir passer de questions comme « Qu'est-ce qui ne va pas avec toi? » à « Qu'est-ce qui t'est arrivé? ».
2. Comprendre le lien de causalité entre les traumatismes subis durant l'enfance et les répercussions qui changent la vie des victimes.
3. Reconnaître qu'une lutte rationalisée et efficace contre la violence faite aux enfants nécessite l'adoption de pratiques et des politiques intégrées dans toutes les sphères, ce qui permet d'augmenter l'efficacité et les effets positifs pour les enfants et les familles.



Sheldon Kennedy a remporté une coupe Memorial, une médaille d'or au Championnat du monde junior et a patiné pour trois équipes pendant sa carrière de huit ans dans la LNH. Il est surtout connu pour sa décision courageuse, à savoir d'accuser son entraîneur de la Ligue de hockey junior majeur

d'agression sexuelle; violence dont il a souffert pendant cinq ans à l'adolescence alors qu'il était confié aux soins de son entraîneur. Grâce à cette révélation et à l'important travail qu'il continue de faire, M. Kennedy est devenu une inspiration pour des millions de survivants d'abus partout dans le monde. Il a joué un rôle clé dans l'établissement de la collaboration entre les partenaires des secteurs gouvernemental, public et privé pour qu'ils influent sur le changement des politiques et améliorent la manière dont la violence faite aux enfants est traitée. M. Kennedy est à l'origine de changements dans les mesures législatives canadiennes et a fait passer son message au Comité international olympique et au Sénat américain. Il est l'administrateur principal du Sheldon Kennedy Child Advocacy Centre, le premier centre en son genre au Canada, qui offre des services intégrés complets aux victimes de violence faite aux enfants. Il est également le cofondateur de Respect Group inc., qui offre à des organismes de sport, des écoles et des milieux de travail une formation éducative en ligne sur la prévention du harcèlement, de l'intimidation et de la violence.



Photo: Ryan Bray

Posters – Wednesday, September 21

Macleod Hall A & B

Prog. #	Title	Author
P3	Posters, General Child and Adolescent Mental Health, and Psychiatric Disorders and Co-Morbid Conditions	
P3.01	Gender Dysphoria and ADHD in Children: Cases Report About the Role of Narrative Skills Development	Valerie Adrian
P3.02	Physician Attitudes Towards Transgender People	Nareesa Ali
P3.03	Predictive Utility of the Limited Prosocial Emotion Specifier for Later Psychosocial Adjustment of Children with Conduct Disorder	Vincent Bégin
P3.04	Internet Addiction and Risk Factors in a Cohort of Tunisian Adolescent	Takoua Brahim
P3.05	La resilience chez les enfants victimes d'abus sexuel	Takoua Brahim
P3.06	Internet Addiction and Depression	Takoua Brahim
P3.07	Referral Pathways for Youth Seeking Help for Mental Distress	Georgia Carstensen
P3.08	The CanREACH Pediatric Pharmacology Program Continuing Medical Education: Evidence of Behavioral Change Based on the Clinical Profiles of Referral	Geraldine Farrelly
P3.09	Child and Teenager Abuse: About 36 Cases	Takoua Brahim
P3.10	The Relationships of Insomnia and Short and Long Nocturnal Sleep Durations with Quality of Life and the Moderating Effects of Sex and Age in Taiwanese Adolescents	Wen J. Chou
P3.11	Gene Transfer Altering Brain GAD65 Impacts Audiogenic Seizure Activity in Long-Evans Rat	James R. Coleman
P3.12	Child Sexual Abuse Images Online: A Scoping Review	Olivia M. Cullen
P3.13	Eating Disorders in Childhood and Adolescence and Comorbidities: From the Viewpoints of Depression and ASD	Kenzo Denda
P3.14	Resequencing and Association Analysis of CLN8 with Autism Spectrum Disorder in a Japanese Population	Jun Egawa
P3.15	Dropout From Psychiatric Care Among Young Patients with Suicidality and Their Poor Help-Seeking Attitude	Junichi Fujita
P3.16	Shaping the Future for Transitional Youth with PDD	Iliana Garcia-Ortega
P3.17	The Role of Genetic Risk in the Later Development of Psychosis	Grace N. Georgopoulos
P3.18	Severe Autism in Patient with Peutz-Jeghers Syndrome: a Case Report	Rafael Gobbo
P3.19	Medium-And-Long Term Prognosis of the Developmental Disorder Children Destabilized	Kyoichi Honda
P3.20	Structuring and Mother Sensitivity as Major Determinants of Shared Pleasure Moments	Omneya Ibrahim
P3.21	Disruptive Mood Dysregulation Disorder versus Bipolar Disorder- A Shift in Diagnostic Practice Since the DSM-5	Umesh Jain
P3.22	Depression Masquerading as Behavioral Problems in Children and Adolescents with Chronic Medical Conditions	Darpan M. Kaur
P3.23	Relationship between Psychosocial Adjustment and Internet Addiction / Overuse in Adolescents	Kentaro Kawabe
P3.24	Prevalence of Psychiatric Disease of a Youth Detention Center Inmates in Korea	Bongseog Kim
P3.25	The Difference of Sensory Processing Abilities and Visual Perception Skills in Children with Attention Deficit Hyperactivity Disorder and Typical Children	Ji-Hoon Kim
P3.26	Maternal Depressive Symptoms and Patterns of Child's Internalizing and Externalizing Problems	Marie Korhonen
P3.27	Evaluation of a Cognitive Remediation Therapy Group for Adolescents with Anorexia Nervosa: An Open Study	Rie Kuge
P3.28	Weight Bias: a Systematic Review of Self-Report Measures	Emilie Lacroix
P3.29	Sex-differences in the Plasticity of Inhibitory Interneurons in Healthy Adolescents	Jonathan C. Lee
P3.30	Infant and Early Childhood Mental Health in General Psychiatry and Child and Adolescent Psychiatry Training Programs in Canada	Katherine Matheson
P3.31	The Role of Family Characteristics in Repeat Emergency Department Visits for Pediatric Mental Health Care	Stephanie L. Leon

Posters – Wednesday, September 21

Prog. #	Title	Author
P3.32	The Deficits of Facial Emotion Recognition and Emotional Responses in Adolescents with High Functioning Autism Spectrum Disorder	Tai-Ling Liu
P3.33	You are a Closed Book to Me! Deficits in Social Cognition as Etiopathogenetic Factor of MDD – the Theory of Mind Model of Depression	Stefan Lüttke
P3.34	Parental Rearing Style as a Predictor of Mental Health Problems in a Low-Income Clinical Sample	María E. Márquez Caraveo
P3.35	Mental Healthcare Care (MHC) for Children with PTSD and Comorbid Mental Disorders (PTSD.CH) From Zone of Military Conflict on the East of Ukraine	Dmytro Martsenkovskiy
P3.36	The Extent to Which Memory and Vocabulary Contribute to Scores on Assessments of Nonverbal Ability	Chantane Mungkhetklang
P3.37	Child Abuse and Low Care Predict Depressive Symptoms and Stress in Uruguayan Pregnant Women	Ines Acosta Bebeacua
P3.38	Reduced Prefrontal Hemodynamic Response in Adolescents with an At-Risk Mental State for Psychosis as Measured by Near-Infrared Spectroscopy	Kosuke Okazaki
P3.39	Correlates of Conduct Disorder (CD) Among Inmates of a Nigerian Borstal Institution: A Cross-Sectional Descriptive Study	Anthony A. Olashore
P3.40	Social Cognition Over Time in Individuals at Clinical High Risk for Psychosis: Findings From the NAPLS-2 Cohort	Danijela Piskulic
P3.41	Is Brain-Computer Interface Intervention More Effective for Younger or Older Children with Attention Deficit Hyperactivity Disorder?	Xue Wei W. Poh
P3.42	Using Multiple Informants to Access Children Problems: Parents Reports (Cbcl) and Semi-Structured Clinical Interview (SCICA)	Marina M. Rocha
P3.43	The Associations of Executive Functions, Theory of Mind and Severity of Psychopathy in Juvenile Delinquency	Ayse Rodopman Arman
P3.44	Multi-Dimensional Approach for a School-Aged Child with Severe Hair-Pulling Behavior	Reiko Sakai
P3.45	Development of a Literacy Scale of Characteristics of Learning Disorder (LS-LD)	Takanobu Sakai
P3.46	Reducing Stigma of Mental Illness among Boys & Men in Asian Communities in Canada: Lessons Learned from a Culturally Sensitive Community-based Engagement Process	David Este
P3.47	Factors Associated with Emotional Distress of Patients Newly Diagnosed with Pediatric Cancer	Injung Sohn
P3.48	What Did We Learn in School Today? Survey of Child and Youth Mental Health Teaching in Canadian Family Medicine Residency Programs	Helen R. Spenser
P3.49	Cross-Cultural Comparison of Externalizing and Internalizing Behaviours in Canadian and Singaporean Children Exposed to Sexual Abuse	Emily St. Denis
P3.50	Meta-Analysis and Meta-Synthesis on the Use of Non-Prescription Stimulants Among Undergraduate and Medical Students: a Systematic Review	Brittany N. Rosenbloom
P3.51	Mental Health in Refugee Children and Adolescents: A Systematic Review	Shahnaz Tabatabaei Yahyaabadi
P3.52	Association of Antisocial Traits with Internalizing and Externalizing Problems in Children with Disruptive Behaviour Disorders	Xiling Tan
P3.53	Neuropsychiatric Manifestations After HPV Vaccination: 4 Case Series	Nao Toyohara
P3.54	Is Diet Associated to Depressive and Anxious Symptomatology Among Aboriginal Youth of Alaska and Canada : a Systematic Review	Anne Trépanier
P3.55	Clinical Validation of Digital Game MentalPlus® to Evaluate Cognitive Function	Livia S. Valentin
P3.56	Emotional Dysregulation in Adolescents: a Possible Common Denominator Between Eating Disorders and the Bipolar Spectrum	José A. Vargas Castro
P3.57	Similarities and Differences Between Acute Social Withdrawal (Hikikomori) and Internet Addiction	Roseline Yong
P3.58	From Practice to Research – Examining Outcomes of Single Session Walk-in Therapy	Cindy Fang
P3.59	Psychopharmacological Treatment of PTSD in Children and Adolescents: How Do Japanese Child and Adolescent Psychiatrists Treat ?	Eiko Honaga

Program Details

Thursday, September 22



THURSDAY

PLENARY SESSIONS Macleod Hall C,D			CONCURRENT SESSIONS							
			Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	Macleod E1	Macleod E2	Macleod E3	Macleod E4		
08:15	Introduction to the Neurosequential Model of Therapeutics: a developmentally-sensitive approach to clinical problem solving Dr. Bruce Perry	9:00 – 10:30	W58 Building Resilience The Tilney Model Karin Tilney	RS27 Discovering New Outlooks and New Ways of Promoting Resilience Michel M. Wawrzyniak	RS30 Nature Disaster and Psychological Trauma Naru Fukuchi	SG17 Requests to Provide Risk Assessments to Unaccompanied Minors: Do We Have A Standard of Care in Canadian Child and Adolescent Psychiatry? Lee Ann Chapman		O55 Measurement in Mental Health		
09:15		Break							O55.1 Development of a Self-Regulation Screening Tool in Early Childhood: Results From a Community-Based Cohort Sheila McDonald	
09:30	Rising above the stigma, blame and the wait and see...a family and advocate's journey Keli Anderson	9:20								
		9:40								
		10:00	LEGEND W – Workshop RS – Research Symposia SG – Study Group AP – Academic Perspectives Symposia O – Orals							
10:30	Break	10:30	Refreshment Break and Poster Viewing with Authors							
		11:00 – 12:30		O57 Innovations in Psychiatry	SG18 Accessing Children's Mental Health in Canada? Raj R. Rasasingham	W64 HEADSTRONG: Fighting Stigma, Promoting Resiliency, Building Networks and Partnerships Bob Heeney	O60 Self Harm	O61 Training Curriculum		
		11:00		O57.1 EQUAL (Equine-Assisted Learning) Programme: Supporting Social and Emotional Learning of Adolescents Ailsa Goh					O60.1 About Self Inflicted Lesions (SIL) and Suicide Attempt (SA) in Two Educational Institutions Sofia Fernandez Viola	O61.1 Child and Adolescent Psychiatry: Overview of Training System and Update Situation in Asian Countries Hidekazu Kato
		11:20		O57.2 The Effect of Oxytocin on Detection of Altruistic Person for Children Michiko Koizumi					O60.2 Decision Aid for Young People Who Self-Harm (DASH): a Feasibility Trial Sarah Rowe	O61.2 The CanREACH Pediatric Pharmacology Program Continuing Medical Education: Standard REACH Evaluation Results Samuel Chang
11:30		Child Psychiatry Meets Cell and Molecular Biology Dr. Charles Zeanah		11:40					O57.3 The Characteristics Differences Between the Younger and Older Hikikomori People Roseline Yong	
	12:00									
12:30	Lunch (on own) Poster Displays	12:30	Lunch (on own) and Poster Viewing P4							

CONCURRENT SESSIONS								
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111	
W59 Adapting Cognitive Behavioral Therapy to Treat 4- to 7-year-old Children with Selective Mutism and/or Social Anxiety Disorder Suneeta Monga		O53 Stigma and Caregiver Support	RS28 A Pan-Canadian eHealth Research Symposium on the Treatment of Adolescent Anxiety and Depression Amanda Newton	RS29 Levels of Assessment and Treatment of Emotionally Dysregulated Youth Khrista R. Boylan	W60 The Evidence-Based Multidisciplinary Evaluation of Pre-school-Aged Children in an Outpatient Mental Health Clinic: Understanding the Essentials Catherine Karni	O56 Media and CAMH	W61 Intervening with Families in High-Conflict Post-Separation Parenting Jeffrey C. Chang	9:00 – 10:30
		O53.1 Reducing Stigma of Mental Illness among Boys and Men in Asian Communities in Canada Through the Strength in Unity Project: Emergent Focus Group Findings Dave Este				O56.1 The Effects of Suicide-Related Press Reports on Suicide Rates of Youth in South Korea Gyung-Mee Kim		9:00
		O53.2 Effectiveness of a Psychosocial Training Intervention in Reducing Psychological Distress Among Parents of Intellectually Disabled Children in Malawi Charles M. Mwale				O56.2 Treating Adolescent Depression: Randomized Controlled Trial of Chat- and Internet-Based Cognitive Behavioral Therapy Naira Topoooco		9:20
								9:40
								10:00
Refreshment Break and Poster Viewing with Authors								10:30
RS31 The Study of Gamblers and Non-Gamblers on Personality Mental Health and Stress Harsha Agarwal	W62 Treatment Planning for Recovery: Beyond Categories and Dimensions Ayesha Mian	O58 Training and Literacy of School Caregivers	O59 Epidemiology in CAMH	W63 An Overview of Avoidant and Restrictive Food Intake Disorder (ARFID) Timothy D. Brewerton		O63 Psychological Correlates of Autism	O64 Gender Issues	11:00 – 12:30
		O58.1 Building Mental Health Capacity in Schools to Develop and Sustain Mental Health Promotion and Prevention Culture and Literacy and Fight Stigma Anna Nadirova	O59.1 Characterization and Structure of Hypomania in a British Nonclinical Adolescent Sample Georgina M. Hosang			O63.1 Validity and Reliability of Systemic House-Tree-Person Test to Assess Social Defects of High-Functioning Autism Jing Liu	O64.1 Gender Differences in Adolescent Negative Emotion Regulation in the Context of Peer Interactions Setareh Shayanfar	11:00
		O58.2 Strengthening Teacher Positive Mental Health Through Engagement in Visual Arts Margaret A. Nixon	O59.2 Prevalence and Pattern of Mental Disorders in Primary School Children and Correlates with Academic Achievement in Kumasi, Ghana Kwabena P. Kusi-Mensah			O63.2 Hyperlexia in Autism Spectrum Disorder (ASD): Giftedness or Stereotyped and Restricted Interest? Sarra Bouslah	O64.2 Results of the 2013 BC Adolescent Health Survey: Youth Researching Youth Mental Health in British Columbia Mitchell Dean Evans Mammel	11:20
		O58.3 The Empathy Program: Improving Mental Health in Youth Katherine A. Rittenbach	O59.3 Emotional and Behavioral Problems Among Adolescents in a City in Nepal – a Cross Sectional Study Bharati Sharma			O63.3 Access to Diagnostic and Early Intervention Services: Lived Experiences of Parents of Children with Autism in India Atul Jaiswal	O64.3 Sex Differences in the Prevalence of Oppositional Defiant Disorder During Middle Childhood: a Meta-Analysis David Hilton Demmer	11:40
							O64.4 Adulthood Gender Identity and Gender Role Variances in Males and Females with Autism Meng-Chuan Lai	12:00
Lunch (on own) and Poster Viewing P4								12:30

PLENARY SESSIONS Macleod Hall C,D		CONCURRENT SESSIONS						
		14:00 – 15:30	Acadia A (Calgary Marriott)	Acadia B (Calgary Marriott)	Macleod E1	Macleod E2	Macleod E3	Macleod E4
				O65 Strengthening Youth		AP19 Just as Important as Sleep: The Crucial Role of Nutrition in Child and Adolescent Mental Health Wendy J. Spettigue	SG19 Common Mental Health Problems in South Asian Children and Adolescents Living in the Greater Toronto Area Muhammod M. Bakht	W69 Increasing Parental Involvement in the Treatment of Mental Health Issues in Children & Adolescents: Lessons Learned from Emotion-Focused Family Therapy Adele L. Robinson
14:00	Child and Adolescent Mental Health in Africa: Stigma Reduction Through Training, Research and Service Dr. Olayinka Omigbodun	14:00		O65.1 An Exploration of Canada's Aboriginal Youths' Strengths and School Engagement Jenna M. Young				
		14:20		O65.2 Positive Youth Development and School Engagement in Canadian First Nations Youth Kelly D. Schwartz				
		14:40		O65.3 Student Self Advocacy Katherine M. Thompson				
15:00		15:00		O65.4 Systematic Review of the Effectiveness of School-Based, Resilience-Focussed Interventions on Child and Adolescent Mental Health Julia Dray		LEGEND W – Workshop RS – Research Symposia SG – Study Group AP – Academic Perspectives Symposia O – Orals		
15:30	Break							
16:00	Closing Ceremony (Macleod Hall CD)							
17:00								

LEGEND

W – Workshop

RS – Research Symposia

SG – Study Group

AP – Academic Perspectives Symposia

O – Orals

CONCURRENT SESSIONS							
Glen 201-203	Glen 204	Glen 205	Glen 206	Glen 208-209	TELUS 101-102	TELUS 108-109	TELUS 111
W65 Integrated Model of Practice Responding to Child Abuse: Sheldon Kennedy Child Advocacy Centre Laura Pattison		W66 The Challenges and Rewards of Teaching Social and Emotional Skills in School Settings: the Lived Experience From Two Practitioners Allan Donsky	RS32 Unpacking Youth Self-Harm and Suicide in WA: Emotion Dysregulation, Social Media and the Role of Gatekeepers and Health Professionals Suzanne Dziurawiec	W68 Attention Deficit Hyperactivity Disorder in Autism Spectrum Disorders: Assessment, Treatment and Case Examples Jessica A. Hellings	O67 Bullying	RS33 Non-Suicidal Self Injury in Youth: An International Research Perspective Mary K. Nixon	14:00 – 15:30
					O67.1 Investigating the Prevalence and Impact of Peer Abuse (Bullying) on the Development of Jamaica's Children Randell T. Bailey		14:00
					O67.2 A Comparative Study Between Traditional Types of Bullying vs Cyberbullying in the Associations with Adolescent Mental Health Problems Soyeon Kim		14:20
					O67.3 Sexual Cyberbullying and Quality of Life with Late Adolescents: Practical Theology Study Anne-Lize Koen		14:40
							15:00
Closing Ceremony (Macleod Hall CD)							16:00
							17:00

Keynote Speakers – Thursday, September 22

All keynote and concurrent sessions take place at the Calgary TELUS Convention Centre unless otherwise indicated.

Time: 08:15 – 09:15

Location: Macleod Hall C & D

Introduction to the Neurosequential Model of Therapeutics: A Developmentally-Sensitive Approach to Clinical Problem Solving

Speaker: Dr. Bruce Perry, ChildTrauma Academy, USA

The development of a young child is profoundly influenced by experience. Experiences shape the organization of the brain which, in turn, influences the emotional, social, cognitive and physiological activities. Insights into this process come from understanding brain development. This session will provide an overview of key principles of neurodevelopment crucial for understanding the role of experience in defining functional and physical organization of the brain. Additionally, the session will provide an overview of the key functions of the brain, outline the hierarchy of brain development, and provide neurodevelopmental links to key functions of the brain and key times of development.

Learning Objectives:

1. Provide an overview of key principles of neurodevelopment crucial for understanding the role of experience in defining functional and physical organization of the brain;
2. Describe the emerging clinical and research findings in maltreated children that suggest the negative impact of abuse, neglect and trauma on brain development;
3. Outline the clinical implications of a neurodevelopmental approach to child maltreatment; and
4. Discuss the role of public policy and preventative practices in context of the impact of maltreatment on children's emotional, behavioral, cognitive, social and physical health.



Dr. Perry is the Senior Fellow of The ChildTrauma Academy, a not-for-profit organization based in Houston, TX (www.ChildTrauma.org), and adjunct Professor in the Department of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University in Chicago. He serves as the inaugural Senior

Fellow of the Berry Street Childhood Institute, an Australian based center of excellence focusing on the translation of theory into practice to improve the lives of children (www.berrystreet.org.au).

org.au). Dr. Perry is the author, with Maia Szalavitz, of The Boy Who Was Raised As A Dog, a bestselling book based on his work with maltreated children and Born For Love: Why Empathy is Essential and Endangered. Over the last thirty years, Dr. Perry has been an active teacher, clinician and researcher in children's mental health and the neurosciences holding a variety of academic positions.

Time: 09:30 – 10:30

Location: Macleod Hall C & D

Rising Above the Stigma, Blame and the Wait and See...A Family and Advocate's Journey

Speaker: Keli Anderson, National Institute of Families for Child & Youth Mental Health, Canada

There were days when I wished I had never met my son – but that was before I knew him – he has given me a great gift – a dangerous gift – a gift of knowing. This address will speak to the experience, and life, of a family, to illustrate the real test of resilience, not just individually, but as a family and as an advocate. Maybe a “story” to others, but not to us – it has been our life, and it is not uncommon. But what we have done with our life is not common.

Learning Objectives:

1. Challenge what you may think is helpful to families in promoting positive mental health for their children and/or youth;
2. Understand the deep impact of blaming and how it stigmatizes families;
3. Be interested in thinking about how, or whether, your own practice makes a meaningful difference to the mental health of young people and families; and
4. Gain knowledge and tools to help enhance working with young people and families.



Keli Anderson has a 25-year-old son who was diagnosed at 10 with bipolar disorder. For 15 years, Keli has promoted early intervention and health promotion, despite the stigma that both her son and her family have faced.

She started out co-founding the FORCE Society for Kids' Mental

Keynote Speakers – Thursday, September 22

Health in BC within a year of her son's diagnosis and became its Executive Director from 2000-2013 before co-founding the National Institute of Families for Child & Youth Mental Health in 2009 with Dr. Jana Davidson. Keli is dedicated to families and to those who value families. Keli's efforts have resulted in many awards including the UBC Unsung Hero Award in 2005, YWCA Woman of Distinction Award in 2007, Distinguished Service to Families Award in 2010 and the Queens Diamond Jubilee Medal in 2013.

Time: 11:30 – 12:30

Location: Macleod Hall C & D

Child Psychiatry Meets Cell and Molecular Biology

Speaker: Dr. Charles Zeanah, Tulane University School of Medicine, USA

Current research in child development and psychopathology has begun to focus more intently on understanding the impact of early experiences, particularly exposure to stressful and traumatic experiences and subsequent responses to those events. Research is beginning to delineate the complex interactions among social contexts, psychological processes, and biological reactions that mediate the effect of experience on outcomes. There is increasing interest in cellular and molecular processes activated by exposure to adverse experiences, and how these processes may relate to pathological outcomes. This selective review considers the increasing attention to mechanisms mediating maladaptation, protection and recovery.

Learning Objectives:

1. Describe and illustrate diathesis stress versus differential susceptibility;
2. State 3 examples of telomere length attrition in response to exposure to adverse experiences; and
3. Recognize how gene methylation relates to different caregiving experiences.



Dr. Zeanah is Mary Peters Sellars-Polchow Chair in Psychiatry, Professor of Psychiatry and Pediatrics, and Vice-Chair for Child and Adolescent Psychiatry in the Department of Psychiatry and Behavioral Sciences at the Tulane University School of Medicine in New Orleans. He also directs the Institute of Infant and Early Childhood Mental Health at Tulane. Dr.

Zeanah is a Distinguished Fellow of the American Academy of Child and Adolescent Psychiatry, a Distinguished Fellow of

the American Psychiatric Association, and a Board Member of Zero to Three. Throughout his career, he has studied the effects of adverse early experiences on children's development and interventions designed to enhance their recovery. He is the editor of three editions of the Handbook of Infant Mental Health and with Charles Nelson and Nathan Fox, the co-author of Romania's Abandoned Children: Deprivation, Brain Development and the Struggle for Recovery and author of more than 300 scientific publications.

Time: 14:00 – 15:30

Location: Macleod Hall C & D

Child and Adolescent Mental Health in Africa: Stigma Reduction Through Training, Research and Service

Speaker: Dr. Olayinka Olusola Omigbodun, University of Ibadan, Nigeria

At the close of the era of the MDGs on December 31st 2015, sub-Saharan Africa had the world's highest child mortality rate, but also the largest absolute decline in child mortality. With this decline in child mortality, social and health interventions need to move towards creating a mental health-promoting environment for the youth who remain alive and form the future for this region. Even though estimates reveal that 1 in 5 children will have recognizable and treatable mental disorders, and that children constitute an age group, best targeted for effective mental health promotion, virtually all health interventions for children remain focused on causes of mortality. This trend is especially worrisome in a region with over 50% children and adolescents constituting the population and where children in 'Exceptionally Difficult Circumstances' known to have much higher rates of mental disorders abound. Needs Assessments reveal that children do not have access to mental health care due to poverty, stigma and a lack of services. The inability to access mental health care affects the stability of the child's primary support group, the child's social environment and access to education, while engendering economic difficulties.

This lecture reviews a three-pronged model approach to stigma reduction utilizing training, research and service instituted by the Centre for Child and Adolescent Mental Health (CCAMH). The efficacy and feasibility of training and the benefits of research leading to service development are highlighted. Enabling access to mental health care services and fostering healthy help seeking behaviours improves the overall quality of life not only in children and adolescents but also in their families and communities.

Keynote Speakers – Thursday, September 22

Learning Objectives:

1. Describe the state of mental health of children and adolescents in sub-Saharan Africa;
2. Appraise key factors impinging on the mental health of children and adolescents in sub-Saharan Africa;
3. Explain approaches to stigma reduction in the context of child and adolescent mental health through training, research and service development;
4. Narrate the evidence of stigma reduction in CAMH through the various approaches; and
5. Appraise the overall benefits of stigma reduction to mental health and quality of life.



Olayinka Omigbodun is Professor of Psychiatry at the College of Medicine, University of Ibadan and Honorary Consultant in Child & Adolescent Psychiatry, University College Hospital (UCH), Ibadan, Nigeria. She is the Pioneer Director of the University's John D. and Catherine T. MacArthur Foundation Funded, Centre for Child

and Adolescent Mental Health (CCAMH, www.ccamh.ui.edu.ng), a multidisciplinary Centre for training, research and service in child and adolescent mental health. CCAMH enjoys the richness and diversity of course leaders and tutors from seven faculties in the University and from the continents of Africa, Asia, Europe and North America. She is Chief Examiner for the Faculty of Psychiatry in the West African College of Physicians (WACP) and the Immediate Past-President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

Time: 14:00 – 15:30

Location: Macleod Hall C & D

Closing Ceremonies

Join us for the IACAPAP 2016 Closing Ceremonies which will include IACAPAP Awards presentations, closing addresses and a preview of IACAPAP 2018, including a prize draw for FREE registration at IACAPAP 2018!



Tourism Calgary

Sauf avis contraire, les conférences et les séances parallèles auront toutes lieu au Centre des congrès TELUS de Calgary.

Heure : 8 h 15 – 9 h 15

Lieu : salle Macleod C/D

Introduction au modèle de traitement neuroséquentiel : une approche sensible au développement pour la résolution de problèmes cliniques / Introduction to the Neurosequential Model of Therapeutics: A Developmentally-Sensitive Approach to Clinical Problem Solving

Conférencier : Dr Bruce Perry, ChildTrauma Academy, USA

Le développement d'un jeune enfant a un lien direct avec les expériences vécues par ce dernier. Ces expériences déterminent l'organisation du cerveau, qui elle, a une incidence sur les activités psychologiques, cognitives, sociales et affectives. Les observations sur ce processus proviennent de la compréhension du développement du cerveau. Dans le cadre de cette conférence, nous présenterons un aperçu des principes clés du neurodéveloppement indispensables à la compréhension du rôle des expériences dans la définition de l'organisation physique et fonctionnelle du cerveau. Un portrait des principales fonctions du cerveau et de la hiérarchie du développement du cerveau sera dressé et les liens neurodéveloppementaux entre les principales fonctions cérébrales et les moments critiques du développement seront expliqués.

Objectifs d'apprentissage

1. Faire un survol des principes clés du neurodéveloppement indispensables à la compréhension du rôle des expériences dans la définition de l'organisation physique et fonctionnelle du cerveau.
2. Présenter les récents résultats de recherche et les dernières constatations cliniques portant sur les enfants maltraités qui montrent les répercussions négatives de la violence, de la négligence et de traumatismes sur le développement du cerveau.
3. Dresser un portrait des implications cliniques d'une approche neurodéveloppementale pour lutter contre les mauvais traitements infligés aux enfants.
4. Discuter du rôle de la politique publique et des pratiques préventives dans le contexte des répercussions de la violence sur la santé physique, sociale, cognitive, comportementale et émotionnelle des enfants.



Le Dr Bruce Perry est agrégé supérieur de recherche à la ChildTrauma Academy, organisme sans but lucratif établi à Houston, au Texas (www.ChildTrauma.org). Il est également professeur auxiliaire au Département de psychiatrie et de science du comportement de l'École de médecine de l'Université Northwestern de

Chicago. Le Dr Perry agit à titre d'agrégé supérieur de recherche au Berry Street Childhood Institute, centre d'excellence établi en Australie et se consacrant à la mise en pratique de théories afin d'améliorer la vie des enfants (www.berrystreet.org.au). Avec Maia Szalavitz, il a coécrit *The Boy Who Was Raised As a Dog*, livre à succès inspiré de son travail auprès des enfants maltraités, et *Born For Love: Why Empathy is Essential and Endangered*. Au cours des trente dernières années, le Dr Perry a été un professeur, clinicien et chercheur actif en santé mentale chez les enfants et en neurosciences. Il occupe d'ailleurs divers postes universitaires dans ces domaines.

Heure : 9 h 30 – 10 h 30

Lieu : salle Macleod C/D

S'élever au-dessus de la stigmatisation, de la culpabilité et de l'attentisme... le parcours d'une famille et d'une défenseure / Rising Above the Stigma, Blame and the Wait and See...A Family and Advocate's Journey

Conférencière : Keli Anderson, National Institute of Families for Child & Youth Mental Health, Canada

Il y a eu des jours où j'aurais souhaité ne jamais avoir eu mon fils, mais c'était avant de le connaître. Il m'a offert un merveilleux cadeau, un cadeau dangereux : le savoir. Cette conférence portera sur l'expérience et la vie d'une famille afin d'illustrer le véritable test de la persévérance; non seulement en tant que personne, mais aussi en tant que famille et en tant que défenseure. Ce n'est peut-être qu'une simple anecdote pour certains, mais pas pour nous. C'est notre vie et celle de bien d'autres personnes. Ce que nous avons pourtant fait de celle-ci n'est pas rare.

Objectifs d'apprentissage

1. Mettre en doute ce qui, selon vous, peut aider les familles en sensibilisant leurs enfants et leurs adolescents à la bonne santé mentale.

2. Comprendre l'incidence considérable de la culpabilisation et comment celle-ci stigmatise les familles.
3. Susciter la réflexion envers la manière dont votre propre pratique apporte une contribution importante à la santé mentale des jeunes et de leur famille, le cas échéant.
4. Acquérir des connaissances et découvrir des outils facilitant le travail auprès des jeunes et de leur famille.



Keli Anderson a un fils de 25 ans qui a reçu un diagnostic de psychose bipolaire à l'âge de 10 ans. Pendant 15 ans, elle a agi en faveur de l'intervention précoce et de la promotion de la santé malgré les préjugés auxquels son fils et sa famille étaient en proie. Mme Anderson a d'abord cofondé la F.O.R.C.E. Society for Kids' Mental Health en Colombie-

Britannique un an après avoir reçu le diagnostic de son fils, et en a été la directrice générale de 2000 à 2013 avant de cofonder la National Institute of Families for Child & Youth Mental Health en 2009 avec la Dre Jana Davidson. Mme Anderson se consacre aux familles et aux personnes qui valorisent la famille. Grâce à ses efforts, elle a remporté de nombreux prix, dont le Prix du héros méconnu de l'Université de la Colombie-Britannique en 2005, le Prix Femmes de mérite du YMCA en 2007, le Prix pour reconnaissance de service aux familles en 2010, et la Médaille du jubilé de diamant de la reine en 2013.

Heure : 11 h 30 – 12 h 30

Lieu : salle Macleod C/D

La pédopsychiatrie à la rencontre de la biologie cellulaire et moléculaire / Child Psychiatry Meets Cell and Molecular Biology

Conférencier : Dr Charles Zeanah, École de médecine de l'Université Tulane, États-Unis

Les travaux de recherche actuels en développement de l'enfant et en psychopathologie mettent de plus en plus l'accent sur la compréhension de l'incidence des premières expériences, particulièrement celles qui pourraient être stressantes ou traumatisantes, et des réactions ultérieures à ces événements. Les chercheurs commencent à définir les interactions complexes entre les contextes sociaux, les processus psychologiques et les réactions biologiques qui influencent les répercussions des expériences sur les résultats. On remarque un intérêt grandissant envers

les processus cellulaires et moléculaires activés par une exposition à des expériences négatives et la manière dont ces processus peuvent être associés à des résultats pathologiques. Cette analyse sélective tient compte de l'attention grandissante accordée aux mécanismes modérant la mauvaise adaptation, la protection et le rétablissement.

Objectifs d'apprentissage

1. Décrire et illustrer le modèle diathèse-stress par opposition à l'hypothèse de susceptibilité différentielle.
2. Établir trois exemples d'attrition de la longueur des télomères en réaction à des expériences négatives.
3. Comprendre comment la méthylation des gènes est associée à différentes expériences de prestation de soins.



Le Dr Charles Zeanah est titulaire de la Chaire Mary Peters Sellars-Polchow en psychiatrie, professeur de psychiatrie et de pédiatrie et vice-titulaire de la Chaire psychiatrie des enfants et des adolescents du Département de psychiatrie et des sciences du comportement de l'École de médecine de l'Université Tulane en Nouvelle-Orléans. Il dirige également

l'Institute of Infant and Early Childhood Mental Health de l'Université Tulane. Le Dr Zeanah est membre émérite de l'American Academy of Child and Adolescent Psychiatry, membre émérite de l'American Psychiatric Association et membre de la direction du programme ZERO TO THREE. Tout au long de sa carrière, il a étudié les effets des premières expériences négatives sur le développement de l'enfant et les interventions destinées à faciliter le rétablissement des enfants. Le Dr Charles Zeanah est l'auteur de trois éditions du livre Handbook of Infant Mental Health. Il est aussi le coauteur, avec Charles Nelson et Nathan Fox, du livre Romania's Abandoned Children: Deprivation, Brain Development and the Struggle of Recovery, ainsi que l'auteur de plus de 300 publications scientifiques.

Heure : 14 h – 15 h 30

Lieu : salle Macleod C/D

Santé mentale chez les enfants et les adolescents en Afrique : réduction de la stigmatisation grâce à la formation, à la recherche et aux soins / Child and Adolescent Mental Health in Africa: Stigma Reduction through Training, Research and Service

Conférencière : Dre Olayinka Olusola Omigbodun, Université d'Ibadan, Nigeria

À la fin de l'époque des objectifs du Millénaire pour le développement le 31 décembre 2015, l'Afrique subsaharienne enregistrait le taux de mortalité juvénile le plus élevé au monde, mais aussi la plus grande baisse absolue en ce qui a trait à la mortalité juvénile. En réaction à cette baisse, les intervenants du domaine de la santé et des services sociaux doivent encourager la création d'un environnement favorisant la bonne santé mentale pour les jeunes encore vivants qui représentent l'avenir de cette région. Bien qu'il soit estimé qu'un enfant sur cinq souffrira d'un trouble mental pouvant être détecté et traité et que les enfants font partie du groupe d'âge le mieux ciblé pour une sensibilisation efficace à la santé mentale, presque toutes les interventions auprès des enfants demeurent centrées sur les causes de mortalité. Cette tendance est particulièrement inquiétante dans une région où plus de 50 pour cent de la population est constituée d'enfants et où abondent les enfants se trouvant dans des « situations exceptionnellement difficiles » et affichant les taux de troubles mentaux parmi les plus élevés. L'évaluation des besoins révèle que les enfants n'ont pas accès à des soins de santé mentale en raison de la pauvreté, de la stigmatisation et du manque de services offerts. L'incapacité d'accéder à des soins de santé mentale nuit à la stabilité du groupe de soutien immédiat de l'enfant ainsi qu'à l'environnement social et à l'accès à l'éducation de l'enfant, tout en causant des difficultés économiques.

À l'aide de la formation, de la recherche et des services entrepris par le Centre for Child and Adolescent Mental Health (CCAMH), une approche à trois volets en matière de réduction de la stigmatisation sera examinée dans le cadre de cette conférence. L'efficacité et la faisabilité de la formation, ainsi que les avantages des travaux de recherche menant à l'élaboration des services, seront mises en relief. En donnant accès à des soins en santé mentale et en encourageant un comportement favorisant la santé et la demande de soins, la qualité générale de la vie des enfants et des adolescents sera améliorée, de même que celle de leur famille et de leur collectivité.

Objectifs d'apprentissage

1. Décrire l'état de santé mentale des enfants et des adolescents en Afrique subsaharienne.
2. Évaluer les facteurs importants ayant des effets sur la santé mentale des enfants et des adolescents de l'Afrique subsaharienne.
3. Expliquer les approches visant à réduire la stigmatisation dans le contexte de la santé mentale chez les enfants et les adolescents grâce à la formation, la recherche et l'élaboration de services.
4. Décrire des exemples de réduction de la stigmatisation du CCAMH au moyen de différentes approches.
5. Évaluer les avantages généraux de la réduction de la stigmatisation pour la santé mentale et la qualité de vie.



La Dre Olayinka Olusola Omigbodun est professeure en psychiatrie au Collège de médecine de l'Université d'Ibadan et consultante honoraire en psychiatrie chez les enfants et les adolescents au Centre hospitalier universitaire d'Ibadan, au Nigeria. Elle est la directrice fondatrice du

Mental Health (CCAMH, www.ccamh.ui.edu.ng), centre multidisciplinaire axé sur la formation, la recherche et les services liés à la santé mentale des enfants et des adolescents. Financé par la Fondation John D. et Catherine T. MacArthur de l'Université, le CCAMH bénéficie de la richesse et de la diversité de chargés de cours et de professeurs provenant de sept facultés universitaires d'Afrique, d'Asie, d'Europe et d'Amérique du Nord. La Dre Omigbodun est l'examinatrice en chef de la Faculté de psychiatrie du West African College of Physicians (WACP) et l'ancienne présidente de l'Association internationale de psychiatrie de l'enfant et de l'adolescent et des professions affiliées.

Posters – Thursday, September 22

Macleod Hall A & B

Prog. #	Title	Author
P4 Posters, Principles of Treatment and Care		
P4.01	Evaluating the Feasibility of Implementing a Classroom Based Yoga Program to Improve Self-Regulation Skills in High Needs Students	Dhiraj Aggarwal
P4.02	Exploring Fatalism in Adolescents - a South African Perspective	Marthinus R. Brink
P4.03	Teacher's Perception About the Use of Metilfenidato for Brazilian Children at School	Lisandre F. Brunelli
P4.04	Preliminary Outcomes of Patients Attending a Child and Adolescent Outpatient Psychiatric Clinic	Stephanie Chan
P4.05	Les troubles de la perception en consultation de pédopsychiatrie	Takoua Brahimi
P4.06	The Effect of Homelessness and Substance Use on the Practice of Positive Behaviours, a Survey-based Study in an Integrated Youth Health Clinic	Gabrielle Chartier
P4.07	A Treatment Optimization Study of HLD200 in Children with Attention-Deficit/Hyperactivity Disorder	Ann Childress
P4.08	A Phase 3 Study of HLD200 in Children with Attention-Deficit/Hyperactivity Disorder: Safety Data AND A Treatment Optimization Study of HLD200 in Children with Attention-Deficit/Hyperactivity Disorder	Ann Childress
P4.09	Restricted Elimination Diet in Children with ADHD	Hans W. Clement
P4.10	The Effects of Exercise Intervention on Hippocampal Volumes in Youth at Risk of Serious Mental Illness	Syl Corbett
P4.11	Cognitive Behavioral Social Skills Training for Youth at Risk of Psychosis	Daniel Devoe
P4.12	I think I'm Going to be Sick: An 8 Year Old Boy with Emetophobia and Secondary Food Restriction	Diana Sam
P4.13	Children and Youth in Residential Care: Empirically Supported Treatment Outcomes Across Race	Catherine N. Dulmus
P4.15	An Investigation Into the Effects of Parent Training Due to Differences in the Types of Developmental Disorders of Children	Rie Fukumoto
P4.16	Paediatric Medical Trauma and Resilience: Exploring Children's Perspectives	Jessica A. Furtado
P4.17	Short- and Long-Term Effects in the Treatment of Children with Peer-Related Aggressive Behavior Problems	Manfred P. Doepfner
P4.18	Validity of the Social Communication Questionnaire in a Multi-Cultural Population	Tze Jui Goh
P4.19	Dopamine Antagonists in Autism Spectrum Disorders: New, Old and Unconventional	Jessica A. Hellings
P4.21	The Association between Social Skills Deficits and Internet Addiction in Children and Adolescents with Attention-Deficit/Hyperactivity Disorder	Meifeng Huang
P4.22	Initiation of Shared Pleasure Moments in Early Infancy	Omneya Ibrahim
P4.23	Trial Use of Aripiprazole for Severe Hyperacusis with Autism Spectrum Disorder – Case Report	Katsuo Inoue
P4.24	Description of Pharmacist Clinical Activities in a Child and Adolescent Addictions and Mental Health Program(s) Setting	Rekha Jabbal
P4.25	Improving Efficiency and Access to Mental Health Care: Combining Tertiary Care & Community Mental Health Agencies to Triage CAMH Patients	Sarosh Khalid-Khan
P4.26	Altered Resting-State Dorsolateral Prefrontal Cortex Functional Connectivity in Youth with ADHD	Jae-Won Kim
P4.27	The Suicide Mortality of Adolescents Over Two Decades in Taiwan	Jia-In Lee
P4.28	Melatonin Use in Primary Sleep Disorders of Children and Adolescents	Beatriz Payá
P4.29	Mental Health in Homeless Adolescent attended in a specialized program in Chile: a Pilot Study	Jose Martinez
P4.30	Biofeedback to Treat Anxiety in Young People at Clinical High Risk for Developing Psychosis	Laina B. McAusland

Posters – Thursday, September 22

Prog. #	Title	Author
P4.31	An Evaluation of a Sensory Room on an Adolescent Psychiatric Inpatient Unit	Glenn A. Melvin
P4.32	Exercise as an Adjunct in the Treatment of Adolescent Major Depressive Disorder: a Pilot Study	Glenn A. Melvin
P4.33	Repetitive Transcranial Magnetic Stimulation for the Treatment of Adolescent Major Depressive Disorder and Comorbid Anxiety: A Case Study	Glenn A. Melvin
P4.34	Re-establishing Child and Adolescent Mental Health Services in Zimbabwe	Isabella Omogbeja
P4.35	A Mindful Parenting Group for Parents of Children with an Autism Spectrum Disorder and a Co-Morbid Mental Health Disorder: a Mixed Methods Feasibility Study	Joanne Mueller
P4.36	Government Responses on Carers and Service users: The Case of Good practice in Child Care: A Manual for Children Care Givers in Kenya	Ruth N.W. Njuguna
P4.37	Modern Principles of Management and Treatment in Child and Adolescent Psychoses - the Pharmacogenetic Testing	Laura A. Nussbaum
P4.38	Child and Adolescent Psychoses: Modern Treatment Approaches and Pharmacogenetic - Neuroimaging Correlations	Laura A. Nussbaum
P4.39	Individualized Learning Support Program for Children with Developmental Disorders Using MSPA (Multi-Dimensional Scale for PDD and ADHD)	Shino Ogawa
P4.40	A Psychotherapeutic Approach to Patients with Autism Spectrum Disorders Without Intellectual Disability Through Diary Training Therapy for Over Adolescents	Kazuya Ono
P4.41	Differential Therapeutic Effects of Atomoxetine and Methylphenidate in Attention Deficit/Hyperactivity Disorder as Measured by Near-Infrared Spectroscopy	Toyosaku Ota
P4.42	Comparison of Atomoxetine and Methylphenidate on Reducing Problematic Game Play in Adolescent with Attention Deficit Hyperactivity Disorder	Young-Sik Lee
P4.43	Melatonin Use in Children and Adolescents with Sleep Problems Associated to Attention Deficit Hyperactivity Disorders (ADHD) and Autism Spectrum Disorders (ASD)	Beatriz Payá
P4.44	Pilot Study of Cognitive Remediation for Youth at Risk of Serious Mental Illness	Danijela Piskulic
P4.45	Translational Therapeutic: Web-Based Mobile Application for Individualizing Complex Prescriptions of Stimulant Medications	Philippe Robaey
P4.46	The Importance of Psychiatric Evaluation of Juvenile Delinquents on Probation in the Context of Recidivism	Ayse Rodopman Arman
P4.47	Use of Antipsychotics in the Treatment of Autism	Hela Slama
P4.48	Olanzapine in the Treatment of Early Onset Schizophrenia (EOS)	Hela Slama
P4.49	Child Survivors Struggle with Peer Relationships 42 Months after the Great East Japan Earthquake: Series of Questionnaire-Based Cross-Sectional Surveys	Masahide Usami
P4.50	An A to Z Guide to the Assessment and Management of Adolescent Violence From Referral to Disposition/Discharge	Waqar Waheed
P4.51	Revamping an On-Call System: Better Care for Both Clients and Staff	Kirk Weeks
P4.52	What Young People with Depression Expect From Psychotherapy: a Qualitative Interview Study	Katharina Weitkamp
P4.53	Study on Treatment Effect and Mechanism of Quetiapine on Tourette Syndrome in Animal Model	Yi Zheng
P4.54	A Systematic Review of the Literature on the Factor Structure of Combined Autistic and ADHD Symptoms within Clinical and General Populations	Aneta Krakowski

Diamond



THE MATHISON CENTRE
for MENTAL HEALTH RESEARCH & EDUCATION



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Psychiatry

The Mathison Centre for Mental Health Research and Education and the University of Calgary Cumming School of Medicine Department of Psychiatry

mathison.ucalgary.ca ucalgary.ca/psychiatry

The Mathison Centre for Mental Health Research & Education, together with the Department of Psychiatry, have over 200 faculty, staff and trainees who are dedicated to mental health research and education. This encompasses pre-clinical, clinical, population health and health services research. Our mission is to promote internationally recognized research and education on the early identification, treatment and prevention of mental disorders. Our research encompasses the life span with a focus on youth while including adult and geriatric populations. Together the Mathison Centre and the Department of Psychiatry have strong teaching mandates for undergraduate medical students, residents, graduate students and postdoctoral fellows. Regular activities include Rounds, a journal club and an academic investigator mentorship series. We have links with community partners including the Mental Health Commission of Canada, the Canadian Mental Health Association, the Calgary Police Service and the Calgary Board of Education. Our strength of integrated research and teaching activities are becoming recognised across Canada.

Platinum



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Graham Boeckh
Foundation**

Graham Boeckh Foundation/Fondation Graham Boeckh

grahamboeckhfoundation.org

Based in Canada and open to the world, the Graham Boeckh Foundation aims to be a catalyst in bringing about transformational changes that significantly improve the lives of people with or at risk of mental illness. GBF has initiated, along with numerous partners, projects that we hope will work together to achieve the overall goal of transformation of mental health services. More specifically, the foundation supports a number of projects which develop and evaluate transformed services and treatments for mental health, with a particular focus on early intervention for youth. This area of service is key for reducing the burden of mental illness in the long-term and yet is a notable area of weakness in Canada's mental health care system.



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Bronze



Ironshore Pharmaceuticals

ironshorepharma.com

Ironshore Pharmaceuticals & Development, Inc. is developing new drug products leveraging its proprietary DELEXIS® drug delivery platform to optimize the delivery of stimulant medications for the treatment of ADHD. Ironshore seeks to fulfill a significant unmet medical need in the treatment of ADHD – inadequate symptom control during the early morning routine.

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palixfoundation.org

The Palix Foundation is a private foundation in Alberta working in the areas of childhood development, addiction, and mental health.



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The Mental Health Commission of Canada collaborates with hundreds of partners to improve attitudes, policies and practices around mental health problems and illnesses.

La Commission de la santé mentale du Canada collabore avec de nombreux partenaires à l'amélioration des attitudes, politiques et pratiques entourant les maladies et les problèmes de santé mentale.



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UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Psychiatry



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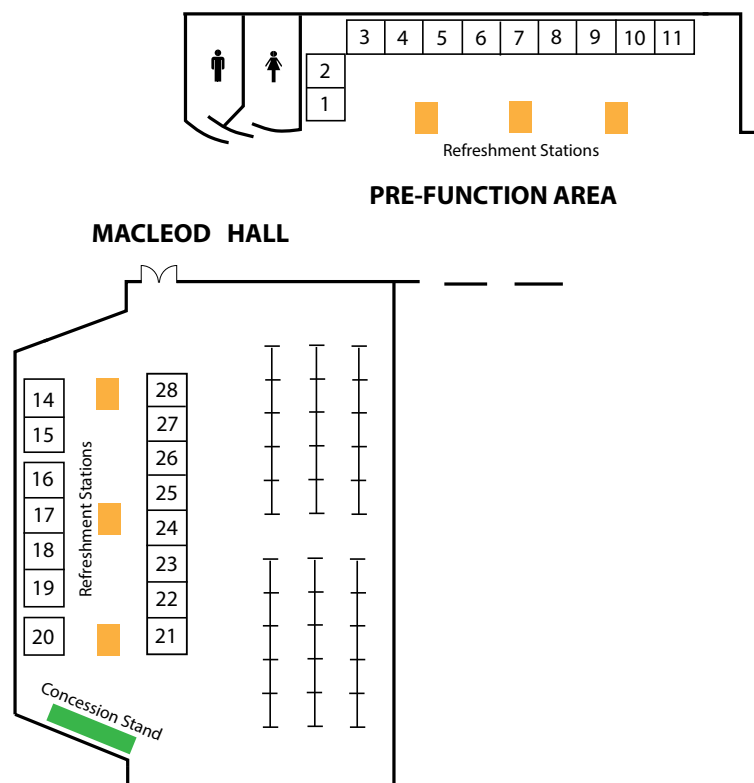
Exhibitors List & Floor Plan

Exhibitor	Booth #
Alberta Health Services	2
Canadian Academy of Child and Adolescent Psychiatry (CACAP)	20
Canadian ADHD Resource Alliance (CADDRA)	10
Dalhousie University – Department of Psychiatry	24
Dalhousie University – Teenmentalhealth.org	4
EMHware Inc.	25
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Peterborough Regional Health Centre	19
Purdue Pharma	18
Shire Pharma Canada	5 & 6
SyneuRx	23
University of Calgary Bookstore	22
Wood's Homes	8

EXHIBIT HALL/POSTER FLOOR PLAN

The Exhibit and Poster Hall hours are:

Monday September 19	09:00 – 16:30
Tuesday September 20	09:00 – 16:30
Wednesday September 21	09:00 – 16:30
Thursday September 22:	
Exhibit Hall Open	09:00 – 14:00
Poster Hall Open	09:00 – 16:00





Opening Ceremonies / Welcome Reception

Date: Sunday, September 18

Time: 17:00 – 19:00 (Opening Ceremonies)

19:00 – 21:00 (Welcome Reception)

Location: Macleod Hall, South Building, Lower Level

The Congress Opening Ceremonies will feature First Nations performances and keynote presentations from: David Swann, Member of the Legislative Assembly of Alberta, Co-Chair, Alberta Mental Health Review; and Michael Wilson, Board Chair, Mental Health Commission of Canada. Following the opening join us at the Welcome Reception to renew acquaintances from previous congresses and make new friends and connections. Full registration includes one ticket for the Opening Ceremony and Welcome Reception. If you have purchased a guest ticket it will be included in your name badge.

The Reception will feature light hors d'oeuvres and a partial host bar.

A list of local restaurants for dining out after the reception is listed here:

- Charcut Steakhouse – 899 Centre Street SW
- Blink Restaurant & Bar (Contemporary cuisine) – 111-8 Ave SW
- Saltik Steahouse – 101-8 Ave SW
- Divino Wine & Cheese Bistro – 113-8 Ave SW
- James Joyce Irish Pub & Restaurant – 114-8 Ave SW
- Teatro Ristorante (Mediterranean cuisine) – 200-8 Ave SW
- Mango Shiva (Indian cuisine) – 218-8 Ave SW
- Murrieta's Bar & Grill (Canadian cuisine) – 808-1 St SW
- Briggs Kitchen & Bar (Canadian cuisine) – 317-10 Ave SW #100
- Workshop Kitchen & Culture (Modern cuisine) – 608-1 St SW
- Palomino Smokehouse – 109-7 Ave SW



Heritage Park Historical Village

Gala Dinner

Date: Tuesday, September 20

Time: 18:30 – 24:00

Location: Gasoline Alley, Heritage Park Historical Village

Meeting Point: Please meet at the loading zone in front of the Calgary TELUS Convention Centre on 9th Ave. Shuttles begin at 18:30.

The Congress Gala Dinner will be held at the renowned Gasoline Alley in Heritage Park Historical Village. Steeped in automotive tradition and nostalgia, this venue will transport you back to a revolutionary era in Western Canada's history. Guests will be captivated by the stunning vintage vehicles, antique gas pumps and colorful automotive memorabilia. Buses will transport guests to and from the Dinner which will include a three course meal, live music and dancing. To purchase a ticket visit the Congress registration desk. Space is limited so be sure to get your ticket early!

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Wood's Homes presentations at IACAPAP 2016

Title: From innovation to implementation - A family-centred, evidence-based approach to treating adolescent mental health
Date/Time: Wednesday, September 21 at 2:00
Presenters: Chelsea Cottier & Alex MacDonald

Title: Successful medication management systems in a non-profit organization in Alberta.
Date/Time: Wednesday, September 21 from 4 - 5:30
Presenters: Kirk Weeks and Huyen Hou

Title: The Youth Community Support Program: An innovative response to complex mental health needs
Date/Time: Wednesday, September 21 from 4 - 5:30
Presenters: Dr. Cherelyn Lakusta, Susan Ponting, Amanda Starchuk, Michelle Rice

Poster Presentation: Revamping an on-call system: Better care for both clients and staff
Date/Time: Thursday, September 22
Presenter: Kirk Weeks



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Mental Health Matters



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*The Mental Health Strategy for
 Canada: A Youth Perspective*
 at mentalhealthcommission.ca

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Donna Williams, *Discovery*
A renowned autism advocate, artist and author, Donna finds solace in the arts as she lives with autism and a number of serious medical conditions. Janssen is proud to feature artwork created by people affected by the illnesses and diseases we are committed to treating and preventing.



IEPA 10 Early Intervention in Mental Health Looking back moving forward 20th - 22nd October 2016 Milan, Italy



The IEPA is moving to expand early intervention from **PSYCHOSIS** through **MOOD DISORDERS** to the full range of mental disorders. This trans-diagnostic approach will help to advance research and clinical care.

75% of mental disorders emerge during childhood, adolescence and early adulthood.

Early intervention is a fundamental principle in the work of IACAPAP.

We invite you to join this innovative and inclusive scientific movement in Milan in October.

SPEAKERS

David Fowler
Robert Heinssen
Ian Hickie
Patrick McGorry
Masafumi Mizuno

Merete Nordentoft
Tomas Paus
Mirella Ruggeri
Anne Thorup
Janet Treasure



www.iepaconference.org



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6th World Congress on ADHD

From Child to Adult Disorder

20 – 23 April 2017 | Vancouver, Canada



www.adhd-congress.org



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Notes

Notes

Notes

IACAPAP 2018



UNDERSTANDING DIVERSITY
AND UNIQUENESS

www.iacapap2018.org

23–27 JULY 2018
PRAGUE, CZECH REPUBLIC



23rd World Congress of the International
Association For Child and Adolescent Psychiatry
and Allied Professions



The International Association for Child
and Adolescent Psychiatry and Allied Professions



Section of Child Psychiatry
of the Czech Psychiatric Association



Association for Child
and Adolescent Psychiatry, Czech Republic



*The Prague
Astronomical Clock*



*The Jerusalem
Synagogue*

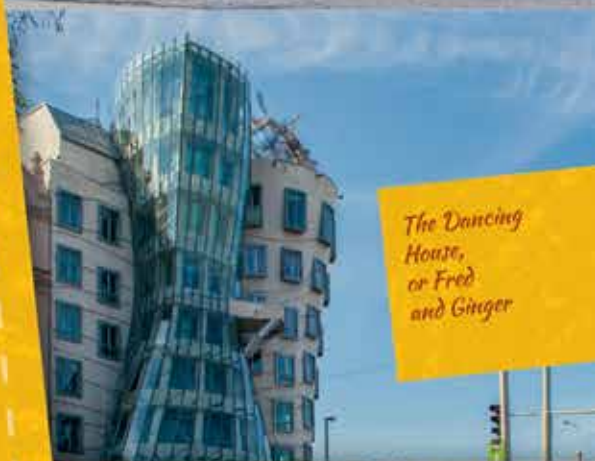


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- ☉ Prague Sightseeing Tour for 2 Guests
- ☉ Detailed Picture Guide of Prague



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or Fred
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THE MATHISON CENTRE FOR MENTAL HEALTH RESEARCH & EDUCATION

The Mathison Centre for Mental Health Research & Education is a grassroots initiative, under the Hotchkiss Brain Institute and Department of Psychiatry umbrellas, that promotes research and education on early identification, treatment and prevention of mental disorders in children, youth, adult and geriatric populations.

- ◆ Bringing together **researchers**
- ◆ Coordinating 'state of the art' **learning events**
- ◆ Promoting and sharing **research findings**
- ◆ Funding and supporting 'bright light' **international researchers of tomorrow**

Our Centre is always on the lookout for researchers who bring something new to the table and links with international community partners who elevate child and youth mental health understanding across the world.

WWW.MATHISON.UCALGARY.CA