

8th Annual Addiction Day Conference & Networking Fair Scientific Program

Thank you for your interest in 8th Annual Addiction Day & XXVI CSAM Scientific Conference. Please find an overview and learning objectives to assist you in your workshop registration selection. Once you have registered for the conference, a workshop registration form will be emailed to you.

Thursday, November 12, 2015

MORNING WORKSHOP (0830-1000)

CSAM Fundamentals series:

Biopsychosocial Approach to Addiction (L. Rieb)

This presentation will provide conference participants with a framework for Addiction Medicine. In this interactive session, Dr. Rieb will provide an overview of the field and key treatment strategies highlighting the importance of the role of agent, host, and environment when assessing risk and protective factors in the development and treatment of addictive disorders. Dr. Rieb will demonstrate how applying a bio-psycho-social-spiritual approach to the assessment and treatment of individuals, families and communities affected by addictive disorders can increase clinical effectiveness and improve clinical outcomes by viewing/treating the client within a full life context.

Learning Objectives include (1) Understand addiction as a brain disease in a bio-psycho-social-spiritual context; (2) Reflect on the role agent, host, and environment play in addiction risk and protective factors.

Understanding Concurrent Disorders (J. Brasch)

How many of your addiction clients are also experiencing symptoms of depression, anxiety or psychosis? Probably more than you think—estimates are about 30%. Patients with concurrent disorders use more health care services; have poorer response to psychiatric meds, more hospitalizations, and more suicide attempts and deaths than patients with only substance use disorders. Assessing and treating psychiatric problems leads to better outcomes, however, these patients are often difficult to engage in a positive and hopeful way. This presentation will focus on recognizing and assessing mental health problems in clients with addictions, as well as medication and psychotherapeutic approaches to treatment.

Learning Objectives include (1) Recognize common presentations of co-occurring disorders; (2) List strategies for assessment of patients with both mental disorders and addictions; (3) Describe approaches to treatment for patients with concurrent disorders

Comprehensive Assessment & Intervention Series:

Suicide Prevention, Risk Assessment & Management (M. Trew and T. Hanson)

Death by suicide is associated with substance abuse in close to half of the cases. As such, the prevention, assessment and management of suicidal thoughts and actions are key competencies in addiction medicine.

This workshop will review some of the statistics regarding death by suicide in Canada, as well as suicide attempts. This will then be used as background to gain experience with the Columbia Suicide Severity Rating Scale, the best validated tool currently available. The management of suicidal ideation will be operationalized through the use of a Safety Plan, a strength-based approach to working with people at risk for self-harm.

Learning Objectives include (1) knowledge of the frequency of suicide in Canada and the contribution of substance abuse to these deaths; (2) application of the Columbia Suicide Severity Rating Scale to clinical vignettes; and (3) practice in utilizing a safety plan approach to reduce risk of self-harm.

Evidence Informed Interventions Series:

Pharmacotherapy Management for Addiction & Concurrent Disorders (L. Evans, R. Tanguay and T. Kinjo)

This presentation will encompass a review of current evidence for pharmacotherapy in alcohol use disorders and within the concurrent disorders population.

The three Health Canada approved medications for the treatment of alcohol use disorders have been available for decades and yet it is estimated that less than 10% of those with alcohol use disorders are offered pharmacotherapy. While a significant body of literature is available on this topic the many studies draw often contradictory conclusions. Additionally, the treatment of concurrent disorders in psychiatry has, historically, been a sequential approach in which substance use disorders were treated prior to addressing the co-morbid psychiatric illness. The paradigm has shifted in favour of a more integrated approach and there is mounting evidence for the use of pharmacotherapy in this population.

Learning Objectives include (1) Inform/summarize the current state of the evidence supporting pharmacotherapy in treating alcohol use disorders and concurrent disorders; (2) provide those who work with this population the information they need to fully utilize and support evidence-informed pharmacotherapy management strategies

Thursday, November 12, 2015

MID-MORNING WORKSHOPS (1015-1145)

CSAM Fundamentals Series:

Screening, Brief Intervention & Referral to Treatment ~ SBIRT (P. Butt)

This session will draw on group discussion and an open source CCSA - CFPC Alcohol Screening, Brief Intervention and Referral website (www.sbir-diba.ca). Please bring your laptops or tablets. The site provides a clear, algorithmic approach that utilizes current knowledge and motivational interviewing techniques. It archives valuable resources and tools, and provides links to complementary national and international sites.

Although risk is grounded in the evidence based national Low Risk Drinking Guidelines (<http://162.242.196.1/Resource%20Library/2011-Summary-of-Evidence-and-Guidelines-for-Low-Risk%20Drinking-en.pdf>), it is important to understand the impact of alcohol on different chronic diseases in order to tailor population- based low risk drinking guidelines to individual patients. Addressing elevated risk becomes more nuanced in the hands of a Family Physician providing comprehensive, continuous care. Those whose use has become more abusive in pattern may still be amenable to Brief Intervention, with follow-up an important part of monitoring to ensure risk is reduced or, if use is progressive, appropriate referral to definitive addiction care is initiated early.

Learning Objectives includes (1) Learn how to talk to your patients about alcohol, with evidence based information on low risk drinking; (2) Identify and address elevated risk use, as well as different levels of dependency (per DSM-5); and (3) Develop an approach to appropriate, focused follow-up.

Stimulants (D. Marsh)

As part of the Fundamentals Course, this session will provide an overview of cocaine use disorders, including pharmacology, identification, assessment, management and treatment.

***Learning objectives** include (1) participants will have an increased awareness of the pharmacology, identification and assessment of cocaine use disorders; and (2) participants will have a better knowledge of the approaches to the management and treatment of cocaine use disorders, including psychosocial and pharmacological.*

Comprehensive Assessment & Intervention Series:

Concurrent Disorder Comprehensive Assessment: Every Interaction is an Intervention (S. Whitman, G. Hutton & K. Falconer)

Assessing concurrent disorders presents the dual challenge of conducting a comprehensive assessment while considering client motivation. This is a continuous process that is integrated into the treatment planning. This workshop will demonstrate the practical application of best practice strategies for assessment and treatment for clients with concurrent disorders. Specifically, this workshop will show how to engage your clients in assessment, treatment planning and a decision making that is guided by ASAM's patient placement criteria. We will also focus on how to work with the presenting biopsychosocial factors and fluctuating client motivation and readiness for change. This workshop will demonstrate how to walk with clients from assessment and through treatment using actual clinical examples.

***Learning Objectives** include (1) Identify the best strategies for working with clients with concurrent disorders; and (2) Discuss how to engage clients in assessment, treatment planning and decision making.*

Evidence Informed Interventions Series:

Motivational Interviewing: Recognizing client “change talk” and planning for change (P. Burke)

This three-part session emphasizes the “what, why, when and how” of Motivational Interviewing skill with a specific focus on “change talk”. These sessions will benefit those who have foundational competency in the approach and desire more capacity to be “strategic” and “target-focused” in their practice of this communication method. All workshop demonstrations and case examples focus on motivational enhancement practices in the context of concurrent disorders.

Learning Objectives (part 1 of 3) focus on “what and why” questions related to the way M.I. attends to client use of language/speech. This session outlines what is meant by “the language of change” as compared with “the language of reactance”. Participants will learn what change talk is, how it differs from client language that reinforces maintenance of status quo (no change), and how change-talk research explains the “pathway model” through which MI strengthens client motivation for specified behaviour changes. Emphasis is placed on how to recognize change talk, or “tuning your ears” to hear change talk when it occurs within a conversational segment.

Thursday, November 12, 2015

AFTERNOON WORKSHOPS (1300 – 1430)

CSAM Fundamentals Series

Opioids (H. Virani)

This talk will review the neurobiology and clinical assessment and management of chronic opioid use disorder.

Learning objectives include (1) Participants will understand the role of opioid receptors and the reward pathway in opioid addiction; (2) Participants will understand agonist maintenance treatments available to treat opioid use disorder; and (3) Participants will describe antagonist maintenance treatments that may play a role in the treatment of opioid addiction in some individuals.

Benzodiazepines (M. Manak)

Benzodiazepine use in primary care can be useful, but this usage can transform into harmful use. This session provides a practical framework of why benzodiazepines can be harmful, recognize when it occurs, and what to do when faced with it.

Learning Objectives include (1) Why can Benzodiazepine use be harmful?; (2) When is Benzodiazepine use harmful?; (3) What can we do about harmful Benzodiazepine use?; and (4) How and when to taper Benzodiazepines if required.

Comprehensive Assessment & Intervention Series

Managing Countertransference & Increasing Therapeutic Efficacy: Tips for Dialectic Behavioural Therapy (K. Fitch and a former DBT Clinic patient)

The combination of addictions and personality disorders can present intense treatment challenges for both clinicians and clients. Managing the clinician’s countertransference, and optimizing the patient’s ability to receive therapeutic feedback constructively, are critical pieces to effective clinical care. Meanwhile, participating in continuing education activities that facilitate active skills practice is known to increase the translation of classroom learning, into changes in clinical practice.

Learning objectives include (1) Increase participants’ familiarity with Dialectical Behaviour Therapy approaches (e.g. balancing validation vs change, dialectical thinking, skills deficit-skills training paradigms); (2) Reflect on a former DBT client’s perspective on her experiences of illness

and recovery; (3) Reflect on their countertransference with clients suffering from Borderline Personality Disorder and Addictions and (4) Engage in role-play practice of DBT's DEARMAN, GIVE & FAST skills

Evidence Informed Interventions Series

Motivational Interviewing: Responding to/Strengthening client “change talk” (P. Burke)

This three-part session emphasizes the “what, why, when and how” of Motivational Interviewing skill with a specific focus on “change talk”. These sessions will benefit those who have foundational competency in the approach and desire more capacity to be “strategic” and “target-focused” in their practice of this communication method. All workshop demonstrations and case examples focus on motivational enhancement practices in the context of concurrent disorders.

Learning Objectives (part 2 of 3) focus on the question of “how”, specifically “how to respond to client change talk” once it has manifested in a conversation. This “part 2” session emphasizes skill development related to helping clients to attend to elements of their thought and speech that support pro-change intentions and how to strengthen and “grow” it to more enhanced levels of intrinsic motivation for specified changes.

Thursday, November 12, 2015

MID AFTERNOON WORKSHOPS (1445 – 1615)

CSAM Fundamentals Series

Alcohol (R. Fraser)

As part of the Fundamentals Course, this session will provide an overview of alcohol use disorders, including epidemiology, screening, assessment, management and treatment.

Learning objectives include (1) participants will have an increased awareness of the prevalence, epidemiology and screening techniques of alcohol use disorders and at risk drinking; and (2) participants will have a better knowledge of the approaches to the management and treatment of alcohol use disorders, but psychosocial and pharmacological.

Cannabis (C. Barr)

This talk will review the fundamentals of cannabis dependence. Topics include etiology, prevalence, co-morbidities, and treatment options.

Learning Objectives include (1) Attendees will be able to differentiate between recreational cannabis use and cannabis dependence; and (2) Attendees will be able to list initial treatment options for cannabis dependence.

Comprehensive Assessment & Intervention Series

Cognitive Behavioural Therapy for Concurrent Disorders: Addiction, Anxiety & Depression (K. Galperyn, J. Stea/J. Prentice)

Cognitive-Behavioural Therapy (CBT) is an evidence-based treatment for a myriad of mental health and addiction problems. However, relatively less attention has been directed towards the study and practice of CBT in the context of concurrent disorders. This talk will provide an overview of the theoretical model and evidence base of CBT for concurrent disorders, followed by a discussion of practical applications. We will also describe the implementation of CBT as a foundational component to the group programming at our concurrent disorders outpatient clinic.

Learning Objectives include (1) participants will become familiar with the theory and evidence of CBT for concurrent disorders; and (2) participants will learn about how CBT is practically applied for concurrent disorders.

Evidence Informed Interventions Series:

Motivational Interviewing: Evoking “change talk” when it is not naturally occurring (P. Burke)

This three-part session emphasizes the “what, why, when and how” of Motivational Interviewing skill with a specific focus on “change talk”. These sessions will benefit those who have foundational competency in the approach and desire more capacity to be “strategic” and “target-focused” in their practice of this communication method. All workshop demonstrations and case examples focus on motivational enhancement practices in the context of concurrent disorders.

Learning Objectives (part 3 of 3) focus on the “how” and “when” questions and emphasizes skills that tend to evoke change talk in conversations where it is not manifesting naturally. Skill demonstrations related to conversational methods that can shift client speech from “sustain talk” to change talk will be provided. Participants will leave with an understanding of what is meant by the concept that certain skillfully designed questions can function as “midwives to change motivation”

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EVENING PLENARIES PRESENTATION (1830 -2000)

The Effects of Early Experiences on Lifelong Health (N. Sherran)

Converging lines of evidence from neuroscience, molecular biology, genetics, and the social sciences tell us that early experiences are built into our brains and bodies to affect a lifetime of learning and health, for good or for ill. In this session, you will learn how brains are built: what kind of experiences promote healthy brain architecture, what kind of experiences derail it, and how these experiences get “under our skins” to affect learning and health outcomes – particularly those in addiction and mental health – across the life span. This information has profound implications for addiction and mental illness prevention strategies and suggests that these strategies should be integrated with the policies, programs, and services that support children and families wherever possible.

Educational Objectives include (1) Describe three key features of experience-based brain development; (2) Define good, tolerable, and toxic stress; and (3) Describe the pathway from toxic stress early in life to disease states in adulthood.

What the Fentanyl (WTF)? (H. Virani)

Alberta has seen dramatic increases in the tragic impacts of opioid use in recent months and years. In particular, fatal and non-fatal fentanyl overdoses have garnered much media attention as health authorities and experts have responded to questions regarding this public health problem. Leaders involved in addressing the issue have faced objectionable pressures as they attempted to take action in the best interests of the population's health and safety. This talk will describe some WTF moments in the recent history of this problem.

Educational Objectives include (1) Participants will have increased knowledge about the descriptive epidemiology of opioid related harms in the Alberta population; (2) Participants will identify those factors that influence the perception of risk related to health hazards and; (3) Participants will have increased awareness of the evidence-based public health interventions that should play a role in addressing an epidemic of opioid related harms.