

MIND MATTERS

Department of Psychiatry Newsletter
Summer 2011

From the Department Head

Summer has arrived! I hope that everyone has a chance to enjoy the beautiful summer days while they last. Inside, you will see some happy news from Dr. Cohen, as he introduces our new PGY1 residents. We are very pleased to have Drs. Atwal, Finkbeiner, Fleming, McAuley, Purdy, Sparshu and Tanguay joining us, and we welcome them to the department. Some of our new residents are also new to the city and the University of Calgary; we hope that they enjoy not only the program, but also all that Calgary has to offer.

Many of you will have seen the announcements regarding reorganization within the zones across the province. If you haven't seen the new organizational structure, you can find it at: <http://www.albertahealthservices.ca/org/ahs-org-orgchart-zones.pdf>. The dyad model is prominently

Dr. Francois Belanger is back as the Zone Medical Director for the Calgary Health Zone and has an additional role as Zone Senior Vice President in a dyad model along with Brenda Huband, who is also Senior Vice President. While there may be some ongoing restructuring throughout the summer, it appears that psychiatry/mental health will remain in the community portfolio, with Lori Anderson in the role of vice president for Community/Rural Health and Dr. Sandra Stoffel as the Associate Zone Medical Director. Also, the hospital sites now have facility medical directors: Dr. Peter Jamieson at FMC, Dr. Elizabeth MacKay at PLC, Dr. Kelly DeSouza at RGH and Dr. David Chaulk at ACH. These roles will likely be more prominent in the new structure.

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featured throughout the organizational chart. This is not new to any of us in psychiatry, as we expect and value the opportunity to work with an executive director, directors, managers and front-line health care providers as part of a comprehensive team.

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In addition to the reorganization changes within AHS, performance initiatives and planning continue within the Calgary Zone as well as across the province: there are TIPs (transformational improvement programs; <http://www.albertahealthservices.ca/3202.asp>), ZIPs (zone integrated

At the University of Calgary, child and youth mental health has been recognized as a multi-faculty initiative and work is ongoing to enhance research and education in this area.

plans), Tier I measures, and many planning sessions. Among these plans, scheduled outpatient assessments for children have been identified as a priority within the Calgary Health Zone. Dr. Abdul Rahman, Janet Chafe and a team of relevant stakeholders are examining ways to improve access to children's mental health services. We are pleased that children's mental health has been recognized as a priority amidst the hips and knee surgeries, four-hour wait-time targets and radiation wait-time targets.

At the University of Calgary, child and youth mental health has been recognized as a multi-faculty initiative and work is ongoing to enhance research and education in this area. To this end, the university will be holding a symposium on November 14th entitled: Shaping the Future of Child and Youth Mental Health at the U of C. The day will be facilitated by Nancy Reynolds, the President and CEO of the Alberta Centre for Child, Family and Community Research. Dr. Stan Kutcher will be the keynote speaker. Dr. Kutcher is the Sun Life Financial Chair in Adolescent Mental Health at Dalhousie University. He recently completed "Evergreen"¹, a national child and youth mental-health framework for Canada, in conjunction with the Mental Health Commission of Canada. There will be workshops and time for planning and input from anyone interested in child and youth mental health.

Summer is the time to be outside the confines of our offices and homes, out in the bigger world, enjoying all that it has to offer. Maybe it's that feeling that has reminded me that while we often spend most of our time focused on the important work of our own department, for better or worse, we are also part of larger systems, the Calgary Zone, the University of Calgary, Alberta Health Services and the larger community of health care providers and scholars across the country. The conversations about mental health are changing rapidly in every corner of our country. We all have a role in shaping these conversations, and I appreciate all the enthusiastic voices that represent our department—in our local community and beyond—every day.

Have a wonderful summer!

Submitted by Dr. Glenda MacQueen

¹ http://www.mentalhealthcommission.ca/SiteCollectionDocuments/family/Evergreen_Framework_English_July2010_final.pdf



Undergraduate Education

Right from the first year of medical school, psychiatry continues to be a popular specialty. In fact, it has been a challenge to accommodate all of the requests from students for shadowing opportunities. Our residents have greatly assisted in providing shadowing opportunities, and the undergraduate committee truly appreciates their contributions.

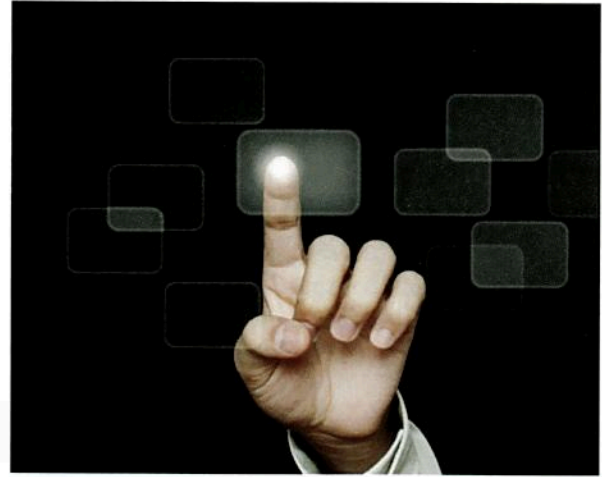
Twenty-one students participated in two-week spring electives for the early clerkship session between February 28 and April 10—up from 13 students last year. Thank you to Drs. Bawa, Bhanji, Crockford, Oluboka, Pandya, Raedler, Sargeant, Sellmer, Smith, Sowa, Stokes and Zanussi for stepping-up to the plate to teach! A special thanks to Dave Crockford for providing a new opportunity for the five clerks who were selected to attend the one-week Betty Ford experience. Upon their return, this group had a further one-week opportunity to participate in learning at our Addiction Centre and to become familiar with local resources and clinical guidelines. The experience was very well received!

Next up to bat will be summer block electives for students between first and second years of medical school. Our challenge is to find enough faculty supervisors during peak summer vacation time (June 27 – August 5). Currently, we have four electives scheduled (versus 14 electives in 2010). If you are available for summer block and Pauline hasn't contacted you, feel free to volunteer! There are students on the waiting list, particularly for late July.

Block One of the Med 440 course will begin in mid-August. This block is comprised of half-day evidence-based clinical electives over a period of three months. Currently, we have been able to meet the needs of four students.

Unfortunately, we have not been able to meet all of the requests for external fall electives. Our university's mandate to meet ever-burgeoning local needs first is understandable and part of a growing national tendency to limit visiting student electives. Since we could not confirm available spots until early May, a significant portion of the students who inquired in late 2010 or early 2011 have opted for placements elsewhere, in order to meet their home program's deadlines. Currently, we have 10 electives slated—about 25% less than this same period in 2010.

This spring, additional monies were available to purchase laptops (both PC and Mac) for the three adult sites, as well



as a projector for the PLC. Administrative staff at each site will be making the equipment available for clerkship teaching on an "as-needed" basis. At FMC, we are also installing the department's first Smart Board in the administrative conference room. We have asked to be on the Zone's list for permanent video conferencing equipment for the same room.

The Class of 2012 is well into Block Two of clerkship. Six clerks have opted to participate in our pilot program of 3 weeks of clinical training in each of child and adolescent psychiatry and adult psychiatry. Three clerks completed the pilot program in Block One. We will review this pilot program, and determine if it will become a permanent option, at our next retreat.

Although summer is on the minds of all of us, please remember that Course VII is looming in January 2012 and we'll need all hands on deck! Until last year, our department was extraordinary in providing teaching and experiences. We all need to honour our faculty appointments and participate, whether in one small group session or six hours of correlation. Wishing all of us an enjoyable summer.

Submitted by Dr. Nancy Brager

Postgraduate Education

2011 has been a busy and productive year so far within the residency program. After the dust settled from CaRMS, we had seven bright young faces signing up for five years of residency training to start in July. Please join me in welcoming Pritpal Atwal (UBC), Nathan Finkbeiner (U of C), Katherine Fleming (Dal), Rosalyn McAuley (U of A), Ray Purdy (U of A), Sterling Sparshu (U of C) and Rob Tanguay (U of C) to our program.

With the new academic year not far away, we will be recruiting faculty mentors for our seven new residents. Mentorship is an important component to resident wellness and one more way for faculty to share their experiences and wisdom with eager young minds. I encourage you to contact me if you are interested in participating. Dr. MacQueen and I have recently discussed securing some sessional funding for this project, and we hope to accomplish this over the next academic year.



Dr. Pritpal Atwal



Dr. Nathan Finkbeiner



Dr. Katherine Flemming



Dr. Rosalyn McAuley



Dr. Ray Purdy



Dr. Sterling Sparshu



Dr. Rob Tanguay

At the other end of the training spectrum, we are also very proud to report that all seven participants in the psychiatry certifying exams this spring were successful in both the written and PDM components. On behalf of the training committee, staff and the other residents, we congratulate Drs. Tim Ayas, Susie Brownell, Erija Haalboom, Wanda Lester, Greg Montgomery, Adrian Norbash and Ursula Zanussi on passing their exams. We look forward to having these new psychiatrists as our full-fledged colleagues in Alberta Health Services.

Thanks to the twenty-six faculty members who helped with spring practice exams. The residents truly appreciate this opportunity, and we are proud of our diversity of examiners, from recent graduates to senior faculty.

In April, we were happy to host Vancouver psychiatrist, Dr. Shimi Kang, as a guest speaker. Dr. Kang presented on the topic of Motivational Therapy to various members of the department. She also spent several training hours with the residents. By popular consensus, she will return on August 19th to provide further training. The residency program also sponsored Dr. Kang for Grand Rounds and a session with the psychotherapy supervisors. The day was an overwhelming success, and we look forward to her return this summer.

The training committee is supporting a proposal by the psychotherapy chair, Dr. Kathleen Pierson, to begin psychotherapy training in the first year of residency. We will be piloting a series of learning opportunities ranging from readings to role play. The goals of these learning opportunities are to provide awareness of the use of psychotherapy in basic day-to-day encounters and to provide additional learning opportunities in order for residents to log the 1200 requisite training hours in psychotherapy mandated by RCPSC. Currently, we are planning to use morning half-days on the 2nd and 4th Thursdays of each month for this training. If you would like to participate in this new venture, please contact Dr. Pierson.

In January, we adjusted the psychotherapy training sequence to provide PGY-2s with a year of psychodynamic supervision before any other modality. Since many of our more senior residents were midstream in the previous training path (i.e. with psychodynamic slated later in their training), this change required maximum use of our supervisors. We truly appreciate everyone's efforts as we undergo this change in sequence.

In addition to psychotherapy, the new Royal College requirements in addictions, chronic care and shared care will

Inpatient Division Update

also be implemented over the next two years. These new changes will need to occur for residents in PGY3 and subsequent years of training beginning July 1, 2011. To date, we have implemented a log book to track addictions training, and Dr. Crockford is meeting with residents on a regular basis to ensure they are meeting this new standard. Chronic care rotations will also require residents to follow the same patient over a one-year period for a minimum of two hours per month, which will include documentation and an In-Training Evaluation Report (ITER). Finally, I have met with Dr. Oakander, who has agreed to manage the Shared Care rotation (2 months), which will be a final year core rotation.

Maybe it was the weather we've endured in recent months, maybe it was the location— whatever the reason, 20 of our 33 residents headed to Honolulu for the American Psychiatric Association conference. These residents benefited from professional development financial support from PGME's Alberta Health & Wellness fund. In addition to great stories and adventures, these residents will bring new ideas for patient care to their psychotherapy and clinical rotations. Encourage them to share their new-found knowledge with you and your unit.

Finally, I wish to formally thank Dr. Anna Wesenberg for her commendable service to the residency program as the Chief Resident for 2010-2011. Brienne McLane took over the role of chief resident on April 1.

May we all have a wonderful summer and another successful residency year!

Submitted by Dr. Jordan Cohen

Update

Clinical rotation memos for July to December rotations and rosters have been sent to all preceptors. The rosters indicate site seniors at all four sites, as well as the Chief resident, Brienne McLane.

The Inpatient section at all three sites continues to be busy with accommodating Emergency Department push protocols and surge capacity. We are in the process of moving to one Inpatient Clinical Medical Director (CMD) per site. The goal is to enhance the physician leadership role in this position. Dr. Mitch Spivak assumed the role of CMD for Units 45 and 49 at Rockyview General Hospital on June 13. The CMDs for the Foothills and Peter Lougheed hospitals will be determined shortly.

The emergency departments are also busy responding to the push protocols. Attention will be focused on ensuring that treatment occurs immediately, while patients wait in the emergency room for a bed. Other plans include establishing a team of psychiatric nurses to administer medications and



other treatment immediately upon the decision to admit. This should reduce the need for high-observation beds and prevent disruption on admission to inpatient units.

Consultation Liaison (C/L) psychiatrists will be meeting with nursing staff to discuss the distribution of resources within the C/L program. The focus of this collaboration will be to determine how to best use our limited resources, as the C/L services expand to all sites. Dr. Aaron Mackie will be returning to work in the area of neuropsychiatry, and Dr. Christine Chang will be completing her fellowship in sleep disorders in July. We welcome the expertise of these local residents to the faculty.

Submitted by Dr. Beverly Adams

New Manager for Psychiatry

At the end of April, we welcomed Stephen Jefferson to our team as the new manager for the Department of Psychiatry. We are very pleased to benefit from Stephen's strong leadership skills and extensive health administration experience. Stephen has been involved with AHS (and its predecessor organizations) since 1997, and he brings a dearth of knowledge of the administrative workings of our organization.

We asked Stephen to provide a brief biographical sketch of his background and interests as a way of introduction...

Employment History:

- 2007-2011 – Regional Manager, Department of Clinical Neurosciences
- 2003-2006 – Admin Director, Alberta Children's Hospital
- 2001-2003 – Regional Manager, Diagnostic Imaging Department
- 1997-2001 – Client Services Manager, IT
- 1993-1997 – Information Coordinator, Cardiac Care Network of Ontario
- 1988-1993 – Director, Information Technology, Victoria Hospital, London Ontario
- 1984-1988 – Director of Administrative Services, Os-hawa General Hospital

Education:

- 1983 – Master of Health Services Administration, University of Alberta
- 1976 – Bachelor of Science, University of Toronto

Interests:

- Public speaking (Stephen has been a member of Toastmasters since 2003.)
- Fitness training



Stephen Jefferson

- Golf
- Downhill skiing
- "I had a motorcycle in my younger years and would love to get another one."

Personal:

- Married with 2 adult children
- Wife, Joan, works at the Calgary Public Library as a Community Learning Advocate
- Daughter, Lesley, works as an RN in Unit 103A, Cardiac ICU, Foothills Hospital. Lesley is getting married May 5, 2012, so Stephen will be "distracted" in April!
- Son, Matt, is doing a Masters degree in music performance at the University of North Texas in Dallas. He specializes in bass trombone. This summer, he is playing with the National Youth Orchestra of Canada.
- Stephen has been a type-1 diabetic since 1964 (age 10). In 2002, he received an islet transplant at the University Hospital in Edmonton, and has been insulin free since then.

HoNOS Implementation Update

As of June 1, 2011, the Health of the Nation Outcome Scale (HoNOS) has been collected for one year on all new and existing Addiction and Mental Health clients in the Calgary Zone. This has resulted in a HoNOS score for approximately 24,000 clients. The Information Management, Evaluation and Research (IMER) Unit has been busy analyzing the data at a program level and system level. Analysis has focused on profiles of clients at admission and discharge, as well as measuring change in HoNOS scores over time.

The Index of Severity is a useful tool for classifying clients' overall level of severity and in conceptualizing clinically significant change. The HoNOS is a problem severity scale rated from 0 to 4, with 0 indicating no problem and 4 indicating a severe problem. The table below outlines the severity categories.

Table 1: Index of Severity Outline

Overall severity category*	Criteria
Sub-clinical	All items rated less than 2
Mild	At least one item rated higher than 1 and all items rated less than 3
Moderate	One item rated as 3 or 4
Severe	Two or more items rated as 3 or 4

Calculating the difference in severity at admission compared to discharge shows whether a client's acuity has increased, decreased, or stayed the same. The adjacent graph shows the percentage of adult and geriatric clients based on change in severity. A similar analysis will be done for Child and Adolescent services at a later date.

Further analysis will also examine the characteristics of each group to identify patterns of treatment outcome based on demographic factors, diagnosis, or discharge reason.

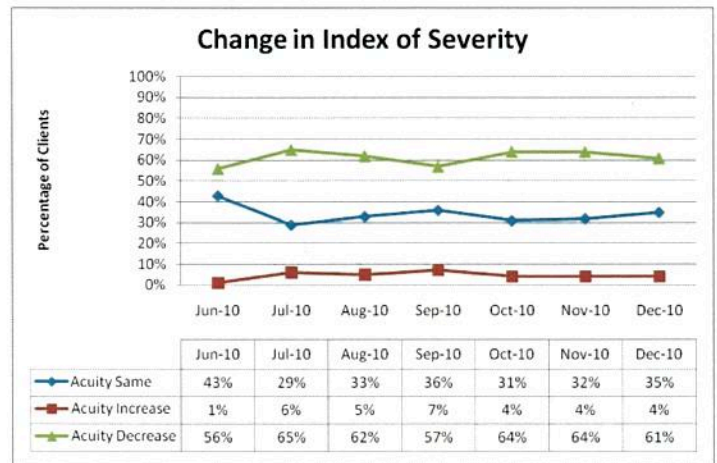


Figure 1: Adult and Geriatric Addiction and Mental Health Programs (Calgary Zone)

Other HoNOS Highlights

A presentation about HoNOS will be provided to all psychiatric residents on September 17th, 2011 and training in the use of the HoNOS is being piloted with 5th year psychiatry residents.

The HoNOS Data System (HDS) has been launched and will give clinicians the ability to enter their own HoNOS scores and to view previous HoNOS scores completed for their clients by other Addiction and Mental Health staff.

Staff will receive training on how to use HDS between June and September 2011. After that time, carbon-copy forms will not need to be sent to the IMER unit for data entry. Anyone trained to use the HoNOS, including physicians, can obtain access to the HoNOS Data System.

Submitted by Aleta Ambrose, Information Management, Evaluation and Research Unit

Researcher in Profile

Dr. Signe Bray



I grew up in Ottawa, which before the collapse of Nortel was quite a hub for high-tech. I decided to study computer engineering in university, as a practical route to a good job and a good life. However, as much as I enjoyed the training, I graduated feeling as if I had more to learn, and that I had yet to find the application that really made me tick.

As an engineering student, I learned about information processing. I also minored in cognitive science, but felt frustrated by cognitive modeling and the often total lack of biological plausibility. I was thus fascinated to learn that there was a whole field dedicated to understanding information processing in the brain. A cognitive neuroscientist was born!

Today, my work uses neuroimaging to understand the brain mechanisms underlying specific cognitive processes, and how they break down in individuals with brain disorders. I have been fortunate to have the opportunity to study individuals with developmental disorders, such as Fragile X syndrome, Turner syndrome and autism.

I am also very interested in understanding how training changes the brain, and how we can help individuals to reach their full potential.

Education and Training

- BAsC in Computer Engineering from the University of Waterloo
- PhD in Computation and Neural Systems from the California Institute of Technology
- Postdoctoral fellowship at the Center for Interdisciplinary Brain Sciences Research, Dept. of Psychiatry and Behavioral Sciences, Stanford University

Pastimes

After spending 7 years in California, my husband and I found it difficult to give up cycling every day - so we didn't! We put studded tires and fenders on our bikes and commuted through the winter. I was also happy to rekindle a dormant interest in cross-country skiing.

When the weather is fine I enjoy cycling, and when it is just too frightful, I like to knit or curl up with a good novel.

Research Highlights

Bray S, Hirt M, Jo B, Hall SS, Lightbody AA, Chen K, Patnaik S, Reiss A (2011) Delayed maturation of frontal lobes in adolescents with Fragile X relates to delayed cognitive maturation. *Biological Psychiatry* (in Press).

Bray S, Dunkin B, Hong DS, Reiss A (2011) Reduced functional connectivity during working memory performance in Turner Syndrome. *Cerebral Cortex* (doi: 10.1093/cercor/bhr017).

Bray S, Balleine B, Shimojo S, Rangel A, O'Doherty JP (2008) The neural mechanisms underlying the influence of Pavlovian cues on human decision-making. *J Neurosci* 28:5861-5866.

Bray S, Shimojo S, O'Doherty JP (2007) Direct instrumental conditioning of neural activity using functional magnetic resonance imaging-derived reward feedback. *J Neurosci* 27:7498-7507.

Research Update

Social Factors for Psychosis: Clinical High Risk versus Family High Risk

The recent focus in schizophrenia research is on early detection in psychosis, particularly in the pre-psychotic phase or what could putatively be a prodrome for the illness. It is thought that there may be differences very early on between those who will develop schizophrenia and those who do not. This has been studied in various ways including genetic high-risk studies and birth cohort studies. However, recent progress in risk identification methodology has enabled reliable detection of persons who appear to be prodromal for psychosis, that is at clinical high risk (CHR). Thirty-five percent of clinically high risk individuals in the NAPLS 1 study developed psychosis within 2.5 years.

Our overall hypothesis is that conversion to psychosis amongst those with family history risk will be directly related to severity of psychopathology, functional decline and social risk factors.

Typically, in genetic high risk design, risk is defined by the individual's relationship to an affected proband, usually a first degree relative and usually a parent. The risk here is approximately 10% compared to 1% in the general population for schizophrenia. There are advantages of these family history risk (FHR) studies, but the disadvantages are that they take a long time and risk of conversion is low. Hence, the recent move towards clinical high risk for psychosis studies such as NAPLS.

The presence of certain psychosocial risk factors (i.e. urban upbringing, early social adversity, childhood trauma and abuse, and migration) at certain points in the lifespan has been linked to the later development of psychosis. Other risk factors include use of cannabis in early adolescence and lower IQ. However, recent studies suggest that these risk factors only play a role in combination with one another and, in particular, for those who are at FHR of psychosis. Our overall hypothesis is that conversion to psychosis amongst those with family history risk will be directly related to severity of psychopathology, functional decline and social risk factors.



This project is currently in the pilot phase to determine feasibility and sample size. The primary aim is to determine, in a sample of individuals with FHR for psychosis, if there are more social risk factors in those who are also at CHR compared to those who are not. The hypothesis is that the FHR group with prodromal risk syndrome will have increased number of social risk factors to which they have been exposed. This study will provide important knowledge about risk factors for developing psychosis that may play a role in transition to a psychotic illness for those who are already at familial high risk.

This study is being conducted by Dr. Jean Addington and Jacque Stowkowy. For more information call 403-210-8740 or email napls@ucalgary.ca.

Submitted by Dr. Jean Addington

Research Notes

Proposed Study Gets Top Recognition

Dr. JianLi Wang's research proposal was recently ranked #1 out of 40 proposals at the committee for the Canadian Institutes for Health Research (CIHR). It is terrific when any application to CIHR is funded, but to have such a strong vote of confidence is really remarkable and noteworthy. Below is a summary of Dr. Wang's research proposal.

~Dr. Glenda MacQueen, Department Head



Development and Validation of Risk Algorithms for Major Depression in the General Population

Investigators:

JianLi Wang, Scott Patten, Norbert Schmitz, Douglas Manuel, Heather Gilmour

Brief Summary:

The proposed study is to develop and validate risk prediction algorithms (or risk estimation equations) for major depression in the Canadian general population. Major depression is one of the leading causes of disease burden and is prevalent in the general population. Identification of people who are at high risk of developing major depression but currently have no symptoms may be useful for primary and secondary interventions of major depression. The proposed study is to determine a set of key factors (modifiable and non-modifiable) in valid prediction algorithms for different populations. Such instruments could be used by individuals for personal assessment, by public health agencies for mental health promotion and surveillance and by physicians for assessing the short-term and long-term risk of major depression among their patients.

Pfizer Psychiatry Research Awards Program

Pfizer Canada has initiated a competitive research grant program to fund research in psychiatry and mental health. Eligible areas of research include clinical or epidemiological research in the fields of major depressive disorders, schizophrenia, or bipolar disorder. More information is available at <https://pfizercns.ca>.

Recently Published

Below is a listing of recently published work by faculty in the Department of Psychiatry.

Gabriel A. The extended-release formulation of quetiapine fumarate (quetiapine XR) adjunctive treatment in partially responsive generalized anxiety disorder (GAD): An open label naturalistic study. *La Clinica Therapeutica*. 2011. 162(2): 113 – 118.

Gabriel A, Violato C. Psychoeducational methods for patients suffering from depression: The knowledge seeking instrument (KSI), *J. Affect. Disord.* (2011), doi:10.1016/j.jad.2011.04.058 (In press).

Mousa S, Gabriel A. Changes in symptomatic and functional impairments of adult ADHD patients with or without co-morbid generalized anxiety (GAD) after treatment with stimulants or non-stimulants: A Comparative naturalistic study. Presented and Published in Congress procedures of the 3rd International Congress on ADHD (26 - 29 May) Berlin Germany. Granted Best Poster Tour of 2011.

If you have a recent publication or noteworthy research update, please share it with us.

send submissions to
Tammy.Nelson@albertahealthservices.ca

Awards

Congratulations to **Dr. Don Addington** on being voted this year's recipient of the **C.A. Roberts Award** for clinical leadership. Dr. Addington was chosen for this award in recognition of his exceptional work in developing the Early Psychosis Treatment Service and his outstanding leadership as the first combined regional and academic department head of psychiatry in Calgary.

Congratulations to the following individuals on their recent awards:

Drs. Roy Turner, Dale Danyluk, Darrin Leung & Thomas Stark

2010-2011 Gold Star Award
for undergraduate teaching in psychiatry

UNDERGRADUATE COURSE 7 AWARDS FOR TEACHING

Platinum Level Award

Dr. Lauren Zanussi

Gold Level Award

Dr. Philip Stokes

Silver Level Award

Dr. Rory Sellmer

Dr. Lisa Gagnon

Dr. William White

Bronze Level Award

Drs. Christine Chang, Roy Turner, Reilly Smith, Bernard Sowa, Suparna Madan, Adeyinka Marcus, Samuel Oluwadairo, Leanne Owens, Rupang Pandya, Elena Petrov, Thomas Raedler, Paul Reinhardt, Blair Ritchie, Kent Sargeant, Lisa Harpur, Cristin Fitzgerald, Maria Filyk, Jordan Cohen, Don Addington, Tim Ayas, Hussam Bawa, Cynthia Baxter, Nadeem Bhanji, Nancy Brager

Events

Psychiatry Fall Social

Join us to connect with colleagues, recognize accomplishments and welcome new faculty and residents.



Monday, August 29, 2011

Fall social dinner and dance: \$50 per person
Golf tournament (includes Fall Social): \$180 per person

Contact Mary McRae at 403-944-1297 or
mary.mcrae@albertahealthservices.ca to RSVP

Psychotherapy Conference

The Calgary Psychodynamic Psychotherapy Education Foundation is bringing to Calgary **Dr. Patricia Coughlin** (Della Selva) for a one-day conference on:

“Integrating Science into Practice: How to Change the Brain with Short-term Dynamic Psychotherapy”

and

“Beyond the Therapeutic Alliance: The Importance of Precision and Timing in Effective Psychotherapy”

Saturday, October 22, 2011

More information to come on location, cost and registration

Mind Matters is distributed quarterly to all psychiatry medical staff and faculty, psychiatry residents, Program Directors and Section Chiefs, Alberta Health Services Executives, and psychiatry support staff.

Submissions & Inquiries:

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www.calgaryhealthregion.ca/clin/psych/index.html

Employment Opportunities

Research Associate in Early Psychosis

For more information or to apply, go to www.ucalgary.ca/hr/careers and search for Job ID# 9984 or contact Mary-Ann Clements at Mary-Ann.Clements@albertahealthservices.ca

Postdoctoral Fellowship in Research in Early Psychosis

For more information, go to www.ucalgary.ca/jaddingt/downloads/Postdoctoral_Fellowship.pdf

Director of the Mental Health Centre for Research and Education

For more information go to http://people.ucalgary.ca/~psyc/tree/jobopp_directorMHCRE.pdf

Child and Adolescent Psychiatrists

Positions are available for Child and Adolescent Psychiatrists in both Grand Prairie and Fort McMurray. Detailed information is available on the Alberta Physician Link website (www.albertaphysicianlink.ab.ca)