The McMaster Muskoka Seminars are designed to provide clinicians (psychiatrists, family doctors, GP-Psychotherapists, mental health professionals) with an outstanding opportunity to combine stimulating symposia with a relaxing summer vacation. This series of seminars is hosted by the Faculty of Health Sciences, Department of Psychiatry and Behavioural Neurosciences, McMaster University, in conjunction with St. Joseph’s Healthcare Hamilton and with the assistance and involvement of the OMA Section on Primary Care Mental Health.

The 2016 seminars will be held at the beautiful Deerhurst Resort in Huntsville, Ontario. Our five-day seminars run from 9:00 am – 12:15 pm daily; Courses are offered in July and August. We reserve the right to cancel courses.

**This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for 15 Mainpro-C Credits.**

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Course Director

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Week 1A: July 18 - 22  Introduction to Concurrent Disorders (9:00 am to 12:15 pm)

Overview: Patients with concurrent mental illness and substance use problems are complex and challenging. It can be difficult to know where to start, but essential to identify, assess and support treatment of patients with co-occurring disorders. Primary care physicians can play a key role in their recovery. These seminars will focus on efficient and effective clinical care for this group.

Topics:
- Are they addicted or not? Quick screens to use in your office for everything you can imagine;
- What next? Who needs harm reduction vs. abstinence? Medical detox? Residential treatment? How to sort it out and refer effectively;
- Motivational interviewing on the fly;
- Tools for concise recording of drug histories;
- Key facts to know about common addictive drugs;
- Ordering urine drug screens: pros and cons;
- When your addicted patient also has: ADHD, Anxiety, PTSD, Psychosis, Depression or Bipolar Disorder... What to do (and what NOT to do);
- Prescribing safely and effectively when your patient has an addiction;
- Sorting out what is substance-induced and what is not...;
- Methadone, suboxone and naltrexone: troubleshooting for drug interactions, safety and common complications with opiate use;
- Help them beat the odds: meds you can prescribe (and more) to maximize success in early addiction recovery;
- Don’t forget the family: supporting the patient’s supports;
- Footsteps to NOT follow: my memorable mistakes;
- Stigma, advocacy and your patients;

Faculty: Jenn Brasch MD FRCPC is the outpatient psychiatrist for the Concurrent Disorders Service at St. Joseph’s Healthcare Hamilton and also works as a methadone provider at The Hamilton Clinic. Dr. Brasch is an Associate Professor in the Department of Psychiatry & Behavioural Neurosciences. She enjoys giving educational presentations to medical learners, physicians and other groups about suicide risk assessment, inspiring hope after a suicide attempt, emergency psychiatry topics, stigma and suicide, and concurrent disorders. In 2013 she received the Mission Legacy Award from the The Sisters of St. Joseph of Hamilton, and the Jacqui Candlish Award, presented by the Suicide Prevention Community Council of Hamilton.

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Faculty: Beth Reade MD FRCPC worked as a family physician (CCFP) before becoming a psychiatrist and "you can’t get it out of me!" In addition to 20 years of psychiatric consultations in the Homewood Addiction Medicine Service (AMS) and IMAP (Integrated Mood and Anxiety Program), she has outpatient experience at local university health services. Beth has been recognized for her supervision and teaching of residents and medical students. She is an assistant clinical professor in the Department of Psychiatry at McMaster University. When not paddling or baking bread, Beth enjoys making learning useful, memorable and fun.

Week 1B: **July 18 - 22** Hypnotherapy for the Control of Chronic Pain (9:00 am to 12:15 pm)

**Overview:** This workshop will have didactic elements, demonstration elements and practice elements. It is intended as a practical course to teach attendees how to teach their patients, with chronic pain, self-efficacious methods of managing pain. You must be prepared to participate fully and at the end, demonstrate some of the skills you have learned. Each day is broken down into three elements: an academic understanding of hypnotherapy for pain control, exposure to demonstration of a wide array of hypnotic induction techniques, and opportunities to practice self-hypnosis in a safe and supportive environment.

**Learning Objectives:**

- Participants will have a good understanding of the medical literature surrounding hypnotherapy and pain control, including critical appraisal and GRADE analysis of the relevant literature;
- Participants will know how to do a number of hypnotic inductions;
- Participants will have a number of methods of using hypnosis for the purpose of pain control;

**Topics:**

**Day 1**
- Introduction to ‘what is hypnosis’, history and basic definition of hypnotherapy;
- Practical elements focused on basic relaxation techniques, critical to doing hypnotherapy;

**Day 2**
- Introduction to concepts such as hypnotic trance, suggestibility and hypnotic induction;
- Participants will learn and practice two methods of induction that are effective and simple in dealing with chronic pain;

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Day 3
- Participants will learn about the neurophysiology of hypnosis, and related literature on fMRI, EEG and PET scan studies;
- Introduction and demonstration of a vast array of pain control methods;
- Participants will become adept at inducing a light trance for themselves through practice;

Day 4
- Literature on efficacy of hypnotherapy for pain control will be examined;
- Participants will practice all methods taught during the course;

Day 5
- Each participant will lead the group in an induction, using the basic principles of hypnotherapy;
- Participants will have the opportunity of ‘practicing’ teaching hypnotherapy, and ask final questions to integrate new learnings in practice;

Faculty: Jeff Ennis, M.S.W., M.D., F.R.C.P.(C) is an assistant clinical professor of Medicine, with appointments in the Department of Rehabilitation Medicine and the Department of Psychiatry and Neurobehavioural Sciences at McMaster University Medical Centre. He is also an assistant professor of Psychiatry at the University of British Columbia.

Dr. Ennis received his masters in social work at the University of Toronto. After a number of years as the clinical director of a tertiary level children’s care facility he completed his studies in Medicine at McMaster University. He went on to do a residency in Psychiatry at McMaster and two additional years after his residency with specific training in the management of chronic non-cancer pain. He was the co-director of the Chedoke Pain Program, helping to redesign the outpatient program to improve its clinical outcome. He then went on to develop his own unique pain management program in conjunction with St. Joseph’s Hospital (Hamilton). The program is now an independent program. The program utilizes tenants of cognitive behavioural therapy and functional activation to help patients mobilize in spite of the pain they experience. This program has been designed to provide treatment to patients who are still able to work or who are profoundly disabled. Recent outcome research has demonstrated a positive impact of the treatment program on participants’ mood, self-perception of disability and level of function. The program does have a research arm attached to it.

Dr. Ennis has dealt with his own chronic pain throughout his clinical life. He has had over 18 musculoskeletal surgeries because of severe Ehler Danlos syndrome. In 1988 he was hospitalized with a Miller Fischer variant of Guillain-Barré Syndrome. The following year he had his first relapse and ever since, the disorder has taken on a chronic course. In spite of this he remains functionally active in a variety of ways. One of the most important skills used by Dr. Ennis to manage his pain on a day-to-day basis is self-hypnosis. He finds that self-hypnosis
offers him and his patients a self-efficacious method of managing pain without concern for cost or side-effects. Patients in his treatment program have been able to reduce their reliance on narcotics. He is now working with Barlow Publishing to complete a book on the subject of Self-Hypnosis for the Control of Chronic Pain.

Gilda Ennis B.Sc.P.T. Physiotherapist received her honours B.Sc.P.T. from the University of Toronto School of Rehabilitation Medicine in 1977. In 1993-1994 she participated in training in cognitive behavioural therapy in pain management at Chedoke Hospital, Hamilton. In 2000 she completed specialty training in “Medical Acupuncture for the Treatment of Pain; A Practical Integrated Approach” and “Acupuncture for Sports Injuries” at McMaster University in Hamilton. She has continued her education in acupuncture and in 2008 studied “Advanced Needling Techniques For Musculoskeletal Problems.” In 2010 she received a certificate in completing “Integrative Health Strategies in the Management of Women’s Health from Puberty to Senescence at McMaster University, Hamilton, Ontario”. After completing a one year program in Human Sexuality and Counselling at Humber College in Toronto, Ms. Ennis has been certified as a Human Sexuality Counsellor and Educator. Ms. Ennis’ training in Hypnotherapy began in 2010. She has integrated both hypnotherapy and acupuncture in her specialized physiotherapy practice for patients with Chronic Pain. She is a co-therapist in the Hypnotherapy for Pain Control Program provided by the Ennis Centre for Pain Management.

Week 2A: July 25 - 29  Psychiatry for Family Physicians** (9:00 am to 12:15 pm)

Overview: This seminar is designed to help family physicians develop the skills necessary to deal with common psychiatric problems. The focus will be on issues applicable to the primary care setting. Two topics per session will be presented, focusing on clinically relevant material and pragmatic approaches to these problems. The sessions will involve problem-based learning, and group participation and interaction will be actively encouraged.

Topics:
- Approach to Psychotherapy in Primary Care; Strategies for Dealing with the Difficult Patient;
- Approach to Depression; Approach to Bipolar Disorder;
- Somatizing: What Every Family Doctor Needs to Know; Approach to Psychosis in Primary Care;
- Approach to Anxiety Disorders in Primary Care I; Approach to Anxiety Disorders in Primary Care II;
- Approach to the Suicidal Patient; Use of the DSM in Filling out Insurance Forms;

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Faculty: Jon Davine, MD, CCFP, FRCP(C) is an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, with a cross appointment in the Department of Family Medicine. His outpatient psychiatry practice focuses on liaising with primary care physicians in the “shared care” model. For a number of years, he has taught courses in behavioural sciences to family medicine residents and to family doctors in the community. He has lectured nationally and internationally on this topic. He is a past Chair of the Council of Psychiatric Continuing Education (COPCE), which is affiliated with the Canadian Psychiatric Association. He was a fellow of the American Psychiatric Association in 2013, and was made a Fellow of the Canadian Psychiatric Association in 2012. He has received several educational awards including: Certificate of Merit Award, Canadian Association for Medical Education (CAME), 2013; Outstanding Preceptor Award, Psychiatry, Faculty of Health Sciences, Undergraduate MD Program, McMaster University, 2012, 2010, 2009; Undergraduate Teaching Award, Department of Psychiatry and Behavioural Neurosciences, McMaster University, 2012, 2009; Association of Academic Psychiatry, Regional Teacher of the Year Award, 2006; McMaster Psychiatric Residents’ Association – Jack Cleghorn Excellence in Clinical Teaching Award, 1999; PAIRO – Clinical Teacher’s Travel Award, 1988

Week 2B: July 25 - 29 Interactive Program in the Psychotherapeutic Relationship** (9:00 am to 12:15 pm)

Overview: In this very interactive seminar, learners will voluntarily participate in this practical and clinically relevant session. The focus is on increasing knowledge and skills that will enable them to develop authentic psychotherapeutic relationships with their patients. Note: Participants are not required – just encouraged – to interact. All successful psychotherapy is grounded on a strong, authentic therapeutic relationship. The esteemed American therapist, Dr Carl Rogers, said: “The helping relationship is the key aspect and core of successful therapy. Without the psychotherapist being skilled in this relationship, no mere technique is likely to be effective. So the sine-qua-non for successful therapy is the bond that exists between the therapist and the patient. This is not to be left to chance, but rather is something that the therapist can consciously help create by validating and affirming the patient. Not only concerning the patient’s future potential and up-coming successes, but also for who they are right now (even if currently they are “stressed”, “depressed”, or even “oppressed”). Without mastering the art and science of building a therapeutic relationship with your patient, psychotherapy will not be very effective. Ideally, a patient will feel understood and respected by the therapist on an ongoing basis in the therapy process. Creating a safe relationship is crucial, since it takes courage for patients to divulge possibly shameful, unappealing aspects of themselves that they do not usually openly express. Advanced training and other credentials – although quite useful – are not the full story of becoming a professional therapist. If you deny the vital importance of the helping relationship you will likely be unsuccessful. Rogers clearly articulated this point when he said, “Intellectual training and the acquiring of...
information has, I believe many valuable results — but, becoming a psychotherapist is not one of those results (1957).”

Another part of what makes psychotherapy “safe” is for the therapist to maintain a two-way, non-authoritarian, considerate attitude. If patients feel strongly that they know what is best for them, their views should usually be honored. Part of the collaborative nature of the psychotherapeutic relationship involves soliciting feedback from patients so as to determine if a session was helpful or not helpful for the patient. Much of the power of the therapy relationship comes from its “genuineness” — the ability of the patient and therapist to respond honestly and spontaneously in the moment. The therapist should be flexible enough to be fully present with the patient as the patient experiences a full range of emotions, thoughts, and feeling, etc. It is essential to be openly expressive and even laugh together, as well as engage in the sharing of some darker feelings (of course therapists need to be mindful of the appropriate limits of self-disclosure).

When the psychotherapist navigates this process successfully, a strong genuine professional relationship can evolve and strengthen. Much research has shown that, aside from inherent patient strengths, the quality of the psychotherapy relationship is the most powerful factor in predicting successful psychotherapy outcomes — much more so than any (mere) technique or even the theoretical orientation of the psychotherapist.

**Topics:**
- Client-Directed Outcome-Focused Psychotherapy;
- Helping Skills in Practice;
- Constructivist Therapy;
- Qualities and Actions of Effective Therapists;
- Relational Psychotherapy;

**Faculty:** Michael Paré, B.Sc., M.Sc., M.Ed., M.D. is a General Physician Practicing Psychotherapy, and is Chair of the OMA Section on Primary Care Mental Health and President of the North York General Medical Society. Michael is Coordinator at the Medical Clinic for Person Centred Psychotherapy. Dr. Paré is a Certified Group Therapist, and is Certified in IPT Psychotherapy. He is a Mentor/Supervisor of both the General Practice Psychotherapy Association and the Collaborative Mental Health Care Network of the Ontario College of Family Physicians. One of Dr. Paré’s central professional interests has been the provision of collaborative educational programs on Psychotherapy along with Family Medicine and Psychiatry, and he has run several very successful CPD programs. His clinic website is [http://www.medicalpsychclinic.org/](http://www.medicalpsychclinic.org/).

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Week 3A: August 1 - 5  
Psychosocial (Psychiatric) Rehabilitation: An Introduction
(9:00 am to 12:15 pm)

Overview: People with serious mental illness such as schizophrenia are often disabled due to their mental illness and related circumstances. Psychosocial (psychiatric) rehabilitation (PSR) is a set of evidence-informed and policy-endorsed practices that facilitate recovery and related community integration of these individuals. Unfortunately, PSR is not sufficiently implemented in clinical care across the prevention (primary through secondary to tertiary) mental health spectrum. This introductory yet comprehensive course assists general/mental health and social/correctional services providers and administrators, as well as service users and their informal caregivers (family members, friends and others) tools to better serve people with serious and other complex mental illness, be it as direct service providers, policy makers, social supports, or advocates. The course involves interactive presentations with slides and handouts, group discussion and practice.

Topics:

- Psychopathology in a rehabilitation and recovery context;
- A history of psychosocial (psychiatric) rehabilitation;
- Principles of psychiatric rehabilitation;
- Environments and programs in psychiatric rehabilitation;
- Psychiatric rehabilitation in a vocational context;
- Psychiatric rehabilitation process and readiness;
- Cognitive remediation;
- Social skills training;
- Facilitating activities of daily living;
- Psychoeducation;
- Supportive and self-oriented interventions;
- Family education and cultural adaptation;
- Case management and other environmental interventions;
- Ethical problems in psychiatric rehabilitation;

Faculty: Abraham Rudnick, BMedSc, MD, MPsych, PhD, FRCPC, CPRP, CCPE is a certified psychiatrist and a PhD-trained philosopher. He is a Professor in the Department of Psychiatry and Behavioural Neurosciences and an Associate Member in the Department of Philosophy at McMaster University. He is the Psychiatrist-in-Chief as well as a staff psychiatrist at St Joseph’s Healthcare Hamilton, Ontario, Canada. He is a Canadian Certified Physician Executive and a Certified Psychiatric Rehabilitation Practitioner. He is a Senior Editor of the Canadian

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Journal of Community Mental Health. He is a recipient of the pioneer award in recovery research granted by Psychosocial Rehabilitation (FSR) / Readaptation Psychosociale (RPS) Canada, a recipient of the Michael Smith research award granted by the Schizophrenia Society of Canada, and a Distinguished Fellow of the European Society for Person Centered Healthcare as well the Chair of its Mental Health Special Interest Group. Some of his main foci of interest are psychosocial (psychiatric) rehabilitation and person-centered care for people with mental illness, on which he has published many papers, chapters and books, and presented and taught across the world, as well as led and provided consultation for service development and quality improvement initiatives.

**Week 3B: August 1 - 5  Fetal Alcohol Spectrum Disorder (9:00 am to 12:15 pm)**

**Overview:** This seminar is designed to provide family physicians and other healthcare providers an introduction to Fetal Alcohol Spectrum Disorder, along with skills and knowledge required to screen for and identify individuals at risk of having FASD, along with women at risk of consuming alcohol during pregnancy. Importantly, participants will learn a range of skills and approaches necessary to support families who are affected by FASD across the lifespan. Topics will cover information on prevalence of the disability, promising approaches to screening for FASD across the lifespan; assessment and diagnosis; supports and interventions. The seminar will include a range of didactic and practical approaches, including lectures, readings, videos, clinical cases, and group activities.

**Topics:**

- Canadian Guidelines for FASD (2015); signs and symptoms of FASD across the lifespan;
- Prevalence of FASD in Canada and worldwide;
- Prevention and early detection strategies;
- Screening for prenatal alcohol exposure and FASD in primary and mental health care settings;
- Concurrent mental health difficulties in FASD;
- Environmental adversity in FASD;
- Promising intervention approaches in FASD;
- FASD and the criminal justice system;
Learning Objectives:

At the end of this seminar participants will be able to:

- Define and describe the rates and characteristics of individuals with FASD across the lifespan;
- Identify best practices in screening for FASD and prevention of prenatal exposure to alcohol in pregnancy;
- Understand the impact of early life adversity and adverse outcomes for individuals with FASD;
- Demonstrate awareness of promising approaches in support and intervention for individuals with FASD;

Faculty: Kaitlyn McLachlan, Ph.D., C. Psych. is a psychologist in the Forensic Psychiatry Program at St. Joseph’s Healthcare Hamilton, and an Assistant Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University. Dr. McLachlan received her M.A. and Ph.D. in clinical psychology with a specialization in forensic psychology at Simon Fraser University. She subsequently completed two years of postdoctoral training in research with NeuroDevNet, a trans-Canada initiative dedicated to studying children’s brain development from both basic and clinical perspectives. Dr. McLachlan’s program of research focuses on Fetal Alcohol Spectrum Disorder across the lifespan. Her work has included focus on screening and identification of FASD in general and forensic health care settings, and prevalence studies evaluating the rate of FASD in correctional and forensic mental health settings. Dr. McLachlan’s work as a clinician-scientist has been recognized with a Canada FASD Research Network Sterling Clarren Research Award. Dr. McLachlan’s research also has a unique focus on the adverse outcomes of individuals diagnosed with FASD across the lifespan, and in particular, high rates of involvement in the criminal justice system. She is a frequent presenter at national and international conferences, has a range of peer-reviewed publications in the area, and is a passionate lecturer on the subject.

Week 4A: August 8 - 12  The Management of Simple and Complex Post Traumatic Stress Disorder **
(9:00 am to 12:15 pm)

Overview: Do you have a challenging patient population? Do you have patients whose very name makes your heart sink when you see it on your list for the day? Do visits with these people deplete your energy? Do you ever wonder how you can help these patients heal while still keeping yourself sane and whole? If so, this practical program is for you!

The past twenty years have seen a dramatic increase in our knowledge of the profound and far-ranging effects of
childhood adversity and trauma. This program will give a practical overview of current neuroscience concerning trauma and its relationship to stress physiology, chronic pain, unexplained medical symptoms, physician burnout, epigenetics and the growing field of psycho-neuro-immuno-endocrinology.

As physicians, we are called upon to address not just the demanding physical and psychospiritual wounds of returning military veterans, but also to better care for the large number of patients with complex traumatic stress, whose clinical complaints and suffering confront us daily in our offices and wards. Combining cutting edge theory, videos and practical exercises, this program will offer a comprehensive overview of both simple and complex trauma and its related disorders. It will also offer hands-on clinical techniques and tools to help you work with these challenging patient scenarios.

Treating patients with traumatic histories is psychologically, emotionally and physically challenging. This program will also include detailed and practical instruction on how to work with patients without becoming depleted yourself. You will leave this program with a variety of techniques for self-care that can be practiced at any time (including during a busy day seeing patients). Instruction will include optional exercises, such as therapeutic role-play, gentle yoga, acupressure, simple meditation techniques and an introduction to several evidence-based practice tools.

**Topics:**

- Prevalence and public health burden of psychological trauma;
- Types of psychological trauma and their physical and behavioural sequelae;
- Review of stress physiology and the neuroscience of trauma as a key etiology of chronic illness, chronic pain, addiction and mental illness;
- Trauma-informed care and ways to provide it;
- Treatment planning in the context of psychological trauma;
- Cultivating compassion for survivors of psychological trauma and for self;
- Practical techniques for self-care and burnout prevention;

**Faculty: Harry Zeit, M.D., CGPP** is a physician psychotherapist at the Medical Clinic for Person Centred Psychotherapy and Chair of Education Committee of the OMA Section on Primary Care Mental Health. Dr. Zeit graduated from the University of Toronto Medical School in 1982. He practiced until 2005 as an American Board certified emergency physician, and was active in the Canadian Association of Emergency Physicians. He now has a private practice in general psychotherapy, with a special interest in trauma, somatic psychology and newer integrated psychotherapies, such as the internal family systems model. He is a graduate of the Sensorimotor

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Psychotherapy Institute’s training level one (affect dysregulation, survival defenses and traumatic memory) and level two (emotional processing, meaning making and attachment repair); he then completed the certification level in April 2013.

As an education chair, he plays an active role in arranging a wide range of talks for family physicians, GP psychotherapists and psychiatrists, while also building bridges between MD and non MD mental health care workers. Harry created and continues to run the Caring for Self while Caring for Others series, which runs between October and April annually. He blogs on behalf of the section at: http://wildpsychotherapyfrontier.blogspot.ca

Faculty: Amy Alexander M.D., M.H.Sc., CCFP, Dip CAPM is a Family Physician with focused practices in both Psychotherapy and Pain Medicine. She has a special interest in the integrative treatment of patients with both complex physical and mental health problems. She has a private practice working with individuals and groups in Aurora, ON and she is also an Active Staff member of the Departments of Family Medicine and Psychiatry at the Southlake Stronach Regional Cancer Centre in Newmarket, ON. Prior to a career in medicine, Dr. Alexander was a Loran Scholar and went on to receive her M.H.Sc. in Health Promotion from the Dalla Lana School of Public Health at the University of Toronto. She worked within the HIV/AIDS palliative care and supportive housing communities in that city until 2003. She graduated from the Michael G. DeGroote School of Medicine at McMaster University in 2006 and went on to work as a Medical Officer in the Canadian Armed Forces where she focused on the rehabilitation and occupational medical needs of soldiers with trauma and other, complex physical and mental illnesses. In 2013, she developed Canada’s first Mindfulness and Resiliency Skills program for active military members which continues to this day.

Dr. Alexander has trained in CBT, IPT and Brainspotting and is a graduate of the Massachusetts General Hospital's Benson-Henry Institute for Mind-Body Medicine with advanced training in Mind-Body Medicine for both Chronic Pain and Cancer. She is a Certified Yoga Teacher with training in a wide variety of evidence-based therapeutic yoga techniques such as LifeForce Yoga and iRest. She is also a graduate of Harvard University’s International Structural Acupuncture course for Physicians.
Week 4B: August 8 - 12  Practical Introduction to General Practice Psychotherapy  **
(9:00 – 12:15 am)

Overview: An interactive overview of relevant theories and techniques of General Practice Psychotherapy and a brief overview of Interpersonal Therapy. Essential “Do’s” & “Don’ts” of therapy including Record Keeping, Confidentiality, Consent to Treatment, Boundary Issues. Interactive discussion of real and fictional patient-therapist encounters and viewing some Hollywood film clips featuring psychotherapy. This program is based on the earlier course but is changed and updated. Topics: Overview of Standards and Guidelines of General Practice Psychotherapy (Mon); Supportive Psychotherapy: 10 Things to Do, and 10 Things to Avoid (Tue); Boundary Issues in Psychotherapy (Wed); Interpersonal Psychotherapy (Thu); Practical Consideration on Transference and Countertransference in Psychotherapy (Fri)

Day One: Overview of Standards and Guidelines of General Practice Psychotherapy

Physicians often do Psychotherapy without as much training as they would want since there are so many demands on their time. This session covers a few centrally important and yet rarely discussed essential elements of successful ethical psychotherapy (such as confidentiality – and its limits – obtaining truly informed consent; keeping good boundaries, etc. The participants will have increased knowledge of the Standards and the Guidelines for Psychotherapy and issues of confidentially, Record Keeping, Informed Consent, Boundaries, Diagnosis, and Suicide Assessment, etc. They will also learn what the common countertransference reactions (positive and negative) with patients are. In addition doctors will learn the several components of a suicide risk assessment.

Learning Objectives:

- The participant will have increased knowledge of the Standards and the Guidelines for Psychotherapy and issues of confidentially, Record Keeping, Informed Consent, Boundaries, diagnosis of mental illness, a practical suicide assessment, etc.
- What are the common countertransference reactions (both positive and negative) with patients?
- Learn the several components of a suicide risk assessment

Day Two: Supportive Psychotherapy: Ten Things to Do, and Ten Things to Avoid

Most physicians (even Psychiatrists) don't do "specialized" Psychotherapy (CBT or Psychodynamic, etc.) but rather they do supportive psychotherapy. Thus this program in very practical, and is also an interactive session. The session will be an outline of several of the key positive elements of therapy (such as empathy and support)
and several things to avoid (such as excessive reassurance and excessive advice giving). We will cover the important ingredients of a "Therapeutic Contract" in the area of General Practice (Medical) Psychotherapy. The participant will have increased knowledge of the current definition(s) of psychotherapy (from OHIP, and from various other organizations). The Essence of GP-Psychotherapy: Common Factors in Therapy will be discussed in detail.

Learning Objectives:

- List the important ingredients of a "Therapeutic Contract" in the area of General Practice (Medical) Psychotherapy.
- The participant will have increased knowledge of the current definition(s) of psychotherapy (from OHIP, and from various other organizations).
- The Essence of GP-Psychotherapy: Common Factors in Therapy will be discussed in detail.

Day Three: Boundary Issues in Psychotherapy

This program describes the theoretical foundations and shows (using DVD clips) the practical application of boundaries in the clinical process. The foundation of good quality medicine is not only scientific and technical, it is also ethical. Boundaries are essential to an appropriate therapeutic relationship. As professional helpers we need to know boundaries well so we can get as close to a patient without intruding upon, or "using" a patient in any way. The difference between Boundary Crossings and Boundary Violations will be highlighted. What do we mean by a "boundary" in a psychotherapeutic relationship? What is the therapeutic frame?

Learning Objectives:

- The difference between Boundary Crossings and Boundary Violations.
- What do we mean by a "boundary" in a psychotherapeutic relationship?
- What is the therapeutic frame?

Day Four: Interpersonal Psychotherapy

Interpersonal Psychotherapy (IPT), is a short-term, manualized (meaning very structured) psychotherapy. IPT was first designed for the treatment of individuals with depressive disorders. IPT is an effective type of therapy, which is very similar to the more common “supportive psychotherapy”, that most physicians actually provide. The main difference is that IPT is somewhat more clearly “packaged”. Currently, IPT is an officially recommended treatment for depressive disorders. Substantial empirical evidence supporting IPT’s efficacy has

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progressively grown since its early use. The IPT method is briefly described using PowerPoint slides, in this very interactive session featuring a professional produced DVD showing IPT which will be discussed in detail. Participants will learn the theoretical foundations of Interpersonal Psychotherapy (IPT). They will be able to describe the four foci of treatment in Interpersonal Psychotherapy for Depression (IPT). The speaker will describe the beginning, middle and ending treatment phases of IPT.

Learning Objectives:

- Learn the theoretical foundations of Interpersonal Psychotherapy (IPT).
- Describe the four foci of treatment in Interpersonal Psychotherapy for Depression (IPT).
- Describe the beginning, middle and ending treatment phases of IPT.

Day Five: Practical Consideration on Transference and Countertransference in Psychotherapy

This session will highlight my own practical understanding of transference (T) and countertransference (CT). I gained this understanding through extensive training in psychotherapy and through personal and professional experience – both as a patient; as a therapist; and as a psychotherapy supervisor and mentor. Transference (T) and countertransference (CT) are common phenomena seen every day in Family Practice and Psychotherapy. Both T and CT are related to projections that naturally occur for every patient and all therapists. T has to do with certain feelings (or thoughts, or attitudes, etc.) a patient can have towards a therapist. CT has to do with certain feelings (or thoughts, or attitudes, etc.) a therapist can have towards a patient. Both T and CT are neither “good”, nor are they “bad”. They are instead like all feelings: they just are yet what we do with these feeling could be bad. So it is best to recognize and understand these CT feelings better. To make this session more accessible, and very relevant, the speaker will use DVD of psychotherapy and we will analyze it for both T and CT. The speaker will discuss several Family Practice clinical situations so that the session is more experiential and practical (as well as theoretical).

Faculty: Michael Paré, B.Sc., M.Sc., M.Ed., M.D., General Physician Practicing Psychotherapy, and is Chair of the OMA Section on Primary Care Mental Health and President of the North York General Medical Society. Michael is Coordinator the Medical Clinic for Person Centred Psychotherapy:

http://www.medicalpsychclinic.org/

To register and make secure payment online, visit: http://psychiatry.mcmaster.ca/
The Forensic Psychiatry Institute 2016 will take place in a picturesque setting allowing the participants to engage in stimulating discussion about complex issues tailored to interdisciplinary clinicians working within the forensic mental health system.

Session Topics Include:

- Treatment of Sex Offenders Deemed Not Criminally Responsible
- Forensic Mental Health System
- Managing Risk within the Forensic Mental Health Context
- Measuring Aggression & Impulsivity
- Challenging Legal Issues in the Treatment of Offenders
- Evolving Case Law
- How Neuroscience Shapes Treatment
- Intersection of Mental Health & Criminal Justice System
- Assessment of Fetal Alcohol Spectrum Disorder
- Building Resilience Through Mindfulness Practices
- Enhancing Motivation for Change
- Trauma Informed Care
- Experiences of Stigma Exemplified
- Post Traumatic Stress Disorder
- Forensic Psychiatry—An International Perspective
- Preventing Vicarious Trauma Through Clinician Self-Care
- Music & Arts Based Interventions to Promote Healing

Online Registration Opens April 2016 at:  [http://psychiatry.mcmaster.ca](http://psychiatry.mcmaster.ca)

Program Inquiries: Jyoti Kapur, 905-522-1155, ext. 33059

August 15—19, 2016
Deerhurst Resort
Huntsville, Ontario
20th Annual McMaster Muskoka Seminars
July & August 2016

Deerhurst Resort, Huntsville

Accommodations

Huntsville, Ontario

For reservations call:
1-800-461-4393 and quote
McMaster Muskoka Seminars

Sunday check-in and Friday check-out. Special conference rates offered for three days before and after seminar dates based on resort availability. Spouse and children under 18 stay free with registrant. Applicable taxes and resort amenity fee in addition to all rates. Reservation is subject to cancellation policy and deposit is required.

Please be sure to make accommodation arrangements ASAP as rooms fill quickly. Deerhurst room rates plus taxes and resort amenity fee are listed below:

<table>
<thead>
<tr>
<th>Accommodation Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Building Guestroom</td>
<td>$199.00</td>
</tr>
<tr>
<td>Lakeside Guestroom</td>
<td>$229.00</td>
</tr>
<tr>
<td>Junior One Bedroom Suite</td>
<td>$243.00</td>
</tr>
<tr>
<td>1 Bedroom Condo</td>
<td>$299.00</td>
</tr>
<tr>
<td>2 Bedroom Condo</td>
<td>$399.00</td>
</tr>
<tr>
<td>3 Bedroom Condo</td>
<td>$529.00</td>
</tr>
</tbody>
</table>

Deerhurst resort offers use of the following amenities: splash zone, three outdoor pools, golf practice on the greens, canoes, kayaks, beach access and chaise lounges, hiking trails, tennis courts, basketball hoop, volleyball court, parking, fitness room, guestroom high-speed wireless internet, and indoor pool.

For the full guestroom description of what is offered at Deerhurst, please visit the website at:

http://www.deerhurstresort.com/huntsville-ontario-accommodations.htm

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Registration

Course Tuition: $795.00 per course (after May 21, 2016)
Early Bird Rate: $745.00 per course (by May 20, 2016)
Returning Rate: $745.00 per course
Forensic Psychiatry Institute: $495.00 for week

Student Rate: $395.00 (full-time students only)

DISCOUNTED RATE FOR SJHH STAFF

Rate Inquiries can be directed to jkapur@stjoes.on.ca or

Complete online registration and secure payment at: http://psychiatry.mcmaster.ca/

Information Required to Complete Registration:
Name: ________________________________ Professional Designation: ________________________________
Address: ____________________________________________________________
Organization/Facility: ___________________________ Fax: (___) ____________ Email: ________________________________
Phone: (___) _______________

Seminars Available:
1A: July 18-22 □ Introduction to Concurrent Disorders
1B: July 18-22 □ Hypnotherapy for the Control of Chronic Pain New
2A: July 25-29 □ Psychiatry for Family Physicians
2B: July 25-29 □ Interactive Program in the Psychotherapeutic Relationship
3A: Aug 1-5 □ Psychosocial (Psychiatric) Rehabilitation: An Introduction New
3B: Aug 1-5 □ Fetal Alcohol Spectrum Disorder New
4A: Aug 8-12 □ Management - Simple & Complex Post Traumatic Stress Disorder
4B: Aug 8-12 □ Practical Introduction to General Practice Psychotherapy
5A: Aug 15-19 □ Forensic Psychiatry Institute New

Dr. Jennifer Brasch & Dr. Beth Reade
Dr. Jeff Ennis & Ms. Gilda Ennis
Dr. Jon Davine
Dr. Abraham Rudnick
Dr. Kaitlyn McLachlan
Dr. Harry Zeit & Dr. Amy Alexander
Dr. Michael Paré
Various Faculty for Distinct Modules

Program Contacts:
McMaster Muskoka Seminars Forensic Psychiatry Program Room H300, Forensic Program St. Joseph’s Healthcare, Hamilton 100 West 5th Street, PO Box 585 Hamilton, Ontario L8N 3K7

Jyoti 905-522-1155 ext.39089
Ada or Anna 416-229-2399 ext.125

Gary Chaimowitz, MB, ChB, FRCPC Course Director
Michael Paré, MSc, MEd, MD Associate Course Director

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