Division of Child and Adolescent Psychiatry
Annual Report 2015-2016

It is with great pleasure that I report on the activities of the academic Division of Child and Adolescent Psychiatry (DCAP) for the past academic year. I will focus on some of the highlights over the past year and incorporate reports from our division academic leaders. We are always cognizant that we are an Academic Health Science Centre/Network and it is difficult to delink academic activity from service delivery as they are so intimately tied together and reciprocally inform each other. As always, while the emphasis of this annual report will be on academic activity, relevant comments will be made to academically-linked service delivery.

CAP Undergraduate Medical Education

Beginning with our academic reports, we are most appreciative to Dr. Heidi Haensel, who stepped into the role of Undergraduate Coordinator for Child and Adolescent Psychiatry (CAP) in July 2015. She has embraced the role with vision and enthusiasm and was the winner of the Department of Psychiatry Clinical Clerkship Award at the Annual Awards dinner this June. Dr. Haensel’s report on activities of the past academic year:

Clerkship Selectives and Electives
1. ACCOMPLISHMENTS:

Case Based Seminars
Child and adolescent psychiatry case based seminars continue to receive high ratings from clerks evaluating the teaching. During the past year, new presenters have joined the teams responsible for delivering the lecture topics. Presenters were encouraged to review the power point slides that are utilized in the seminars to ensure that the content was clinically relevant, updated to DSM V and appropriate for clerks. Any revisions were submitted for review and updated on the Web CT site.

Clinical Experience - Selectives
Throughout this academic year, Child and Adolescent psychiatry has offered 2-week long selective experiences for clinical clerks in nine separate services. We supervised more than 45 clinical clerks, providing exposure and involvement in psychiatric assessments, group/family sessions, interprofessional case conferences, and “bedside” teaching. Active recruitment of new psychiatry staff and interprofessional staff to the team of clerkship supervisors has continued. The addition of new members is accompanied by the provision of an orientation to the objectives of the clerkship experience, and the matching of the supervisor’s availability with their assignment of clerks.

Electives
Child and adolescent psychiatry continues to be a popular choice for visiting student electives. With the help of our enthusiastic supervisors, we continue to provide an excellent educational experience for many medical students from other centres.
2. CHALLENGES:
Maintaining interest in teaching seminars with a clerkship cohort that may be less focused on the cognitive specialties.
Decrease in general adult psychiatrists offering core rotations to clerks, with these clerks then being placed with willing child and adolescent supervisors. This increased the numbers of needed clerk rotations, but at times clerks were less prepared for their rotations as this was not an area of interest.

3. OBJECTIVES FOR THE UPCOMING YEAR:
Review of selective objectives and deliverables to ensure consistency among supervisors.
Review and revise the suggested reading list for clerks in Child and Adolescent Psychiatry.
Support our staff providing selectives to share students between services when applicable in order to provide a broader range of high-yield clinical experiences to medical students.
Facilitate child and adolescent psychiatry representation in the Spring 2017 “Interest in Psychiatry” event and in the “Taste of Psychiatry” events in order to promote interest in this exciting field.
Liaise with the coordinator of child psychiatry in Windsor-Schulich to ensure equivalent clinical and teaching experiences between the two sites.
Update descriptions to medical students of each child and adolescent psychiatry service available for selective rotations. Arrange to have the descriptions posted on the UGME website for reference when medical students are making their choice of psychiatry clerkship selectives.
Review Med 2 and clerkship lecture materials to ensure appropriate topics and information level and avoid duplication.
Initiate Child and Adolescent Psychiatry Interest groups on social media to promote and maintain interest in the field.

**CAP Postgraduate Medical Education**

Dr. Patty Hall continues to ably lead Postgraduate Education for Child and Adolescent Psychiatry. She was also the residents' selection for the DCAP Annual Award: Postgraduate Child and Adolescent Psychiatry Teacher of the Year at the June 2016 Department of Psychiatry Awards Dinner.

Dr. Hall's report on DCAP Postgraduate Education for the year:

1. APPRECIATION
With the arrival of summer, I would like to express my gratitude to all the individuals who have participated in postgraduate education over the academic year. Thank you to all interprofessional staff for participating so willingly in teaching. It has been a busy year with Child and Adolescent Psychiatry lectures being provided for the PGY-1, PGY-3 and the subspecialty program. The success of the academic curriculum over the past year was in part due
to the excellent administrative support of Faye Slote, Carissa Peterson, Eva Adams, Suzy Mendes and Tracy Henebry. Clinically, there has been an increasing demand for rotations. I would like to thank Tracy Henebry for her efforts in maintaining the clinical rotation schedule for our psychiatry residents as well as family medicine and paediatric trainees. I would also like to thank the PGY-3 residents for their hard work in providing an excellent year of Child and Adolescent Rounds.

The RPC would like to make a special note of thanks to Dr. Margaret Steele for all her support to our subspecialty program. We wish her the best in her upcoming role as Dean of Medicine at Memorial University.

2. CONGRATULATIONS

The Postgraduate Education Committee in Child and Adolescent Psychiatry would like to congratulate Dr. Ray Egan for his successful completion of the Child and Adolescent Psychiatry Subspecialty exam of the Royal College of Physicians of Canada in fall 2015. Also, we are excited to express congratulations to our PGY-6 resident, Dr. Joy Abramson. Dr. Abramson and her husband welcomed a healthy baby girl to their family in May 2016. Dr. Abramson is now on a well-deserved maternity leave and will complete her program in November 2016. Dr. Abramson was the recipient in the fall of 2015 of a Schulich School of Medicine and Dentistry Travel Award for her participation in a panel for the American Academy of Child and Adolescent Psychiatry Conference. Dr. Abramson presented on the topic of Weight Stigma in Medicine.

3. PROGRAM REVIEW

In the summer of 2017, the Child and Adolescent Psychiatry will undergo an internal review of the program. Our last review in 2014 resulted in the status of “Accredited Program with follow up by Next Regular Survey” (i.e. full approval). Our program administrator, Tracy Henebry, and the CAP Residency Program Committee will work hard over the next year to ensure we have a successful review.

4. APPLICATIONS FOR CAP SUBSPECIALTY RESIDENCY POSITIONS

As a reminder, applications for July 2017 are due in September 2016. Please refer to the department website for more information in regards to application requirements. For any questions concerning the subspecialty program, please contact Dr. Patricia Hall, Program Director, or Tracy Henebry, Program Administrator.

Continued Professional Development (CPD) Report

Dr. Naveed Rizvi continues to tirelessly lead the CAP Continued Professional Development Program, ably assisted by Faye Slote. We are very fortunate to have such a rich CPD program and so appreciative of Dr Rizve's capable and committed leadership.
Dr. Rizvi's report on the CDP activities for the past year:
The DCAP continues to offer CPD activities with an emphasis on inter-professional learning to address knowledge gaps, promote evidence-based practices, facilitate professional development and build community capacity with collaboration and partnerships.

2015-2016 has been a busy and successful year for the DCAP CPD activities. While DCAP faculty members and Psychiatry Residents presented regularly at the CPD events, nationally and internationally, well known guest speakers also presented at 2015-2016 CPD events.

The CPD events were regularly attended by faculty members, allied health professionals, residents, medical and allied health students as well as by various community partners. Attendees evaluated the CPD events as excellent learning opportunities promoting knowledge acquisition, skill development and in improving practice attitudes.

Using OTN videoconferencing access to CPD events was provided to Community partners including CPRI, Parkwood Institute, Hôtel-Dieu Grace Healthcare and the Children Mental Health Agencies associated with the CPRI Hub of the Tele-Mental Health Services.

During the year 2015-2016 DCAP organized the following CPD events: (Please refer to the attached document for details).

*Complex Case Rounds (CCRs): ‘CCRs’ is an ongoing CPD event being held on the 2nd Wednesday of the alternating month. The focus of CCRs is on promoting interdisciplinary strategies and community resources to improve functioning of the children and families presenting with complex mental health issues.*

*Child and Adolescent Psychiatry Annual Conference held on April 29, 2016: “Creating a Care Continuum: Integrating Child and Youth Mental Health, Primary Health Care and Community Services”*

Plenary: Dr. Sandra Fisman, “Joining the Dots: Building an Integrated Child and Youth Mental Health System”

Keynote: Dr. Karima Velji, “Integrated Youth Mental Health: Role of Organizational Leadership”

Workshops: Please see the attached for details.

*CPD Department Grand Rounds hosted by DCAP held on June 9, 2016 on “Cardiac Side Effects of Psychotropic Medications in Children”. Resident Case presentation by Dr. Nina McCurdy (PGY-II Psychiatry) and guest speaker Dr. Michael Grattan.*
DCAP Annual Meeting held on June 23, 2016, on “Concussion in children: Role of mental health professionals in managing the psychiatric and neuropsychological sequelae” by guest speaker Dr. Douglas Fraser.

Monthly Child and Adolescent Psychiatry Residents Rounds: DCAP collaborates with the Department of Psychiatry CPD Committee in organizing Child and Adolescent Psychiatry Resident Rounds on a monthly basis. Psychiatry residents presented a wide variety of child and adolescent topics.

While we look forward to another exciting and successful year for DCAP CPD activities, I would like to express my appreciation and thanks to the Department of Psychiatry, Chair of the Division of Child and Adolescent Psychiatry, DCAP Conference planning Committee members, and to DCAP Faculty members for their ongoing support, advice and participation.

I specially would like express my appreciation and thanks to Faye Slote, for her dedication and efforts in arranging and organizing DCAP CPD events.

Research
The profile of research within the Division continues to grow. This is in no small part a tribute to the research leadership of Dr. Jeff Carter, who continues to actively promote the DCAP Research agenda together with his growing responsibilities with the MCYS Lead Agency Development.

Dr. Carter's report on research activities over the past year:

I would like to thank Dr. Paul Links for his support of research initiatives. I would also like to thank Faye Slote and Brenda Davidson for all of their administrative and organizing work for research within the Division. We have aligned our reporting with Department reporting to reduce the administrative burden on researchers, and we will be adding a section to our semi-annual reports to help researchers coordinate their efforts and provide residents with current information about potential research opportunities. The standing item on Research is now established as the first half hour in Psychiatrist meetings.

The Division successfully held the Third Annual Research Half Day on November 26, 2015. Dr. Mario Cappelli from the Children's Hospital of Eastern Ontario provided the keynote address on, "The Emergency Department (ED) as the gateway for hospital and community-based mental health services for children and youth: The Reluctant Navigator." Dr. Elizabeth Osuch presented on, "An integrated youth wellness hub in London--is there a vision?" The poster session included ten excellent posters. Winners of the poster competition were Dr. Javeed Sukera (Sukhera, Fahim, & Chahine, "Development of a brief and reliable scale for assessing stigmatizing attitudes towards patients with psychiatric illness: The Brief Mental Illness Attitudes Scale"), Sandra Gotovac (Gotaovac, Espinet, Ninan, Scott, Horne, Stretch, Robinson, Lingard, & Steele, "Improving primary care capacity to manage mental health care through training in child and adolescent psychiatry"), and Dr. Ajit Ninan (Ninan, Tehall, Willoughby, &
Meraj, "Engaging caregivers and youth in side effect monitoring with a responsive website"). Honourable mention went to Carolyn Summerhurst (Summerhurst, Swammes, Arcaro, & Osuch, "Embracing technology: Text message communication between a first episode mood and anxiety program and the youth they serve"). The Fourth Annual Research Half Day is being arranged for November 2016. The call for posters will come out over the summer.

The Journal Club is held on the 2nd Wednesday of alternating months. The focus is on promoting interdisciplinary research to promote evidence based knowledge and practices and this was a productive year with many interesting discussions. Dr. John Strang opened the year in October with a presentation on, "The Maryvale Mindfulness Study (2015)." In December, resident Dr. Joy Abramson presented on, "The Circle of Security parenting intervention". Dr. Peng Pang presented on the "Mobile Bridge Therapy Program" in February and Dr. Javeed Sukhera ended the season with a discussion on, "Resolving mental illness stigma: Should we seek normalcy or solidarity". A schedule for next year will be developed over the summer.

Clinical academic linkages
1. EXPLORATION OF CHILDRENS AND MENTAL HEALTH ADMINISTRATIVE MODELS
There has been a senior leadership initiative at LHSC and SJHC over this past year to explore the optimum governance model in the London Hospitals for Mental Health and Children's Health. Child and Adolescent/Youth Mental Health has had affiliations with both of these processes, being an important component of Children's Health within a Children's Hospital and a partner with Adult Mental Health in ensuring developmentally appropriate mental health care for Transitional Age Youth. It has been determined through a Children's Hospital Roadmap Steering Committee at LHSC that Child and Adolescent Mental Health will be part of the future Children's Hospital along with other Children's Health Services. The Mental Health Feasibility Study, exploring governance and siting of Mental Health services across the lifespan and the continuum from acute to tertiary care and linkages with the community, is in progress.

We are appreciative to Drs Ellen Lipman and Peter Fitzgerald who hosted a visit at MacKids in Hamilton in February 2016, that was very helpful in informing our future models of care and opened the way for collaboration between our two centres.

2. OTHER CLINICAL ACADEMIC INITIATIVES
Continued Dialectical Behaviour Therapy Development
A continued focus of the past year has been our Dialectical Behaviour Therapy (DBT) initiative. Beginning in 2013, Children's Health Foundation (CHF) has contributed to funding the development of Dialectical Behavior Therapy (DBT), an evidence-based treatment modality for patients that historically have been difficult to treat and characteristically have frequent Emergency Department (ED) visits, crisis admissions and struggle to make progress towards recovery due to self-harm behaviours and suicidality. Our project has aimed to further increase
the capacity of our clinical teams to integrate DBT as a treatment modality across our Child and Adolescent programs at LHSC/Children's and SJHC/Parkwood Adolescent Program. The project has been divided into three phases:

In September 2014 we offered "DBT Training and Consultation: A 2-Day course in partnership with experts at Behavioural Tech LLC". Support from CHF enabled subsidized registration fees for participants from London and the region to attend DBT training with experts (that were last in London area in 2005). Partners and agencies learned about both adopting and adapting DBT as a service model, to meet the needs of adolescents in their own community. 80 participants consisting of medical students, physicians, residents, psychologists, social workers, nurses and child and youth workers attended from Southwestern Ontario. Participants evaluated the workshops and the majority of respondents “agreed to strongly agreed” that both workshops were a success, were relevant to their practice; and provided new knowledge, new skills, and changed their attitudes. Participants also “agreed to strongly agreed” that their motivation to attend was “high”, the training day was an effective learning experience and they would be interested in attending the workshop(s) again.

There were several other positive outcomes:

a) The development of a standard DBT assessment form that allows teams to make patient-informed treatment decisions and recommendations is one successful initiative. The form is utilized across each area of service within CAMHCP and the Parkwood Intensive DBT Group Program and has become a standard of practice.

b) A standard chain analysis form was also developed and is used in both Inpatient and Outpatient settings a dross both hospital Child and Adolescent programs, where clinicians work closely with the patient to understand the chain of events that lead to their impulsive behaviour. We continue to focus on completing chain analyses as a standard of practice when a patient experiences life-threatening thoughts or actions. It is a valuable tool used in DBT as it informs assessment, skills teaching and treatment recommendations.

c) A comprehensive DBT group skills binder has been created for patients attending the intensive ambulatory program and it includes individualized diary cards, treatment agreement and safety plan. We have adapted a set of DBT skills teaching handouts and practice worksheet for the Inpatient DBT programs and Eating Disorder Day Treatment Program at LHSC. Mindfulness binders have been created and distributed across the program to provide a standard resource for staff to teach and practice mindfulness with their patients.

d) The Oxford Elgin Child and Youth Centre (OECYC) St Thomas site presented a workshop at the DCAP Annual Symposium this past April outlining their successful implementation of DBT Skills Group at their agency.

This past year CAMHCP developed a team of seven committed clinicians to provide structured, comprehensive DBT programming in our ambulatory setting at LHSC. Adolescent patients and
their parent/caregiver attend 3 hours/week of combined individual and group therapy over 14-16 weeks in the DBT program. To successfully deliver this modality clinicians completed on-line DBT training modules, attended the 2-day DBT training workshop with the trainers from B-Tech) and were supervised in the implementation phase to advance their competency in DBT. CHF funds supported the purchase of copies of DBT® Skills Manual for Adolescents (Rathus & Miller 2014) which is an optimal clinical resource to sustain fidelity to the model.

The Outpatient program at LHSC now also offers a less intensive DBT informed stream of treatment called “Let’s Learn Emotion Regulation Now” (LLERN). Development of LLERN has reduced the wait times for service, increased the therapeutic group programming available and utilizes clinical resources effectively. The LLERN program is available to our patients and their families as a result of CHF funding that supported the cost of DBT training for our program staff.

Other DBT Program expansions

Adolescent Inpatient Services

LHSC: Various professionals and disciplines, from psychiatry, psychology, nursing, child and youth work, social work, and management, with a dedicated DBT trained clinician came together as a team to develop a new structured treatment schedule and model for the B8-200 inpatient unit. DBT has been adopted and combined with a Collaborative Problem Solving approach. For example patients can expect to attend mindfulness training, therapeutic skills group, homework sessions, safety planning and relaxation group daily during their admission.

Parkwood H-5: The DBT Intensive Group Skills program for parents/caregivers and Youth, provided by Adolescent Outreach has been in place since 2006 and more recently was expanded to the inpatient program following the recent comprehensive training and staff completion of on-line training modules. Group is provided twice a week in modular format and coupled with individual DBT and daily supervised homework completion.

Eating Disorder Program

A DBT skills group was adapted and implemented for patients in the Eating Disorder(ED) Day Treatment Program at LHSC; patients attend weekly group sessions. The ED team attended DBT training (funded through CHF) and the staff continue to receive weekly supervision and consultation to further improve their DBT skills teaching.

General Adult Ambulatory Mental Health Service

A team of clinicians from General Adult Ambulatory Mental Health Service was trained in DBT which allowed this group intervention to be delivered to Transition Age youth (17-24). In the past at LHSC we were not able to offer a structured evidence-based treatment to youth in this age group and it was very difficult to expect young patients to attend group interventions with adults.
DBT Outcome Evaluation Study

In a true spirit of collaboration, the Child and Adolescent Mental Healthcare Program (CAMHCP), Children’s Hospital, London Health Sciences (LHSC), Parkwood Institute, Mental Health Care Building (PARKWOOD), and Dr. Shannon Stewart and Dr. Chloe Halmza, Faculty of Education, Western University are moving forward with DBT Phase 3 development, Outcome Evaluation Study.

Dr. Shannon Stewart is a Psychologist, in the Department of the Faculty of Education, Western University and an Associate Scientist at the Children’s Health Research Institute. One of Dr. Stewart’s focuses is contributing to increased evidence-informed care planning to improve the functionality of mental health services across multiple service sectors. Dr. Chloe Hamza, Ph.D. is a Canadian Institutes of Health Research Postdoctoral Fellow, Faculty of Education, Western University is presently working with Dr. Stewart.

In addition, the DBT therapists/consultants at CAMHCP have come forward and volunteered to administer the interRAI ChYMH – Suicidality and Purposeful Self-Harm Items Only (CAP) on their clinical time. They also agreed to take time from their busy demanding clinical schedules to be trained on the CAP without remuneration.

A DBT model in adolescents has not been studied in Ontario and minimally in the adolescent population as a whole. In this research partnership we hope to evaluate treatment outcome across both hospital programs, LHSC and PARKWOOD delivering DBT, to enhance our study methodology. This evidence will be crucial to support our intention to use DBT as a treatment modality to sustain the highest quality and safest management of this patient population and simultaneously enhance our research reputation and profile at LHSC and Parkwood.

Treatment in adolescent mental health is not a “quick fix” and it is imperative that program evaluations and continuous training are essential to safeguard the highest quality of mental health care for adolescents in such destructive life situations.

As of the present, our enrollment has been:

**Principal Site, Child and Adolescent Mental Healthcare Program (CAMHCP), Children’s Hospital, London Health Sciences**

Number of participants enrolled in the study: 13
Number of participants withdrawn from the study: 4
Number of participants put on hold in participating in the study: 0
Number of participants completed the study: 3
Study visits are on-going.

**Co-Site, Parkwood Institute, Mental Health Care Building**

Number of participants enrolled in the study: 18
Number of participants withdrawn from the study: 8
Number of participants put on hold in participating in the study:
Number of participants completed the study: 3
Study visits are on-going.

Study Team, Roles and Responsibilities

Dr. Sandra Fisman, Principal Investigator: Oversees both sites, study protocol; responsible and active for all aspects of the research study.

Brenda Davidson, Study Coordinator/Research Support: Assists in protocol, liaise with REB, modifications, data collecting/input, consent, and administering/reviewing study measures, quality control for both sites.

Dr. Javeed Sukhera, Co-Investigator: Screening, consent, administering/reviewing measures.

Julie Jeanson, Co-Investigator, Managing LHSC site, implementation of study protocol, consent, administering/reviewing study measures.

Jennifer Wilson, Co-Investigator: Managing Parkwood Institute, Mental Health Care Building Site, implementation of study protocol, consent, administering/reviewing study measures.

Patrizia Travis, Co-Investigator: Managing Parkwood Institute, Mental Health Care Building Site, implementation of study protocol, consent, administering/reviewing study measures.

David Bogaert, Co-Investigator: Consent, administering/reviewing study measures. Parkwood Institute, Mental Health Care Building Site.

Dr. Raymond Egan, Co-Investigator: Reviewing MAFS, administering BIS and reviewing BIS.

Dr. Shannon Stewart, Co-Investigator: (CAP), Data analysis

Chloe Hamza, Co-Investigator: Data analysis.

Dr. Naveed Rizvi: Tele-Mental Health Service. “CPRI Hub”

2015-2016 has been another successful year for CPRI Hub of the Tele-Mental Health Services. CPRI hub continues to provide clinical consultations, program consults and education to all publicly funded community professionals, working with children and youths in the rural and remote communities.

While during 2015-2016, majority of referrals were from MCYCS Children’s Mental Health Agencies, Family Health Teams and Family Physicians for clinical consultations, the number of program consults, particularly to MCYCS mental health agencies have increased. CPRI Hub provided 9 educational sessions at the regional as well as provincial level.
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<tr>
<th>Fiscal Year</th>
<th>June 1, 2015 – May 31, 2016</th>
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<tbody>
<tr>
<td>Clinical Consults</td>
<td>415</td>
</tr>
<tr>
<td>Program Consults</td>
<td>61</td>
</tr>
<tr>
<td>Education Sessions</td>
<td>9</td>
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<tr>
<td>Total Completed Services</td>
<td>485</td>
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CPRI Hub team would like to express thanks and appreciation to our team of consultants for taking time out from their busy schedules and providing excellent clinical and program consultations as well as educational sessions. Feedback from Community providers consistently indicates these services as, timely, clinically relevant, effective and highly valuable in building capacity to improve children and youth mental health services in rural and remote communities.

To facilitate and promote Telemental Health Services, CPRI hub Team have established strong collaboration with the “Telemental Health Coordinating Agencies” and “Telemental Health Central Intake” as well as with Community Providers. This has successfully improved awareness and utilization of Telemental Health Services and as a direct result, we are now seeing an increase in the number of referrals.

To meet this challenge, CPRI hub will continue to collaborative and look for support from our partners including: Child and Parents Resource Institute (CPRI), Division of Child and Adolescent Psychiatry (DCAP), Schulich School of Medicine and Dentistry, Western University, London Health Sciences Centre (LHSC), Parkwood Institute - St. Joseph’s Health Care, and Hôtel-Dieu Grace Hospital in Windsor.

Residents in Family Medicine, Pediatrics and Psychiatry as well as Child & Adolescent Psychiatry fellows are welcomed to participate in Telepsychiatry consultation at any time during their training. PGY-III Psychiatry residents are required to do one Telepsychiatry consultation during the core child psychiatry rotation.

**Last but not least…..**

There continues to be an ongoing tension between the heavy clinical demands for all of our services and academic productivity of our psychiatrists as well as other clinicians who contribute so actively to interprofessional teaching and research. I would like to take this opportunity to thank you for your commitment to our academic and clinical care missions.

Sandra Fisman

Professor and Chair, DCAP
Department of Psychiatry
Schulich School of Medicine and Dentistry
Western University
July 1, 2015 to June 30, 2016: Child and Adolescent Psychiatry CPD Events

**Complex Case Rounds (B8-035, 12:00 – 1:00pm)**

**September 16, 2015**- Dr. Naveed Rizvi & Julie Jeanson, “Challenges in Treatment Planning and Provision for Transgender Youth”

**November 18, 2015**- Michelle Gallagher, “Challenges in Residential Treatment for 12 year-old Youth”

**January 13, 2016**- Stephanie Rabenstein, “Multiple threads, one needle: trauma-focused treatment for siblings sexually and physically abused by a stepfather”

**March 9, 2016**- Dr. Javeed Sukhera, “The Boy Who Would Not Eat: A Complex Case of food refusal and major depression”

**May 11, 2016**- Dr. Sandra Fisman, “Mental Illness Is No Excuse For Bad Behaviour: When Biology and Behaviour Collide”

**Journal Club (B8-035, 12:00 – 1:00pm)**

**October 14, 2015**- Dr. John Stang, “The Maryvale Mindfulness Study (2015)”

**December 9, 2015**- Dr. Joy Abramson, “The Circle of Security Parenting Intervention”

**February 10, 2016**- Dr. Peng Pang, “Mobile Bridge Therapy Program”

**June 8, 2016**- Dr. Javeed Sukhera, “Resolving mental illness stigma: should we seek normalcy or solidarity?”

**DCAP Resident Rounds (B2-116, 8:30 – 10:00am)**

**September 17, 2015**- Dr. Kara Dempster, “Disruptive Mood Dysregulation Disorder: What is it and How will it Effect My Practice?”

**October 15, 2015**- Dr. Joy Abramson, “Trichotillomania: Diagnosis and Treatment”

**November 19, 2015**- Dr. Rickinder Sethi, “Video Game Addictions”

**December 17, 2015**- Dr. Aturan Shanmugalingam, “The Hunger for Competition”

**January 21, 2016**- Dr. Sonia Wadhwa, “Sensory Processing Concerns in Children”

**February 18, 2016**- Dr. Russlan Abouhassan, “Selective Mutism”

**April 21, 2016**- Dr. Charles Ho, “Suicidality in Young Children: An Overview”

**DCAP Research Half Day (E7 Amphitheatre, 8:45 – 12:30pm)- November 26, 2015**

**Keynote Speaker:** Dr. Mario Cappelli, "The Emergency Department (ED) as the gateway for hospital and community-based mental health services for children and youth: The “Reluctant Navigator”

**Local Presentation:** Dr. Elizabeth Osuch, "An integrated youth wellness hub in London--is there a vision?"
DCAP Annual Conference (Best Western, 8:30 – 4:00pm) - April 29, 2016
“Creating a Care Continuum: Integrating Child and Youth Mental Health, Primary Health Care and Community Services”

Plenary: Dr. Sandra Fisman, “Joining the Dots: Building an Integrated Child and Youth Mental Health System”

Keynote: Dr. Karima Velji, “Integrated Youth Mental Health: Role of Organizational Leadership”

Workshops:
1. Dr. Stacey Espinet & Dr. Margaret Steele, “Physician Training in Child and Adolescent Psychiatry (PT-CAP): Building Knowledge and Skills of Primary Care Providers Through Education”
2. Dr. Lloy Wylie, Heather Harder & Rita VanMeyel, “Mental Health Services for Immigrants and Refugees: Strategies Learnt in the RBC Diversity Project to Work With Incoming Refugees From War-torn Countries
4. Dr. Javeed Sukhera, “Utilizing a Collaborative Model to Link Hospital based (ER) and Community based (C-IT) Crisis Intervention Services”

CPD Department Grand Rounds- hosted by Division of Child and Adolescent Psychiatry (C3-301, 8:30 – 10:30am) - June 9, 2016
Dr. Nina McCurdy & Dr. Michael Grattan, “Cardiac Side Effects of Psychotropic Medications in Children”

DCAP Annual Meeting (Best Western, 5:00 – 7:00pm) – June 23, 2016
Dr. Douglas Fraser, “Concussion in children: Role of mental health professionals in managing the psychiatric and neuropsychological sequelae”