The University of Calgary, Department of Psychiatry Presents
The Sebastian Littmann Research Day
Village Park Inn Friday, March 07, 2008 at 8:00 AM

Time	
10:15 AM	**Title: Baclofen and bupropion SR combination pharmacotherapy for smoking cessation: promising findings from a prospective open-label pilot study** **Author(s):** W. White, S. Currie , D. Crockford, S. Patten, N. el-Guebaly Smoking cessation aids are limited in number and effectiveness. Combining medicines with diverse mechanisms of action may improve outcome. Baclofen has been suggested as a potentially useful aid to smoking cessation. The authors present their findings from a prospective open-label pilot study of combination therapy with baclofen and bupropion SR. In our small sample (n=20) with no control group, 55% (11/20) of participants achieved initial cessation, defined as continuous abstinence throughout the final 4 weeks of the 8-week study. Although there are important methodological limitations to the study, combination therapy compared favorably with well-established cessation rates for bupropion SR monotherapy (30%) and varenicline (44%). The treatment was well-tolerated. These preliminary data for baclofen and bupropion SR combination therapy are promising, though a properly designed randomized controlled trial is necessary to definitively examine this hypothesis.
10:35AM	**Title: What psychosocial interventions are perceived as useful by persons with lung cancer and their carers?** **Author(s):** de Groot J, Lamont L, Gour M, LeDrew S, Groff S, Solty H, Bebb G. It has been suggested that persons with lung cancer have been neglected with respect to psychosocial interventions, given higher levels of reported unmet psychosocial needs than those with other common cancers. Given the importance of satisfaction with psychosocial interventions to outcome, and an interest in the issue of patient preference, we invited patients with lung cancer and their carers to indicate: a) the types and intensities of psychosocial illness and treatment related concerns they experience, and b) the perceived usefulness of currently described psychosocial interventions. A cross-sectional sample of consecutively recuited persons with lung cancer (n=63), 67 % of those with advanced diseasee and their self-selected primary carers (n=41) completed a Cancer Concerns Questionnaire, the Illness Intrusiveness Rating Scale and a survey regarding the perceived usefulness of typical psychosocial interventions and preferred frequency of attendance. Patients with lung cancer and their carers share high levels of concern about prognosis, although carers are more concerned about treatment side effects and the partner relationship than patients. Illness and treatment-related lifestyle disruptions, are reported by those with lung cancer and their carers, but those affected, experienced greater intrusion overall, and in the instrumental life domain. Monthly topic-focussed support groups for patients and carers were more commonly endorsed as useful than groupr held more frequently or than those emphasizing peer support. Brochures, DVDS and telephone contact with nurses regarding lung cancer, its treatment and related symptoms, as well as how to navigate within the health care system were considered useful by over half the participants in contrast to attending nurse-led clinics, the latter one of the viewed empirically supported psychosocial interventions for those with lung cancer. Evaluation of psychosocial interventions based on these findings will assess the extent to which a) information obtained and b) support derived through topic focussed support groups led by knowledgeable health professionals who provide illness and treatment related information in a structured positive manner contribute to reduced psychosocial distress and improved quality of life.

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10:55AM	**Title: The Preferred Psychosocial Support Needs of Persons Living with Lung Cancer and their Carers; a Qualitative Study** **Author(s):** Heidi Solty, Michelle Gour, Sarah LeDrew, Lisa Lamont, Shannon Groff, Gywn Bebb, Janet de Groot Lung cancer remains the leading cause of cancer death in Canada and those affected have significantly more unmet psychosocial needs than in other types of cancers. The present study aimed to assess how persons with lung cancer and their carers determined their psychosocial intervention needs. A subset of participants were recruited from a larger quantitative study (n = 104), to undertake qualitative semi-structured interviews regarding their current supports, their unmet psychosocial needs, and their reflections on what their preferred psychosocial support services were (modified grounded theory approach). The participants included 10 persons living with lung cancer (male = 4, female = 6, average age: 63.9 yrs) and 13 identified carers (male = 7, female =6: spouses = 9, other family = 4, average age: 63.8 yrs). Both patients and carers highlighted their awareness of the impending mortality often associated with lung cancer. What they most desire is education about the trajectory of disease, treatment and its side effects, how to interpret physical and psychological symptoms, and where to obtain such information urgently. Patients and carers emphasized learning from those who are knowledgeable and can speak positively in the face of fears associated with death and dying. Participants relied on and felt fortunate to have diverse support networks. Many carers were also coping with their own physical disabilities or illnesses. Persons with lung cancer and their carers require psychosocial interventions that sustain hopefulness, in the midst of their numerous appointments and efforts to live life fully.
11:15AM	**Title: Asystole during ECT in an elderly woman treated concomitantly with venlafaxine** **Author(s):** Jessica Lyons, Jacqueline Symon There are reports in the literature of episodes of asystole occurring during concomitant treatment with venlafaxine and electroconvulsive therapy (ECT). To date, these reports have not included octogenarians, patients with significant cardiac disease or venlafaxine doses of less than 150mg. Here the case is presented of an 84 year old woman with Major Depression with Psychotic Features - Recurrent who experienced two episodes of asystole while on venlafaxine during ECT. This is the first report associating venlafaxine, ECT, and asystole at a venlafaxine dose of 75mg. This patient's age and cardiac history may have contributed to an increased likelihood of developing asystole even on a small dose of venlafaxine. It is of significant interest that there were no untoward outcomes observed for this patient. This is consistent with a report in the literature describing a 65.8% incidence of asystole during ECT with no associated negative consequences. This suggests that asystolic episodes are common during ECT in the elderly and may not be a cause for major concern. ECT is reported to be relatively safe and effective in patients over 75, and a pilot study by Bernardo *et al*. suggests that combined treatment with venlafaxine and ECT is safe in a sample of patients 23-74 years old. Before it can be determined whether venlafaxine should be ceased during ECT, further investigation is required to ascertain whether there is increased morbidity or mortality associated with asystolic episodes during ECT, and to establish whether there is a causal link between venlafaxine, ECT and asystole.
11:35 AM	**Title: Ask Me Something Easier Next Time** **Author(s):** A. Mackie, R. Turner, C. Nicholson, J. McIlwrick During their final year of undergraduate medical education, clinical clerks complete various rotations to learn the practical application of the knowledge acquired during medical school. This model of education presupposes that a clerk has effectively acquired a foundational level of knowledge from which they can develop the skills of clinical reasoning and knowledge application. Psychologist George Miller developed a conceptualization pyramid of assessing clinical competence. In considering Miller's Pyramid, it is assumed that clinical clerks have a prerequisite base knowledge and thus spend time during their rotation learning to apply that knowledge. In developing a clerk-teaching program administered by residents, we have been able to evaluate the base level knowledge of the clinical clerks at varying points in their six-week rotation in psychiatry this past academic year. Our results have demonstrated intriguing foundational knowledge deficits, only some of which demonstrate improvement after clinical clerks complete the teaching modules. For example, in the first week of their rotation, 54% of clinical clerks identified phobias as a type of perceptual disturbance. After receiving a teaching session on the Mental Status Examination, less than 10% of clerks chose this answer. However, over 40% of clinical clerks in their third week on rotation were unable to correctly name the two major classes of antipsychotics and provide examples of each. After receiving a teaching session on psychosis, 28% of clinical clerks continued to struggle to correctly answer this question. Further data will be provided upon completion of the academic year. **Reference:** Miller G. The assessment of clinical skills/competence/performance. Acad Med 1990;65(suppl): S63-7.

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2:10 PM	**Title: Burden Of Care: Measuring the impact of pediatric psychiatric, emotional and behavioral disorders on caregivers.** **Author(s):** Douglas Murdoch, Abdul Rahman, Valerie Barsky, Stephen Maunula, Natasha Wosnock, David Cawthorpe It is well known, but poorly documented, that pediatric psychiatric problems have a significant impact on the lives of the parents, siblings, teachers and other caregivers of children who are affected by developmental, emotional and behavioural disorders. The problems associated with providing care create emotional (frustration, discouragement, loss of self esteem), financial (repair and replacement of damaged goods, loss time at work, inability to take a job) and social stress (isolation, stigma, embarrassment, conflict with schools and neighbors). 300 parents whose children or adolescents were screened by ACCESS Mental Health agreed to complete the Burden Assessment Scale. The session will present the results of this survey of parent reported burden of care.
2:30 PM	**Title: Examining Parental Agreement nd Compliance With Recommendations Made By A Mental Health Telephone Triage Service** **Author(s):** Chau Ha, Jeremy Ho, David Cawthorpe **Objective:** To date, the Calgary Health Region Child and Adolescent Mental Health Program (CAMHP) has triaged 23,883 referrals of which 14,034 have been enrolled and 9,849 have been referred at the time of triage to usually non-affiliated community-based programs or to the primary care referral source with recommendations. This paper reports on the results of a survey of those not accepted directly to CAMHP services in order to examine whether or not the recommendations made to the families seeking services were perceived as being appropriate. **Design and Methods:** A survey was developed and a list of those who had been declined service and given recommendations to seek service in the community was generated and these were contacted based on random selection. **Results:** Highlights include that a rating of 3.5/10 with respect to being satisfied with the service received on a scale of 1-10, with one being the best and ten being the worst. Additionally, when asked if AMH matched an appropriate mental health service to meet their child's needs, respondents replied Yes (56/69), No (11/69), Don't Remember (1/69), or Did not utilize the service (1/69). **Conclusions:** The vast majority of clients surveyed were satisfied and felt that the recommendations made by AMH were appropriate. Implications for Practice or Policy AMH services appear to be appropriately aware of and linked with community serves to the extent that clients report a high level of contextual endorsement of the recommendations that are made. **Acknowledgements:** O'Brien Center, The University of Calgary; CHR

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2:50 PM	**Title: Inter-rater Reliability of Admission CGAS Assessment** **Author:** David Cawthorpe, TCR Wilkes, Kristoff Borows **Objective:** Children's Global Assessment Scale (C-GAS) assessment by clinicians is a widely accepted measure of client function. Inter-rater differences are known to occur among clinicians based on their training or different patient populations. In this study we examined the inter-rater reliability of C-GAS and the effect of age differences. **Design and Methods:** Calgary Region Child and Adolescent Mental Health Program (CAMHP) data was extract from the Regional Access and Intake System (RAIS) and stripped of identifiers. Admission C-GAS was recorded by two raters (clinical staff) at varying times. The scores from the inter-rater data were compared using Kappa coefficient calculations. The potential effects of age and sex were considered. **Results:** The Kappa coefficient for children over 10 years of age came out to be 0.787. The coefficient for children 10 and under was 0.626. The full dataset came out to 0.740, and 0.741 and 0.739 for randomly selected halves. **Conclusions:** While the full dataset Kappa analysis of the two admission C-GAS assessments is in the high end of the substantial agreement classification proposed by Landis and Koch (1977), differences between the age groups are suggested by Kappa analysis. Landis and Koch suggest that a substantial agreement exists between Kappa measurements of 0.6 and 0.79. This places the children over 10 in the high range of substantial agreement between the two C-GAS assessments (0.787) and the children 10 and younger in the lower range of this classification (0.626). However, as the Landis and Koch scale is arbitrary, it is better to compare the relative Kappa coefficients of the samples created in this study: this shows a higher inter-rater C-GAS assessment agreement when the subject is older than ten years of age, demonstrating an age effect. Nevertheless, the time between CCAS completion for the WCWL-PCS at referral and CGAS completion introduces a test-retest variance component that is confounded with the inter-rater variance component that would tend to bias the results by lowering the level of agreement.

10:15 AM	**Title: Schizophrenia Service Utilization Patterns in Calgary** **Author(s):** Lindsay Guyn and Sandy Berzins Schizophrenia is a highly debilitating mental illness, with nearly 3,000 individuals per year receiving treatment in Calgary Health Region (CHR) Mental Health and Addictions Services programs. Since the CHR has more than 100 mental health individual programs and services, tracking the care patterns of patients with a diagnosis of schizophrenia can be a challenge. A recent initiative of the CHR Mental Health Information and Evaluation Unit has been to combine the data collected over the past several years from several existing administrative data systems into a central data repository. This information has allowed us to determine the annual treated prevalence of schizophrenia in Calgary, and to produce a description of utilization patterns for several thousand clients with schizophrenia using health region services for the time period 2002-2007. The analysis also included descriptive statistics of demographic factors such as age and gender, geographic location of patients, and frequency of co-morbidity with other mental health diagnoses. The resulting summary of the characteristics of persons with schizophrenia, and how they move through the mental health continuum of care, should provide valuable information for future mental health service planning.
10:35AM	**Title: The Place of the Western Canada Waitlist Project in Regional Child and Adolescent Mental Health Program Services** **Author(s):** Chris Wilkes, Chow Ha, Karen McKenzie, David Cawthorpe In this presentation is described the history of the Western Canada Waitlist Project (WCWL) and its implementation within the Child and Adolescent Mental Health Program. Highlighted is how the Western Canada Waitlist Project fits into regional clinical and accountability processes. Our results confirm that the Western Canada Waitlist Project Children's Mental Health component is a useful, economic instrument. For example, 11,067 Children's Mental Health Priority Criteria Score (CMH-PCS) forms have been completed since the beginning of the project in 2002. Not only have the WCWL data been used clinically to place clients within the continuum of care and develop priority and safety flats, the WCWL data have also been used to predict and model clinical outcomes. The current paper highlights the degree to which the WCWL-CMH-PCS, gathered at the time of screening and triage, prior to admission, predicts clinical outcomes at the time of discharge. Described is the way in which we plan to use this information to flag on admission, for the purpose of additional intervention, children who are at risk of poor clinical outcomes.

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10:55 AM	**Title: Head to head clinical comparison study of Gen-clozapine™ VS. Clozaril™** **Author(s)**: O. J Oluboka, Sandra Stewart, Susan Adams **Objectives:** The purpose of this study is to investigate the clinical equivalence between Clozaril™ and Gen-clozapine™. **Methods:** Randomized prospective six months, rater-blinded study in which subjects were switched from Clozaril™ to Gen-clozapine™ for a period of 6 months. We measured clinical equivalence of the products via rating scores on the Brief Psychiatric Rating Scale (BPRS), Behavior and Symptom Identification Scale (BASIS-32), Udvalg for Kliniske Undersogelser (UKU) Side Effect Rating Scale and Global Assessment Scale (GAS), pre and post brand switch. Prior to the brand switch a baseline BPRS, Basis-32, UKU, and GAS score were determined for each patient by a blinded independent evaluator and same evaluator was maintained for same patient throughout the course of the study. **Results:** 70 patients approved for the study, 40 adult patients (Age Range: 20 – 59) were enrolled but one dropped out. Majority of the participants were male (79.5%). Both groups were comparable on the measures of psychopathology (BPRS) and side effects (UKU) but differ significantly on the measures of functional outcome with the group randomized to Gen-clozapine reporting better clinical improvement and functional outcome. **Conclusions:** Our study seems to suggest a trend towards clinical equivalence (efficacy and side effects) between Gen-Clozapine and Clozaril but better functional outcome in those randomized to Gen-clozapine. The major limitations include the small number of participants and the study is not double-blinded. Findings should therefore be interpreted with caution.

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11:15 AM	**Title: Providing Mental Health Rehabilitation Services in the Community: A Formative Evaluation of Service Delivery** **Author(s):** Christopher Cameron, Brian Marriott The availability of mental health services in a community setting is of paramount importance to the integrity and viability of any mental health system of care. This is particularly true when attempting to reach and support individuals with severe and persistent mental health concerns. The Calgary Health Region recognizes the importance of these services and constantly strives to develop innovative community based services to meet the needs of this population. The Community Mental Health Rehabilitation Team (CMHRT) was established in September 2004 and is a representation of an investment in community based service development. The CMHRT is a specialized service designed to provide occupational therapy and recreational therapy to individuals with severe and persistent mental health concerns within the community. The CMHRT endeavors to: 1) improve the integration of Regional rehabilitation services, 2) increase access to community rehabilitation services, and 3) ensure that individuals receive an appropriate level of support for their mental health concerns as they navigate the Calgary Health Region continuum of care. A formative evaluation of the CMHRT was conducted during the 2006-07 fiscal year. The results of this evaluation will be presented along with the emerging recommendations and information pertaining to the implementation of the recommendations.
11:35 PM	**Title: Promoting Recovery from Gambling Disorders Outside of Formal Treatment: Predictors of Success** **Author(s):** David C. Hodgins, Shawn R. Currie, Gillian Currie The majority of individuals diagnosed with pathological gambling do not seek formal treatment. Some will recovery on their own, although this process typically occurs after many years of suffering. We describe a brief intervention that offers a motivational interviewing telephone session and a mailed self-help workbook to problem gamblers who do not want to attend treatment with the goal of promoting self-recovery. Results from a randomized clinical trial (N=314) will be presented. It was predicted that individuals with less severe gambling problems, less comorbid mental health problems, more social support and higher baseline self-efficacy will have better outcomes. The implications for our gambling treatment system are discussed.
2:10 PM	**Title: The Patient Health Questionnaire as a Screening Instrument: A Longitudinal Study and Simulation Model** **Author(s):** Scott Patten, Don Schopflocher **Background:** The brief Patient Health Questionnaire (PHQ-9) is a 10 item screen for major depressive episodes (MDE). The instrument was originally developed as a screen for primary care patients. It is unclear how well the PHQ-9 would perform as a screening instrument in the general population. The main concern is brief and self-limited episodes may be detected. Method: Random digit dialing was used to select a sample of n=3304 community residents. Each respondent was assessed with a baseline interview followed by a series of six subsequent interviews two weeks apart. Approximately 80% of respondents were successfully contacted at each interview and n = 1756 had complete data at all 7 interviews. Fulfillment of the DSM-IV scoring algorithm for MDE six or more weeks after the baseline interview was regarded as indicative of persistent depressive episodes. We also developed a simulation model to describe the epidemiologic pattern. Results: Results from direct estimation and from the simulation modeling were nearly identical. Only about 2% of respondents not fulfilling the PHQ-9 MDE scoring algorithm at the baseline interview had MDE 6 weeks or more subsequent to the interview. This group is probably comprised of a mixture of false negative PHQ-9 ratings at baseline and incident depressive episodes. Of those with a positive result at baseline, approximately 60% had evidence of MDE 6 or more weeks later. Those with PHQ-9 scores of 20 or more at the baseline interview had a higher probability (approximately 80%) as did those with 2 consecutive positive results (also, approximately 80%). Conclusions: While the PHQ-9 may be useful as a general population screen, it does detect many episodes that appear to be self limited. Its predictive value is higher with repeat positive screens or in those with very high scores at baseline.
2:30 PM	**Title: A Mind/Body Approach to Overcoming Depressive Symptoms** **Author(s):** Jennifer Garinger, PhD, Malynne Steiert, RN, & Patrick Coll, MB This presentation will provide an overview of a group treatment program for individuals suffering from depressive symptoms, which is being developed by the Clinic for Mind/Body Medicine. This program will be a variant of the Mindfulness Based Cognitive Therapy (MBCT) approach to treating depression, developed by Zindel Segal, Mark Williams, John Teasdale, and Jon Kabat-Zinn, which integrates elements of CBT with mindfulness meditation. MBCT, unlike traditional CBT approaches, emphasizes changing one's awareness of, and relationship to, thoughts, feelings, and bodily sensations. Our clinic's program plans to extend this treatment approach by including the concept of body (or somatic) awareness. The focus of somatic awareness therapy is to access internal feelings and physiologic events that underlie one's symptoms. Patients are encouraged to use somatic awareness as a guide in identifying changes or adjustments they need to make in their relationships with themselves and with others. This presentation will summarize some of the theoretical underpinnings of such an approach and will provide an overview of this pilot group's treatment components.
	Title: Major Depression as a Risk Factor for Chronic Disease Incidence: Longitudinal Analyses

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2:50 PM	**in a General Population Cohort** **Author(s):** Scott Patten, Jeanne Williams, Dina Lavorato, Geeta Modgill, Nathalie Jetté, Michael Iliasziw. **Objective:** Cross-sectional studies have consistently reported associations between MD (MD) and chronic medical conditions but such studies cannot clarify whether medical conditions increase the risk for MD or visa versa. The latter possibility has received little attention in epidemiologic research. In this study, we compare the incidence of several important chronic medical conditions in people with and without MD. Method: The data source was the Canadian National Population Health Survey (NPHS). The NPHS included a short form version of the Composite International Diagnostic Interview (CIDI-SF) to assess past year major depressive episodes. The NPHS also collected self-report data about professionally diagnosed long-term medical conditions. A longitudinal cohort was followed between 1994 and 2002. Proportional hazards models were used to compare the incidence of chronic conditions in respondents with and without MD, and to produce age and sex adjusted estimates of the hazard ratio. Results: The incidence of arthritis, asthma, back pain, chronic bronchitis or emphysema, heart disease, hypertension and migraines were all higher in respondents with MD. The incidence of cataracts and glaucoma, peptic ulcers and thyroid disease were not higher in respondents with MD. Conclusions: A set of conditions, many of them characterized by pain and/or inflammation, have a higher incidence in association with MD.

10:15 AM	**Title: Strength of Commitment Language in Motivational Interviewing and Gambling Outcomes** **Author(s):** David Hodgins, Laurie E. Ching, Jamie McEwen The purpose of the present study was to examine the mechanisms by which the motivational interview (MI) is an effective treatment for pathological gambling. Forty MI's with problem gamblers were transcribed and coded for language content and strength of expression. As hypothesized, participants who expressed stronger commitment to change their gambling behavior during the MI exhibited better gambling outcomes over twelve months than those who expressed weaker commitment, or no commitment to change their gambling behavior during the MI. Contrary to expectation, commitment strength in the latter part of the MI was not a stronger predictor of gambling outcome. Expression of desire, ability, need, reasons, and readiness for change were not predictive of outcome. Ability and readiness were associated with commitment. This study has important implications for clinical monitoring of client treatment success and for improving the MI.
10:35AM	**Title: 7-Day Follow-Up Post Psychiatric Discharge: Findings from the Report On a 6-Month Pilot Project** **Author(s):** Iris Penwarden, Donna Rutherford, Yvonne Harris According to international literature, suicide risk may be highest during psychiatric hospitalization and shortly after discharge (Meehan et al, 2006; Appleby et al, 1999). Similar patterns became evident in our Mental Health and Addictions Services patient population. Between 2001 and 2006, 35% of deaths by suicide occurred within 30 days of an inpatient discharge. Half of those died within the first 7 days. A 2006 study by Meehan et al. concluded that suicide prevention may be more likely if the immediate post discharge period is marked by earlier follow-up and a more gradual withdrawal of services. Following on the UK mandate to ensure face-to-face follow-up of all discharged psychiatric inpatients as a suicide prevention strategy, we proposed and implemented a 6-month pilot to do 7-Day Follow-up on an inpatient unit in Calgary. A mental health outreach worker met with patients in a community setting and assessed their risk of self-harm, engagement, social network, global level of functioning, and adherence to their medication regime and discharge plan. In high risk situations, the worker arranged consultation with the Mobile Response Team. She was frequently able to suggest ways for patients to engage in the community and validated their work towards mental health wellness. In the first 3 months of the pilot follow-up contact was achieved with 51% of discharged patients, the majority of whom were seen face-to-face within 7 days. The pilot also identified barriers to successful contact, and profiles began to emerge. Results from the full 6-month pilot will be presented.
10:55 AM	**Title: Pathological Interactional Patterns (PIPs) of Larger Systems and Societal Discourses** **Author(s):** Dan Wulff, Sally St. George Family therapy focuses on interpersonal interactions within families, trying to disrupt those patterns that lead to unhappiness and trying to encourage and enhance those patterns that are generative and hopeful. In our presentation, we will outline our proposed research designed to study how family therapy could be extended to examine problematic patterns within larger systems and societal discourses that have direct bearing on the problems/issues that families in therapy experience. This research design is specifically constructed to be applicable and useful to agencies and practitioners in the course of their daily practice.

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11:15 AM	**Title: Paralinguistic aspects of vocal communication: Implications for psychotherapeutic relationships.** **Author:** David Cawthorpe **Objective:** Current theory of paralinguistic sensory information processing contends that utterances are processed for survival value in advance of cognitive awareness of linguistic meaning, and, as such, mental contents are offered up to consciousness with affective and emotional valences assigned a priori. **Method:** A quantitative method of analysis was used to examine specified paralinguistic aspects of utterances derived from a psychotherapeutic assessment paradigm: Adult Attachment Projective. **Results:** The measured paralinguistic features of human communication were related to the adult attachment classification. **Conclusions:** Paralinguistic features of vocal communication may influence mental state regarding attachment and other human relationships, including psychotherapeutic relationships.

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11:35AM	**Title: A Behavioral Referent For Mindfulness?** **Author: Peter Roxburgh** The current interest in applying 'mindfulness' (Hayes et al, 2004; Germer et al, 2005) is readily traced to the relapse prevention finding for recurrent depression with meditation (Siegel, 2000). As 'mindfulness' is intuitively meaningful, and can be linked with other agreed phenomenology for optimal functioning such as 'flow-experience' (Csikszentmihalyi, 1990), this trend has it attractions but can be improved. From the established parameters of therapeutic meditative relaxation a working model will be presented. This readily translates into a heuristic for the source of the consequent optimal functioning that equates to mindfulness and also a succinct, everyday terminology. How the standard behavioral rule of thumb that emerges is clinically useful and might be more precisely expanded will be discussed. **References:** Csikszentmihalyi, M. (1990) Flow: the psychology of optimal experience. Harper Collins: New York. Germer, C.K., Siegal, R.D. & Fulton, P.R. (2005). Mindfulness and psychotherapy. Guilford Press: New York. Hayes, S. C., Follette, V. M. Linehan , M. M. (2004). Mindfulness and acceptance: Expanding the cognitive-behavioral tradition. The Guilford Press: New York. **Background reading:** If unfamiliar with the potentially daunting volume of research on meditative relaxation the following is a highly recommended overview: Lichstein, K. L. (1988). Clinical relaxation strategies. John Wiley.
2:10 PM	**Title: Measured Outcomes Of The Eating Disorder Program: A Five-Year Review.** **Author(s):** Gisele Marcoux-Louie, David Cawthorpe, Janet Chafe, Brian Cram, Mark Lagimodiere **Objective:** Since joining the Calgary Health Region's Child and Adolescent Mental Health Program (CAMHP) umbrella in approximately 2002, the Eating Disorder Program (EDP) has recorded approximately 1593 referrals, of which 1172 are enrolled or waiting for treatment. The need for specialized form of measurement was revealed in a comprehensive literature review on outcome measurement frameworks for eating disorders. The EDP requires an evaluation framework that is sensitive to measuring clinical change among clients because general measures lack sensitivity when evaluating outcomes related to functioning and psychopathology in this population and thus instrument scores often reflect false negative responses. The objective of this review is to describe the EDP outcome measurement framework and report the results to date. **Design and Methods:** The EDP maintains outcome measurement files on all treatment participants. The data analysis is managed in SPSS. Selected measures include the Eating Disorder Inventory (EDI-3). Results were analyzed using repeated measures ANOVA. **Results:** This group was described in relationship to regional CAMHP measures and compared to those without eating disorders. The results indicate that it is appropriate to use a specific outcome measurement framework for assessing clinical change within this treatment group. Results of measures specifically related to change in eating disorder profile symptoms demonstrate transitions from the clinical range into the normative range of symptom intensity. **Conclusions:** Dimension of clinical change within the diagnostic grouping of eating disorders requires specific and specialized outcome measures that have been specifically designed for measurement within this domain. **Implications for Practice or Policy:** Outcome measurement has been successfully implemented within the specialized services of the Calgary Eating Disorder Program. By implementing evidence-based practice in the outcome measurement framework for this program, we are able to demonstrate evidence of its effectiveness as compared to measures of psychopathology not specific to eating disorders.

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2:30 PM	**Title: The experience of transitioning from the hospital to community living through the Post Discharge Transition program** **Authors:** Aleta Ambrose; Patricia Morton **Introduction:** The Post Discharge Transition Program, commonly referred to as Hamilton House, is a new service in the Calgary Health Region aimed at transitioning patients with severe and persistent mental illnesses from hospital settings to community living. The program is a partnership between Canadian Mental Health Association and the Calgary Health Region that uses innovative practices in supportive housing including a program nurse, access to a psychiatrist, and a harm reduction approach to serve clients who are unable to access traditional housing supports. **Research Design:** The purpose of this phenomenological research study is to describe the experience of mental health consumers who participated in the Post Discharge Transition program. The research team will conduct in-depth interviews with clients three months after they have discharged from the program. The central focus of the research will be to enhance our understanding of how their involvement in the program influenced their experience moving to greater independence in a community setting. This research is in its early stages. As such, this presentation will provide an overview of the Post Discharge Transition program model, an outline of the research plan, and qualitative methodology and preliminary results.
2:50 PM	**Title: Evaluating the utility of urine drug screening in outpatient drug treatment programs** **Author(s):** Shervin Vakili Ph.D., Shawn Currie, Ph.D., Nady el-Guebaly M.D. Urine drug screening is a common method of measuring drug use in clinical trials. Urine drug screening is expensive and the effectiveness of urine drug testing in clinical practice as part of treatment has not been established. It is therefore important to establish the efficacy and objective criteria for the optimal frequency of drug testing in clinical settings. The following study involved 229 patients (195 adults, 120 males) who were in treatment at the Calgary Health Region's Addiction Centre. All patients had concurrent substance ause and additional DSM-IV Axis I or II diagnosis. Patients provided weekly self-reports of drug and alcohol use and provided a urine sample. Half the participants had all their urines tested while half had a randomly selected sample tested from every two provided samples. **Key Findings:** Adults were more likely to believe that urine testing is an important factor in their treatment than adolescents. Adolescents reported a lower likelihood to honestly report use during their treatment and were less likely to have any intrinsic motivation to stop using drugs or alcohol. Reducing the number of drug screens tested from weekly to a random biweekly schedule did not impact the deterrence value of the screens and had no impact on the amount of use during treatment. Urine drug screens may play an especially important part in the treatment of adolescents.