

CME

Advanced Interpersonal Psychotherapy

October 2nd and 3rd, 2009

This two-day Advanced Interpersonal Psychotherapy (AIPT) workshop provides clinicians with ways to strategically modify and shorten IPT while improving engagement and treatment response with patients. Therapeutic techniques are presented that integrate IPT with principles of motivational interviewing (MI) and ethnographic interviewing (EI). This new skills-based advanced IPT course presents the techniques and guidelines of an eight session brief version of IPT. It offers the advantages of rapid relief from suffering, with potentially increased appeal to overwhelmed patients who are unable to take advantage of longer treatments, and for clinical settings with high service demands.

This advanced course is designed for clinicians with knowledge of IPT who wish to expand their IPT therapeutic expertise. The format features interactive didactic and case-based presentations in which principles are applied to practice. Clinical issues and dilemmas will be reviewed in detail, focusing on the challenges of therapeutic engagement and strategies to better achieve therapeutic goals.

Further Training

This workshop fulfills international standards for the didactic foundation to support further training under clinical supervision. For more info, go to www.interpersonalpsychotherapy.org

FACULTY

Holly A. Swartz, MD is an Associate Professor of Psychiatry at the University Of Pittsburgh School Of Medicine in Pittsburgh, Pennsylvania. She has over 15 years of experience conducting clinical trials with IPT-based psychotherapy interventions and training clinicians in IPT. Dr. Swartz is a 2009 recipient of the Klerman Interpersonal Psychotherapy Award from the International Society for Interpersonal Psychotherapy.

Paula Ravitz, MD, FRCPC is the Associate Head of the Psychotherapy Program and heads IPT training at the University of Toronto, Department of Psychiatry. She is a staff psychiatrist at Centre for Addiction and Mental Health and Mount Sinai Hospital where she directs the Mount Sinai Psychotherapy Institute (MSPI). Dr. Ravitz is involved in several IPT research studies, has trained IPT trainers across Canada and has won awards for excellence in education.

WHO SHOULD ATTEND

Family Physicians, Psychiatrists, Psychologists, Social Workers, Nurses, Occupational Therapists and Mental Health professionals as this is an advanced workshop, prior knowledge of the basics of IPT is expected.

FORMAT

Didactic and interactive, this workshop combines lectures, small group break-outs, role-plays and **demonstrations with standardized patients.**

LEARNING OBJECTIVES

At the conclusion of the Advanced IPT Workshop, participants should have:

- Enhanced knowledge and skills in integrating motivational interviewing techniques with IPT through engagement interviews that foster improved alliance and clarification of goals
- Learned to adapt IPT to an 8-session course of treatment.

DAY 1 FRIDAY, OCTOBER 2ND, 2009

- 08.30 - 09.00 Registration and breakfast
- 09.00 - 10.30 **Introduction to brief IPT, and motivational interviewing techniques to enhance treatment engagement**
- 10.30 - 10.45 Refreshment break
- 10.45 - 12.00 **The engagement interview: enhancing the alliance and clarifying goals**
- 12.00 - 13.00 Lunch (provided)
- 13.00 - 14.00 **The engagement interview continued**
- 14.00 - 15.00 **Standardized Patient Demonstration**
- 15.00 - 15.15 Nutrition Break
- 15.15 - 15.45 **Standardized Patient Demonstration continued**
- 15.45 - 16.15 Q & A, discussion
- 16.15 - 16.30 Evaluation

DAY 2 SATURDAY, OCTOBER 3RD, 2009

- 08.30 - 09.00 Breakfast
- 09.00 - 10.45 **Small group exercises: Engagement Principles and Techniques**
- 10.45 - 11.00 Refreshment break
- 11.00 - 12.15 **Discussion of small group exercises**
- 12.15 - 13.45 Lunch (on your own)
- 13.45 - 15.15 **'Tag Team Therapy': demonstration; role-play**
- 15.15 - 15.30 Nutrition break
- 15.30 - 15.45 **Putting it all together: Integrating IPT and Engagement Techniques**
- 15.45 - 16.15 Q & A, discussion
- 16.15 - 16.30 Evaluation

ACCREDITATION

In accordance with the Royal College rules, 25% interactivity is woven into sessions.

REGISTRATION FEE

Professional Participant Fee: \$450.00 CAD
FULL PAYMENT MUST ACCOMPANY REGISTRATION FORM.

REGISTRATION

Mail this form to: **Geneviève Poulin**, CME Program
Centre for Addiction and Mental Health
33 Russell Street, Room 2017, Toronto, Ontario, M5S 2S1
or fax to: **416-595-6644**

For more information, call Geneviève at:

Tel: 416-535-8501 Ext. 6017; E-mail: cme@camh.net

CANCELLATION AND REFUNDS

A **\$75.00** handling fee will be deducted upon cancellation.
Refund requests must be received by: **Sept. 18th, 2009**

ORGANIZING COMMITTEE

Paula Ravitz, MD, FRCPC, Course Director, Associate Head,
Department of Psychiatry Psychotherapy Program, Assistant
Professor of Psychiatry, University of Toronto

Holly A. Swartz, MD, Associate Professor of Psychiatry,
University Of Pittsburgh

Sagar Parikh, MD, FRCPC, Professor of Psychiatry, University of
Toronto; Director of Continuing Medical Education, CAMH

Zindel Segal, PhD, CPsych, Head of the Cognitive Behaviour
Therapy Unit at CAMH, Professor and Firestone Chair of
Psychotherapy Program, University of Toronto

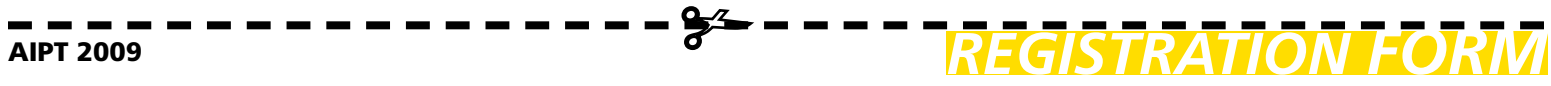
Kim McNichol, MD, FRCPC, Staff Psychiatrist, Humber River
Regional Hospital

Sharon Gazeley, MD, Family Practice

Carolynne Cooper, MSW, RSW, Therapist, Problem Gambling
Service, CAMH

Maureen McGillivray, MSW, RSW, Sr Social Worker, Womens'
and Infants' Health Centre of Excellence Granovsky Gluskin
Family Medicine Centre Mount Sinai Hospital

Tazyia Lakkotrypis, Education Associate at CAMH



AIPT 2009

REGISTRATION FORM

PLEASE PRINT CLEARLY

Ms. Mr. _____ Degree(s): _____
Last Name First Name

Private practice _____

Organization: _____ Professional Title: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____

Tel: Bus. (_____) _____ Ext. _____ Fax: (_____) _____

Payment Method:

Cheque Cheque Number: _____ (Make cheques payable to Centre for Addiction & Mental Health)

VISA MC Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____ Authorized Signature: _____