



# David Berman 19th Annual Memorial Conference

Communities of Practice  
On Concurrent Disorders

May 25-26, 2011  
Vancouver, B.C.

Roundhouse Community Hall  
Exhibition Hall  
181 Roundhouse Mews

# Berman Communities of Practice 2011

## Communities of Practice

Communities of practice (CoP) are groups of people who share a passion for something that they do, and who interact regularly to learn how to do it better. The purpose of a CoP is to share knowledge and experience, so that each individual can operate more effectively. By exchanging stories, problems and solutions, the CoP can bring their collective knowledge to bear on clients' problems. The CoP can also take various experiences and solutions from around the organization and build a knowledge asset representing best practice.

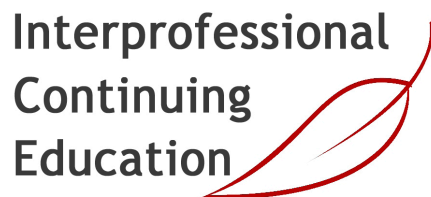
## David Berman Memorial Communities of Practice on Concurrent Disorders

This annual conference aims to create a community of practice among a diverse group of individuals including managers, mental health and addiction counsellors, community health workers, educators, physicians, first responders, psychologists, researchers, consumers and families, and others to share knowledge, experience, and skills in working with people with concurrent disorders.

The conference was established to honour the work of David Berman who was an advocate for concurrent disorders. He worked for seven years at the Strathcona Mental Health Team as a community mental health worker. In 1989, he initiated the Dual Diagnosis Program and became its first director. He passed away in 1991.

## Berman Planning Committee

Otto Lim – Committee Chair (Program Coordinator, Centre for Concurrent Disorders), Sally Blyle (Peer Specialist, Centre for Concurrent Disorders), Dr. Maureen Ceresney (Psychiatrist, Centre for Concurrent Disorders /VGH Concurrent Disorders Intervention Unit), Diane Dickson (Office Manager, Centre for Concurrent Disorders), Stephen Epp (Occupational Therapist, Strathcona Mental Health), Dr. Caroline Ferris (Family Physician, Fraser Health Mental Health and Addictions), Sue Garries (Educator, Vancouver Community Mental Health & Addiction Services), Kristina Hiemstra (UBC Interprofessional Continuing Education), Dr. Anne Howson (Psychologist, VGH Concurrent Disorders Intervention Unit)



# Conference Schedule

## Wednesday, May 25, 2011 - Day 1

## Thursday, May 26, 2011 - Day 2

8:00-8:30 Registration & coffee

8:30-10:00 Dr. Alan Marlatt - PLENARY  
*Mindfulness Based Relapse Prevention*

8:30-10:00 Morning Session 1  
Dr. Erin Michalak  
*Psychosocial Strategies for Optimizing Quality of Life in People with Bipolar Disorder*

8:30-10:00 Morning Session 1  
Dr. Shimi Kang and Anjena Gandham  
*Prescription Drug Abuse - A Rising Trend for Youth*

10:00-10:30 Break

10:30-Noon Dr. Alan Marlatt - PLENARY  
*Mindfulness Based Relapse Prevention*

10:30-Noon Morning Session 2  
Dr. Christian Schütz  
*Mood Disorders & Substance Abuse*

10:30-Noon Morning Session 2  
Dr. Naved Ali  
*A Drug is a Drug is a Drug...Or is it?*

Noon-1:30 Lunch/Wellness Break - Yoga, Acupuncture, Mindfulness Stations

1:30-3:00 Afternoon Session 1  
Dr. Alan Marlatt  
*Relapse Prevention Fundamentals*

1:30-3:00 Afternoon Session 1  
Mark Haden  
*Harm Reduction - Current and Future Issues*

1:30-3:00 Afternoon Session 1  
Dr. Murphy  
*Assessment, Implications, and Treatment of Concurrent Anxiety Disorders*

1:30-3:00 Afternoon Session 1  
David Kealy  
*The Nuances of Pathological Narcissism*

3:00-3:30 Break

3:30-5:00 Afternoon Session 1 (continues)

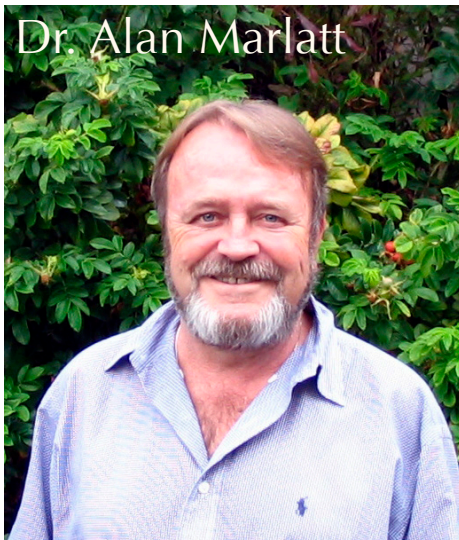
3:30-5:00 Afternoon Session 2  
B.C. Compassion Club and VANDU (Vancouver Area Network of Drug Users)  
*Harm Reduction Models*

3:30-5:00 Afternoon Session 1 (continues)

3:30-5:00 Afternoon Session 2  
Rick Dubras and Benjamin Wong  
*"Keep It Real" Internet & Gaming Addiction*

5:00 End of Day

# Presenter Biographies



Dr. Marlatt is currently professor of Psychology and Director of the Addictive Behaviors Research Center at the University of Washington. He received his Ph.D. in clinical psychology from Indiana University in 1968 and served a clinical internship at Napa State Hospital in California (1967-1968). After serving on the faculties of the University of British Columbia (1968-1969) and the University of Wisconsin (1969-1972), he joined the University of Washington faculty in 1972. His major focus in both research and clinical work is the field of addictive behaviours. Professor Marlatt has conducted basic research on cognitive-behavioural factors in addiction, including expectancies for alcohol and drug effects (research using the balanced-placebo design), social facilitation of alcohol use, and the role of stress and coping in substance use. His applied research has focused on relapse prevention in treatment of addictive behaviour problems, including alcohol dependence, substance abuse, and sexual paraphilias (e.g., pedophilia). His most recent work has investigated the “harm reduction” approach to reducing alcohol problems in young adults (including high-

risk college students).

In addition to over 200 published journal articles and book chapters, he has served as editor/author for several books in the addictions field, including *Alcoholism: New Directions in Behavioral Research and Treatment* (Plenum, 1978), *Relapse Prevention* (Guilford, 1985, 2005), *Assessment of Addictive Behaviors* (Guilford, 1988, 2005), *Addictive Behaviors Across the Lifespan* (Sage, 1993), *Changing Addictive Behavior* (Guilford, 1999), *Harm Reduction* (Guilford, 1998), and *BASICS Manual* (Guilford, 1999). He has served on the editorial boards of 29 professional journals, including the *Journal of Consulting and Clinical Psychology*, the *Journal of Abnormal Psychology*, *Addictive Behaviors*, and the *Journal of Studies on Alcohol*. He is also a consultant with the Veterans Administration, the National Institute of Alcohol Abuse and Alcoholism, the Institute of Medicine, and the Federal Bureau of Prisons. In 1996, Dr. Marlatt was appointed as a member of the National Advisory Council on Drug Abuse for the National Institute on Drug Abuse (NIH). He served as the President of the Society of Psychologists in Addictive Behaviors (1983-1984), President of the Section for the Development of Clinical Psychology as an Experimental-Behavioral Science (Division 12, of the American Psychological Association, 1985-1986), and President of the Association for the Advancement of Behavior Therapy (1991-1992).

Professor Marlatt is an internationally recognized psychologist in the field of addiction, and has served as a visiting faculty member at universities in various countries, including Australia, Britain, Canada, Germany, and Scandinavia. His present academic appointment is supported by a Senior Scientist Award from the National Institute of Alcohol Abuse and Alcoholism. His research has been recognized by the following awards: a MERIT Grant award from the National Institute of Alcohol Abuse and Alcoholism (1989), a Distinguished Psychologist award for Professional Contribution to Knowledge from the Washington State Psychological Association (1990), the Jellinek Memorial Award for Alcohol Studies (1990), a Distinguished Scientist Award from the Society for a Science of Clinical Psychology (2000), and the Innovators Combating Substance Abuse Award from the Robert Wood Johnson Foundation (2001).

## Mindfulness-Based Relapse Prevention in the Treatment of Addictive Behaviours

The purpose of this workshop is to provide an overview of Mindfulness-Based Relapse Prevention (MBRP), a group therapy program that meets weekly for 8 sessions for clients with addictive behaviour problems. MBRP combines cognitive-behavioural relapse prevention with mindfulness meditation as a meta-cognitive coping skill. In addition to practicing various meditation skills (including breath and body-scan meditation, urge-surfing and breathing-space breaks), participants will learn how to develop coping skills to deal with urges and craving and other triggers for relapse.

# Presenter Biographies

## Learning Objectives:

1. To learn how to apply MBRP interventions to work with clients with addictive behaviour problems
2. To practice various meditation skills that are a central component of MBRP
3. To gain knowledge about treatment outcome research showing that MBRP is an evidence-based clinical practice

## Dr. Murphy

### Assessment, Implications, and Treatment of Concurrent Anxiety Disorders:

Use of screening questions to assess for anxiety diagnoses. Treatment implications and management strategies for anxiety disorders in patients with concurrent disorders.

## Dr. Erin Michalak

Dr. Erin Michalak is an Assistant Professor in the Department of Psychiatry at the University of British Columbia. Her background is in psychology, with a B.Sc from the University of Manchester in the United Kingdom, and a PhD awarded from the University of Wales College of Medicine. Her research interests are in bipolar disorder, self-management, seasonal and non-seasonal depression, quality of life, knowledge translation, and the development of outcome instruments for mood disorders. Dr. Michalak's research has been supported by the Canadian Institutes of Health Research, the Michael Smith Foundation for Health Research, and the Canadian Psychiatric Research Foundation. She leads CREST.BD, and has published approximately 50 scientific articles and several books (including *Practical Management of Bipolar Disorder*) and book chapters.

### Psychosocial Strategies for Optimising Quality of Life in People with Bipolar Disorder.

Bipolar disorder (BD) is a complex mood disorder often associated with high rates of disability and poor quality of life. Although pharmacology typically forms the bedrock of effective treatment for BD, psychosocial treatments and self-management techniques are also vital for maximizing quality of life. Further, research evidence now demonstrates that some people can live remarkably well with BD. Members of the Collaborative RESearch team to study psychosocial issues in Bipolar Disorder (CREST.BD [www.crestbd.ca](http://www.crestbd.ca)) have been actively engaged in research into wellness and resiliency in BD via a blend of quantitative, qualitative, and community-based research methods since 2007.

## Learning Objectives:

1. Be informed of the results of a mixed-methods study of self-management strategies used by high-functioning individuals with bipolar disorder
2. Be exposed to a range of different clinical techniques to support patients with BD in adopting similar self-management strategies

## Dr. Shimi Kang and Anejena Gandham

Dr. Kang completed Psychiatry training at the University of British Columbia and a Fellowship in Addiction Psychiatry at Harvard University in Boston, USA. She also gained frontline experience while working as a primary care physician in Vancouver. Dr. Kang is the Founding Director of the Provincial Youth Concurrent Disorders Program at BC Children's Hospital in Vancouver. This is a specific program for youth with concurrent drug, alcohol, and mental health problems. She is also a consulting psychiatrist to the BC Women's Hospital, a post doctoral fellow at SFU, and a clinical assistant professor at the University of British Columbia. She is a member of the Motivational Interviewing Network of Trainers. Dr. Kang conducts research and teaching in mental health and addictions. She has published work in the area of youth and women's mental health, alcohol dependence, severe addiction, and cross cultural issues in healthcare.

# Presenter Biographies

Anjena Gandham graduated with a degree in Biopsychology from the University of British Columbia in 2010. She is currently conducting research at the UBC Therapeutics Initiative doing a Cochrane Review and working with Dr. Shimi Kang in Addiction Psychiatry. Anjena has significant mental health experience including working at a local crisis line for the past three years as well as establishing the first ever suicide hotline in Guyana, South America.

## Prescription Drug Abuse – A Rising Trend for Youth

Learning Objectives:

1. To understand the epidemiology and demographics of Prescription Drug Abuse in youth
2. To provide a brief summary about the type of prescription drugs commonly abused by youth
3. To discuss possible prevention and treatment options for youth prescription drug abuse

## Dr. Christian Schütz

Dr. Schütz is an Associate Professor of Psychiatry at UBC and the Medical Manager for the Burnaby Centre for Mental Health and Addiction. His research interests include clinical and public health aspects of interventions in addictive disorders, neurobiological, and psychosocial risk factors of co-occurring disorders. He is a psychiatrist from Germany, with training and a research background in epidemiology and preclinical and clinical behavioural pharmacology. Dr. Schütz established a research unit at Bonn University and led the TANIA project (treatment and neuroscience in addiction) providing innovative treatment approaches for patients with substance use and co-occurring disorders. He also developed treatment guidelines and concepts for patients with substance use and co-occurring disorders, which are now the German national treatment guidelines.

Mood disorders and substance use disorders constitute the largest group of psychiatric disorders. Individuals suffering from mood disorders (Major Depressive Disorder, Bipolar Disorder, Dysthymia and Cyclothymia) are more likely to use and abuse substances—and those suffering from substance use disorders (Abuse and Dependence of single or multiple substances) are more likely to suffer from mood disorders. Increasing severity of one disorder seems to increase risk for a concurrent disorder.

Level of substance use and substance use disorders are highest in those suffering from Bipolar Disorder, but the risk of a substance use disorder is still at least double for those with Major Depressive Disorder. Having both a substance use disorder and a mood disorder affects the clinical course of both disorders (treatment engagement, thoughts of suicide, homelessness, increased risk of victimization) and their clinical outcomes (life expectancy, suicide, treatment outcome).

Mechanisms that might explain the overlap of substance use and mood disorders and the impact on course and outcome include overlapping predispositions (a common vulnerability involving genetic and/or environmental factors) and disorder inducing disorder (where one disorder causes the other). Potential mechanisms will be elucidated. Special emphasis will be placed on the role of stress vulnerability, its development and impact on cognition. Current available interventions and potential future approaches will be discussed.

## Mood Disorders and Substance Abuse

Learning objectives:

1. Detection and diagnosis of concurrent mood and substance use disorders
2. Mechanism explaining increased risk to develop concurrent disorders
3. Available treatment options and potential future interventions

# Presenter Biographies

## Dr. Naved Ali

Dr. Naved Ali is a specialist in Addiction Medicine, certified by both the Canadian and American Societies of Addiction Medicine. He is currently Addictions Consultant for Stepping Stones Concurrent Disorder Services, as well as Medical Director of its intensive eight week Day Program. He received his MD from the University of Alberta in 1987, and initially worked as a Family Physician (CCFP) before focusing his practice on Mental Health and Addictions. For almost two decades, he has provided services to organizations including Vancouver Coastal Health, Burnaby Addictions Services, North Shore Mental Health and Addictions, Lions Gate Hospital, the Centre for Concurrent Disorders, and the Physician Health Program of BC. Dr Ali has also had extensive experience as an educator. As an Assistant Professor at UBC, he spent several years teaching the Medical School Addiction curriculum. He has clinically supervised both medical students and residents in his office practices. Since 1992, he has given over 100 presentations nationally and internationally to healthcare practitioners, consumers, and affected others.

### A Drug is a Drug is a Drug...Or is it?

The use of psychiatric medications in the patient in early recovery is challenging and at times controversial. Patients commonly experience anxiety, insomnia, mood swings, and depression in early abstinence and the decision to use a medication must carefully weigh the benefits and risks. In this session, attendees will review the clinical factors used to determine the need for medication in early recovery. In some cases, medications are necessary to control severe psychiatric symptoms to maximize functioning. In others situations, avoiding medication may be important for clients to learn non-pharmacologic skills to manage “symptoms” which are actually part of the normal range of human emotion. Attendees will learn a risk assessment template which can be used to assess overall risk using any pharmacologic agent in recovery. Cases will be used to illustrate clinical situations when medications are considered. This will include both type of medication (antidepressant, analgesics, hypnotics, anxiolytics) and indication for medication (depression, anxiety, mood changes, sleep disturbance, and acute/chronic pain).

### Learning Objectives:

1. Identify the pattern of use of true addiction
2. Become familiar with a screening tool to assess risk factors of using medications in recovery
3. Discuss classes of medication commonly considered in recovery including antidepressants, anxiety medications, sleep agents and antipsychotics and their safe and appropriate use
4. Discuss common clinical situations such as relapse anxiety, sleep difficulty, and pain management and the use of medications for their stabilization

## Mark Haden

Mark Haden is the Clinical Supervisor for Addiction Services at Pacific Spirit Community Health Centre, Vancouver Coastal Health. He has a Masters of Social Work from University of British Columbia and began working in alcohol and drug programs in 1984. He has worked in detox, methadone, and outpatient settings in counselling and supervisory roles. Mark is also an adjunct professor at the UBC School of Nursing. He has provided public education on drugs and drug policy for over 20 years and participated in the United Nations UNODC 10 year NGO consultation process. He has been published on the issue of drug control policy in the *Canadian Journal of Public Health*, *International Journal of Drug Policy*, *Encyclopaedia of Public Health and Harm Reduction Journal*. He has presented at conferences and training events in Prince George, Seattle, Poland, Spain, Edmonton, Nanaimo, Victoria, Ottawa, Fort St John, New Mexico and numerous places around Vancouver. He has been interviewed for a number of radio shows - see podcast, powerpoint presentations and publications on his website [www.markhaden.com](http://www.markhaden.com). Mark is a parent with two children and an active member of the Vancouver outdoor recreation community.

# Presenter Biographies

## Harm Reduction Current and Future Issues

This presentation explores the theory behind services to active drug users. Services like needle exchange and supervised injection facilities are intended to engage and empower clients and reduce the spread of diseases. Staff who work in harm reduction often are in the difficult and stressful position of needing to help clients negotiate between greater or lesser harms. This presentation will explore both the theory of harm reduction and the struggles of the staff who provide this service. The topics covered are:

- history of harm reduction theory
- the theory of public health
- principles of harm reduction
- enabling vs. harm reduction
- social capital and harm reduction
- specific harm reduction services

The future of harm reduction will also be explored as the path of harm reduction takes us to a place where there are challenges to many of our current beliefs about drugs.

## David Kealy

David is the Clinical Coordinator for the Assessment & Treatment Team at Surrey Mental Health & Addictions. He has a background in mental health social work and is currently completing his PhD in Interdisciplinary Studies at UBC, examining treatment of pathological narcissism. His areas of interest include psychotherapy, personality disorders, and relational theory. David is also a Clinical Associate with the SFU Clinical Psychology Centre.

## The Nuances of Pathological Narcissism

This presentation will explore features of pathological narcissism as pertaining to a range of clinical issues, including affect, interpersonal, and substance use problems. Narcissism is often thought about in terms of the DSM-IV diagnosis of Narcissistic Personality Disorder. Clinical observation and empirical study suggest that we look beyond this picture to consider the vulnerable aspects of narcissistic disorder. A review of the narcissism construct will be presented, along with a sampling of relevant empirical and theoretical contributions. Clinical vignettes will be included to illustrate potential treatment implications.

Learning objectives:

1. To consider a broad perspective in the identification of pathological narcissism
2. To develop an overview of theoretical conceptualizations of narcissism and its role in psychopathology
3. To explore clinical implications and treatment strategies regarding narcissistic pathology

## Vancouver Area Network of Drug Users (VANDU)

In response to epidemic rates of HIV/AIDS infection and general social unrest in the Downtown Eastside of Vancouver, VANDU formed in January 1998 to address issues of poverty, social exclusion, criminalization, and ancillary illness from the ground up. VANDU is now funded by the Vancouver Coastal Health Authority (VCHA) as part of its harm reduction strategy. As a registered non-profit, VANDU's primary objective is to increase capacity of people who use illicit drugs to live healthy and productive lives. This is accomplished through peer-based support and education. VANDU holds several weekly support group meetings, and its membership is actively involved in public awareness and education campaigns (through media, conferences, and outreach), hospital visits, and community and legal advocacy.



# Presenter Biographies

## British Columbia Compassion Club

The mission of the Compassion Club is to provide high quality medicinal cannabis and other natural health care services, promoting a holistic approach to healing and living. The British Columbia Compassion Club Society (BCCCS) opened its doors in 1997 with the vision of helping people suffering from a wide range of illnesses to gain access to clean, affordable, high quality cannabis in a safe and supportive environment. Since its humble beginnings, the Vancouver-based non-profit society has grown into a community centred natural health care organization that provides services to over 5,000 members from a wheelchair-accessible storefront. The BCCCS promotes a holistic approach to healing and living. They see community as an integral part of that healing. As Canada's oldest and largest compassion club, the BCCCS has been a model for other compassion clubs across the country that together serve an estimated 10,000 people. As their credibility has increased over the years, the BCCCS has developed strong relationships within the larger community of health care organizations, educational institutions, and local businesses. They also provide practicum placements for the University of Victoria nursing program.

## Rick Dubras and Benjamin Wong

Rick Dubras is the Executive Director of Richmond Addiction Services. He previously worked as the Coordinator of the Youth and Family Program with Richmond Addiction Services where he managed the Youth and Family program and carried a clinical caseload. Prior to Richmond Addiction Services, Rick was a counsellor at Pacifica Treatment Centre for 5 years. Rick has provided direct clinical counselling and has supervised counsellors working with youth and their families regarding technology-based addiction.

Benjamin Wong joined Richmond Addiction Services (RAS) in January 2008. Prior to joining RAS, he was a school counsellor at Bodwell High School in North Vancouver, BC. Benjamin has practiced clinical counselling in RAS's Youth and Family Program to this date, working with youth ages 12 to 24 as well as their family members. Other than substance misuse, Benjamin also sees clients affected by misuse of screen technologies, online video gaming in particular.

### "Keep It Real" Internet & Gaming Addiction

Learning objectives:

1. Build the case for Internet/Gaming to be the mandate of addiction services
2. Help provide some background and information about our experience in Richmond and the impact Internet and Gaming misuse can have on folks

# Registration

Online  
Visa or Master Card  
<http://www.interprofessional.ubc.ca/Berman.htm>

Fax  
Fax in the completed form to  
(604)822-4835

Mail  
to the address below

## Contact Details

How did you find out about Berman?

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Please indicate your area of practice:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mental Health counsellor | <input type="checkbox"/> Addiction counsellor   | <input type="checkbox"/> Admin/Manager         |
| <input type="checkbox"/> Concurrent counsellor    | <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Physician             |
| <input type="checkbox"/> Psychologist             | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Vocational counsellor |
| <input type="checkbox"/> Social Worker            | <input type="checkbox"/> Housing worker         | <input type="checkbox"/> Outreach worker       |
| <input type="checkbox"/> Student                  | <input type="checkbox"/> Other _____            |  |

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Last Name

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First Name

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Organization

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Mailing Address

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Postal Code

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Daytime Phone

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Email

## Conference Fees (no early bird rate)

\_\_\_ 2 days \$180 incl tax.

\_\_\_ 1 day \$100 incl tax.

please indicate day: \_\_\_ May 25

\_\_\_ May26

## Payment Information

Paying by:

- Cheque (payable to UBC Interprofessional)\*  
 Credit Card - Please circle one: Master Card / Visa

Name on Card \_\_\_\_\_

Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_

\*If paying by Cheque:

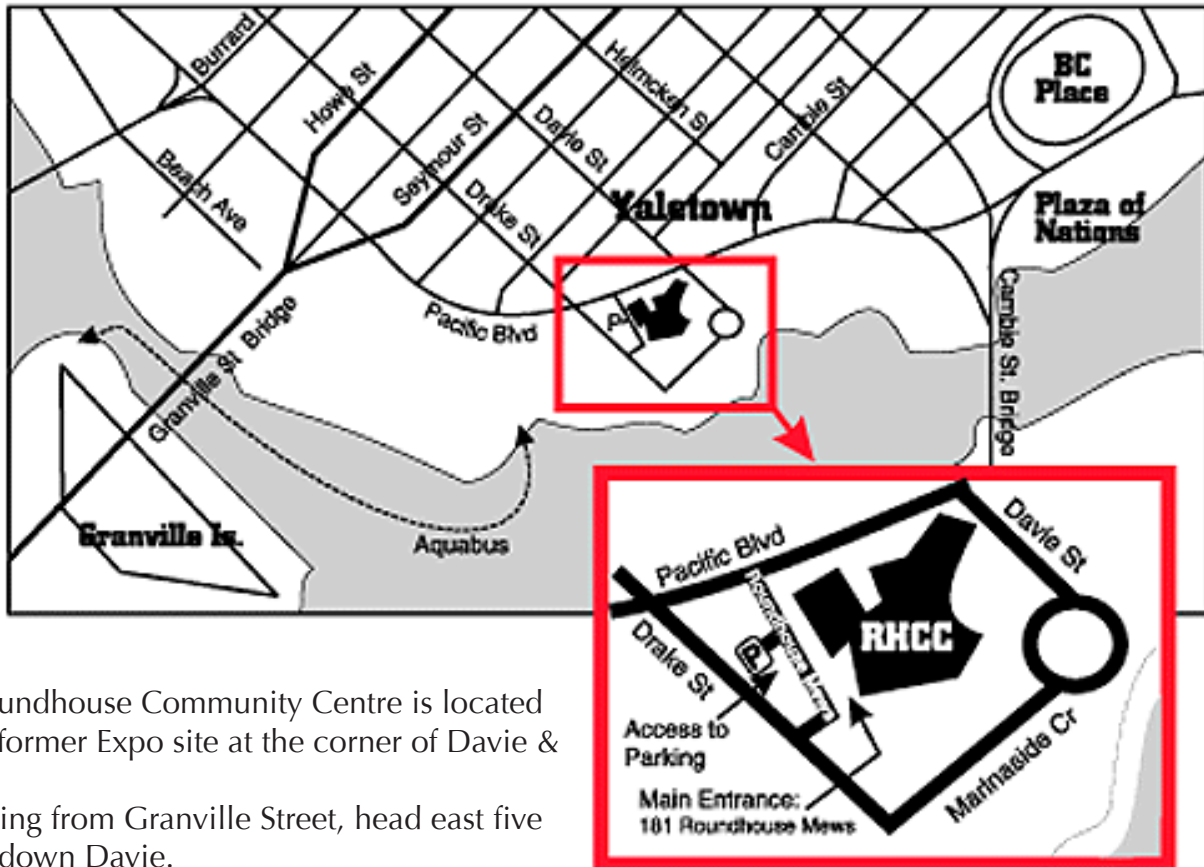
Mail cheque and this form to:  
Interprofessional Continuing Education  
University of British Columbia  
Room 105-2194 Health Sciences Mall  
Vancouver, B.C. V6T 1Z3

# Further Information

## Refunds and Cancellations

Refunds will be made (less a \$50.00 processing fee) if written notice of withdrawal is received by May 2nd, 2011. No refunds will be granted for withdrawal after that date. There is a \$25 replacement charge in case of a registration transfer. Please contact us prior to May 2nd, 2011 if you cannot attend and would like another person to come in your place.

## Location & Parking



The Roundhouse Community Centre is located on the former Expo site at the corner of Davie & Pacific.

- Walking from Granville Street, head east five blocks down Davie.
- SkyTrain – Canada Line @ Yaletown – Roundhouse Station (Davie St. and Mainland St.)
- Driving? Underground pay parking is available (access off Drake) \$1.5/hour until 6pm, \$3 max after 6pm.

Roundhouse Community Centre  
181 Roundhouse Mews, Vancouver, BC V6Z 2W3  
Tel 604.713-1800

## Contact

Please contact the Centre for Concurrent Disorders if you have any questions about the Berman Communities of Practice 2011:

PHONE: 604-255-9843  
EMAIL: olim@vch.ca  
WEBSITE: www.ccdvch.ca