

# OMA Section on Primary Care Mental Health

Professional Development  
Sessions (All Sessions are  
MainPro-C)

**Venue:**

OMA Offices, 150 Bloor St. West, Suite 900, Toronto, ON M5S 3C1,  
Tel: 416.599.2580 or 1.800.268.7215

**Speakers:**

Dr. Amy Alexander	Dr. Alison Arnott	Dr. Derek Davidson
Dr. Jon Davine	Dr. Darlene Hall	Dr. Edward Leyton
Dr. Muriel van Lierop	Dr. Michael Paré	Dr. Harold Pupko
Dr. Joel Shapiro	Dr. Anne Shaw	Dr. Jose Silveira
Dr. Norman Steinhart	Dr. Patricia Rockman	Dr. James Whyte
Dr. Darryl Wolski	Dr. Harry Zeit	Dr. David Murphy

**All sessions run on the following times and dates:**

Each three hour session can be taken individually, or instead multiple sessions can be taken per weekend for a reduced fee.

**Times:**

10:00 a.m. - 1:15 p.m. and 2:00 - 5:15 p.m. - Saturday and Sunday

**Dates:**

January 30-31, 2016 – Weekend C	June 11-12, 2016 – Weekend G
February 27-28, 2016 – Weekend D	June 25-26, 2016 – Weekend H
March 26-27, 2016 – Weekend E	September 3-4, 2016 – Weekend I
May 21, 2016 – F1 and F2	
May 29, 2016 – F3 and F4	

**Accreditation:**

*This program meets the accreditation criteria of the College of Family Physicians of Canada (CFPC) and has been accredited for up to 30 Mainpro-C credits for General Practitioners, Family Physicians, Psychiatrists and others (i.e. three MainPro-C credits per three hour workshop).*

*This educational activity is approved for 3.0 hours of GPPA Group CE credits for each session (each session is 3 hours and 15 minutes, with one 15 minute break). In addition, 1 hour of GPPA CCI credits will be given for each 6 consecutive hours attended, if courses listed all in one entry with the start date showing hours to be consecutive. (For more information on the GPPA, see the web site on <http://www.gppaonline.ca>).*

*For Royal College members: attendees may claim their time dedicated to these learning activities under “Section 1: unaccredited) Conference” and they will receive 0.5 credits per hour of participation.*

***The following is the list of sessions offered. Note these are NOT listed in order of date offered. Please see pages 9-12 for the exact dates.***

## **The Management of Simple and Complex PTSD**

This is a 6-hour session with Part I (3 hrs) and Part II (3 hrs) on the same day.

This seminar will provide an interactive overview of both Simple and Complex Post-Traumatic Stress Disorder with a focus on diagnosis and practical, clinical management strategies.

### **Learning Objectives:**

1. Review of the types of psychological trauma and their physical and behavioural health sequelae;
2. Application of case-based and practical pharmacologic, cognitive and behavioural management tools for use in any medical office; and,
3. Awareness of the prevalence and public health burden of psychological trauma, including special populations such as the military.

## **Managing Uncertainty: A Novel Approach to Undifferentiated Mental Disorders**

This seminar will introduce participants to a non-diagnostic model of assessing and managing mental disorders in primary care focusing on risk, functional Impairment and critical symptoms. This highly organized approach to assessment and management will target the physician's attention on the following questions in order of priority: What do I need to do today? What should I address soon? What do I need to think about over the longer term?

We will organize our thinking around assessment and management to quickly and clearly identify potential risks to patients and others, delineate the patients functional impairments that may require clinical attention and identify critical symptoms. These finite categories will guide information gathering and behaviour. This session will be highly interactive and will use clinical cases to both explore and apply the model.

### **Learning Objectives:**

1. Learn a novel approach to the management of mental disorders that is organized around risk, function, and symptoms (RFS).
2. Apply the RFS model to clinical cases and be able to apply the RFS model to clinical practice.
3. Learn the critical risks, functional impairments, and symptoms of distress that might go undetected in the undifferentiated presentation of mental disorders.

## **Approach to Bipolar Disorder and Psychosis in Primary Care**

### **Learning Objectives:**

1. Understand the complete differential diagnosis of bipolar and psychotic disorders
2. Understand psychopharmacologic approaches to these disorders using current guidelines
3. Learn how to use effective questioning to arrive at the diagnosis in a timely manner

## **Approach to Depression and Suicide in Primary Care**

### **Learning Objectives:**

1. Understand the differential of the 'sad state'
2. Learn about psychopharmacologic approaches to depression using current guidelines
3. Be aware of important factors to evaluate when screening for suicidal risk

## **Approach to Anxiety Disorders in Primary Care**

### **Learning Objectives:**

1. Understand the complete differential diagnosis of anxiety disorders
2. Learn about psychopharmacologic approaches to anxiety disorders using current guidelines
3. Learn about psychotherapeutic approaches to anxiety including cognitive behavioral techniques

## **Qualities and Actions of Effective Therapists**

The therapist discusses the essential aspects of effective therapy. Although evidence conclusively shows that psychotherapy is effective, evidence also shows that some therapists consistently achieve better outcomes than do others. Research has begun to identify the qualities that effective therapists have and the actions that they take to produce positive therapeutic outcomes. In this DVD session, we will discuss the things therapists do and the ways that they conduct sessions to help improve outcome. This will include verbal fluency, affect modulation, empathy, and the ability to provide an explanation for the client's distress.

### **Learning Objectives:**

1. Know how to set boundaries with patients.
2. Help clients make desired changes in their lives.
3. How to work together with the client.

## **Psychotherapy Helping Skills in Practice**

The therapist demonstrates a three-stage model of helping clients. This three-stage approach involves exploration, insight, and action. The exploration stage is based on client-centered theory, and aims to help clients explore their thoughts and feelings. The insight stage, which is based on psychodynamic theory, involves helping clients understand the reasons for their thoughts and feelings. The action stage, based on behavioral theory, centers on helping clients make desired changes in their lives. This model emphasizes a number of themes, including empathy, collaboration with the client throughout therapy, cultural considerations, and a focus on what the individual client needs.

### **Learning Objectives:**

1. Understand the three-stage model of helping clients.
2. Help clients explore and understand their thoughts and feelings.
3. How to listen to clients actively and empathetically without judging.

## **Boundary Issues in Psychotherapy**

This program describes the theoretical foundations and shows (using DVD clips) the practical application of boundaries in clinical process. The foundation of good quality medicine is not only scientific and technical, it is also ethical. Boundaries are essential to an appropriate therapeutic relationship. As helpers we need to know boundaries well so we can get as close to a patient without intruding upon, or "using" a patient in any way. (Partly based on journal articles by Dr. Michael Paré.)

### **Learning Objectives:**

1. The different between Boundary Crossings and Boundary Violations
2. What do we mean by a "boundary" in a psychotherapeutic relationship?
3. What is the therapeutic frame?

## **Overview of Standards and Guidelines of General Practice Psychotherapy**



Physicians often do Psychotherapy without as much training as they would want. There are so many demands on their time. This session covers a few centrally important and yet rarely discussed essential elements of successful ethical psychotherapy: such as confidentiality [and its limits], obtaining truly informed consent, keeping good boundaries, etc. (Partly based on journal articles by Dr. Michael Paré.)

### **Learning Objectives:**

1. The participant will have increased knowledge of the Standards and the Guidelines for Psychotherapy and issues of confidentiality, Record Keeping, Informed Consent, Boundaries, and Diagnosis suicide assessment, etc.
2. What are the common countertransference reactions (positive and negative with patients).
3. Learn the several components of a suicide risk assessment.

## **Attachment, Psychological Trauma, Violence and Addiction**

In this interactive session, participants will further their understanding of the roots of addiction and violence in the context of trauma informed care.

### **Learning Objectives:**

1. Up-to-date review of the physiology of attachment and psychological trauma and its effect on addiction development;
2. Treatment planning in the context of addiction, violence and/or psychological trauma; and,
3. Knowledge of trauma informed care and ways to provide it in any medical office.

## **Stress, Secondary Trauma, Moral Distress and Burnout: Self-Care for Challenging Times**

This highly practical and interactive seminar will focus on developing a framework for understanding the above concepts, how they develop, how to work with them in our lives and how to heal from them.

### **Learning Objectives:**

1. Review of stress physiology concepts and mechanisms;
2. Exploration of the emotional, behavioural and physical sequelae of chronic stress amongst health care providers; and,
3. Instruction in and demonstration of practical, evidence-based physical and emotional techniques for self-care and burnout prevention.

## **Trauma: A Missing Piece in the Puzzle of Medically Unexplained Symptoms**

Designed for primary care and specialist practitioners in mind, this practical and interactive session will explore the links between psychological trauma and chronic mental/physical illness and chronic pain.

Case-based exercises and discussions will highlight useful strategies for the identification and management of these complex patients who use substantial health care resources.

### **Learning Objectives:**

1. Evidence-based review of the how the neurophysiology of trauma is a key etiologic factor in the development of chronic illness, chronic pain, addiction and mental illness development;
2. Overview of stress physiology from the systemic to the cellular level; and,
3. Tips for effective treatment planning in chronic illness and pain in the context of psychological trauma.

## **Constructivist Therapy**

The therapist demonstrates this client-centered, empathic form of therapy, showing how a psychotherapist might find the narrative threads that will help troubled individuals reweave the fabric of

their lives. In this DVD session, the therapist “leads from one step behind,” helping a client whose son has died find a way to deal with the issues that she senses must be addressed. Watch the client invite the therapist to take the next necessary steps in allowing her to elaborate her relation to the problem, to articulate the deeply personal revelations that must find words and expression, and to look for hopeful possibilities.

### **Learning Objectives:**

1. Help clients explore and understand their thoughts and feelings.
2. The difference between empathy and sympathy.
3. How to build a relationship with the client.

## **Relational Psychotherapy**

The therapist demonstrates his integrative approach to therapy. Relational psychotherapy explores client relationship patterns, both inside and outside of the therapy room itself. The task of therapy is to work collaboratively to understand what is going on between the therapist and client and to look for the relational meaning in everything that arises in therapy, from responses to interventions to client–therapist interaction. In this DVD session, the therapist works with a woman in her 30s who separated from her husband but is considering giving her marriage another try. The therapist and the client discuss her marriage and explore past trauma that may continue to affect her current relationships.

### **Learning Objectives:**

1. Understand what forces help to shape clients.
2. How to accept the client so that the client can begin to accept him or herself.
3. How to provide a facilitative environment that will help client get unblocked and able to recognize and use their feelings?

## **Supportive Psychotherapy: Ten Things to Do, and Ten Things to Avoid**

Most physicians (even Psychiatrists) don’t do “specialized” Psychotherapy (CBT or Psychodynamic, etc. etc.) but rather they do supportive psychotherapy. Thus this program is very practical, and is also an interactive session. The session will be an outline of several of the key positive elements of therapy (such as empathy and support) and several things to avoid (such as excessive reassurance and excessive advice giving). (Partly based on journal articles by Dr. Michael Paré.)

### **Learning Objectives:**

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

## **Practical Consideration of Transference & Countertransference in Psychotherapy**

This session will highlight my own practical understanding of transference (T) and countertransference (CT). I gained this understanding through extensive training in psychotherapy and through personal and professional experience – both as a patient, as a therapist, and as a psychotherapy supervisor and mentor. Transference (T) and countertransference (CT) are common phenomena seen everyday in Family Practice and Psychotherapy. The speaker will discuss several Family Practice clinical situations so that the session is more experiential and practical, as well as theoretical. (Partly based on journal articles by Dr. Michael Paré.)

## Learning Objectives:

1. Know what is meant by Transference and what is meant by Countertransference.
2. Define the concept of transference as false distortions or true perceptions in regard to the patient's feelings and thoughts and attitudes from other important relationships.
3. Define the concept of countertransference as a false distortion or a correct perception. It can be that the physician recognises something about the patient that the patient is unaware of.

## Client-Directed Outcome-Focused Psychotherapy

Therapist presents a meta-approach to talk therapy that is designed to help tailor the treatment to fit the client's particular therapeutic goals. Technique is deemphasized in favor of developing a strong therapeutic alliance and using the client's experience of the treatment as a guide for where treatment should go. This requires checking in with the client frequently to see whether therapy is working and using this formal feedback to guide treatment and evaluation. In this session, the physician work is with a young woman diagnosed with bipolar disorder. Because of pregnancy she has been off of her medication and is wrestling with her depression. This DVD session shows a typical first session of psychotherapy.

## Learning Objectives:

1. How is feedback used in Client-Directed Outcome-Focused Psychotherapy?
2. Learn about therapist/client boundary challenges.
3. Understand the differences between a therapeutic and a personal relationship.

## Interpersonal Psychotherapy

Interpersonal Psychotherapy (IPT), is a short term, manualized (meaning very structured) psychotherapy. IPT was first designed for the treatment for individuals with depressive disorders. IPT is an excellent type of therapy for family doctors to learn to provide. IPT is a practical type of therapy, which is very similar to the more common "supportive psychotherapy", that most physicians actually provide. The main difference is that IPT is somewhat more clearly "packaged". Currently, IPT is an officially recommended treatment for depressive disorder. Substantial empirical evidence supporting IPT's efficacy has progressively grown since its early use.

## Learning Objectives:

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

## Speakers:

**Dr. Amy Andrews-Alexander M.D., M.H.Sc., CCFP, Dip CAPM** is a Family Physician with focused practices in both Psychotherapy and Pain Medicine. She has a special interest in the integrative treatment of patients with complex physical and mental health needs. She graduated with her M.D. from McMaster University in 2006 and completed residency at Mt. Sinai Hospital in 2008. Until 2015, she worked as a Medical Officer in the Canadian Armed Forces where she focused on the rehabilitation and occupational needs of soldiers with trauma and other, complex physical and mental illnesses. In 2013, she developed Canada's first Mindfulness and Resiliency Skills program for active military members, which continues to this day. Dr. Andrews-Alexander is also a Yoga Teacher and has a private practice in Mind-Body Medicine in Toronto where she incorporates Medical Psychotherapy with Yoga Therapy and Medical Acupuncture. She is also an Active Staff member of the Departments of Family Medicine and Psychiatry at the Southlake Stronach Regional Cancer Centre in Newmarket, ON.

**Dr. Alison Arnot** is a family doctor with 34 years of clinical experience. She transitioned from full-service family medicine to a focused practice in addiction and adolescent health in 2009. She has been a member of the treatment team at the Addictions and Concurrent Disorders Centre at the Credit Valley site of Trillium Health Partners since 2007. She understands addiction as a disorder of affect regulation arising from insecure attachment, prolonged toxic stress,

complex trauma and genetic predisposition. She is a mentor in the MMAP initiative of the Ontario College of Family Physicians and current chair of the annual conference committee of the GPPA.

**Dr. Derek Davidson M.D., M.A., MDIV, FRCPC (internal medicine)**, has completed studies in psychoanalysis at the Toronto Institute for Contemporary Psychoanalysis. Derek also has additional training in Philosophy (MA York) and Religion (MDiv Toronto). His study “Negative Countertransference in Treatment of Personality Disorder” was published in the Canadian Journal of Psychoanalysis in July 2009.

**Dr. Jon Davine, M.D., CCFP, FRCPC(C)** is an Associate Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University, with a cross appointment in the Department of Family Medicine. His outpatient psychiatry practice focuses on liaising with primary care physicians in the “shared care” model. For a number of years, he has taught courses in behavioural sciences to family medicine residents and to family doctors in the community. He has lectured nationally and internationally on this topic. He is a past Chair of the Council of Psychiatric Continuing Education (COPCE), which is affiliated with the Canadian Psychiatric Association. He is currently the Ontario representative on the Canadian Psychiatric Association Education Committee. He has also co-authored a book called “Psychiatry in Primary Care, a concise Canadian pocket guide”. He was made a fellow of the American Psychiatric Association in 2013. He was made a distinguished fellow of the Canadian Psychiatric Association in 2014. He has received a number of educational awards.

**Dr. Darlene Hall, M.D., CCFP, CGPP** practices psychoanalytic psychotherapy. She is a long time member of the executive committee of the OMA Section on Primary Care Mental Health. Darlene has previously helped lead these MainPro-C workshops.

**Dr. David Murphy** graduated from the University of Manchester Medical School, England, in 1973. I trained as a Resident in psychiatry at the University Hospital of South Manchester, England from 1974 to 1975. I obtained a Fellowship in Anesthesiology from the Royal College of Physicians and Surgeons of Canada in 1981 and a Diploma from the American Board of Anesthesiology in 1982. I have been practicing Medical Psychotherapy with the Neurolinguistic Programming (NLP) model of psychotherapy since 1993, specializing in childhood trauma, chronic pain, anger management and sexual offenders. I have published the results of my treatment of sexual offenders. I have provided expert testimony for the Civil Courts, in the field of chronic pain, and I provide risk assessments for sexual and other offenders for the Criminal Courts.

**Dr. Edward Leyton, B.Sc., M.D., FCFP, CGPP** graduate in Biochemistry BSc(Hons.) University of Western Ontario in 1970, and an MD degree in 1975. Training in Gestalt Therapy, Acupuncture, Nutritional Medicine, Eriksonian Hypnosis, Neuro-Linguistic Programming (NLP) and Biofeedback. Master Practitioner in Neuro-Linguistic Programming (NLP) and certified Eriksonian Hypnotherapist. Past adjunct faculty member with the Institute of Functional Medicine where he taught Applying Functional Medicine in Clinical Practice - Physician/Patient Communication modules. He is an Adjunct Academic Staff Member in the Department of Family Medicine, Queens University, Kingston, Ontario. In 2006 he produced three CDs: “Learn to Unwind & Enjoy Your Life”; Learn to Sleep Peacefully ~ Awake Refreshed” and “Learn to Fly in Comfort”. In 2010 he authored a chapter in the first Textbook of Functional Medicine entitled “The Healing Relationship - Creating Effective Doctor-patient Relationships” In 2015 he was awarded the General Practice Psychotherapy Association Theratree Award for his contributions to the Association and teaching psychotherapy. He now practices solution-focussed psychotherapy, hypnosis and biofeedback in Kingston.

**Dr. Michael Pare, M.D., MSc., M.Ed., C-IPT, C-GT, General Physician Practicing Psychotherapy, Chair of the OMA Section on Primary Care Mental Health.** Dr. Pare is President of the North York Medical Society as well as coordinator the Medical Clinic for Person Centred Psychotherapy. Dr. Pare has several credentials in psychotherapy. He is a Certified Group Therapy, and is Certified in IPT Psychotherapy. He is a (Teaching) Mentor / Supervisor of both the General Practice Psychotherapy Association and the Collaborative Mental Health Care Network of the Ontario College of Family Physicians. One of Dr. Pare’s central professional interests has been the provision of collaborative educational programs on GP-Psychotherapy along with Family Medicine and with Psychiatry. He has set up (with his GP and FP & Psychiatry Colleagues) several very successful programs. Speakers are potentially available to come to your location and provide you with MainPro-C educational sessions. Presently we can teach one or more of several three hour MainPro-C Workshops. (See our web site at <http://www.medicalpsychclinic.org>)

**Dr. Harold Pupko, M.D.,** is a general practitioner who has limited his practice to primary care mental health since 1991. He is past Vice Chair of the OMA Section on Primary Care Mental Health, a position he served in from 2002 to 2015. He is a longstanding member of the Section’s education committee.

**Dr. Patricia Rockman** is a family physician with a focused practice in mental health. She is the founder and past chair of the Ontario College of Family Physicians Collaborative Mental Health Care Network devoted to enhancing

collaborative care in mental health and addictions. She is an Associate Professor in the Department of Family and Community Medicine, cross-appointed to Psychiatry. She is also the Senior Director of Education for the Centre for Mindfulness Studies, a not for profit organization whose intention is to bring mindfulness based therapies and practices to those in need. Patricia Rockman has extensive experience teaching healthcare providers in the areas of Cognitive Behaviour Therapy, Change Management and Stress Reduction and in Mindfulness Based Interventions. She has a strong interest in program development and continuing education in mental health and addictions. Interests include writing, yoga and meditative practice.

**Dr. Joel Shapiro, M.D., FRCP(C)** completed in the psychiatry training at the University of Western Ontario. Joel has an particular interest in psychotherapy and completed specialized training and supervision in Dialectical Behaviour Therapy and Cognitive Behaviour Therapy. He also has an interest in Mindfulness and Supportive Therapies. He has previously presented Continuing Professional Development lectures about psychotherapy to psychiatrists, primary care physicians and allied health professionals.

**Dr. Anne Shaw, M.D.** A graduate of U of T Meds '87 and McMaster's Family Practice Program, Anne practiced Family Medicine in Hamilton in Comprehensive Care for twenty years before "seeing the light" and transitioning exclusively to GP Psychotherapy in 2008. Her practice is eclectic in nature, with Interpersonal Therapy as the main focus and her background also includes training in CBT, Mindfulness and Affect Regulation and Meditation. She is an enthusiastic supporter of the GP Psychotherapy Association and current Vice-Chair of the OMA Section on Primary Care Mental Health.

**Dr. Jose Silveira, B.Sc., M.D., FRCPC, Dip ABAM** is an Assistant Professor in the Department of Psychiatry at the University of Toronto; Psychiatrist-in-Chief at St. Joseph's Health Centre (Toronto) as well as Medical Director of Mental Health and Addiction Programs. He works closely with primary care physicians and has been on the steering committee of Ontario College of Family Physicians Collaborative Mental Health Network since 2000, and has been providing indirect consultation and support to family physicians across the province of Ontario throughout this time as well. In addition, Dr. Silveira has served as a psychiatrist providing shared care with numerous CHCs and FHTs throughout his career. Dr. Silveira's workshops and seminars are designed to be practical and assist family physicians with comprehensive primary care practices, and manage undifferentiated mental disorders including addictions.

**Dr. Norman Steinhart B.Sc., M.D., CGPP** practices GP psychotherapy and mind-body medicine full time. He has trained in the Integration of Cognitive Behavioural and Dynamic Therapy at the Mount Sinai Psychotherapy Institute, and is currently training in David Burns TEAM advanced CBT approach for treating therapy-resistant patients. He has studied Language, Cognition and Human Interaction from basic research approaches, presented at various conferences and co-authored a book chapter on distributed cognition and language in health care. He is currently a clinical member of a new 3 year project attempting to determine the objective measures that determine successful therapy and empathy, such as physiological, behavioural-gestural and prosodic (voice characteristics) synchrony, language recurrence patterns between participants, and emotional concordance. He is also undertaking long-term research to understand the role of language and emotion in behavioural co-ordination and social cognition within various interactive situations.

**Dr. Muriel J. van Lierop, MBBS, MGPP**, graduated from London University, England, and has practiced several areas of medicine mainly in rehabilitation. In 1993 she started further training in psychotherapy and has had a focused psychotherapy practice since 1994. She is presently Tariff Chair of the Primary Care Mental Health Section of the OMA and is active in several committees of the General Practice Psychotherapy Association (GPPA).

**Bryan Walsh B.Sc., M.A.**, counseling psychology (in-progress). Is currently completing a supervised psychotherapy practicum placement at The Medical Clinic for Person-Centred Psychotherapy. Additional training includes (a) Mount Sinai psychotherapy institute (MSPI) group psychotherapy workshop: Vitalizing the Here and Now in Group therapy: Integrating Existential and Interpersonal Approaches (2013), (b) psychological trauma workshop, Psychological trauma: For the mental health generalist in office practice (2013), (c) CAMH CBT summer training institute (2013), and (d) currently (in-progress) in a Certified Trauma Integration Practitioner (CTIP) program at the ATTCH centre in St. Davids, Ontario."

**Dr. James Whyte, B.Sc.N., M.D., CCFP** is a Family Physician practicing psychotherapy. He has been an adjunct professor at the Northern Ontario School of Medicine, and is an adjunct professor at Tyndale University College in the



Department of Psychology and has been teaching Counselling and Psychology. James is a member of the OMA Section on Primary Care Mental Health and sits on both the executive and education committee of that Section.)

**Dr. Darryl Wolski, B.Sc., M.D., FCFP** is a staff physician in the Department of Mental Health and Addictions, Niagara Health System. His practice is limited to primary care mental health. Dr. Wolski currently runs several outpatient groups in Cognitive Behavioural Therapy and Mindfulness at the hospital as well as seeing individual patients for psychotherapy. He is also an attending physician for the specialized inpatient unit at the St. Catharines Site of the Niagara Health System. Dr. Wolski has been a peer assessor in Psychotherapy at the College of Physicians and Surgeons of Ontario since 2010. He is also an investigative and inquest Coroner for the Province of Ontario.

**Dr. Harry Zeit, M.D., CGPP** is a physician psychotherapist at the Medical Clinic for Person Centred Psychotherapy and Chair of Education Committee of the OMA Section on Primary Care Mental Health. Dr. Zeit graduated from the University of Toronto Medical School in 1982. He practiced until 2005 as an American Board certified emergency physician, and was active in the Canadian Association of Emergency Physicians. He now has a private practice in general psychotherapy, with a special interest in trauma, somatic psychology and newer integrated psychotherapies, such as the internal family systems model. He is a graduate of the Sensorimotor Psychotherapy Institute's training level one (affect dysregulation, survival defenses and traumatic memory) and level two (emotional processing, meaning making and attachment repair); he then completed the certification level in April 2013.

## OMA Section on Primary Care Mental Health



**Dr. Michael Paré**  
Section Chair



**Dr. Harry Zeit**  
Chair of Education  
Committee

Other OMA Section Initiatives are (at the OMA Offices in Toronto):

1. OMA Wednesday Evening CPD Program
2. Caring for Self While Caring for Others

For more information on our Section's educational initiatives, please email **Dr. Harry Zeit** at [harryzeit@sympatico.ca](mailto:harryzeit@sympatico.ca)

## The Objectives of the Section

The objectives of the OMA Section on Primary Care Mental Health are to serve the GP Psychotherapists of Ontario and to promote harmony and understanding amongst them and between them and the medical profession at large; to assist and encourage GP-Psychotherapists to continually increase their professional knowledge, skills and proficiency; to act and speak as a recognized authority on behalf of and for the benefit of GP-Psychotherapists.

To inquire about the section please call Dr. Michael Paré, Chair, OMA Section on Primary Care Mental Health, at 416.229.2399 ext.120 or email at [michaelpare@rogers.com](mailto:michaelpare@rogers.com).

### Executive Committee:

Section Chair –	Dr. Michael Paré, Toronto
Vice Chair –	Dr. Anne Shaw, Toronto
Tariff Chair –	Dr. Muriel van Lierop, Toronto
Secretary –	Dr. Darlene Hall, Toronto
Education Chair –	Dr. Harry Zeit, Toronto
Past Section Chair –	Dr. David Cree, Hamilton
Treasurer –	Dr. James Whyte, Toronto
Member-At-Large –	Dr. Harold Pupko, Toronto

### Education Committee:

Chair –	Dr. Harry Zeit
	Dr. Aube Kurtz
	Dr. Harold Pupko
	Dr. Samuel Lai
	Dr. James Whyte
	Dr. Michael Paré

## **Course Registration – please check desired course(s):**

### **Saturday, January 30, 2016**

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

☐ 10 a.m. to 1:15 p.m. *Course Code C1*

Client-Directed Outcome-Focused Psychotherapy

☐ 2 p.m. to 5:15 p.m. *Course Code C2*

### **Sunday, January 31, 2016**

Attachment, Psychological Trauma, Violence and Addiction

☐ 10 a.m. to 1:15 p.m. *Course Code C3*

Psychotherapy Helping Skills in Practice

☐ 2 p.m. to 5:15 p.m. *Course Code C4*

### **Saturday, February 27, 2016**

Approach to the Bipolar and Psychotic Patient in Primary Care

☐ 10 a.m. to 1:15 p.m. *Course Code D1*

Overview of Standards and Guidelines of General Practice Psychotherapy

☐ 2 p.m. to 5:15 p.m. *Course Code D2*

### **Sunday, February 28, 2016**

Stress, Secondary Trauma, Moral Distress and Burnout. Self-care for Challenging Times

☐ 10 a.m. to 1:15 p.m. *Course Code D3*

Interpersonal Psychotherapy

☐ 2 p.m. to 5:15 p.m. *Course Code D4*

### **Saturday, March 26, 2016**

Approach to Depression and Suicide in Primary Care

☐ 10 a.m. to 1:15 p.m. *Course Code E1*

Practical Consideration on Transference and Countertransference in Psychotherapy

☐ 2 p.m. to 5:15 p.m. *Course Code E2*

### **Sunday, March 27, 2016**

Trauma: A Missing Factor in the Puzzle of Medically Unexplained Symptoms

☐ 10 a.m. to 1:15 p.m. *Course Code E3*

Managing Uncertainty: A Novel Approach to Undifferentiated Mental Disorders

☐ 2 p.m. to 5:15 p.m. *Course Code E4*

**Potential OMA/OPA Educational Collaborate at OPA Annual Meeting on April 8-9, 2016.  
More detail will be available ASAP.**

### **Saturday, May 21, 2016**

The Management of Simple and Complex Post-Traumatic Stress: Part I  
(One 6 hour session in two 3 hour parts)

☐ 10 a.m. to 1:15 p.m. *Course Code F1*

Part II of the session above

- ☐ 2 p.m. to 5:15 p.m. *Course Code **F2***

**Sunday, May 29, 2016**

Approach to Anxiety Disorders in Primary Care

- ☐ 10 a.m. to 1:15 p.m. *Course Code **F3***

Client-Directed Outcome-Focused Psychotherapy

- ☐ 2 p.m. to 5:15 p.m. *Course Code **F4***

**The 29th Annual conference of the GPPA will be held at the Hilton Doubletree Hotel on Chestnut Street in Toronto on Friday, May 27 and Saturday, May 28, 2016. The theme is “The Frontiers of New Brain Science”. For more information please contact Carol Ford at [info@gppaonline.ca](mailto:info@gppaonline.ca) and 416.410.6644.**

**Saturday, June 11, 2016**

Attachment, Psychological Trauma, Violence and Addiction

- ☐ 10 a.m. to 1:15 p.m. *Course Code **G1***

Stress, Secondary Trauma, Moral Distress and Burnout. Self-care for Challenging Times

- ☐ 2 p.m. to 5:15 p.m. *Course Code **G2***

**Sunday, June 12, 2016**

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

- ☐ 10 a.m. to 1:15 p.m. *Course Code **G3***

Qualities and Actions of Effective Therapists

- ☐ 2 p.m. to 5:15 p.m. *Course Code **G4***

**Saturday, June 25, 2016**

Supportive Psychotherapy: Ten Things to Do, and Ten Things to Avoid)

- ☐ 10 a.m. to 1:15 p.m. *Course Code **H1***

Trauma: A Missing Factor in the Puzzle of Medically Unexplained Symptoms

- ☐ 2 p.m. to 5:15 p.m. *Course Code **H2***

**Sunday, June 26, 2016**

Boundary Issues in Psychotherapy

- ☐ 10 a.m. to 1:15 p.m. *Course Code **H3***

Managing Uncertainty: A Novel Approach to Undifferentiated Mental Disorders

- ☐ 2 p.m. to 5:15 p.m. *Course Code **H4***

**Saturday, September 3, 2016**

Boundary Issues in Psychotherapy

- ☐ 10 a.m. to 1:15 p.m. *Course Code **I1***

Client-Directed Outcome-Focused Psychotherapy

- ☐ 2 p.m. to 5:15 p.m. *Course Code **I2***

**Sunday, September 4, 2016**

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

☐ 10 a.m. to 1:15 p.m. *Course Code **I3***

Practical Consideration on Transference and Countertransference in Psychotherapy

☐ 2 p.m. to 5:15 p.m. *Course Code **I4***

## **Registration Form**

Complete the form below and fax to 416.229.9771. For information, contact Ada/Anna at michaelpare@rogers.com.

Course Tuition: \$200 for one three hour MainPro-C Course / \$300 for two three hour MainPro-C Courses \$375 for three hour MainPro-C Course / \$425 for four three hour MainPro-C Courses. Discounts relate to same day or next day sessions. If attendees take two sessions same day, lunch will be provided to them at no extra fee.

**Note:** we reserve the right to cancel any course if we have insufficient attendance.

Residents may be eligible to take these MainPro-C for official accreditation and for a special discount rate.

Please indicate the course code for the session you will be attending:

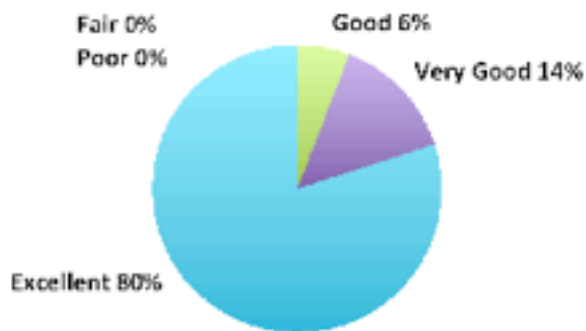
<b>C1</b>	<input type="checkbox"/>	<b>D1</b>	<input type="checkbox"/>	<b>E1</b>	<input type="checkbox"/>	<b>F1</b>	<input type="checkbox"/>	<b>G1</b>	<input type="checkbox"/>	<b>H1</b>	<input type="checkbox"/>	<b>I1</b>	<input type="checkbox"/>
<b>C2</b>	<input type="checkbox"/>	<b>D2</b>	<input type="checkbox"/>	<b>E2</b>	<input type="checkbox"/>	<b>F2</b>	<input type="checkbox"/>	<b>G2</b>	<input type="checkbox"/>	<b>H2</b>	<input type="checkbox"/>	<b>I2</b>	<input type="checkbox"/>
<b>C3</b>	<input type="checkbox"/>	<b>D3</b>	<input type="checkbox"/>	<b>E3</b>	<input type="checkbox"/>	<b>F3</b>	<input type="checkbox"/>	<b>G3</b>	<input type="checkbox"/>	<b>H3</b>	<input type="checkbox"/>	<b>I3</b>	<input type="checkbox"/>
<b>C4</b>	<input type="checkbox"/>	<b>D4</b>	<input type="checkbox"/>	<b>E4</b>	<input type="checkbox"/>	<b>F4</b>	<input type="checkbox"/>	<b>G4</b>	<input type="checkbox"/>	<b>H4</b>	<input type="checkbox"/>	<b>I4</b>	<input type="checkbox"/>

Cheques can be made payable to the Ontario Medical Association and mailed to: c/o Ada or Anna, The Medical Clinic, 265 Yorkland Blvd., Unit 403, Toronto, ON, M2J 1S5.

Name: \_\_\_\_\_

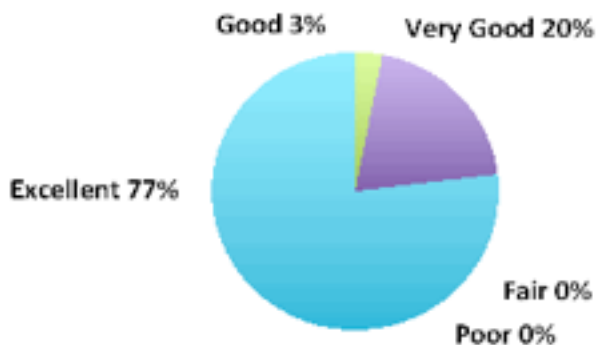
Email Address: \_\_\_\_\_





### Boundary Issues in Psychotherapy

OMA Section on Primary Care Mental Health  
(MainPro-C Sessions) Toronto on February 1st 2015



### Practical Consideration of Transference & Countertransference

OMA Section on Primary Care Mental Health  
(MainPro-C Sessions) Toronto on March 29th 2015



### Overview of Standards and Guidelines of General Practice Psychotherapy

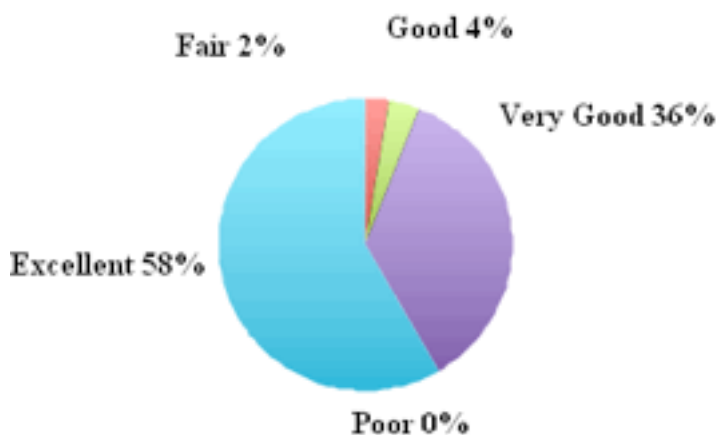
OMA Section on Primary Care Mental Health  
(MainPro-C Sessions) Toronto on May 30th 2015

*[The speaker] made excellent use of discussion and videos to provide practical interactive sessions on psychotherapy. This CME was a great way to meet and engage with colleagues who are doing similar work. Helpful handouts were also made available to participants."*

Dr. Marta Maksymec, MD.

*"I have attended a seminar" practical introduction to general practice psychotherapy" led by [The speaker] this august. Despite its name and its focus for family physicians I found it very useful. I was impressed with material which was reviewed. I liked the interactive environment the most. I will recommend this to any clinicians including psychiatrists who want to review basic psychotherapy knowledge."*

Dr. M. Saleem, Psychiatrist Kitchener-Waterloo, ON



### Interpersonal Psychotherapy

OMA Section on Primary Care Mental Health  
(MainPro-C Sessions) Toronto on March 28th 2015



**Supportive Psychotherapy: Ten Things to Do, and Ten Things to Avoid** OMA Section on Primary Care Mental Health (MainPro-C Sessions) Toronto on May 30th 2015