



**INNOVATIONS IN TREATMENTS
OF ANXIETY DISORDERS**

Holiday Inn Vancouver Centre,
Vancouver B.C.
April 22-24, 2010

Anxiety Disorders Association of Canada /
Association Canadienne des Troubles Anxieux

SCIENTIFIC AND ACADEMIC CONFERENCE

CALL FOR SUBMISSIONS

The ADAC/ACTA is now accepting submissions in one of four formats for our upcoming conference in Vancouver (April 22-24, 2010) at the Holiday Inn Vancouver-Centre.

We are now accepting submissions for:

1. Poster presentations
2. Symposia (normally 4 speakers plus a discussant, 90 minutes)
3. Panel discussions (normally 3-5 speakers, 90 minutes)
4. Skills building sessions (normally 1-2 speakers, 90 minutes)

Please see submission instructions (below) for details.

Please send your submission (see below) by email attachment to conferences@anxietycanada.ca, by December 1, 2009.

<http://anxietycanada.ca>

A detailed program is available online
and will be updated regularly

ALL CONFERENCE PRESENTATIONS WILL BE IN ENGLISH



ADAC-ACTA Submission instructions

FOR POSTERS:

1. A poster abstract no longer than 300 words.

The poster abstract should contain a title in block capital letters at the top of the page, followed by the names of the poster authors and their affiliations, followed by a blank line, followed by the poster abstract. Please see the example, below.

2. Contact information for each author

On a separate page, please list each author followed by their full mailing address, as well as their email address. Please see the example, below.

These two pages should be sent in a single document file, preferably in Word format, to contactus@anxietycanada.ca. The title of the file should be the word “poster”, followed by the last name of the first author of the poster submission (e.g., posterSmith.doc).

FOR SYMPOSIA:

1. A symposium abstract no longer than 300 words, followed by separate abstracts for each presentation within the symposium (no longer than 300 words each).

The symposium abstract should contain a title in block capital letters at the top of the page, followed by the names of the chair and discussant of the symposium (on separate lines) and their affiliations, followed by a blank line, followed by the symposium abstract. After the symposium abstract, separate abstracts (conforming to the poster abstract guidelines, above) should follow for each presentation within the symposium. Please see the example, below.

2. Contact information for each author

On a separate page, please list each author (including the symposium chair, the symposium discussant, and all authors of all papers within the symposium) followed by their full mailing address, as well as their email address. Please see the example, below.

These pages should be sent in a single document file, preferably in Word format, to contactus@anxietycanada.ca. The title of the file should be the word “symposium” followed by the last name of the first author/chair of the symposium submission (e.g., symposiumSmith.doc).

FOR PANEL DISCUSSIONS:

1. A panel discussion abstract no longer than 300 words.

The panel discussion abstract should contain a title in block capital letters at the top of the page, followed by the names of the chair and members of the panel (on separate lines) and their affiliations, followed by a blank line, followed by the panel discussion abstract. Please see the example, below.

2. Contact information for each member of the panel

On a separate page, please list each panellist followed by their full mailing address, as well as their email address. Please see the example, below.

These two pages should be sent in a single document file, preferably in Word format, to contactus@anxietycanada.ca. The title of the file should be the word "panel" followed by the last name of the first author of the panel discussion submission (e.g., panelSmith.doc).

FOR SKILLS BUILDING SESSIONS:

1. A skills building abstract no longer than 300 words.

The skills building abstract should contain a title in block capital letters at the top of the page, followed by the name(s) of the skills building presenter(s) and their affiliation(s), followed by a blank line, followed by the skills building abstract. The skills building abstract should contain **both** specific details about the type(s) of skills to be covered AND the recommended amount of previous experience of session attendees (i.e., suitable for beginner, intermediate and/or advanced attendees). Please see the example, below.

2. Contact information for (each) presenter(s)

On a separate page, please list each presenter followed by their full mailing address, as well as their email address. Please see the example, below.

These two pages should be sent in a single document file, preferably in Word format, to contactus@anxietycanada.ca. The title of the file should be the word "skills" followed by the last name of the first author of the skills building submission (e.g., skillsSmith.doc).

(Late submissions and/or submissions that do not conform to the above instructions will not be considered.)

Decisions on abstract submissions will be communicated in late January, 2010.

Please note that, if your submission is accepted, you will be required to register for and attend the conference.

Sample Poster Abstract:

MECHANISMS ASSOCIATED WITH ANXIETY DISORDER TREATMENTS

William B. Smith, Psychology Department, University of South-Western Montreal, Julie-Marie Dumont, University of Moose Jaw, and John Q. Jones, Psychiatry Department, North-East Kelowna Hospital

Much previous research has shown that the successful treatment of anxiety disorders can occur via a number of psychological and biological mechanisms. Although some authors have proposed that only biological mechanisms are necessary to explain treatment outcomes, others have proposed a more integrative model. Past research has been used to support both types of claims, involving theoretical and empirical support from both perspectives. We sought to assess the degree to which different mechanisms accounted for change in a large sample (n=436) of participants diagnosed with anxiety disorders. Following a semi-structured diagnostic interview (ADIS-IV) administered by a graduate student with training in the use of diagnostic interviews, participants completed several lengthy self-report measures (including the Anxiety Treatment Mechanism Self-Report Scale, the Psychological and Biological Explanations of Change Inventory, and the Beck Anxiety Inventory) as well as a number of imaging (MRI, PET) and biological (5-HT, PANDAS, Cortisol) tests. Participants met the diagnostic criteria for a number of anxiety disorders including panic disorder (n=50), panic disorder with agoraphobia (n=63), generalized anxiety disorder (n=2), obsessive-compulsive disorder (n=327), posttraumatic stress disorder (n=91), and specific phobia (n=435). Encouragingly, all diagnostic categories were associated with significant treatment gains. Hierarchical linear regression analyses revealed that no single mechanism can account for treatment response, however important study limitations (most notably our methodology and the problematic issue of comorbidity) prevented us from making more concrete conclusions. Results are discussed in terms of biological and psychological models of treatment for anxiety disorders and related problems.

Sample Symposium Abstract:

NEW ADVANCES IN THE ASSESSMENT OF ANXIOUS PSYCHOLOGISTS

Chair, Susan H. Renault, Psychiatry Department, University of North-Eastern Ontario

Discussant, Allison U. Peters, Department of Social Work, University of Iqaluit

Many psychologists are known to be anxious, yet because they are typically already aware of current assessment tools, it is challenging to arrive at a valid conclusion about the nature and degree of their anxiety experiences. This symposium will highlight new advances in the assessment of anxious psychologists in a variety of domains. First, Andrew P. Arent from the University of Labrador will discuss the development of a new parent rating scale for anxious psychologists. Next, Gail Y. Ard from the Outdoor Hospital of the Prairie will review empirical evidence from her External Observation of Anxious Behaviour Scale. Then, Shawn I. Ah from the Timmins Psychology College will present a large randomized controlled trial of evidence based interventions for badly assessed anxious psychologists. Next, Susan H. Renault from the University of NEO will review her recent work on how psychologists are often deceptive about their anxious experiences. Each of these presentations will review challenges in this area from an empirically based perspective. Finally, Allison U. Peters from the University of Iqaluit has generously agreed to serve as discussant.

FIRST PAPER TITLE

Andrew P. Arent, University of Labrador, Paula D. Arent, University of Labrador, and William W. Ownt, University of Whitehorse

Abstract (see poster abstract guidelines, above)

SECOND PAPER TITLE

Gail Y. Ard, Outdoor Hospital of the Prairie

Abstract (see poster abstract guidelines, above)

THIRD PAPER TITLE

Shawn I. Ah, Timmins Psychology College, Marcus T. Ire, Psychiatric Clinics of Timmins

Abstract (see poster abstract guidelines, above)

FOURTH PAPER TITLE

Susan H. Renault, Psychiatry Department, University of North-Eastern Ontario, Robert W. Beck, Psychiatry Department, University of Middle Ontario

Abstract (see poster abstract guidelines, above)

Sample Panel Discussion Abstract:

TREATMENTS FOR ANXIETY DISORDERS: DOES SCIENCE MATTER?

Chair, Susan H. Renault, University of North-Eastern Ontario

Gail Y. Ard, Outdoor Hospital of the Prairie

Andrew P. Arent, University of Labrador

Paula D. Arent, University of Labrador

William W. Ownt, University of Whitehorse

Despite decades of evidence supporting the benefits of empirically-based interventions for anxiety disorders, some of our panellists contend that science often 'gets in the way' of progress. This panel discussion will feature debate on the influence of science in the development and implementation of effective treatments for a variety of anxiety disorders. Professors Ard and Ownt will speak in favour of the benefits of science; and Professors Arent and Arent will present their arguments opposed to the role of scientific research. Particular attention will be devoted to discussions of scientific and non-scientific ways of developing treatments, as well as to therapist and consumer/patient/client views of how these different approaches impact upon their treatment experiences. We hope to encourage audience participation in this debate, which will be moderated by Dr. Renault. We believe that this topic is timely, particularly given recent national and international discussions on ways to generate a large number of highly qualified mental health treatment specialists, and hope that the discussion facilitates further debate in this, and related areas.

Sample Skills Building Abstract:

ENHANCING EXPOSURE EXERCISES FOR THE BRAVE

Andrea S. Carey, Progressive Hospital of Western Saskatchewan

Although many anxious clients indicate that they would prefer a more graded approach to exposure exercises in treatment, a small subset of clients indicate that an aggressive approach to exposure (implosive therapy, flooding therapy) is of interest. Most therapists prefer to take either a graded approach or a more accelerated approach with their patients; however, some flexibility in therapist approaches can indeed be helpful. After a very brief review of the empirical evidence underlying both systematic and implosive exposure-based interventions, this session will focus on ways to accelerate, amplify and overwhelm clients undergoing behavioural treatment for anxiety disorders. Strategies will include 'hierarchy flipping', fast exposures, rapid repetition, reducing client options, and '1, 2, 3, jump!'. Attendees will learn how to recognize situations in which such approaches may be helpful, including being able to assess how brave clients are at the outset of therapy. Attendees will then learn to apply these and other challenging skills to a broad variety of patient groups. Special attention will be paid to working with panic disorder, phobias, obsessive-compulsive disorder, and people with co-morbid problems. This skills building session is suitable for attendees at the intermediate and/or advanced levels.

Sample contact page:

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