



# Department of Psychiatry Newsletter



December 15, 2006 Volume 5 Issue 4

## Update from Department

Dr. Trevor Young

I am delighted to join this outstanding and excellent department of psychiatry and I look forward to learning from each of you and for us to work together to make UBC Department of Psychiatry the leading department in the country and one with even greater international acclaim.

As you may know I grew up in Saskatchewan, went to Medical School in Winnipeg and have done my residency and graduate training in Toronto and the United States. I have had strong ties with Western Canada through my family and have always wanted to move to Vancouver and have a position at UBC. I even joked with my family when they asked me when I would move out that if I was to be the Head of the department then I would come out. Being successful at the selection I had to deliver.

I have many ideas for what I would like to see in the department but those are only the beginning. I need your help and input to determine what we need to do together to move our department forward. I have been meeting individual faculty members and Division Heads and visiting many sites which I will continue to do in the new year. We are working to understand and improve the department structure and I will tell you more about that as we go forward. I intend to have some planning days early in the new year so that we can reflect and renew our strategic plan and vision for the department.

I want to thank all of you who have welcomed me here and for the advice that you have given me as to what I should do in my five year term. I want to specially thank my Assistant, Kusuma who has really helped me to come up to speed and organize my meetings with so many of you.

Happy Holidays and all the best in the New Year!

### Preliminary Announcement!

**6th Annual UBC Department of Psychiatry Clinical Day  
June 8, 2007 UBC Robson Square, Vancouver**

#### KEYNOTE ADDRESS

Schizophrenia: A Social Disease - Professor Wulf Rössler, The University of Zurich

#### MORNING PLENARY

Antipsychotic Polypharmacy for Schizophrenia—New Evidence Dr. William Honer

#### 18 DIVISION AND PROGRAM SPONSORED WORKSHOPS

Including 'Psychiatry and Art' Walkabout Tours at the Vancouver Art Gallery

#### INFORMATION AND REGISTRATION

Phone: 604.822.7301 Email: info@cpdkt.ubc.ca



## Event Calendar

### 'Frames of Mind'

A Department of Psychiatry sponsored Mental Health film series held at the *Pacific Cinémathèque*  
1131 Howe Street, Vancouver  
Tickets : \$8.50 (7.00 students) at the door or on-line at [www.cinémathèque.bc.ca](http://www.cinémathèque.bc.ca)

### January 17, 2007 7:30 p.m. Shameless

Director: Bonnie Sherr Klein  
Discussant: Bonnie Sherr Klein

### February 21, 2007 7:30 p.m. The Sea Inside (Mar Adentro)

Director: Alejandro Amenabar  
Discussant: Dr. Romaine Gallagher

### Teaching Hospital /Division/Program Education Rounds

Information /details available at :  
[www.psychiatry.ubc.ca/cme/rounds/](http://www.psychiatry.ubc.ca/cme/rounds/)

### Other Events

#### January 26, 2007

Hot Topics in Psychiatry for Primary Care  
UBC Robson Square, Vancouver  
Info: 604.822.7301

#### February 23, 2007

Clinical Neurosciences Conference  
SFU Harbour Centre  
Info: 604.822.7301

**Editor - Dr. Harry Karlinsky**

**Managing Editor - Michelle Purcell**

This newsletter is published quarterly as a vehicle to promote communication within the UBC Dept. of Psychiatry as well as with its wider community. Feedback and suggestions for invited submissions can be forwarded to the Editor at [Harry.Karlinsky@vch.ca](mailto:Harry.Karlinsky@vch.ca)

## Obituary—Dr. James Edward Miles Dr. Ronald A. Remick

Jim Miles died peacefully after a brief illness, October 19, 2006. Dr. Miles, a former Chairman, Department of Psychiatry (1985-1990), had a long and distinguished psychiatric career in our community.

Jim was born in 1928 in Victoria. He obtained an undergraduate degree (Cum Laude) at University of Saskatchewan and then obtained his medical degree from McGill in 1953.



Dr. Miles had a successful first career as a family physician. In 1964 he elected to embark on a psychiatric residency at UBC, completing

his last year of residency at the prestigious Maudsley Hospital, Institute of Psychiatry, in London, England. He returned to Vancouver in 1967 and began his psychiatric career at VGH.

Jim Miles had an eclectic clinical career. From 1968-1983 he was the Senior Medical Member for Order in Council of BC which reviewed forensic patients incarcerated with 'unfit to stand trial/not guilty by reason of insanity' orders, and he was a founding member of the National Association of Boards of Review which is our current system.

His clinical interest and passion was in conjoint/marital therapy. In addition he was one of the first psychiatrists in our community to show an interest and expertise in physician mental health. He published two book chapters and many peer reviewed papers on this subject.

In 1976 Dr. Miles was appointed Head, Department of Psychiatry, Shaughnessy hospital which began his long and distinguished career of leadership in our psychiatric community. During his nine year tenure at Shaughnessy, that psychiatric department blossomed and was a hub of clinical and academic work. For many of those years it was the most active and productive research center for the entire department. Dr. Miles had an ability to attract a number of junior faculty members, many of whom are now among the most esteemed and prestigious of our senior staff, giving the Shaughnessy group an energy, vibrancy, and camaraderie that these former members warmly reflect upon to this day.

Dr. Miles stature at Shaughnessy was recognized outside of our department. Jim was the first psychiatrist to chair the Medical Advisory Committee at a teaching hospital, bringing a medical credibility to our profession that, particularly in that era, was considered suspect by so many of our medical colleagues.

During Jim's leadership at Shaughnessy he saw the value of psychiatric sub specialization – perceiving that our specialty was becoming to complex for any one psychiatrist to know all. In 1978 the Affective Disorders Clinic was founded and eventually moved to UBC and changed its name

to the Mood Disorders Service. In addition, he saw the need for better collaboration and training of non psychiatric physicians. Shaughnessy's monthly outreach program to Dawson Creek transitioned and expanded to our current extensive outreach program throughout BC. Shaughnessy's very popular CME program "You and your difficult patient" developed into one of the most successful private psychiatric CME programs (Psychiatric Update) over the next twenty years.

The clinical, academic, and research successes at Shaughnessy, lead to Jim's recruitment as Head, Department of Psychiatry, UBC in 1985. Many of his significant accomplishments and departmental changes are now taken for granted. At the onset of his tenure, the relationship among the teaching hospitals (VGH, UBC, St. Paul's, and Shaughnessy) was nonexistent. Civil war was rampant. Through Jim's charisma, sense of humor, his long term collegial relationship with all departmental members, and his common sense approach, the internecine warfare ceased, and cooperation and collaboration began. I believe the Department's further development and success would not have happened without the integration that occurred during his term.

Dr. Miles continued his focus on specialty clinics and in addition to the Mood Disorders Service, one of Canada's first Schizophrenia Services was initiated, as well as the Reproductive Psychiatry clinic at Shaughnessy and the Eating Disorders Service at St. Paul's.

Jim Miles was a strong supporter of advocacy groups and served on the Board of the fledgling Friends of Schizophrenia (now the very strong BCSS) and became an Honorary Director in 1989. His support and advocacy led to significant Departmental donations and bequests including the first Chair in Schizophrenia and later additional Chairs in Mood Disorders and Adolescent Depression. These departmental resources are largely due to the pioneering efforts of Jim Miles.

Jim Miles had an eccentric but infectious sense of humor. As a bedside teacher he demonstrated that appropriately timed humor would lead to therapeutic success by diffusing a difficult situation and enabling patients to relax and feel free to be open and candid with their pain, trauma, and tragedies. His sense of humor most certainly helped him navigate the dangerous, murky waters of hospital and university politics.

Jim Miles always had a kind word for all – from his senior medical staff to the housekeeping staff, all of whom he knew by name. His office door was always open and should you catch his eye as you walked by, a minute or two to catch up on how and what **you** were doing and what he could do to assist was there. His later years where he endured a number of progressive medical difficulties were faced with courage, optimism, and that quirky sense of humor.

We acknowledge and remember the lasting gifts and contributions he has left to our Department.

### 2006 Unsung Hero Awards

*At the Department of Psychiatry 2006 Annual Clinical Day, the Planning Committee acknowledged two Unsung Heroes selected from the attendees' nominations. The categories for the two awards were:*

- 1) An unsung hero from the volunteer community with extraordinary volunteer service and advocacy in the field of Mental Health.*
- 2) A community mental health professional who quietly serves his or her community and merits long overdue recognition*

#### Volunteer Category

This year's winner in the volunteer category was P. Bonny Ball, Chair of the Survivor Division of CASP (the Canadian Association of Suicide Prevention) and moderator of the Survivor Advocate Listserve (an online community of over 230 researchers, clinicians, survivors, crisis centre representatives, and school/community suicide prevention committees from across Canada, all sharing perspectives and working together in suicide prevention).



Bonny is also a co-author of the peer-reviewed research paper "Psychological Autopsy of the suicide of an academically gifted student: Researchers' and Parents' Perspectives".

Locally, Bonny is project manager of the Vancouver Suicide Survivors Coalition, a project of the Consumer Initiative Fund of Vancouver Community Mental Health. An annual project of the Survivors Coalition is to set up displays in local libraries and bookstores in recognition of September 10th - World Suicide Prevention Day.

The survivors' coalition has recently put on two public forums. The first one, "Aftermath of Suicide: Private Pain to Public Action" was co-sponsored by UBC's Department of Psychiatry. The keynote for the second forum, "Suicide Matters – Research Matters" was

Heather Craig, who spoke about their work to establish the B.C. Leadership Chair in Depression Research.

A business analyst by profession, Bonny found herself thrust onto this path when her treasured 21 year old son died by suicide in 1994. Her long term focus is encouraging survivor involvement and survivor/professional collaboration in suicide prevention.

#### Professional Category

This year's winner in the professional category was Dr. Elena Lisiak for her heroic efforts in providing outreach psychiatric services to Northwestern BC communities.

## Recent Publications

Dr. Steven Taylor

*Editor's Note - This new column will focus on publications by our Dept's Faculty. The following preface is excerpted with permission, from Dr. Steven Taylor's recently published book **Clinician's Guide to PTSD: A Cognitive-Behavioral Approach**. Clinical Guide Guilford Press, 2006*

Much has been written on the treatment of posttraumatic stress disorder (PTSD). Why write another clinician's guide? There are several reasons why a fresh, empirically-grounded guidebook is required. Most previous books have been narrow in focus, dealing only with a specific form of disorder, such as rape-related PTSD. Clinicians rarely have the luxury of such a narrow specialization. Accordingly, a volume is needed that covers the many manifestations of PTSD, the common elements of treatment, and the special interventions needed for (a) particular types of trauma populations (e.g., interventions used particularly with formerly battered women), (b) various demographic groups (e.g., children and the elderly), and (c) particular clinical presentations (e.g., PTSD associated with other prominent clinical problems, such as severe guilt, anger, shame, chronic pain, dissociation, or substance abuse). The present volume aims to be comprehensive in this regard, covering both the science and art of cognitive-behavioral treatment of PTSD for various populations and clinical presentations. The nuts and bolts of interventions are described, along with useful variations on treatment methods.

The second reason for writing this book is that in recent years there have been many new and important developments in treating PTSD, including the development and refinement of cutting-edge treatment methods that, by virtue of their recent appearance in the PTSD treatment literature, have not found their way into most treatment guidebooks. Examples include cognitive methods for treating mental defeat and numbing, and interoceptive exposure techniques for treating maladaptive beliefs about PTSD symptoms. The present volume is a compendium of new

and established treatment methods, including handouts for patients, and troubleshooting sections for helping therapists deal with common problems that arise in implementing cognitive-behavioral interventions. Readers are provided with numerous clinical examples of how the interventions can be used, as well as numerous suggestions about how to select, organize, and implement behavioral interventions such as the various forms of exposure exercises. It can be challenging to develop some types of exposure exercises, particularly live or situational exposure assignments. Creativity is needed—or at least a list of guiding examples developed by others. The chapter on situational exposure includes numerous examples, including a long list of movies that contain relevant material for use as exposure stimuli for various trauma populations. (I'm greatly indebted to my cinéphile colleagues for their assistance in compiling this list.)

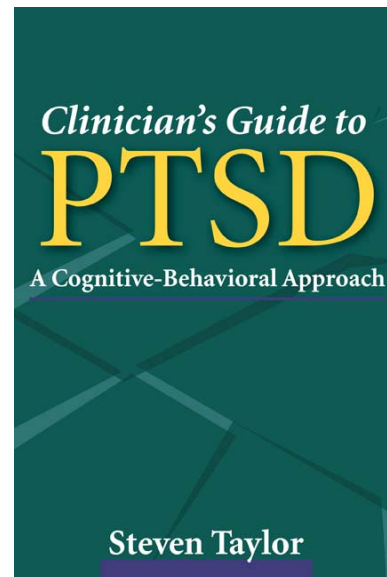
A third reason for the present volume is that most cognitive-behavioral treatment guidebooks have neglected the biological side of PTSD. A comprehensive clinical guide should be one that provides the cognitive-behavioral clinician with information concerning the nature and treatment relevance of the various biological findings concerning PTSD. To illustrate, findings regarding the question of whether stress damages the brain have great relevance for how we respond to patients who worry that they have stress-induced brain damage. Other important findings from the biological realm address the question of whether certain pharmacological agents, such as D-cycloserine, can augment the efficacy of cognitive-behavioral treatments. Such issues are covered in the present volume.

The fourth and perhaps most important need for a new treatment guidebook concerns the very nature of PTSD treatment in clinical practice. By virtue of the remarkable variety of clinical presentations of PTSD, including the many different ways this disorder can co-occur with other clinical problems, a simple treatment manual is inadequate. Clinicians cannot be expected to work, lock-step, through a fixed treatment protocol that dictates which intervention will be implemented in which treatment session. The reality of clinical practice requires a flexible, individually-tailored, but empirically informed approach to developing treatment plans. The development of such an approach was a further goal in writing the present guidebook. This book advocates a case formulation approach, in which a formulation of the causes of a patient's

problems is used to determine how empirically supported treatment protocols can be adapted to meet the needs of a particular patient. A case formulation is used to develop treatment plans for the many different constellations of co-morbidity and other complicating factors for which there are no standardized, empirically supported manuals.

The present volume is intended for clinical trainees, such as clinical psychology graduate students, postdoctoral

clinical psychology fellows, and psychiatry residents. It also is intended as a resource for mental health professionals wanting to learn more about cognitive-behavioral approaches to treatment. No book is sufficient to learn how to treat PTSD; this volume is best used in the context of supervised training from a suitably qualified practitioner, such as a clinician with expertise in both PTSD and cognitive-behavioral therapy.



3rd Annual  
**Hot Topics in Psychiatry  
 For Primary Care**  
**January 26, 2007**  
**UBC Robson Square**  
**Vancouver, BC**



### Course Description

The UBC Departments of Psychiatry and Family Practice and UBC CPD-KT are providing a one day update for primary care physicians on important psychiatric topics. All presentations will be very practical and relevant to daily medical practice. Participants will become up-to-date on strategies to manage a wide range of psychiatric issues that are seen in daily clinical practice.

### Sponsored by

- UBC Department of Psychiatry
- UBC Department of Family Practice
- UBC Division of Continuing Professional Development and Knowledge Translation

### Target Audience

This program will be of value and interest to all primary care physicians involved with the care of patients with psychiatric conditions.

### Topic Highlights

- Risk Reduction—Legal Aspects of Psychiatric Care for the Family Physician
- Compassion Fatigue
- Office Management of Drug Seeking Behaviour
- Managing Somatization in the Office
- Agitation in the Older Adult—The Expression of Unmet Need: A Pragmatic Approach for Physicians
- Adolescents in Crisis
- Diagnosis and Management of Fatigue
- A Critical Review of New Treatments for Depression: What the Practitioner Needs to Know
- Psychiatric Aspects of Perimenopause
- Assessing and Managing the Challenging Child
- Chronic Disease Management of Depression—A Collaborative Shared Care Model
- Families in Crisis
- The Difficult Patient—Strategies and Solutions



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