

# **MEMBER BENEFITS EDUCATIONAL EVENTS HOSTED BY CAPDA**

**June 21, 2013 WORKSHOP  
“DSM 5: Overview, Critique, Recommendations”  
with Dr. Gerald Young, Ph.D.**

## ***General Introduction to DSM 5***

The DSM 5 was officially published in May, 2013, after rancorous criticism of the procedures used, the draft versions, and the final product, with equally vigorous defence at all these levels. The manual should reflect practitioner utility requirements and scientific reliability and validity requirements. However, on both these grounds, the manual has been attacked. Moreover, unlike the case for the working groups for the prior version, the DSM-IV (1994, 2000), the procedure was not open and there were accusations of conflicts of interest, e.g., with pharmaceutical companies. Finally, for present purposes, the manual has been criticized for its lack of careful vetting for forensic applications.

## ***Learning Objectives***

- To be able to list the major changes in the DSM 5 from the DSM-IV.
- To be able to describe the major criticisms of the DSM 5.
- To be able to discern the implications of the changes and criticisms for your practice.

## ***Psychological Injury Categories***

Some of the new categories proposed might not have been carefully thought through, while others were kept intact, and might reflect the same lack of careful thought. Some categories lower the bar in diagnosing disorder while others raise it. Children appear unduly targeted, with ease in diagnosing some disorders and the consequent spectre raised of overmedicating them. Two categories of special concern to CAPDA are PTSD and pain disorder. The changes wrought for these two categories will be reviewed carefully and the implications of the changes will be discussed, e.g., for PTSD tests, for giving a diagnosis that makes sense for pain patients. Another category of concern is neurocognitive disorder, e.g., in TBI. The changes in it will be discussed in dialogue with the neuropsychologists the audience.

## ***Learning Objectives***

- Describe the major changes for PTSD.
- Describe the major changes for pain disorder.
- Describe the major changes for neurocognitive disorder.

## ***Afternoon Session***

### ***Discussion & Recommendations***

Another dialogue should take place about what the changes mean for practice in rehabilitation and assessment, and tort, and workers compensation, this time with the full audience. I will contend that the changes in the DSM 5 will open psychologists to criticisms by both plaintiff and defence attorneys, and even arbitrators/judges. The best manner in hedging these criticisms is to adopt a functional approach in evaluations, and not relying on specific diagnostic labels as primary, which is the normative approach in good practice in the field already. To conclude, I will describe some recent research on psychopathology and nosology (e.g., systems, endophenotypes) that go beyond even the traditional psychologists' contention that the DSM should be more dimensional than categorical. The DSM should become a manual under constant scrutiny and revision according to state of the art science in the field.

## ***Learning Objectives***

- Realize the implications for rehab/disability, and tort/workers compensation practice.
- Develop tactics to handle assessments and court despite flaws in the manual.
- Follow recommendations for changing the manual and recent research in the area.

**SPRING WORKSHOP 2013**  
**“Advanced Clinical Solutions for WAIS-IV® and WMS®-IV”**  
**with Dr. Peter Entwistle**

**The focus of this presentation will be on the Advanced Clinical Solutions (ACS). We will discuss the new Wechsler Adult Intelligence Scales (WAIS-IV), a new measure of adult memory assessment (WMS-IV and WMS Flexible) and the additional data provided by ACS.**

Review of WAIS-IV, WMS-IV and ACS. We will review demographically-adjusted norms, the Test of Pre-morbid Functioning, new measures of social perception, effort and serial testing.

**Learning Objectives:**

- After attending this presentation, the participants will be familiar with the data provided by the ACS. They will learn about adjusted norms, serial testing and measures of pre-morbid functioning. The participants will also learn how to integrate findings from the three sources; WAIS-IV, WMS-IV and ACS.
- After attending this presentation, participants will be able to understand the different types of DAN and TOPF sources and their application in individual cases. We will contrast scores provided by the routine method of computerized scores with DAN scores.
- Participants will also be able to describe the additional features offered by the ACS in conjunction with the WAIS and WMS for assessing effort and social perception.

***Morning Session***

***Overview of the WAIS-IV and the Q/The WMS-IV & WMS-Flexible***

Designed to address specific needs of clinical assessment, the ACS offers tasks, procedures, and scores that yield additional information about the processes underlying performance on the WAIS-IV and WMS-IV. Dr. Entwistle will describe the additional assessments and additional scores offered by ACS for WAIS-IV and WMS-IV.

## ***Afternoon Session***

### ***Introduction to the ACS***

The Advanced Clinical Solutions for [WAIS-IV](#) and [WMS-IV](#) is designed to enhance the clinical utility and expand the construct coverage of these respected tests. This new tool provides a common and related sample linking WAIS-IV, WMS-IV, executive function, social cognition, and daily living.

### ***Assessment of Suboptimal Effort***

The assessment of suboptimal effort is an important function performed by clinical psychologists, forensic psychologists, and neuropsychologists. In cases that could involve substantial secondary gain to the examinee, e.g., large monetary awards, it is especially important for psychologists to demonstrate that the examinee's performance is consistent with the nature of his or her injury or clinical condition, i.e., that the results are valid. Thus, it is common for medical-legal evaluations and other litigation cases to include measures of symptom validity. This one-hour section will describe the embedded measure of effort that psychologists can use to assess clients.

### ***Assessment of Pre-Morbid Functioning***

Test of Premorbid Functioning (TOPF) will also be reviewed and case examples will be discussed to highlight this feature of the ACS.

## **September 28, 2012 Fall Workshop**

### ***“Treatment of Traumatized Individuals & Ways to Bolster Resilience” with Dr. Donald Meichenbaum, Ph.D.***

In this ADVANCED WORKSHOP, Dr. Meichenbaum will critique the concept of trauma and PTSD and assess the "state-of-the-art" in treating individuals with PTSD, Complex PTSD and co-morbid psychiatric and physical disabilities. He will highlight a strength-based assessment and treatment approach and examine what distinguishes those individuals (some 30%) who develop adjustment difficulties versus the 70% who evidence resilience, and in some instances, posttraumatic growth. Using a Constructive Narrative Perspective, he will provide specific ways to bolster resilience in six domains; physical interpersonal, emotional, cognitive, behavioural and spiritual. A Case Conceptualization model will be offered that informs assessment and treatment decision-making with a special focus on interventions with individuals who have experienced physical injuries such as traumatic brain injuries and related pain disorders resulting from such traumatic events as automobile accidents and other traumatizing events. He will demonstrate how to implement the Core Tasks of Psychotherapy that characterize "EXPERT" therapists. How to use computer technology as adjunctive tools will be highlighted, as well. A detailed handout will be provided that offers specific treatment guidelines with a special focus on how to conduct integrative treatments for individuals with co-morbid disorders such as substance abuse, depression/suicidality and negative emotions such as anger, guilt, shame, complicated grief and moral injuries. The role that family members play in the healing process will be addressed.

### ***Learning Objectives***

1. Critique the concept of PTSD and the 'state-of-the-art' of interventions for individuals with PTSD and Co-morbid disorders.
2. Use a Case Conceptualization Model that informs assessment and treatment decision-making, especially with clients with Traumatic Brain Injuries and related physical disabilities.
3. Enumerate and implement the Core Tasks of Psychotherapy.
4. Address more effectively critical clinical issues such as treatment non-adherence/patient non-compliance and the generalization and maintenance of treatment effects and ways to engage and involve significant others.
5. Consider how computer technology will alter the future of psychotherapy.

### ***Morning Session***

A brief overview of the concept of PTSD and the "state-of-the-art" of alternative treatment approaches, controversies and implications for treatment.

What factors distinguish individuals who develop PTSD and related adjustment difficulties versus individuals who evidence resilience and posttraumatic growth.

The critical role of a Case Conceptualization Model (CCM) in informing assessment and treatment decision-making.: A case example with individuals with Traumatic Brain Injuries.

The Core Tasks of Psychotherapy: What "Expert" Psychotherapists Do.

The role of the therapeutic alliance/Psychoeducational/Ways to nurture hope/How to build skills and build in generalization procedures.

Ways to address issues of traumatic memories and ways to bolster resilience.

### ***Afternoon Session***

Focus on specific ways to bolster resilience in clients and significant others (family members)

Specific ways to Bolster Resilience in the Physical, Interpersonal, Emotional, Cognitive, Behavioural and Spiritual Domains.

How to provide Integrative Treatment with clients with co-morbid psychiatric and physical disabilities and adjustment difficulties.

Addressing issues of treatment of non-adherence and non-compliance.

The potential role of computer technology as adjunctive tools to psychotherapy: A look into the future.

## May 11, 2012 Spring Workshop

### *"2nd Annual CAPDA Disability Workshop"*

#### **Dr. Laszlo Erodi, Ph.D.**

Are we Flipping a Fair Coin? The True Meaning of Chance Level Responding

At or below chance level responding on forced choice tests has acquired a privileged epistemological status in the evaluation of cognitive effort, and with that, the validity of a response set or an entire neurocognitive profile. The appeal of the term derives partly from the assumption that scoring at or below a theoretically-defined level of randomness allows the assessor to infer *intent to perform poorly*. This presentation outlines the limitations of the default statistical model used (the binomial distribution) to operationalize *at* and *below chance* level responding. At the same time, it offers empirically-based solutions to correct these shortcomings: recalibrating selected forced choice SVTs. This procedure can turn a major methodological confound and measurement artifact into an opportunity to redefine the original probability-based cut-offs in precise, empirically-derived and population-specific terms. The method also allows for comparing the signal detection performance of different instruments in different populations as a function of medical diagnosis and *a priori*-estimated validity

#### **Dr. Annette Lorenz, Ph.D.**

Clinical and Actuarial Measures in Criminal Risk Assessments: How These Might Inform Objective Evaluations During Medical-Legal and Disability Assessments

Criminal Risk evaluations conducted in Institutional settings such as Medium and Maximum Security Federal Correctional Institutions often have quite diverse and multiple objectives. These assessments, therefore, are quite comprehensive and are designed to determine issues such as reduction in security, risk or self-harm or harm to other inmates in the proposed institution, needs to be addressed in criminal rehabilitation programming and release planning, and screening for cognitive impairments and disabilities, and literacy. As well, assessments are potentially completed in anticipation of the Crown's plans to apply for Dangerous Offender Status so an Indeterminate Sentence can be proposed.

This presentation will offer highlights of actuarial and personality measures and various strategies that might be of value in other legal contexts, in general, and the independent medical-legal evaluation, specifically.

#### **Dr. Dawn DeCunha, Ph.D.**

How Assessment of Adverse Childhood Experiences Can Inform Our Practice of Adult Assessment

Given the high prevalence of Adverse Childhood Experiences (ACE's) across all strata of society, adult disability assessments can be better informed by obtaining detailed information about a client's childhood experiences. Assessors should be aware of long-

term outcomes to individuals with different types of adverse experiences in childhood. This can contribute to a more accurate diagnostic picture and more informed recommendations for intervention. This presentation starts with examining general physical and mental health problems in adulthood and links these outcomes to brain and behaviour changes in childhood due to ACE's.

***Dr. Deborah Cowman, Ph.D.***

Decision-Making and the Minor Injury Guideline

In this presentation, various considerations for making decisions about the applicability of the Minor Injury Definition will be considered. These include the diagnosis, the seriousness of the psychological injuries, the predominance of the psychological injuries, the relevance of pre-existing conditions, and whether treatment is reasonable and necessary. Sample cases will be discussed, as well as various sources of information and opinion, and the difficulties of applying the definition over time and in the absence of guidance from arbitration findings.

***Dr. Ronald Kaplan, Ph.D., Richard Feldman and Lawrence Blackman, FSCO***

After brief presentations from Dr. Kaplan, Mr. Blackman and Mr. Feldman, Dr. Kaplan will interview FSCO adjudicators regarding their experience with psychological reports and testimony.

## January 13, 2012 Workshop

### ***"Symptom Validity & Disability Assessment"***

#### ***Dr. Gerald Young, Ph.D.***

Feigning, Malingering and Symptom Validity: Review and Views

- Review of the literature from the journal *"Psychological Injury and Law"* with relevant material. In particular, he will deal with controversial issues and need for comprehensive assessments and how to navigate the adversarial divide.

#### ***Dr. J. Douglas Salmon Jr., Ph.D.***

Traditional SVT Over-reliance, What We're Missing and What if We're Wrong?

- Review of embedded validity methods and neglected client testing experience/perceptions influencing SVT performance. He will also review a unique study of 40-60 arbitration cases wherein psychologist(s) on the file opined "malingering" based on most common SVT measures, in comparison to arbitrator opinions of client "credibility" in the same case. The study will inform best practice in diagnosis of malingering from the case law perspective.

## October 14, 2011 Fall Workshop

### *“Professional Considerations in Assessing & Managing Chronic Pain: An Update with Dr. Dan Handel, M.D.*

#### ***Morning Session***

Introduction in Pain-Epidemiology, Taxonomy and Typology Pathophysiology of Pain: How Do We Hurt?

Acute and Chronic Pain-similarities and differences, treatment strategies Chronic Pain: Treatment approaches

- a) Analgesics, short and long-acting
- b) Other medications
- c) Non-pharmacological approaches
  - a. Acupuncture
  - b. Mind-body approaches
  - c. Body work approaches
  - d. Energy approaches
  - e. Herbal approaches/Acute Pain-nature, characteristics and treatment strategies

#### ***Afternoon Session***

Biobehavioural approach to assessment, treatment of plan

- a) Low back pain
- b) Fibromyalgia
- c) Arthritis
- d) Headache disorders

A functional approach to management in disabled pain patients, Opioids for Chronic Pain - recent research findings, informing best strategies

## **September 28, 2011 Fall Workshop**

### ***"Incorporating Your Practice"***

***John Whitehead, Director of Personal Tax and Fiscal Arrangements Branch,  
Ministry of Finance***

***Marcia McCann, Chartered Accountant***

***Dr. Rick Morris, Deputy Registrar and Director, Professional Affairs, College of  
Psychologists of Ontario  
Incorporation and the College***

## **May 27, 2011 Spring Workshop**

### ***“Definitions of Disability in Multiple Settings: Implications for Psychologists”***

Knowledge of key definitions of disability is essential for effective psychological practice across settings. This workshop offers access to experts in defining disability with opportunities for questions and discussion.

#### ***Dr. Ronald Kaplan, Ph.D.***

How did we get here? The Proposed New Definitions for Catastrophic Impairment.

This presentation will explore the history of the SABS leading to the 2011 CAT Medical Panel proposal for new/revised SABS tests for catastrophic impairment. The proposed new definitions will be reviewed, as well as proposals for qualifications and training of CAT assessors.

#### ***Steven Muller, Share Lawyers***

This presentation will touch generally on the following topics related to the assessment of psychological and psychiatric disability claims:

- Partial versus total disability.
- Exclusions for psychiatric claims - pre-existing condition exclusions, subjective claims, psychiatric claims.
- The duty to mitigate generally, and specifically, the requirement of appropriate treatment.

#### ***Allen Wynperle, Wynperle Personal Injury & Law Firm***

Complete Inability Test (Post-104 weeks) Under the SABS

This presentation will focus on the definition of the complete inability test for both Income Replacement and Non-Earner Benefits. We will also discuss the proper causation test and how the courts have dealt with chronic pain syndrome over the last decade.

#### ***Meredith Jackson Donohue and Bevin Shores, Daniel & Partners***

What Happens After You Release Your Report into the Wild: How Assessments are interpreted at Arbitration

Practical tips for improving the reliability of disability assessments based on the case law at arbitration.

***Richard Morrison, Director, WSIB***

Understanding how the Workplace Safety and Insurance Board assesses disabilities and permanent impairments due to mental and behavioural disorders related to workplace injuries. The discussion will include how entitlement for psychological conditions are determined, dealing with temporary and/or permanent impairment, determining functional capacity for return to work.

***Dr. Lynne Lightfoot, Ph.D.***

This presentation will provide an overview of the concept of "capacity" as defined within the legal framework provided by the **Substitute Decisions Act, 1992**. When the NDP government of Ontario introduced new laws about advocacy, consent to treatment and substitute decision-making in 1992, there was considerable attention from the media and strong, anxious, public reaction. Although the original law as came into effect in march 1995, significant revisions were made in 1996, but very little public or professional education followed. This presentation will, therefore, review the types of capacity that are assessed by Designated Capacity assessors and will describe the legal tests associated with each of these types of capacity. The process of conducting capacity assessments will be compared and contrasted to the processes typically employed in psychological assessments.

## **January 14, 2011 Workshop**

### ***“The Use of the Personality Assessment Inventory in the Assessment of Impairment with Motor Vehicle Accident Claimants” with Dr. Jeremy Frank, Ph.D. & Dr. Michael Cheng, Ph.D.***

The aim of our presentation is to introduce participants to the Personality Assessment Inventory in the context of working with motor vehicle accident victims. We will discuss the advantages and disadvantages of using the PAI with this population. We will present new population-specific norms for the PAI so as to allow more useful and accurate inferences. We will provide a thorough review of the PAI's validity indices and its strengths as a measure of response bias/profile distortion. We will discuss the practical use of the PAI when conducting psychological disability assessment and will introduce new and promising lines of research.

## **October 16, 2010 Fall Workshop**

***“Forensic Assessment & Treatment of PTSD” with Dr. William J. Koch, Ph.D.***

### ***Morning Session***

The early morning session will focus on the nature of Posttraumatic Disorder and related mental health conditions commonly occurring within the personal injury or disability assessment context. We will begin with a discussion of the different contexts (auto insurance claims, Indian residential school claims, sexual assault claims) in which diagnoses of PTSD arise. We will then discuss the co-morbidity of PTSD with other mental health disorders, and the assessment of these various disorders and differential diagnoses among them. We will end the early morning session with a discussion of common assessment errors and biases in the assessment of psychological injury cases.

The late morning session will focus on specific assessment plans and tools. There will be some discussion of structuring assessments to test competing psycho-legal hypotheses concerning diagnoses, causality, prognosis and functional impairment. As well, assessment tools for the assessment and diagnosis of PTSD and related conditions and underlying constructs will be described. Issues in diagnostic decision-making and generating opinions about functional disability will also be discussed. A model for assessing different types of claimant response bias, and specific measures of response bias (e.g., defensiveness, feigning) will be described. Finally, we will discuss the use of surveillance recordings and data from social networking sites in formulating opinions about disability.

### ***Afternoon Session***

Small group discussion of individual cases. Individual psychological injury/PTSD cases will be distributed to small groups for discussion and writing the outline of an assessment and opinion. Each table of participants will get a different case. Cases will include claimants from the following forensic contexts: auto insurance, physician sexual assault, Indian residential school abuse. Cases will illustrate issues such as co-morbidity, psychological-somatic overlap, defensive responding, feigning of symptoms and inconsistent histories. Groups of participants will prepare their thoughts on evidence for/against different hypotheses and means to expand on the already existent assessment data for each case.

In an interactive hour, representatives of the different groups will present their thoughts on individual cases, and Dr. Koch will discuss his own conclusions about the cases, including areas of uncertainty and his own post-hoc thoughts on further investigation of such cases.

Dr. Koch will discuss evidence-based psychological treatments for PTSD, including variants for motor vehicle accident survivors and sexual assault survivors.

## **March 26, 2010 CAPDA/OPA Spring Workshop**

### ***“Overhaul of SABS and Revised Rules of Evidence: Implications for Psychologists”***

#### ***Darcy Merkur, Thomson Rogers***

Rules of evidence and implications of SABS changes for tort; Examination, reports and testimony as expert witnesses.

#### ***Rhona Waxman, Personal Injury Lawyer***

Summary of SABS changes and implications for providing treatment and/or Insurer examinations; including questions and discussion.

#### ***OPA Auto Task Force***

Changes to forms, minor injury guideline, OPA assessment and treatment guidelines, etcetera, including questions and discussion.

Panel discussion on implications for practice, OPA Auto Insurance Task Force.

## May 15, 2009 Spring Workshop

### ***“Differential Diagnosis of the Persistent Post-Concussion Syndrome & Misdiagnosis of Cognitive Impairment in Brain Injury Litigation”***

#### ***Dr. Grant Iverson, Ph.D.***

Mild Traumatic brain injuries occur frequently in the general population, are often associated with pronounced initial symptoms, but typically are not associated with long-term problems. A post-concussion syndrome can occur following a traumatic brain injury of any severity. The etiology of this syndrome can be the biological effects of the injury, psychological factors related to the injury, or a combination of both. Unfortunately, this syndrome can be easily misdiagnosed in patients who are not suffering the direct or indirect biological or psychological effects of the original injury. This is because the symptoms, and the syndrome, are non-specific. They occur frequently in healthy adults, patients with depression, and patients with chronic pain. In brain injury litigation, the complexity lies in the accurate identification and quantification of long-term physical, psychological and cognitive problems, and the appointment of causation.

The specific learning objectives will be:

- (a) to examine the post-concussion syndrome, and to discuss the complexities associated with the diagnosis and misdiagnosis of this condition.
- (b) compare brain injury, psychological injury and the overlap within the litigation.
- (c) describe how neuropsychological evaluations, by their design, can lead to the misdiagnosis of cognitive impairment in forensic setting.

## **November 9, 2007 Fall Workshop**

### ***“Communication Technologies and Psychological Practice: Professional and Legal Issues”***

The goal of the Workshop is to inform on the changing technologies involved in notes, records, report writing, electronic communication, electronic counseling and what psychologists need to know in the interface between Psychological Practice and the legal system.

#### ***Bob Munroe, Barrister & Solicitor***

Technologies used in professional practices, obligations for privacy and security of records, privacy rights, obligations to disclose records, relationship between technology, recordkeeping and appearing as a professional witness.

## **June 1 & 2, 2007 Spring Workshop**

### ***"Catastrophic Assessments"***

This two-day workshop is geared towards psychologists who are interested in performing assessments for determination of catastrophic status and psychologists who have experience in performing these assessments but would like to further develop their skills. This workshop is not simply an introduction to CAT. Rather, it is designed as a detailed analysis of the SABS as they relate to CAT.

#### ***Day 1***

##### ***Historical, Psychological and Legal Aspects of the CAT Assessment***

***Dr. Ronald Kaplan, Ph.D.***

What is a CAT assessment?

***Dr. Harold Becker, Ph.D.***

The AMA Guides (55%)

***Dr. J. Douglas Salmon, Jr., Ph.D.***

GOS Ratings/F/G Criteria

***Dr. Faith Kaplan, Ph.D. & Dr. Ronald Kaplan, Ph.D.***

The File Review - An Important Part of Any Assessment

#### ***Day 2***

##### ***Practical Issues and Case Review Workshops***

***Robert Munroe, Barrister & Solicitor***

Legal Issues Related to CAT

##### ***Panel Discussion***

Practical issues (completing the OCF-19/ team versus individual assessments), Tricky Issues (EtOH/previous psychiatric history, previous head injury)

Case Conference (by Table)

Case Conference (Everyone)

## **September 22, 2000 Fall Workshop**

***“Fall 2000 Education Day”***

***Dr. Allan Shapiro, Ph.D.***

Psychological Treatment of Chronic Whiplash Pain

***Dr. Lynn Levy, Ph.D., & Dr. Brian Ridgley, Ph.D.***

Factors in Assessing Pain and Malingering

## May 4 & 5, 2001 Spring Workshop

### *“Essential Disability Assessment”*

A practical information, tools and skill development workshop for psychologists who currently provide impairment and disability assessments and for those psychologists who are entering this area of practice.

#### **Day 1**

***Dr. Peter Ely, Ph.D.***

Disability Assessment is Not Healthcare: The New Practice Environment of Law, Money and Politics

***Dr. Brian Ridgley, Ph.D.***

The Complete Standards of Practice in Disability Assessment (I) and (II)

***Dr. Lorraine McFadden, Ph.D.***

Care and Feeding of Your Disability Practice: A Business Approach

***Dr. Macartney-Filgate, Ph.D.***

Protecting Yourself in Disability Practice

***Dr. Ellen Vriezen, Ph.D. & Dr. Susan Pigott, Ph.D.***

Essentials of Disability Assessment in Children

#### **Day 2**

***Dr. David Duncan, Ph.D.***

Disability Tests: What Are They?

***Dr. Lynn Levy, Ph.D.***

These are Complex Cases: Sorting it Out (I) and (II)

***Dr. Lorie Saxby, Ph.D.***

Essential Head Injury: Information for Non-Neuropsychologists.

***Dr. Mary Ann Mountain, Ph.D.***

What is a Neuropsychological Impairment and/or Functional Limitation?

***Dr. Dan Cohen, Ph.D., Dr. Faith Kaplan, Ph.D., Dr. Lorne Switzman, Ph.D.***

What is a Psychological Impairment and/or Functional Limitation?

## **May 24, 2002 Spring Workshop**

### ***“Reasonable and Necessary Psychological Treatments for Anxiety, Pain and Development”***

This is a workshop for Psychologists who develop or evaluate Bill 59 Psychological Treatment Plans. The presenters will explain the meaning of "reasonable and necessary", provide reviews of the research evidence regarding the efficacy of psychological treatments for anxiety, pain and depression, and show you how to apply FSCO's Psychology Assessment and Treatment Guidelines in your practice.

#### ***Lawrence Blackman, FSCO, Dispute Resolution Group***

The meaning of "Reasonable and Necessary": The SABS and Related Case Law

#### ***Dr. Martin Antony, Anxiety Treatment and Research Centre, St. Joseph's Hospital***

Effective Treatment of Anxiety Disorders

#### ***Dr. Eleni Hapidou, Chronic Pain Management Centre, Hamilton Health Sciences***

Effective Treatment of Chronic Pain

#### ***Dr. Stephen Swallow, Ph.D.***

Effective Treatment of Depression

#### ***Dr. Faith Kaplan, Ph.D., Dr. Ronald Kaplan, Ph.D.***

How to Use the Psychology Assessment and Treatment Guidelines in Preparing and Evaluating Treatment Plans

## **January 8, 2010 Workshop**

### ***"The Future of CAPDA: A Discussion With Our Members"***

#### ***Dr. Ivan Kiss, Ph.D.***

CAPDA provides members with opportunities for education and promotes members expertise. This AGM marks the beginning of a discussion for two major initiatives in these areas, initiatives that would provide new opportunities for professional advancement and raise CAPDA to national prominence. These initiatives include Continuing Education requirement as well as opportunities for Credentialing. We need all members to attend and to contribute to the discussion of these proposals.

### ***"Update: Ontario's Proposed Auto Insurance Reforms"***

#### ***Richard Halpern and Darcy Merkur, Thomson Rogers***

Brief discussion regarding the recent proposed reforms that will be implemented next summer 2011. We will review the proposed reforms in the context of psychological services and have a discussion on ways to adapt to these changes.

## **September 11, 2009 Fall Workshop**

### ***“The Science and Practice of Effective Pain Management” with Dr. Dan Handel, M.D.***

This workshop is designed primarily for clinical psychologists and medical practitioners who work with chronic pain and disability issues. Disability can be an extremely challenging problem for both patients and practitioners, and co-morbid chronic pain commonly the rehabilitation of disabled patients. This workshop will introduce attendees to the research and growing science of brain changes in chronic pain and disability. These exciting findings can guide effective therapy and provide practitioners with an evidence-based approach in clinical management.

This workshop will be divided into a study of neurophysiology of pain and its clinical relevance in the management of chronic pain. Attendees can expect to gain knowledge of the science of pain and establish a firm footing in mainstream medical therapies and hypnotic strategies in ameliorating pain, palliating suffering and motivating positive behaviours.

### ***Morning Session***

Epidemiology of pain

Nature of pain - The Anatomy of Pain and its neurophysiology - 'orchestrating pain'  
Somatic, Visceral and Neuropathic  
Acute versus Chronic  
Psychological Pain, Suffering and Transcendence

Brain pathways in processing pain and neuropsychological response to pain therapist

Chronic Pain - The importance of meaning, the nature of suffering and the need for function-based interventions and outcomes.

### ***Afternoon Session***

Chronic Pain: Why some pains respond better than others.

Pain management in incurable or progressive conditions - how to set appropriate goals and design effective skills and strategies.

Management of pain-associated conditions: depression, anxiety, PTSD (sometimes with medical therapy as the inciting etiology).

Weaving mind/body strategies into the fabric of high-quality pain management: Building skills and hope.

## **December 5, 2008 Workshop**

### ***“Opportunities for Psychologists in Disability Management”***

***Dr. Stephen Wigmore, Ph.D.***

Interaction/discussion regarding needs of disability insurers, effective versus ineffective assessments and interventions, areas of need and opportunities for the future.

## **October 31, 2008 CAPDA/Pearson Fall Workshop**

### ***“An Introduction to the MMPI-2-RF™ (Restructured) with Yossef S. Ben-Porath, Ph.D.***

This workshop provides an introduction to a new, shorter version of the MMPI-2, the 338-item MMPI-2-RF™ (Restructured Form). The workshop will provide a basic overview of the rationale for, and methods used to develop the MMPI-2-RF™, the various materials available to score and interpret the test, the psychometric functioning of the MMPI-2-RF™ scales, and interpretive recommendations. Case examples will be presented to illustrate the MMPI-2-RF™ interpretation.

This workshop is designed to help you:

1. Assess the rationale for and methods used to develop the 50 MMPI-2-RF Scales
2. Describe the 50 scales of the MMPI-2-RF™
3. Utilize the MMPI-2-RF™ materials and documentation
4. Interpret MMPI-2-RF™ results in a variety of settings

## May 23 & 24, 2008 Spring Workshop

### *"Cognitive & Emotional Sequelae of Mild Traumatic Brain Injury"*

This two-day workshop will include invited and conference registrants-submitted case presentations selected to highlight controversial issues in mild TBI, including post-concussion syndrome, posttraumatic stress disorder and chronic pain.

#### **Day 1**

##### **Dr. Barbara Uzzell, Ph.D.**

Definition, etiology/mechanisms, diagnosis and assessment, prognosis, treatment  
(including a new approach to the understanding of mild TBI)

Post-Concussion Syndrome  
Posttraumatic Stress Disorder in TBI  
Case 1 & 2 with Dr. Douglas J. Salmon

#### **Day 2**

##### **Dr. Alain Ptito, Ph.D.**

Neuroimaging and Traumatic Brain Injury

- To present the clinical picture of concussion and mild head injury with an emphasis on sports.
- Functional magnetic resonance imaging data obtained from elite athletes with persistent post-concussive symptoms, particularly depression.
- Serial functional neuroimaging studies suggestive of recovery.

Case Presentation By Dr. Trépanier, Psychologist

##### **Dr. Chris Paniak, Ph.D.**

Best evidence synthesis on mild traumatic brain injury: Results of the WHO Collaborating Centre for Neurotrauma, Prevention, Management and Rehabilitation Task Force on Mild Traumatic Brain Injury.

## **November 17, 2006 Fall Workshop**

### ***“Disability Assessment Across Contexts: Definitions, Tests and Thresholds and Report Preparation”***

The members of CAPDA, as providers of Psychological Disability Assessment, may accept referrals from a variety of sources. Referral sources, with their specific mandates, may vary in terms of their required definition of disability and required thresholds and disability tests. This, in turn, may impact assessment protocols and the language used to describe an individual's disability in our reports.

The goal of the 2006 CAPDA Fall Workshop is to provide practical information to Psychologists conducting Disability Assessments for the Automobile Insurance, Long-Term Disability and WSIB sectors. Invited speakers include psychologists and lawyers familiar with each area.

The morning session will feature presentations from Stephen Sloan, Morris Law Group, David Tenszen, Thomson Rogers, and Dr. Robert Woods, Consulting Psychologist, WSIB.

#### ***Stephen Sloan, Morris Law Group***

The Assessment of Disability Under Automobile Insurance

#### ***David Tenszen, Thomson Rogers***

The Assessment of Disability Under Long-Term Disability (LTD)

#### ***Dr. Robert Woods, Ph.D.***

The Assessment of Disability under WSIB

## **October 13, 2006 Expert Witness Training Workshop**

### **"Trial by Fire...Developing Witness Skills"**

Lawyers, Allen Wynperle and Robert Hooper, will be providing comprehensive instruction in preparing to testify and writing reports. Topics will include a review of legal jargon, practicalities of testifying (including preparation, presentation and remuneration), the process of qualifying as an expert witness and definition of thresholds.

In the afternoon, three volunteers will have the opportunity to take the stand in the courtroom and experience an examination-in-chief and a cross-examination.

- Report Preparation
- Qualification as an Expert Witness
- Developing Witness Skills
  - legal jargon
  - presentation
  - remuneration

Trial by Fire...Experiencing an Examination

- examination-in-chief
- cross-examination

## **March 21, 2006 Spring Workshop**

### ***"The First Thirty Days...Measuring the Impact of Insurance Regulation Amendments on the Practice of Psychology"***

Ontario Regulation 546/05, 547/05 and 548/05 made under the Insurance Act came into force on March 1, 2006. These amendments pose many challenges to Psychologists as we adjust to procedural, timeline and other changes.

The goal of the 2006 CAPDA Spring Workshop is to provide practical, timely information, as the new legislation unfolds, to Psychologists conducting Medical-Rehabilitation Assessments and Treatment, Insurer Examinations and Medical-Legal Assessments.

Further, we plan to identify difficulties inherent under the new system and develop strategies to enhance our ability to provide services that meet our Standards of Practice under the constraints of these Regulations.

We will also explore avenues available to provide feedback regarding the impact of the regulatory changes on our practice, given our experience over the first thirty (30) days.

The morning session will feature presentations from Allen Wynperle, Plaintiff's Counsel, and Robert Munroe, Defence Counsel, discussing how the new Regulations will impact the content of our assessment reports, and Dr. Carlan Stants, Chiropractor, former Chair of the Health Coalition and ADAC, who will discuss Insurer Examinations. Dr. John VanDeursen, Dr. Joanna Hamilton, and Dr. Jane Storrie, Psychologists, will identify discipline-specific concerns.

In the afternoon, the panel will respond to questions from workshop attendees and we will determine whether we should organize a response to the new Regulations representing the experience of Psychologists.

### ***Morning Session***

***Allen Wynperle, Plaintiff's Counsel***

***Robert Munroe, Defence Counsel***

What Do They Want From Us? The Role of Psychological Assessment Under the New Regulations.

***Dr. Carlan Stants, Chiropractor***

Performing Insurer's Examinations

***Dr. Jane Storrie, Ph.D., Dr. John VanDeursen, Ph.D., Dr. Joanna Hamilton, Ph.D.***

What's a Psychologist To Do?

## ***Afternoon Session - Making Sense of It All***

- When we're denied: How to secure funding in the Post-DAC world
- How to meet timelines without sacrificing the quality of reports
- The value of Rebuttal Assessments
- Providing feedback
- Completing OCF forms to facilitate approval
- Improving communication between stakeholders under the time constraints
- Caught between our Standards and the mediation process: Providing treatment without reimbursement
- Conducting Insurer Examinations as part of a multidisciplinary assessment centre
- Catastrophic designation under the new Regulations
- Practice organization: How to keep the timelines straight
  - Should psychology develop letter templates for UDAPs

## **December 8, 2005 Fall Workshop**

### ***“Auto Insurance Changes - How It Affects Psychologists and Clients” with David Payne and David Tenzsen, Thomson, Rogers***

- Decoding the new regulations making it user-friendly for psychologists (i.e., IE's, clinical assessments and treatment)
- Ten-day timeframe on new appointments. Are there extenuating circumstances?
- Insurer's Examination Report restrictions
- What is the future role of psychologists within the new regulations? If any?
- How does the future look financially for psychologists who work in this field?
- Section 22 Assessments
- How fair/unfair are the new regulations and how are our clients affected?

## **May 14, 2005 Spring Workshop**

### ***“Malingering and All That? Measuring Effort and Symptom Exaggeration” with Dr. Paul Green, Ph.D.***

Symptom Validity Assessment: Detection of Malingering, Poor Effort and exaggeration

This workshop will be dynamic, interactional and provocative.

- Demonstration a several instruments, including WMT, MCI and MACT using "volunteers" from the audience
- Presentation and discussion of relevant validation research
- Discussion on the merits and limitations of alternative test strategies and instruments
- The effects of factors, such as depression, pain and fatigue will be discussed
- Illustrative cases will be presented and discussed

### ***Morning Session***

- Video presentation of a class symptom exaggerator
- A volunteer to take Word Memory Test
- WMT Windows demonstration: Interpreting WMT data from a single case with the aid of graphs, tables and data from 61-comparison groups
- PowerPoint presentation. Why we measure effort: WMT research overview
- Volunteer takes Memory Complaints Inventory for Windows
- MCI Memory complaints by diagnostic group and effort level

### ***Afternoon Session***

- WMT pencil and paper multiple choice self-test
- MACT Windows demonstration
- MACT PowerPoint presentation
- Combined use of WMT, MACT and MCI in clinical cases
- Can depression, pain or fatigue explain effort test failure? Experimental evidence
- Comparison between different methods for evaluating effort
- Effects of effort on many neuropsychological tests scores

## **April 21, 2004 Spring Workshop**

### ***“New Management Strategies in the Face of Auto Insurance Changes – How These Changes Can Affect Your Practice”***

***Allen Wynperle, Wynperle Personal Injury & Law Firm***

Practicing Within the New Auto Insurance Scheme: Pitfalls and Strategies

***Barbara Sulzenko-Laurie, Insurance Bureau of Canada***

Changes from the Insurance Industry's Perspective

***Dr. John VanDeursen, Ph.D.***

Changes in the New Legislation Impact Directly upon Psychological Assessments: How do we cope with the developing pressures and how do we continue to provide assessment services consistent with our professional standards?

## **October 24, 2003 Fall Workshop**

### ***“Coping in the Aftermath of Bill 198?”***

Bill 198 will be in force as of October 1, 2003 and the procedural regulations will apply retroactively to our Bill 59 patients. A new four-page definition of the current verbal threshold (“permanent and serious...”) will greatly limit tort claims for pain and suffering and it will also limit the new entitlement to sue for future healthcare costs. We expect that Pre-approved frameworks for common psychological disorders and mild brain injury will be developed and the profession must create and implement these.

Discussions will be held on the new fee schedule, the use of the new and revised OCF forms in clinical practices and how our services will be impacted.

#### ***Willie Handler, Senior Manager of Auto Insurance Policy with FSCO***

Overview of all auto insurance reforms.

#### ***David McDonald, Thomson Rogers***

Presentation will focus on strategies to reduce delay in the provision of services and augment opportunities for payment for services rendered.

#### ***Dr. Faith Kaplan, Ph.D., & Dr. Ron Kaplan, Ph.D.***

The discussion will focus on the implications of Bill 198 for psychologists who provide disability assessments as well as assessments for victims of Motor Vehicle Accidents. The aim is to strategize how we can provide optimal services to our clients as well as to understand how this new Bill will affect our services.

## **September 20, 2002 Fall Workshop**

### ***"Changes in Auto Insurance: How Will Bill 166 Affect the Practice of Psychology?"***

***Lee Samis, Barrister & Solicitor***

Auto Insurance Reform and HealthCare Practice

***Mark Yakabuski, Insurance Bureau of Canada***

The Need for Auto Insurance Reform

***Dr. R. Guerriero, Ph.D.***

The Effect of Bill 166 on DAC's and Independent Assessments

***Dr. R. Guerriero, Ph.D., Dr. Faith Kaplan, Ph.D., Dr. Ronald Kaplan, Ph.D. & Mark Yakabuski, Insurance Bureau of Canada***

Panel Discussion