CACLP Annual Meeting

Thursday, September 24, 2026

10am – 5pm EDT

Theme: Crisis in the Body: International perspectives on psychosomatic medicine and novel approaches to patients experiencing medical and psychiatric comorbidity

Overall Learning Objectives:

1. Describe the attributes of health systems that support the management of medical and psychiatric comorbidity
2. Explain several interventions to improve the health of patients with medical and psychiatric comorbidity
3. Appraise new research in the field of CL Psychiatry

10:00am **Opening Remarks**	**Dr. Evan Baker and Dr. Orit Zamir – Conference Chairs**
SESSION 1: SYSTEMS AND ASSESSMENT	
10:15am **Plenary Presentation**	***Relationship as Treatment: Psychosomatic Medicine and Psychotherapy in Germany and what it offers Consultation-Liaison Psychiatry*** **Abstract:** Germany is unusual internationally in recognizing psychosomatic medicine and psychotherapy as an independent primary medical specialty, with its own residency, inpatient and day hospital infrastructure, and mandatory psychotherapy training including personal therapy (Selbsterfahrung), Balint groups, and

Prof. Dr. Ulrike Dinger-Ehrenthal	structured supervision. This talk outlines the historical development, current structure, and clinical practice of the German model, from acute hospital consultation services to specialized psychosomatic inpatient and rehabilitation care. Drawing on psychotherapy process and attachment research, it examines how the therapeutic relationship functions as an active treatment agent in patients with somatic symptom disorders, chronic medical illness, depression, and impairments of personality functioning. The presentation closes by considering what elements of this model, and its limitations, may be instructive for Canadian consultation-liaison psychiatry as it develops its own training and service standards. **Learning Objectives:** 1. Describe the structure, training requirements, and care settings of psychosomatic medicine and psychotherapy as an independent specialty in Germany, and contrast these with the consultation-liaison psychiatry model in Canada. 2. Explain how psychotherapy process and attachment research inform the psychosomatic treatment of patients with somatic symptom disorders and comorbid medical illness, with particular attention to the therapeutic relationship as a mechanism of change. 3. Identify specific transferable elements of the German model, including mandatory personal therapy, Balint group work, and integrated inpatient psychotherapeutic care, that could inform Canadian consultation-liaison psychiatry training and service design **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.
11:15am	**BREAK**
11:25am **Oral Presentation** Dr. Kanza Naveed	***Characterizing a medical psychiatry unit: A descriptive analysis of an inpatient mental health unit at Toronto General Hospital*** **Abstract:** Introduction: Medical Psychiatry Units (MPUs) are specialized inpatient settings designed for patients with concurrent acute medical and psychiatric needs that exceed the capabilities of standard medical or psychiatric units. These units bridge a critical gap in care delivery. The Mental Health Inpatient Unit at Toronto General Hospital provides high-intensity acute psychiatric care—including pharmacotherapy, counselling, and group programming—while also supporting select acute medical interventions and accessing medical services required for admitted patients. At the current time, there has been no formal descriptive analysis of this unit's patient population or the medical care capacity of this care model. Methods: We conducted a retrospective descriptive analysis using data extracted from Epic, the hospital's electronic medical record system, for the period June 4, 2022 to March 31, 2026. Aggregate data was obtained in collaboration with the institutional data services and a data analyst. We examined clinical and sociodemographic characteristics of admitted patients, as well as the types of medical comorbidities and interventions managed on the unit including both psychiatric and medical interventions. Descriptive statistics were used to characterize the patient population and to elucidate the scope of medical care supported within this inpatient model. Results: During this period, there were over 1400 admissions to the inpatient psychiatric unit. Descriptive findings outlining patient characteristics, patterns of medical comorbidity, and the range of medical interventions delivered within the unit will be presented. These data provide insight into the complexity of patients served and the functional capabilities of the unit. Conclusions: This analysis offers unique insight and descriptive characterization of medical care provided on an inpatient psychiatry unit embedded within a Canadian quaternary care academic general hospital. Findings will have implications for service planning, patient admission criteria, and the development of similar integrated care models across healthcare systems.

	Learning Objectives: 4. Describe the role and structure of a Medical Psychiatry Unit in managing patients with concurrent acute psychiatric and medical conditions. 5. Identify the clinical and sociodemographic characteristics of patients admitted to a medical-psychiatric inpatient unit. 6. Evaluate the range of medical interventions that can be safely delivered within a Medical Psychiatry Unit and their implications for service design and patient selection. **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.
11:45am **Oral Presentation** Dr. Deanna Chaukos Belinda Cheng	***Knowledge building towards impact: Utilizing adaptive expertise to conduct a mental health needs assessment in the HIV sector in Ontario*** **Abstract:** Introduction: People living with HIV and mental illness present to care with significant complexity and require care across hospital and community settings. Yet, healthcare services remain siloed, and fragmentation limits access. Adaptive expertise is a theoretical framework in health professions education that facilitates flexible and creative solutions to complexity by inviting uncertainty, perspective exchange, and integration. Here we leverage the HIV Psychiatry ECHO, a knowledge building community based on adaptive expertise, to identify opportunities for interdisciplinary integration in mental health services across hospital and community in Ontario. Methods: Utilizing snowball sampling, we conducted a survey of frontline workers providing mental health support to people living with HIV and mental illness. The recruitment process leverages the HIV psychiatry ECHO community, built upon a hub and spoke case-based collaborative education model, to reach key stakeholders across Ontario and capture system-level care access and needs. Qualitative methods include abductive thematic analysis using an iterative combination of data-driven and theory-driven frameworks. Results: Participants are community and frontline workers in aids service organizations or community health centres supporting people living with HIV and mental health needs. Preliminary responses describe limited integration or collaboration across hospital and community resources, even when both exist; community workers provide mental health support beyond their perceived scope and training; and significant challenges navigating structural and social determinants of health, reinforcing fragmentation. Anticipated response rate is 100 participants. Conclusions: This needs assessment helps to elucidate why fragmentation in health care is such a “wicked problem” across the micro, meso, and macro levels. CL psychiatrists are uniquely positioned to drive integrated care approaches that support capacity-building, and next steps of this work will query whether knowledge building communities like ECHO can be leveraged to address barriers to integrated mental health care for people living with HIV. **Learning Objectives:** 1. Describe ‘adaptive expertise’ and ‘knowledge building communities” in the community context. 2. Identify how a ‘knowledge building community’ can be leveraged toward systems-level change. 3. Describe the results of a needs assessment that leverages the HIV Psychiatry ECHO, a knowledge building community, toward systems level solutions for integrated mental health care. **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.

12:05pm **Brief Oral Poster** Dr. Lisa Abou	***When the body speaks: a missed diagnosis of opioid-induced adrenal insufficiency in a patient with borderline personality disorder and chronic pain*** **Learning Objectives:** 1. Recognize the clinical features, pathophysiology, and diagnostic criteria of opioid-induced adrenal insufficiency in patients on long-term opioid therapy. 2. Identify how stigma and cognitive biases contribute to diagnostic delay in patients with borderline personality disorder presenting in medical settings. 3. Articulate the patient safety role of consultation-liaison psychiatry in identifying cognitive biases and advocating for comprehensive medical evaluation. **25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
12:15pm **Brief Oral Poster** Kathleen Gaudio	***Resilience and pain catastrophizing as independent correlates of depression and quality of life in kidney transplant recipients*** **Learning Objectives:** 1. Identify the prevalence of resilience and pain catastrophizing among kidney transplant recipients. 2. Describe the independent associations of resilience and pain catastrophizing with depression and health-related quality of life. 3. Recognize the potential clinical relevance of assessing resilience and maladaptive cognitive processes in transplant populations. **25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
12:25pm	**LUNCH BREAK**
1pm	***CACLP Annual General Meeting*** Dr. Raed Hawa, Dr. Samah Ibrahim
1:15pm	**BREAK**

SESSION 2: NOVEL APPROACHES TO TREATMENT	
1:20pm **Plenary Presentation** Dr. Brandon Yarns	***When the brain learns symptoms: A neuroplastic framework for chronic pain and other persistent somatic symptoms*** **Abstract:** Persistent somatic symptoms, including chronic pain, functional neurological disorder, irritable bowel syndrome, chronic fatigue, and other medically unexplained conditions, are among the most challenging problems encountered in consultation-liaison psychiatry. Advances in neuroscience have fundamentally reshaped our understanding of these conditions, demonstrating that symptoms can arise from altered brain network function even in the absence of ongoing tissue damage or disease. This neuroplastic framework provides a biologically grounded explanation for patients' symptoms while offering new opportunities for effective treatment. This presentation will review the neuroscience underlying neuroplastic symptom generation, with particular emphasis on the interactions among learning, emotion, stress, and brain networks. Participants will learn practical strategies for recognizing patients whose symptoms are likely maintained by neuroplastic mechanisms, for communicating this formulation in a manner that validates patients' experiences, and for laying the groundwork to implement evidence-based psychological interventions, particularly Emotional Awareness and Expression Therapy. Overall, the presentation will illustrate how to integrate a neuroplastic framework into everyday clinical practice across diverse medical settings. **Learning Objectives:** 1. Describe the neuroplastic mechanisms that contribute to the development and maintenance of chronic pain and other persistent somatic symptoms. 2. Identify clinical features that distinguish neuroplastic conditions from those driven primarily by structural pathology. 3. Apply principles of Emotional Awareness and Expression Therapy to improve assessment and treatment planning for patients with chronic pain and other persistent somatic symptoms. **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.
2:20pm	**BREAK**
2:30pm **Oral Presentation** Shannon Wright	***A quality improvement project in an outpatient medical psychiatry clinic: development and evaluation of a virtual psychotherapy program*** **Abstract:** Background: A medical psychiatry (MP) clinic located within a large academic teaching hospital provides mental health care to individuals with co-occurring physical health conditions. Evidence-based psychotherapy is a first line treatment for both physical and mental health conditions[1]. Patient preference for psychological interventions, as opposed to pharmacological interventions, is high especially in patients who also have a co-occurring medical condition. Limited access to high quality, evidence-based psychotherapy is a well-known inequity in mental health care which disproportionately affects racial and ethnic minorities, low-income families and/or those without access to insurance benefits, individuals living in rural and remote areas, and individuals living with chronic health conditions and disabilities. To address patient preference and systemic inequities, the MP clinic developed a 12-week CBT-informed virtual psychotherapy group in January 2024. Plan-Do-Study-Act (PDSA) cycles informed content development and delivery.

	Methods: Quality improvement (QI) methodology was implemented to assess efficacy. PHQ-9 and GAD-7 were administered to group participants at baseline, week 6, and week 12. As part of the developmental evaluation and rapid feedback cycling, resource utilization was assessed. Feedback questionnaires were sent to participants and referring clinicians to assess satisfaction with the psychotherapy program. Results: As of April 30, 2026, 81 participants were enrolled in the group psychotherapy program, with a completion rate of 64%. For participants who completed the program, 81% saw an improvement in their depressive symptoms, while 50% saw an improvement in their anxiety symptoms. For participants who did not appreciate an improvement in symptoms, 75% attributed this to a worsening of their medical condition and/or symptoms. Referral rates to the group psychotherapy program increased 150%. Patient and provider feedback questionnaires reflect high satisfaction. Discussion: Preliminary results indicate high patient and provider satisfaction, with an overall reduction in participant anxiety and depressive symptoms, and a reduction in resource utilization. **Learning Objectives:** 1. Be able to understand the role of quality improvement (QI) in a medical psychiatry outpatient setting. 2. Be familiar with QI concepts such as aim statements, flow charts for the clinical process, the model for improvement, and plan-do-study-act (PDSA) cycles. 3. Understand the scope of issues related to the provision of virtual psychotherapy in an outpatient medical psychiatry clinic. **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.
2:50pm **Oral Presentation** Leah Calman T'ien Dr. John-Jose Nunez Dr. Alan Bates	***How should I talk to patients with cancer about psychosocial needs?*** **Abstract:** Introduction: Cancer patients have complex physical and psychosocial needs. Consultation-liaison psychiatry offers a comprehensive approach by bridging physical and mental healthcare. Artificial intelligence (AI) use within consultation-liaison psychiatry is growing with tools being developed for case identification, preliminary psychiatric evaluation, and treatment planning. Additionally, an AI-powered cancer navigation chatbot is being developed by BC Cancer to help patients access medical and psychosocial support. Currently, optimal chatbot response characteristics remain poorly understood within cancer care navigation contexts. This study aims to investigate patient preferences for chatbot response attributes. Methods: A quantitative study was conducted using conjoint analysis principles with input from BC Cancer patient partners. Adult cancer patients were recruited through outreach newsletters distributed by BC Cancer's Patient & Family Partnerships and Experience and REACH BC. Eligible participants completed an online survey and reviewed 12 vignettes encompassing non-advanced and advanced cancers. These vignettes reflected different health needs aligned with the Canadian Problem Checklist (i.e. emotional, practical, social/family, physical, spiritual, and informational). For each vignette, participants were presented with four chatbot responses with varying levels of empathy (low vs high empathy) and explanatory depth (low vs high explanatory depth) in a 2x2 design. Participants ranked all chatbot responses and rated their preferred option on usability, comfort, safety, and helpfulness using Likert scales. A mixed logit model will be conducted for discrete choice analysis. Results: This study is ongoing with recruitment and data collection underway. Planned analysis will evaluate user preferences and identify trade-offs between chatbot response characteristics. Final results will be available at the time of presentation. Conclusion: For consultation-liaison psychiatry, AI-powered navigation tools can supplement the work of psychiatrists by connecting patients with relevant resources and psychosocial supports. The findings from this study will inform the design of AI-powered chatbots in consultation-liaison psychiatry domains by promoting patient-centered development. **Learning Objectives:** 4. Describe the use of AI-powered cancer navigation chatbots in consultation-liaison psychiatry. 5. Discuss optimal chatbot response characteristics that enhance usability and trust.

	6. Apply principles of patient-centered and ethically informed AI design. **25% of this session will be dedicated to interactive learning through questions and discussion with the audience.
3:10pm **Brief Oral Poster** Stephen Fenn Dr. Aarti Rana	***A novel low barrier transdiagnostic psychoeducation and skills group in outpatient CL psychiatry*** **Learning Objectives:** 1. Explain an intervention to support the improvement of mental health and physical health in a group based format. 2. Review the effectiveness of a low-barrier and scalable group. 3. Appraise the impact of a group intervention to meet the needs of many patients in a busy CL Psychiatry Clinic where individual psychotherapy is not always possible. **25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
3:20pm **Brief Oral Poster** Stephanie Savage Daniel Byrne Dr. Deanna Chaukos	***ACT Here and Now: Capacity-sensitive transdiagnostic group therapy for people living with co-occurring physical and mental health conditions*** **Learning Objectives:** 1. Describe the rationale for adapting Acceptance and Commitment Therapy for medically complex, transdiagnostic populations within medical psychiatry settings. 2. Identify key components of a capacity-sensitive and disability-inclusive ACT group intervention for individuals with co-occurring physical and mental health conditions. 3. Review preliminary feasibility, acceptability, and outcome findings from the ACT Here & Now group intervention. **25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
3:30pm **Brief Oral Poster** Casey Cohen Dr. Samah Ibrahim	***Bridging Pain and Perception: the role of consultation-liaison psychiatry in complex pain management for sickle cell disease*** **Learning Objectives:** 1. Recognize the challenges of distinguishing opioid use disorder from appropriate opioid use in acute pain crises. 2. Describe the role of CL psychiatry in mediating team–patient conflict and promoting trauma-informed care. 3. Identify system-level barriers, including poor documentation of individualized care protocols that impact continuity and outcomes in chronic illness.

	**25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
3:40pm	**BREAK**
SESSION 3: CAREERS IN CONSULTATION-LIAISON PSYCHIATRY	
3:50pm **Awards and Panel Discussion**	***CACLP Best Trainee Presentation Award*** ***Distinguished Contribution to CL Psychiatry Award*** ***Panel Discussion: Growing a Fulfilling Career in Consultation-Liaison Psychiatry*** **Learning Objectives:** 1. Describe the components of a career in academic psychiatry, with a focus on consultation-liaison psychiatry. 2. Apply lessons from a successful career to their own circumstance and context. 3. Formulate a plan to move their own career forward, based on their own values and goals. **25% of this session will be dedicated to interactive learning through questions and case discussion with the audience.
4:55pm **Closing Remarks**	**Dr. Evan Baker and Dr. Orit Zamir – Conference Chairs**
CACLP Scientific Planning Committee:	Dr. Evan Baker, Dr. Orit Zamir, Dr. Katie Sheehan, Dr. Raed Hawa, Dr. Samah Ibrahim, Dr. Christian Schulz-Quach, Dr. Julius Elephante, Dr. Jacynthe Rivest, Dr. Annie Yu, Dr. Brian Serapio