



For free listing of your organization's official annual or regional meeting, please send us the following information: sponsor, location, inclusive dates, type and number of continuing education credits (if available), and the name, address, and telephone number of the person or group to contact for more information. In order for an event to appear in our listing, all notices and changes must be received at least 6 months in advance of the meeting and should be addressed to:

Calendar, American Journal of Psychiatry, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901, jblair@psych.org (e-mail).

Because of space limitations, only listings of meetings of the greatest interest to Journal readers will be included.

AUGUST

August 27–30, Canadian Psychiatric Association 59th Annual Meeting, St. Johns, Newfoundland, Canada. Contact: 260-441 MacLaren Street, Ottawa, ON K2P 2H3, Canada; (800) 267-1555 (tel), (613) 234-9857 (fax), conferene@cpa-apc.org (e-mail). www.cpa-apc.org (web site).

OCTOBER

October 8–11, 61st Institute on Psychiatric Services, American Psychiatric Association, New York, NY. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

October 27–November 1, 56th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Honolulu, HI. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

NOVEMBER

November 11–14, 56th Annual Meeting, Academy of Psychosomatic

Medicine, Las Vegas, Nev. Contact: www.apm.org (web site).

MARCH 2010

March 17–20, 21st Annual Meeting, American Neuropsychiatric Association, Tampa, Fla. Contact: www.anpaonline.org (web site).

March 17–20, 4th Biennial Conference of the ISBD, Sao Paulo, Brazil. Contact: isbd2010@icms.com.au (e-mail), www.isbd2010.org (web-site).

MAY

May 22–27, 163rd Annual Meeting of the American Psychiatric Association, New Orleans, LA. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

OCTOBER

October 14–17, 62nd Institute on Psychiatric Services, American Psychiatric Association, Boston, MA. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

October 26–31, 57th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, New York, NY. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

MAY 2011

May 14–19, 164th Annual Meeting of the American Psychiatric Association, Honolulu, HI. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

OCTOBER

October 18–23, 58th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Ontario. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), meetings@aacap.org (e-mail), www.aacap.org (web site).

October 27–30, 63rd Institute on Psychiatric Services, American Psychiatric Association, San Francisco, CA. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

Continuing Medical Education

You now have an opportunity to earn CME credits by reading articles in *The American Journal of Psychiatry*. Three articles in this issue each comprise a short course for up to 1 hour category 1 CME credit each. The course consists of reading the article and answering three multiple-choice questions with a single correct answer. CME credit is issued only online. Readers who want credit must subscribe to the AJP Continuing Medical Education Course Program (cme.psychiatryonline.org), select *The American Journal of Psychiatry* at that site, take the course(s) of their choosing, complete the evaluation form, and submit their answers for CME credit. There is no minimum threshold score necessary for the credit. A link from the question to the correct answer in context will be highlighted in the associated article. A certificate for each course will be generated upon successful completion. This activity is sponsored by the American Psychiatric Association.

Information for Participants

Objectives: After evaluating a specific journal article, participants should be able to demonstrate an increase in their knowledge of clinical medicine. Participants should be able to understand the contents of a selected research or review article and to apply the new findings to their clinical practice.

Participants: This program is designed for all psychiatrists in clinical practice, residents in Graduate Medical Education programs, medical students interested in psychiatry, and other physicians who wish to advance their current knowledge of clinical medicine.

Explanation of How Physicians Can Participate and Earn Credit: In order to earn CME credit, subscribers should read through the material presented in the article. After reading the article, complete the CME quiz online at cme.psychiatryonline.org and submit your evaluation and study hours (up to 1 AMA PRA Category 1 Credit™).

Credits: The American Psychiatric Association designates this educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity. The American Psychiatric Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Information on Courses

Title: Diagnosis and Treatment of PTSD-Related Compulsive Checking Behaviors in Veterans of the Iraq War: The Influence of Military Context on the Expression of PTSD Symptoms

Faculty: Peter W. Tuerk, Ph.D., Anouk L. Grubaugh, Ph.D., Mark B. Hamner, M.D., Edna B. Foa, Ph.D.

Affiliations: Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston (P.W.T., A.L.G.); Ralph H. Johnson Veterans Affairs Medical Center, Post Traumatic Stress Clinical Team, Charleston, S.C. (M.B.H.); Department of Psychiatry, Center for the Treatment and Study of Anxiety, University of Pennsylvania, Philadelphia (E.B.F.).

Disclosures: Dr. Hamner has received research grant support from AstraZeneca and Otsuka, holds stock in Merck and Pfizer, and participated in CME activities for Bristol-Myers Squibb. Dr. Foa reports research support from Pfizer, Solvay, Eli Lilly, SmithKlineBeecham, GlaxoSmithKline, Cephalon, Bristol-Myers Squibb, Forest, Ciba Geigy, and Kali-Duphar. She has also been a speaker for Pfizer, GlaxoSmithKline, Forest Pharmaceuticals, and Jazz Pharmaceuticals and a consultant for Acetelion Pharmaceuticals. The remaining authors report no competing interests.

Discussion of unapproved or investigational use of products*: No

Title: Exploring the Convergence of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury

Faculty: Murray B. Stein, M.D., M.P.H., Thomas W. McAllister, M.D.

Affiliation: Departments of Psychiatry and Family and Preventive Medicine, University of California San Diego; VA San Diego Healthcare System; INTRuST (INjury and TRaumatic STress) Consortium (M.B.S.); Department of Psychiatry, Section of Neuropsychiatry, Dartmouth Medical School, Lebanon, N.H. (T.W.M.)

Disclosures: Dr. Stein has received research funding from Eli Lilly, GlaxoSmithKline, and Hoffmann-La Roche; he has served as a consultant to Bristol-Myers Squibb, Jazz Pharmaceuticals, and Pfizer; he holds stock/other financial options in Mindsite. Dr. McAllister reports no competing interests.

Discussion of unapproved or investigational use of products*: Yes

Title: Institutional Rearing and Psychiatric Disorders in Romanian Preschool Children

Faculty: Charles H. Zeanah, M.D., Helen L. Egger, M.D., Anna T. Smyke, Ph.D., Charles A. Nelson, Ph.D., Nathan A. Fox, Ph.D., Peter J. Marshall, Ph.D., Donald Guthrie, Ph.D.

Affiliations: Department of Psychiatry, Tulane University School of Medicine (C.H.Z., A.T.S.); the Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, N.C. (H.L.E.); the Developmental Medicine Center Laboratory of Cognitive Neuroscience, Boston Children's Hospital and Harvard Medical School (C.A.N.); the Department of Human Development, University of Maryland, College Park (N.A.F.); the Department of Psychology, Temple University, Philadelphia (P.J.M.); and the Department of Biostatistics, UCLA School of Medicine (D.G.).

Disclosures: All authors report no competing interests.

Discussion of unapproved or investigational use of products*: No

* American Psychiatric Association policy requires disclosure by CME authors of unapproved or investigational use of products discussed in CME programs. Off-label use of medications by individual physicians is permitted and common. Decisions about off-label use can be guided by scientific literature and clinical experience.

Exams are available online only at cme.psychiatryonline.org

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Estimated Time to Complete: 1 Hour
Begin date July 1, 2009 – End date June 30, 2011

EXAMINATION QUESTIONS

Select the single best answer for each question below.

Diagnosis and Treatment of PTSD-Related Compulsive Checking Behaviors in Veterans of the Iraq War: The Influence of Military Context on the Expression of PTSD Symptoms

Peter W. Tuerk et al.

Am J Psychiatry 2009; 166:762–767

QUESTION 1. Compulsive checking behaviors among veterans returning from deployment to Iraq or Afghanistan are similar to what posttraumatic stress disorder (PTSD) symptom?

- A. Avoidance
- B. Emotional numbing
- C. Hypervigilance
- D. Concentration difficulties

QUESTION 2. For patients with both PTSD and compulsive checking behaviors, which of the following may be useful for clinicians to use in addition to traditional exposure therapy?

- A. motivational interviewing
- B. social skills training
- C. family therapy
- D. response prevention

QUESTION 3. Borrowed from the literature on the treatment of obsessive-compulsive disorder, response prevention shows benefits when conducted in which of the following settings?

- A. out-of-office in the ecological context of the symptoms
- B. in the office during regular office visits
- C. in the patient's home with family members present
- D. in the patient's home when the patient is alone

EVALUATION QUESTIONS

This evaluation form is adapted from the *MedBiquitous Journal-Based Continuing Education Guidelines* 28 November 2005. This evaluation will appear online at the end of each CME course. Participants must complete this evaluation in order to receive credit. Select the response which best indicates your reaction to the following statements about this activity.

STATEMENT 1. The activity achieved its stated objectives.

- 1. Strongly agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly disagree

STATEMENT 2. The activity was relevant to my practice.

- 1. Strongly agree
- 2. Agree
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STATEMENT 3. I plan to change my current practice based on what I learned in the activity.

- 1. Strongly agree
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STATEMENT 4. The activity validated my current practice.

- 1. Strongly agree
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- 4. Disagree
- 5. Strongly disagree

STATEMENT 5. The activity provided sufficient scientific evidence to support the content presented.

- 1. Strongly agree
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- 3. Neutral
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STATEMENT 6. The activity was free of commercial bias toward a particular product or company.

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EXAMINATION QUESTIONS

Select the single best answer for each question below.

Exploring the Convergence of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury

Murray B. Stein and Thomas W. McAllister
Am J Psychiatry 2009; 166:768–776

QUESTION 1. Which of the following represents the clinical characterization of mild traumatic brain injury (also known as mild concussion)?

- A. A persistent but mild neuropsychological deficit in attentional processes.
- B. An alteration in the level of consciousness or loss of consciousness for up to 30 minutes.
- C. Loss of consciousness for more than 30 minutes but less than two hours.
- D. Computed tomography (CT) or magnetic resonance imaging (MRI) findings of mild neuronal injury.

QUESTION 2. Insomnia, trouble concentrating, and depressed mood are commonly seen in which of the following conditions?

- A. Major depression
- B. Postconcussive syndrome
- C. Posttraumatic stress disorder
- D. All of the above

QUESTION 3. *Overactivity* in which of the following brain regions has been associated with PTSD?

- A. caudate
- B. anterior cingulate cortex
- C. amygdala
- D. ventromedial prefrontal cortex

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EXAMINATION QUESTIONS

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Institutional Rearing and Psychiatric Disorders in Romanian Preschool Children

Charles H. Zeanah et al.

Am J Psychiatry 2009; 166:777–785

QUESTION 1. Psychiatric disorders were assessed in young children who had been abandoned and placed in institutions in Romania. Which statement best describes the status of children with any history of institutional rearing at 54 months?

- A. More than half had a diagnosable psychiatric disorder.
- B. The children were highly symptomatic but fewer than 20% met criteria for a psychiatric disorder.
- C. Girls were significantly more symptomatic than boys.
- D. Although a majority of children met criteria for a psychiatric disorder, only 15% were impaired.

QUESTION 2. Compared to the children who had never lived in institutions, those who had ever lived in an institution (the foster care and usual care groups combined) were significantly more likely to meet criteria for which of the following?

- A. internalizing disorders only
- B. externalizing disorder only
- C. both internalizing and externalizing disorders
- D. there were no differences between the groups

QUESTION 3. Regarding the symptom counts in the usual care and foster care children, which of the following represents the differences between boys and girls?

- A. girls had fewer symptoms than boys in all internalizing disorders but not externalizing disorders
- B. girls had fewer symptoms than boys in every specific and composite disorder except for depression
- C. boy and girls did not differ in symptom counts in either specific or composite disorders
- D. boys had fewer symptoms than girls in every specific and composite disorders except for depression

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