The 24th Annual Central New York
Psychopharmacology Update
August 16th, 2019 • 8:00am – 4:30pm
Crowne Plaza Conference Center • Lafayette Room
701 E. Genesee Street • Syracuse, NY 13210

REGISTRATION DEADLINE
August 14th, 2019. Pre-registration is required.

REGISTRATION FEE
$60.00

CONFERENCE INFO
For further information, please contact Linette Thorp at (315) 464-3104
or e-mail thorp@upstate.edu

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To ensure balance, independence, objectivity and scientific rigor in all certified CME activity SUNY Upstate Medical University requires that all planners, faculty and individuals in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest that might be perceived as a real or apparent conflict of interest. Detailed disclosures will be made in writing prior to speaker presentations.

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PROGRAM DIRECTOR
Thomas Schwartz, M.D., Interim Chair, Professor, Department of Psychiatry, and Senior Associate Dean, College of Medicine, SUNY Upstate Medical University

RECOMMENDED AUDIENCE
Physicians, psychiatrists, psychologists, psychiatric nurse specialists, social workers, certified alcohol and substance abuse counselors, and allied mental health professionals.

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Upon completion of this course, participants should be able to:

INTRODUCTION, EXTENT OF AGGRESSION AND STANDARDS OF CARE FOR THE PSYCHOPHARMACOLOGIST

Thomas Schwartz, MD, Interim Chair, Professor of Psychiatry, Department of Psychiatry and Senior Associate Dean, College of Medicine, SUNY Upstate Medical University, Syracuse, NY

- Determine the extent of patient aggression at their clinical sites.
- Describe the most problematic types of aggression at their clinical sites.
- Detect and characterize the standard of care needed to lower aggression.

INTRODUCTION TO INPATIENT AGGRESSION

Katherine Warburton, DO, Clinical Associate Professor, University of California Davis, Medical Director, Deputy Director of Clinical Operations, California Department of State Hospitals

- Identify the three primary etiologies of inpatient aggression.
- Identify the most common type of inpatient aggression.
- Identify diagnoses associated with different types of aggression.

AMORAL ACTS ON ANTIDEPRESSANTS

James Knoll, MD, Professor of Psychiatry, Director, Division of Forensic Psychiatry and the Forensic Psychiatry Fellowship Program, SUNY Upstate Medical University, Syracuse, NY and Clinical Director, Central New York Psychiatric Center, Marcy, NY

- Detect the latest research on antidepressants, crime and violence.
- Interpret why fluoxetine has been cited in more medication defense criminal cases in the United States than any other psychotropic.
- Distinguish antidepressant-induced mania and serotonin syndrome from complex criminal behavior.

PREVENTING AND TREATING VIOLENCE IN INPATIENT PSYCHIATRIC SETTINGS

Katherine Warburton, DO, Clinical Associate Professor, University of California Davis, Medical Director, Deputy Director of Clinical Operations, California Department of State Hospitals

- Identify common violence risk assessments.
- Describe potential interventions for each type of aggression.
- Detect the context of criminogenic risk.

OSHEROFF V. CHESTNUT LODGE: THE GREAT PSYCHIATRIC WAR

James Knoll, MD, Professor of Psychiatry, Director, Division of Forensic Psychiatry and the Forensic Psychiatry Fellowship Program, SUNY Upstate Medical University, Syracuse, NY and Clinical Director, Central New York Psychiatric Center, Marcy, NY

- Identify a major historical milestone in modern psychiatry.
- Recognize the basic elements necessary for evaluating competence to make treatment decisions.

THE NEUROBIOLOGY OF AGGRESSION AND PRINCIPLES OF PSYCHOPHARMACOLOGY

Thomas Schwartz, MD, Interim Chair, Professor of Psychiatry, Department of Psychiatry and Senior Associate Dean, College of Medicine, SUNY Upstate Medical University, Syracuse, NY

- Describe neuroanatomic neural chemistries/structures implicated in aggression.
- Describe neuroanatomic pathways implicated in aggression.
- Determine if ongoing violence is due to pharmacokinetic versus pharmacodynamics failure.