

A special newsletter

ISPS is increasingly becoming a true international network of local groups, as the overview of European groups and other reports in this issue shows. Both the UK and the US chapters are also distributing their own newsletters and have ongoing discussions via e-mail, and there is an increasing number of ISPS meetings arranged in different countries.

The next international ISPS congress being held only a year from now, we also need to make this congress in Melbourne well known and encourage friends and colleagues to meet there, – as well as making plans to be there ourselves. You will also find information about the congress in Melbourne in this issue.

We are printing this newsletter in colour and with a much higher number of copies than usual. Thanks to Ellen Jepson in Stavanger you will also see a new and professional layout, but still with enough of the old to be recognised as a new issue of the ISPS newsletter. This is like in good treatment where the patient moves forward and changes, with an identity that includes and integrates the past.

But as in treatment, the most important, of course, is the content! This issue contains information on the next great international ISPS congress, on the growing number of local groups and networks, and on examples of how ISPS members work to make psychological treatments for psychoses more available. We hope this will contribute to the recruitment of new members and new local groups, and that these will meet at the ISPS congress in Melbourne next year.

We encourage you to use this newsletter in spreading information about the ISPS and about psychological treatments for psychoses. More free copies of the newsletter can be ordered from the ISPS secretariat.

And once again I want to remind you and encourage you to submit material to the newsletter and to the ISPS website www.isps.org.

Torleif Ruud

Objectives of ISPS

- Promote the appropriate use of psychotherapy and psychological treatments for persons with schizophrenias and other psychoses
- Promote the integration of psychological treatments in treatment plans and comprehensive treatment for all persons with schizophrenias and other psychoses
- Promote the appropriate use of psychological understanding and psychotherapeutic approaches in all phases of the disorders including both early in the onset and in longer lasting disorders
- Promote research into individual, family, group psychological therapies, preventive measures and other psychosocial programmes for those with psychotic disorders
- Support treatments that include individual, family, group and network approaches and treatment methods that are derived from psychoanalysis, cognitive-behavioural, systemic and psycho-educational approaches
- Advance education, training and knowledge of mental health professionals in the psychological therapies

The ISPS executive committee

Jan Olav Johannessen,
Norway (chairman)
Johan Cullberg, Sweden
Courtenay Harding, USA
Brian Martindale, UK
Patrick McGorry, Australia
Franz Resch, Germany
Torleif Ruud, Norway
Ann-Louise Silver, USA

ISPS secretariat

The ISPS secretariat is a link between members and the executive committee, updates the website, prints and distributes the newsletter, keeps a database of ISPS members and local networks, and helps the society and the members with information and other services. Mail to the ISPS and the executive committee may be sent to the secretariat, who will forward it to the right persons.

The secretariat is hosted by Centre for Psychotherapy and Psychosocial Rehabilitation of Psychoses SEPREP, which is a non-commercial foundation and a network of clinicians and researchers promoting psychological treatment of psychoses in Norway.

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ISPS honorary life time members

Yrjö Alanen, Finland
Gaetano Benedetti, Switzerland
Stephen Fleck, USA
Murray Jackson, UK
Jarl Jørstad, Norway
Christian Müller, Switzerland
Barbro Sandin, Sweden
Helm Stierlin, Germany
Lyman Wynne, USA

Reconciliation reform and recovery: Creating a future for psychological interventions in psychosis

14th International Symposium for the Psychological Treatment of Schizophrenia and Other Psychoses

22 – 25 September 2003 / Melbourne Convention Centre

Patrick McGorry:

Message from the ISPS Convenor, Melbourne 2003

The International Symposium for the Psychological Treatment of Schizophrenia and Other Psychoses is the oldest conference on schizophrenia, being held for the first time in 1956 in Lausanne, Switzerland, convened by Professor Gaetano Benedetti and Christian Muller. At that time, psychotherapy had been the treatment of choice for schizophrenia for decades, and biological treatments were in their infancy and not yet widely accepted.

The ensuing decades have witnessed a dramatic swing of the pendulum such that psychotherapy, particularly of the psychoanalytic variety, became discredited as the biological psychiatry paradigm became dominant, especially in North America and other Anglophone Countries. This led to a great neglect of the therapeutic relationship with the patient and a death of therapeutic skills and techniques due to the absence of an accepted theoretical basis for psychotherapeutic work.

The problem with both extreme swings of the pendulum is that they involve reductionism, which is not only inappropriate given the complex biopsychosocial nature and impact of psychotic disorders, but also inadequate to bring about a good recovery and quality of life for patients and their families.

In recent years there has finally been an increasing recognition of the need for better utilisation of drug and psychosocial treatment, the overdue development of an evidence-base

for psychological and psychosocial interventions in psychosis, and progressive service reform.

ISPS has evolved into a formal organization promoting all of these positive developments. ISPS aims to protect and expand the place of psychological interventions in the care of people with psychosis, recognising the need to be inclusive of all forms of psychotherapy and psychological intervention and to advocate effectively for resources and support for a renaissance of psychological intervention. ISPS advocates a non-reductionistic stance, inclusiveness, recognition of common factors across approaches, respect for and comfort with appropriate use of novel antipsychotic and other drug therapies, and commitment to an evidence-based approach.

These principles are reflected in the themes of the 2003 conference, “reconciliation, reform and recovery”. We expect our conference, the first time the ISPS has been held in the southern hemisphere, to be a watershed in evolving and guaranteeing a future for psychological interventions in psychosis. The complexion of psychological approaches will need to be different, more sophisticated and more effective than what has been on offer in previous eras if it is to prosper.

We look forward to welcoming you to Melbourne on this auspicious occasion and can promise you a stimulating, challenging and fulfilling experience.





letter from the chairman



Dear members and friends of the ISPS

The board finds that the ISPS is now in a period of very positive development. New local chapters are developing in many areas around the world. Details about this are given on other pages in this issue. You may remember that the board made establishment of new local chapters one of its major task for this three-year period (2000–2003) with the explicit goal to be represented on all continents.

It is also a great pleasure to tell you that the ISPS now has become an affiliated organisation with the World Psychiatric Organisation (WPA). This is important both as a symbolic act, and in practice by representing the psychological treatments for psychosis in one of the most important psychiatric organisations in the world. The board wants to express its gratitude towards the WPA for accepting the ISPS as an affiliated organisation, and thereby also for their recognition of the importance of our organisation and its objectives.

It is also a goal for this board to develop the co-operation with other major organisations that work close to the ideas of the ISPS, such as the WAPR (World association for psychosocial rehabilitation), and IEPA (International association for early psychosis). In some countries, it is being discussed whether one should co-operate in offering combined membership and co-ordinate the work with local conferences.

For the ISPS it is also an established goal to try to contribute to the development of strategies for implementing psychological treatment modalities around the world through specific projects aimed at this. In Russia (Stavropol) there is a growing co-operation between the psychiatric milieu in Stavropol and some milieus in Norway, supported financially by the ISPS. The board want to support three similar projects other places, and also want to establish this as a joint effort between for example the WHO, WPA, WAPR and ISPS.

We are also very proud to inform our members and sympathisers that the ISPS has been nominated for the Prize of Geneva for human rights in psychiatry. The nominations has been proposed by Mr Gunnar Berge, Chairman of the Norwegian Noble Prize Committee,

and supported by Ronald Turco, MD, President of the American Academy of Psychoanalysis, and Professor John Cox, President of the Royal College of Psychiatrists, UK.

The PORT-report task force, chaired by Dr TK Larsen, has now concluded. The work of the group will be published in a special issue of the Journal of the American Academy of Psychoanalysis. The board has decided to buy a certain number of copies to be distributed for free to selected target groups. Hopefully it will also be published as part of the ISPS book series. The board wants to express its sincere thank to the task force for their dedication to the work, and we are sure that their work will have a big influence on the future development of psychological treatments as part of a comprehensive treatment programme for psychotic patients.

Well, as you can see, the board has been busy pursuing the goals of the ISPS. The board will meet next time in Copenhagen in the end of September at the third International conference of early psychosis. Look forward to meeting many of our members and friends there, and next: Melbourne 2003!

Jan Olav Johannessen

CFNCR - Feinsilver Fund

David B. Feinsilver, M.D., a long-time staff member at Chestnut Lodge Hospital and a president of ISPS, established a fund which would grant a scholarship to fund the travel expenses to the upcoming ISPS meeting, for the best research or clinical paper on the psychotherapeutic treatment of the severely disturbed. The applicants will be those who would not otherwise be able to fund their transportation and accommodations. Those submitting abstracts to the ISPS-Melbourne meeting should indicate on their submission that they wish to be considered for the award. They should also send their abstracts and papers by e-mail to Ann-Louise S. Silver, M.D. (asilver@psychoanalysis.net) and Brian Koehler, Ph.D. (bkoehler7@compuserve.com) as soon as possible.

Ann-Louise S. Silver, M.D., 4966 Reedy Brook Lane, Columbia, MD 21044-1514
410-997-1751 / fax: 410-730-0507 / asilver@psychoanalysis.net



Reconciliation reform and recovery: Creating a future for psychological interventions in psychosis

14th International Symposium for the Psychological Treatment of Schizophrenia and Other Psychoses
22 – 25 September 2003 / Melbourne Convention Centre

PRELIMINARY PLENARY PROGRAM INCLUDES

- *Ian Falloon*
Integrating Neurobiology and Psychotherapy in the Management of Psychosis
- *Prof Jim van Os*
The Dimensions and Boundaries of Psychosis
- *Prof Richard Bentall*
The Conceptual Basis of Psychotic Disorder
- *Dr John Read*
Child Abuse as a Risk Factor for Psychotic Illness
- *Dr Jeremy Holmes*
The role of psychodynamic theory and practice in the management of psychosis
- *Dr T.K. Larsen*
Systematic Review of the Evidence for Psychosocial Interventions in Psychosis
- *Dr Frank Margison*
Integrating Approaches to Psychotherapy in Psychosis

MAIN ANNOUNCEMENT AND REGISTRATION

Please complete and return the attached "Intent to Attend" form to ensure you are on the mailing list to receive the main announcement and registration details. The main announcement and registration brochure will be distributed in October 2002.

PLEASE FAX YOUR NOTICE OF INTENTION TO ATTEND/SUBMIT AN ABSTRACT TO:

14th International Symposium for the Psychological treatment of Schizophrenia and other psychoses
c/- Conference Strategy Pty Ltd, PO Box 1127 Sandringham Vic 3191 Australia

Facsimile: +61 3 9521 8889

Yes, i am interested to receive the main announcement

Prof/Dr/Mr/Mrs/Miss/Ms _____ Family name: _____

Given name/s: _____

Address: City/suburb: _____

Country: _____ Postcode: _____

Email: _____

I would like to receive the Main Announcement YES NO

I intend to submit an abstract YES NO



VENUE & ACCOMMODATION

The Melbourne Convention Centre is Australia's finest, fully integrated, purpose-built convention and exhibition centre. Situated on the banks of the picturesque Yarra River within Melbourne's central business district, the Melbourne Convention Centre provides excellent facilities.

Accommodation has been booked at a range of hotels to ensure all delegates needs are catered for. Location, facilities and costs will be outlined in detail in the main announcement.

The Melbourne Convention Centre
Cnr Flinders & Spencer Streets, Melbourne Victoria Australia
tel: +61 3 9205 6400



CALL FOR ABSTRACTS

Authors wishing to submit a paper should follow these instructions:

1. Provide your typed abstract by 1 March 2003 and send via e-mail to the Symposium Secretariat.
2. Abstract should include presenter's name, title, position, organisation, address, telephone, fax number, e-mail address and title of abstract.
3. Indicate the topic of the abstract (see list of topics below).
4. If the author is different from the presenter their name/s must be included.
5. Abstracts must be on a single page, typed, double-spaced, maximum 250 words.
6. The abstract should describe original work not previously presented or published.
7. All abstracts and presentations must be in English.
8. All poster presenters must be in attendance during Poster sessions at the designated times.
9. You must register for the Symposium as a delegate for your paper to be presented.

Authors will be notified of the acceptance of your paper or poster May 2003. The decision regarding the acceptance of your paper or poster is at the discretion of the Symposium Programme Committee.

ABSTRACT TOPICS FOR INCLUSION

The Symposium Programme Committee invites the submission of papers or posters to be considered for presentation at the Symposium in September 2003. Topics for inclusion cover a wide range of options which can be broadly grouped as follows:

- Individual psychological treatments
- Integration of treatment modalities
- The experience of psychosis
- Comorbidity in psychosis
- Family interventions
- Group interventions

DEADLINE FOR ABSTRACTS: 1 MARCH 2003

The Symposium Program Committee will notify all persons submitting for presentations in writing. The decision of acceptance of abstracts is at the discretion of the committee. A copy of all abstracts accepted for presentation will be made available at the Symposium.

SYMPOSIUM PROGRAMME COMMITTEE

Ms Kerry Pennell
Dr John Gleeson
Professor Henry Jackson
Dr Andrew Chanen
Dr David Kavanagh

INVITATION TO SPONSOR

The Symposium offers a range of exciting possibilities for both Sponsorship and Trade Display. If you wish to participate please direct your enquiries to Marg Scarlett, ISPS Secretariat, Conference Strategy on +61 3 9521 8881 or email: isps@conferencestrategy.com.au

We look forward to ensuring that the ISPS Symposium is a successful event for all involved.

FURTHER INFORMATION: Contact Marg Scarlett, ISPS Secretariat, Conference Strategy Pty Ltd PO Box 1127, Sandringham Vic 3191 Australia. Telephone: +61 3 9521 8881 / Facsimile: +61 3 9521 8889

Email: isps@conferencestrategy.com.au

Website: <http://www.conferencestrategy.com.au>



MELBOURNE - The Host City

Extensive parklands and Botanic gardens of world class standards grace Melbourne, the capital city of Victoria, Australia's Garden State. It is a thriving cosmopolitan city with a unique balance of graceful old and new buildings. Melbourne has a wealth of culture and is Australia's leader in the arts, sport and fashion whilst boasting some of the finest restaurants in the country. Melbourne's weather during September is delightful with temperatures ranging from 10 degrees Celsius to 25 degrees Celsius.



SOCIAL HIGHLIGHTS

The Welcome Reception will provide an excellent opportunity for delegates to get to know each other in a relaxed atmosphere.

The Symposium Dinner will be a social highlight. The evening promises to be memorable with Australian wine, food and dancing.

Starting a local group of ISPS?

For assistance and guidelines on how to start a local group of ISPS in your country or area, please order the information package on local groups from ISPS by e-mail to: isps@isps.org



Here is a summary of local ISPS networks in Europe. I would encourage any reader to let me know of any additions or corrections.

Brian Martindale
drbmartindale@blueyonder.co.uk
Facilitator and Co-ordinator of ISPS European networks.

ISPS European network representatives meeting Copenhagen September 2002

A meeting for all those involved in developing ISPS networks in Europe is being planned for Thursday September 26th at 17.35 pm in room 203D205 at the International Congress on Early Psychosis. (Please contact Dr. Brian Martindale on beforehand if you plan to attend).

The ISPS will reimburse a part of the registration fees for one person from each country.

Please contact me if you need further information.

Brian Martindale
drbmartindale@blueyonder.co.uk

Facilitator and Co-ordinator of ISPS European networks.

Bulgaria

Assist Prof Maya Mladenova at the new Bulgarian University The Bulgarian Institute of Human Relations is very interested in starting up a ISPS group there as a multidisciplinary group of clinicians working with persons with serious and persistent mental illnesses. Contact details: Dr. Maja Mladenova Institute for Human Relations Gk. Hypodrim Bl. III, eubr V, apt 66, 1612 Sofia, Bulgaria 011-359-2-65-39-06, 011-359-2-65-75-49 bihr@inet.bg & majagm@yahoo.com



Czech Republic

Contact details:

David Holub, M.D., Private Practice, Bezrucova 187 276 01 Melnik, Czech Republic Tel.: 0042-0-206-624343 (+Fax) 0042-0-603-921192 david.holub@quick.cz

The "Institute for Complex Therapy of Schizophrenia" (in cooperation with British colleagues: Paul O'Halloran, Max Birchwood.) has been founded. Director of the Institute is: Martin Jarolimek, M.D. Nad Ondrejovem 36, 140 00 Prague 4, Czech Republic E-mail: dpsondrejov@iol.cz

The 1Vth Conference on Psychotherapy of Psychosis in Jachymov Spa is being prepared. The title of the Summer 2002 issue of the "Review of Psychoanalytical Psychotherapy" is "The Role of Psychoanalytic Concepts and Psychotherapy in the Treatment of Severely Disturbed and Psychotic Patients" (Editor David Holub).

Denmark

Contact person: Susanne Harder harder@e-box.dk

Finland

Contact persons:

Dr. Jaakko Seikkula, Department of Psychology University of Jyväskylä P.O.Box 35, FIN-40351, Jyväskylä Fax +358 (14) 26 02 841 tel +358 (14) 26 02 842 seikkula@psyka.jyu.fi

Dr Klaus Lehtinen Klaus.Lehtinen@uta.fi

Estonia

The Estonian informal network meets at least once in every three months and has done so for more than three years. The psychiatric association has been influenced to adopt treatment guidelines that include psychological treatment as a must in an integrated treatment model

advising mostly family centered methods. The Estonian group is active in early intervention methods. **Contact persons:** Harri Küünarpuu Psychologist Tallinn Psychiatric Hospital Paldiski mnt. 52, 10614 Tallinn Harri.Kyynarpuu@mail.ee GSM +372 56 496884

Germany

A new German ISPS group was founded in March 2001 in Munich during an international conference. Further meetings took place in Heidelberg in September 2001 at the opening of the "Prinzhorn Exhibition and in March 2002. It is hoped that this new network will create links with a number of well established German groups. **Contact details:** Professor Franz Resch, Ruprecht-Karls Universität Heidelberg, Psychiatrische Klinik, Abt. Für Kinder- und Jugendpsychiatrie, Blumenstraße 8, 69115 Heidelberg, Germany Franz_Resch@med.uni-heidelberg.de Fax + 49-6221 9704 41 Tel + 49 6221 97 04 15/17

Netherlands / Belgium

ISPS Network Nederland-Vlaanderen, This group has had a first successful network conference in March 2002, in Eindhoven with 60 participants from Flanders – the northern, dutch speaking part of Belgium – and 40 from the Netherlands.

Contact person: Jan Leijten leijten.j@wolmail.nl

Norway

After a meeting during the ISPS conference in Stavanger in February 2002 a group of persons interested in working to establish a local chapter of ISPS in Norway is formed. There will be information from the group early in the autumn of 2002 regarding how the group suggest to move on in starting ISPS Norway.

Contact person: Torleif Ruud torleif@online.no

Poland

There are a number of persons in Poland who have been connected with ISPS and wish to develop a network. They are particularly interested in developing links with Nordic countries and have a historical ISPS link with Finland.

Contact persons:

Krzysztof Walczewski kwalcz@kki.net.pl Slawomir Murtawiec murawiec@ipin.edu.pl Professor Namyslowska namyslow@ipin.edu.pl

Russia and Stavropol

Four persons from Stavropol in Russia participated in the ISPS conference in Stavanger in February 2002. Svein Haugsgjerd and some other Norwegian psychotherapists have had contact with the group in Stavropol earlier, teaching and giving supervision in psychotherapy of psychosis. There is preparations to start a local ISPS group in Stavropol. See report from a seminar in Stavropol in June 2002 elsewhere in this issue of the ISPS newsletter.

Contact person:

Alexey Koryoukin mailto:sviatky@narod.ru Ekaterina Loskoutova srpa@yandex.ru

Spain and Portugal

In November 2002 there is the "Course on Schizophrenia of the hospital "Gregorio Marañón" which will be held in Madrid and will attract more than 400 persons. It is hoped that this forum will be an opportunity to publicise ISPS and clarify how many persons may be interested in forming an ISPS Spanish-Portuguese network. Jorge Tizon has a team in Barcelona and also has contacts in Girona and Granada.

Contact persons Spain:

Dr. Jorge L. Tizón, Director jtizon.pbcn@ics.scs.es Sant Marti Mental Health Unity Pza. de la Infancia s/n 08037 Barcelona, Spain

Manuel Gonzalez De Chavez Menendez, Chief of Psychiatric Service, General University Hospital "Gregorio Marañón" C/ Ibiza nº 43. 28009 Madrid, Spain. Tel. +34 91 5868132 Fax +34 91 426 51 10 MGCHAVEZ@teleline.es

Contact person Portugal:

Dr.Cesar Vieira Dinis Dr.Isaura Manso Neto Rua Ruben A Leitao nº 4 4º D 1200 -392 Lisboa, Portugal Phone + 35 1 21 727 67 82 Fax + 35 1 21 727 67 83 dinisenetopsi@clix.pt

Sweden

In April 2002, a group of 35 persons met for two days and laid the foundations for an ISPS Swedish network. The meeting took the form of both brainstorming sessions and lectures. A five person 'board' agreed to meet and form structures and guidelines for further development (see separate article in this Newsletter). **Contact person:** Sonja Levander sonja.levander@smd.sll.se

United Kingdom

The UK network was formed as a result of the 1997 ISPS International conference held in London. It has now had two large national residential conferences (300 attending), an active committee covering a full range of therapies, and professions as well as users and carers and an active email discussion group. It has developed subsections eg a London group and an analytic section and an ISPS UK newsletter. The activities are now such that we have a paid 'organiser' and secretarial help for our 180 paid up members.

Contact person:

Dr Brian Martindale Chair ISPS UK, C/O ISPS UK organiser, Antonia Svensson, Addison House, Flat 219, Grove End Road, London NW8 9EJ ISPSUK@hotmail.com Tel + 44 208 354 8941 Fax + 44 208 354 8054

Researchers gather at International Symposium on „Psychological Interventions in Schizophrenia“ in Heidelberg

In a scientific symposium devoted to „Psychological Interventions in Schizophrenia: Future Challenges“ an international group of researchers and clinicians gathered on May 24th in Heidelberg to share their findings, outline common interests and challenges, and explore areas for future scientific and organizational work. Invited by the International Society for the Psychological Treatment in Psychosis (ISPS), about 100 attendees followed the meeting that presented speakers from Australia, England, Germany, Norway and Sweden. The symposium to foster collaboration and scientific exchange between widely separated clinical and research centers was organized by Franz Resch, M. D., and Romuald Brunner, M.D., of Heidelberg University Hospital, Department of Child- and Adolescent Psychiatry, and was sponsored by Janssen Pharmaceutica.

ISPS representatives and board members included Jan Olav Johannessen (President) (Stavanger, Norway), Patrick McGorry (Melbourne, Australia), Brian Martindale (UK), Johan Cullberg (S) and Franz Resch (D). Also present was the honorary board member Helm Stierlin, as well as the Chair of the Department of General Psychiatry, Christoph Mundt.

The session was opened by a presidential address from Jan Olav Johannessen underlining the relevance of new knowledge in the field of treatment of psychosis. Although the prognosis for a large amount of schizophrenic patients is well, there is a growing body of evidence for a better outcome by using combined treatment plans including phase-specific and adequate psychological interventions. The work of the ISPS is devoted to promoting this knowledge in research, practice and public health.



Brian Martindale, M. D., (UK) opened the session with a presentation on „Psychodynamics and the Family in Contemporary Practice“. Based on two case presentations, the influence of psychotherapeutic reflections on health care teams as well as on individual therapy progress was illustrated.

Johan Cullberg, M. D. of Stockholm (S) Center for Psychosis Research provided data on the „Parachute Project: Need adapted treatment for first episode psychosis“. In this programme with early intervention and easy access, the psychotherapeutic orientation is reflected for example in low-stimulus, non-institutional „crisis homes“. Comparing a group of patients treated in this programme with a historical and a prospective control group, major 3-year conclusions comprised good symptomatic recovery with very low neuroleptic consumption and lowered number of days in inpatient care, a reduced suicidality and a high subjective satisfaction with the provided care.

Jan Olav Johannessen, M. D., (N) highlighted possibilities of phase-specific psychological interventions in the treatment of psychosis. Based on psychopathological insights into the development of psychosis, specific needs of the patients and possible therapeutic actions can be described. The hetero-

geneity of the group of patients called schizophrenic urges an individually tailored treatment programme with attention to interactional factors. Thus, the TIPS-programme in Norway focusing on early intervention in psychosis offers a wide variety as well of different forms of interventions as of different intensity levels, according to the needs of the patient.

Patrick McGorry, M. D. (Aus) continued in the specification of organizational and individual requirements to meet patients needs. Early intervention programmes in Melbourne use adapted psychosocial interventions, according to the rationale for early recognition and optimal treatment of psychotic disorders. The still underestimated impact of the duration of untreated psychosis (DUP) on outcome in schizophrenia underlines the necessity of preventive interventions.

A very lively discussion followed each presentation, and a scientific debate on the use and implications of the presented findings lead to new collaborations and exchanges of ideas. This international echo was particularly important for the psychiatric team in Heidelberg, because of the new Early Intervention Center named HEART („Heidelberg Early Adolescent and Adult Recognition and Treatment Center“) that was established in a cooperation between the department of child and adolescent psychiatry and the department of general psychiatry. Within the next year, this center will be opened in new facilities, covering all psychiatric crisis interventions for patients aged 12–25. This center will offer low-threshold, need-adapted multidimensional therapeutic approaches with a special focus on psychotherapeutic interventions.

Andreas Richterich, M. D.



Report on the Russian-Norwegian seminar for mental health service specialists

On June 3rd to 7th, The Russian-Norwegian Seminar 2002 for mental health specialists, was held in the Stavropol regional clinical mental hospital (SRCMH). The seminar was devoted to the 95th anniversary of SRCMH and was held in collaboration of the Stavropol regional psychoanalytical association (SRPA).

The fact that the organizers of the seminar consisted of two organizations, namely the non-profitable professional organization SRPA and the public institution SRCMH, did obviously contribute to the achievement of the main goal of the seminar. This goal was to improve the mental health service in the Stavropol region, and in particular, to rally the psychologists, psychiatrists, social workers into the united professional community.

This seminar was not the first step in cooperation of Stavropol and Norwegian specialists. The idea of co-operative work appeared more than 4 years ago, during the collaborative work of the mental health specialists from Norway and the members of SRPA on the conference held in Saint-Petersburg. Then it was developed when the Norwegian colleagues took part in the Festival on psychotherapy and applied psychology "Christmas-tide meetings" and when the delegations of our psychiatrists and psychologists were invited to participate in the Congress and then in the Conference of International Society of Psychotherapy of Schizophrenia in Norway in February 2002.

133 people from 12 different places of Russia and Norway took part in the seminar in Stavropol, among them there were psychiatrists, psychologists, social workers, psychotherapists, high school teachers, students.



Program of the Seminar includes lectures, discussion groups and master-classes.

Every morning began with the outline lecture of one of the teachers.

- Svein Haugsgjerd (Norway, Oslo) "Psychoanalytical and psychotherapeutic perspectives on psychotic states"
- Igor Anatolievich Bylim (Russia, Stavropol) "Perspectives of mental health service improvement in Russia and in Stavropol region"
- Gerd-Ragna Bloch Thorsen (Norway, Stavanger) "Modern psychosocial treatment approach to schizophrenia"
- Jorge Bustos (Norway, Oslo) "Modern psychopharmacological treatment of different diagnostic groups of patients in Norway"
- Helen Christie (Norway, Oslo) "Traumatic stress disorder on children"
- Alf Lund (Norway, Oslo) "Transformation of institutional psychiatry and trans-cultural anthropological psychiatry"
- Galina Petrovna Bylim (Russia, Stavropol) "Basis of effective interaction"

After the lectures discussion groups were held during which there was an opportunity to share opinions and discuss questions appeared during the

report. The leaders of the discussion groups were the participants of the Russian-Scandinavian training program of teachers and psychoanalytical psychotherapy supervisors, and also leading psychiatrists and psychologists of the hospital. And there were a lot of questions, ideas and opinions. The Seminar was a place where different points of view on mental disorders and approaches to patient treatment met. Sometimes it caused hard debates, and it was clear that it was only the beginning of an uneasy process of finding a common language within the professional community of mental health specialists, and that common language is a must for more effective treatment of patients.

In the second half of the day the participants visited master-classes hold by the specialists from Norway. The topic of a master-class went along with the plenary lecture that had been delivered by the leader during one of the days of the Seminar. During the three days the participants of the master-classes were studying the topic been chosen and were assimilating working techniques of the Norwegian colleagues. In particular, during the master-classes they presented a project of the rehabilitation program for schizophrenia patients and their relatives, the four-level method of psychological trauma after-effects correction, an experience on organization of psychiatric treatment service in Europe, a modern approach to psychopharmacological treatment with discussion of social outcome of psychopharmacology.

The Seminar ended in general discussion. The speakers talked about the necessity of joining the efforts of psychiatrists, psychologists and psychotherapists in order to achieve the common

goal – the improvement of the patient welfare. The Russian-Norwegian seminar was the starting point of the dialogue. It revealed many problems of interaction, but also it let us see the perspectives on further development of professional community of mental health specialists.

During the Seminar the guests from Norway got acquainted with the history of the hospital, visited some wards and met with psychiatrists and medical staff.

Reorganization work that had begun in the hospital and had been planned for the nearest future, made a good impression on the guests. They found that there were a lot of common things

between the work of the Russian colleagues and their own experience and showed their willingness to support the incoming positive changes.

The Russian-Norwegian seminar has come to the end, but the cooperation between Russian and western specialists is not over. Negotiations have been held with the representatives of the International Society of Psychotherapy of Schizophrenia (ISPS) and the development of the first local group of this organization in Russia has been planned. Also there were negotiations with Gerd-Ragna Bloch Thorsen, the director of the Psychiatric Educational Fund (Norway, Stavanger), as a result of which an agreement has been reached

on carrying out in the hospital in Stavropol an educational program for training of the group leaders (coaches) for schizophrenia patients and their relatives. The program will involve psychiatrists, psychotherapists, psychologists of the Stavropol region public health service. The first section of the program is planned for March 2003.

And for the beginning of summer 2003 the Second Annual Russian-Norwegian Seminar for mental health service specialists is planned. We hope that active cooperation with Scandinavian colleagues will help to improve the quality of the mental health service in our region.

Network for developing the treatment of psychosis

Since 1996 about 25 different psychiatric units from Norway, Sweden, Finland, Germany, Estonia, Latvia, Lithuania and Russia have organized annual conferences to develop the psychotherapeutic treatment of psychosis. The common aspect in these units are that (1) all the units have a total responsibility of the psychiatric care in one geographic catchment area and that (2) they all share an interest on developing family centered treatment for psychotic patients. In this network the aim has not become to conduct some specific project with some specific psychotherapeutic method, but instead to initiate the development of the entire state psychiatric system in each catchment area. Last year in the meeting in Tromsø in Norway it was decided to organize the first preliminary research project to compare the outcomes of new psychotic and schizophrenia patients. 12 units from 4 countries decided to join this study.

Representatives of the units share an interest on having the voice of the patient and the voice of the family more heard in treatment processes. Many of them have been working as family therapists and especially focusing on language and dialogue in treatment meetings. The focus is not so much on changing the family system or the patient, but on generating dialogue and reflective processes between the participants in every meeting. The Need-Adapted approach developed by professor emeritus Yrjö Alanen and his group in Finland is one background and its further development in the Finnish Western Lapland, named as open dialogue treatment. Many of the encouraging research findings on the treatment of first episode psychotic patients in Western Lapland are an inspiring aspect for the co-operation of these units. Another background forms the idea of reflective processes first originated by Norwegian professor Tom Andersen at the university of Tromsø.

In need-adapted approach, both the patient and the family are always included in meetings, where the problems are analyzed and the treatment plans conducted. Examination of the problem and the treatment is dominated by psychotherapeutic attitude throughout the process.



Across the Baltic Sea

One interesting aspect of the meeting is the enormous differences in the working context. Some units of the Nordic countries already try to organize the psychiatric system based on psychotherapeutic attitude. But, on the other hand, the units in the Baltic countries have previously started to practice to use the term "psychological treatment" of psychosis as a whole new idea. The organization of treatment, too, seems very different. From Estonia, all the psychiatric hospitals have participated in the meetings. For the whole country, three psychiatric districts exist, each having its own psychiatric hospital. The biggest psychiatric hospital is located in Tallinn, having 350 beds for 700 000 inhabitants. They have started a project for first episode psychotic patients, aiming, for instance, at psychosis team approach within the hospital and at a special ward for first episode patients. In Tallinn, as in Estonia on the whole, family therapy has a quite strong position.

Tallinn



In the Tartu University Hospital for 150 000 inhabitants, 140 beds are organized. They already have had different types of psychotherapeutic approaches, starting from group therapy. At the moment, a lively family therapy training program is organized. In the third district, in Viljandi, the Jämejala psychiatric hospital include 400 beds for 400 000 inhabitants. In Latvia, Lithuania and Archangelsk in Russia, the process towards psychotherapeutic treatment is in its origins.

One big problem for the future development will probably be the low

educational level of the staff. In many of the Eastern European countries the psychiatric organization almost entirely was based on having only psychiatrist as therapeutic staff. This has been well illustrated in a four year training project in Archangelsk in Russia, where new psychiatrist were trained in open dialogue and reflective processes. During the period, the Medical University started the training of clinical psychologists and social workers. Also the specialization into psychiatric nursing has started. The multi professional team work is becoming possible.

Nordic Health care system

In the Nordic countries, especially in Finland, Norway and Sweden, an active history exists for developing the psychotherapeutic treatment of schizophrenia and other severe psychiatric problems.

Here the psychiatric system, as well as the entire state social and health care system, provides possibilities for organizing a treatment system for the entire population. Each psychiatric unit is working on a specified geographical catchment area having a total responsibility for entire population. The system includes both inpatient and outpatient care, although during the last decade administrative changes have challenged the coherence of the system in each country.

The Nordic system makes it possible to plan a coherent treatment organization, not only as one treatment method that is tried to develop in some project for a specified diagnostic category. This is seen in the Need-Adapted approach, where one central element has been to organize psychosis teams for the catchment area and integrate the inpatient-outpatient process. In Open Dialogue idea applied especially in the Finnish Western Lapland it has become possible to guarantee the psychological continuity and organize immediate help in every case and to mobilize the social network of the

patient in the meetings. The entire psychiatric staff (including also some part of child and youth psychiatry and social care in the cities) has the possibility for a three years family therapy training (or individual psychotherapy), which forms a basis for the new psychotherapeutic practice.

Many problems all the time occur in the treatment of severe crisis. And the context in Nordic and Baltic countries differs quite a lot. The annual conferences have provided a possibility to share experiences in treatment of psychosis (1) in case descriptions, and, what is most interesting, in the "failure case" seminar each time, (2) epistemological and other philosophical aspects of treatment and (3) research interests both in the form of statistical and qualitative analysis. The content of our annual meetings is always open, it is not planned in advance, but on the place for every meeting. By this way it is tried to avoid any hierarchical structure for the co-operation and to guarantee so much as possible flexibility to answer the actual needs of every units working in different contexts. In every meeting also an "Open Day" is organized to have the possibility for bigger audience in every conference city to listen the ideas shared in this network. This year the meeting took place in Kaunas Lithuania at the end of August having the Open Day 29th of August.

Financing this type of co-operation is always a big problem. The meetings are organized by the principle that each participating units have to take care of its costs, also in the study project. For increasing possibilities for the units in Baltic countries and Russia, the Swedish Östeuropakomiten and the Institute of Community Medicine in the University of Tromsø Norway have provided economical support.

Jaakko Seikkula, Ph.D.
Finland

The ISPS task force on psychotherapy of psychosis

There is no doubt that many people who suffer from schizophrenia have neurophysiological changes such as ventricular enlargement or decreased cerebral volume, and some have subtle neurocognitive dysfunctions prior to onset of psychosis. Many also have poorer premorbid functioning than “healthy” controls, and most people have great benefit from the use of anti-psychotic medication. These findings have lead many clinicians from different schools and traditions to look at schizophrenia as a biological or genetic disorder. Some clinicians have almost stopped talking to the patients because “it is a biological disease that needs biological treatment only”. This tendency is for the time being very strong in both USA and Europe. Insurance companies challenge the need for long lasting psychotherapies, and in some countries it has become very difficult to give people who suffer from schizophrenia the multileveled treatment that they are in need of.

The fact is that we still do not know the cause of the disorder in each individual case. No neurobiological findings have high predictive power, and cannot be used neither in preventing the disorder nor verifying the diagnosis. Most people who suffer from schizophrenia do not have a close relative with the same disorder and detailed studies on premorbid functioning show that almost 25% have normal development in both school and social functioning. Even though antipsychotic medication is clearly effective in making positive symptoms such as auditive hallucinations and delusions disappear or weakened, as many as 15–25% still have none or inadequate effect of medication and many patients suffer from side effects such as weight gain, tiredness or cardiovascular problems. Many patients do not take their medication as the

psychiatrists want them to and the risk for having new episodes is in general high.

As clinicians working with people who suffer from schizophrenia over time, we see that social dysfunction, lack of work, conflict with friends or family, chronic psychotic symptoms, poverty etc. very often develops into problems that are long lasting and clearly not treatable with medication alone. In a recent review as many as 11 % of homeless people around the world suffer from schizophrenia and only a minority of these people receive any treatment at all. Even though evidence based medicine (EBM) has advantages as a way to make sure that the treatment we give is the best, EBM also have limitations regarding the generalisability. The fact that few studies with randomized control design comparing psychotherapy with medication have been carried out, is probably due to both lack of funding (research-funds within psychiatry are mostly used to develop and study the effect of medication) and to methodological difficulties. It is in general easier to have a randomized controlled study with pills than with talks. Some studies have however, been carried out, and they show that adding psychotherapy to other treatment modalities in general has a benefit on outcome.

A highly significant problem with this kind of research is informed consent. We must assume that randomized control studies to a large degree select patients that have insight and cooperate with the treatment i.e. exclude the “difficult cases” that do not agree with our use of diagnosis or the psychiatric treatment. These people are, however, the ones that is the greatest challenge in clinical practice. It is also a fact that almost 50% of first episode psychosis cases use drugs regularly and that approximately 1/3 have severe drug abuse. These are also excluded from

most EBM-standard studies, as clinicians we cannot ignore them.

The ISPS task force was established as a reaction to the treatment recommendations published in 1998 in Schizophrenia Bulletin by the Schizophrenia Patient Outcome Research Team (PORT) of The U.S. National Institute of Mental Health. The PORT is a solid and thorough study of evidence based treatment of schizophrenia and gives detailed recommendations on how to treat schizophrenia with medication, but the study does not discuss psychological treatments in a pragmatic and clinical orientated manner.

There are only two recommendations dealing with the psychodynamic therapies:

Recommendation 22: Individual and group psychotherapies adhering to a psychodynamic model (defined as therapies that use interpretation of unconscious material and focus on transference and regression) should *not* be used in the treatment of persons with schizophrenia.

Recommendation 26: Family therapies based on the premise that family dysfunction is the etiology of the patient's schizophrenic disorder should *not* be used.

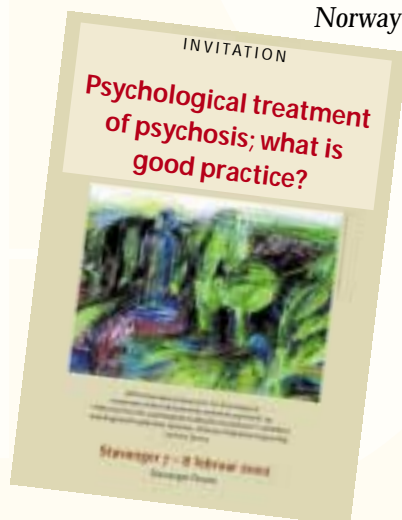
The ISPS felt that these recommendations do not explore the field of psychological therapies in a proper way. They also gives the impression that psychological treatment should not be given and could be harmful. Actually the PORT dose not tell us *how* to carry out psychological therapy at all, but tells us how we should *not* do it. Both recommendation 22 and 26 are negative formulated. This is in strong contrast to the clinical experience that ignorance of psychological aspects related to psychosis, might be very harmful for he patients and families. In 2001 the ISPS asked a group of clinicians and researchers to look critically at the

biological paradigm and to seek scientific and clinical proof and arguments for psychological treatment of schizophrenia.

The ISPS task force consists of clinicians and researchers from the whole world: Silke Bachman from Germany, John Gleeson from Australia, William Gottdiener from the US, Tor K Larsen from Norway (chairman), Frank Margison from the UK, John Read from New Zealand and Colin Ross from the US. The group has been working together for almost a year and several scientific papers are accepted for publication in the Journal of the American Academy of Psychoanalysis in a forthcoming special issue on Psychosis and Psychotherapy. The special issue are guest edited by Drs. Ann Louise Silver and Tor K Larsen.

This process culminated in a seminar supported by the ISPS held in Stavanger, Norway, in February 2002, in which most of the research was presented. Most members of the task force gave presentations at the seminar together with Wayne Fenton (USA), Richard Bentall (UK) and Lars Thorgaard (Denmark). The seminar was called "Psychological treatment of psychosis; what is good practice?" and gathered 150 clinicians from Scandinavian Countries and even some people from Russia. The seminar was a great success and put renewed focus on psychological treatment.

Tor K Larsen,
Norway



Journal of the American Academy of Psychoanalysis, Vol 31, No 1 (Spring, 03)
SPECIAL ISSUE: The Schizophrenic Person and the Benefits of the Psychotherapies – Seeking a PORT in the Storm
Guest Edited by Ann-Louise S. Silver and Tor K. Larsen

FRONTLINE by Silver and Larsen

Ver Eecke, Wilfried: "The Role of Psychoanalytic Theory and Practice in Understanding and Treating Schizophrenia: A Rejoinder to the PORT Report's Condemnation of Psychoanalysis"

Karon, Bertram P.: "The Tragedy of Schizophrenia Without Psychotherapy"

Garfield, David: "The Mask of Psychotic Diagnoses"

Prouty, Garry: "Pre-Therapy: A Newer Development in the Psychotherapy of Schizophrenia"

O'Connor, Siobhan: "Violent Behaviour in Chronic Schizophrenia and Inpatient Psychiatry"

Bechgaard, Birgitte: "Lessons in How to Ruin a Study in Psychotherapy Effectiveness: A Critical Review of the Follow-up Study from Chestnut Lodge"

Koehler, Brian: "Interview with Gaetano Benedetti, M.D."

Lehman, Anthony F. and Steinwachs, Donald M.: "Evidence-based Psychosocial Treatment Practices in Schizophrenia: Lessons from the Patient Outcomes Research Team (PORT) Project"

Bachmann, Silke, et. al: "Psychological Treatments for Psychosis: History and Overview"

Margison, Frank: "Evidence-based medicine in the psychological treatment of schizophrenia"

Gottdiener, William H. and Haslam, Nick: "A Critique of the Methods and Conclusions in the Patient Outcome Research Team (PORT) Report on Psychological Treatments for Schizophrenia"

Larsen, T.K., et al: "The Concept of Schizophrenia and Phase Specific Treatment. Psychological Treatment in Pre-psychosis and in Non-responders"

Gleeson, John, et al.: "Psychological Treatment in Pre- and Early Psychosis"

Read, John and Ross, Colin A.: "Trauma and Psychosis: the Need to Offer Psychological Therapies to People Experiencing Psychosis"

Book Reviews edited by Joseph P. Merlino, MD

"Mad in America" by Robert Whitaker, Reviewed by Clare E. Mundell

"Phenomenology and Lacan on Schizophrenia, After the Decade of the Brain" by Alphonse De Waelhens and Wilfried Ver eecke, Reviewed by Scott Gemell

A language for psychosis. Psychoanalysis of Psychotic States.

Paul Williams, Editor.
Whurr Series on Psychoanalysis.
Whurr Publishers Ltd., London 2001.
ISBN 1 86156 166 0. 207 pages.

This book is a collection of challenging and inspiring chapters on how to apply psychoanalytic understanding in a practical way in multidisciplinary treatment teams in mental health services, where skills and approaches of several professional groups are needed to give a comprehensive understanding and treatment. The book argues that psychoanalytic theory still makes important and necessary contributions in this multidisciplinary work.

The ten chapters are written by well known psychoanalysts with long experience in treatment of persons with psychosis and with long experience in expressing their thoughtful reflections in writing.

Most chapters are new, and some chapters have earlier been published as articles in journals. A few chapters discuss case material, and all chapters are relevant for clinical practice. Some chapters discuss important and necessary components of treatment seen from a psychoanalytic perspective, and others describe how psychoanalytic understanding can be used in clinical practice. The introductory text by the editor is

well written and places the chapters in the context of the present mental health services.

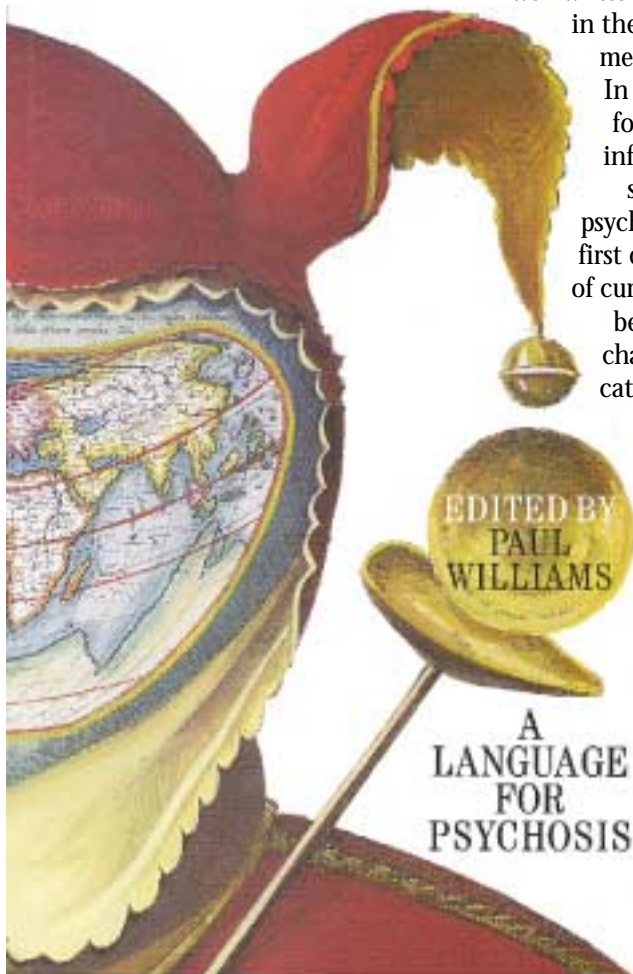
In a chapter on a rationale for the psychoanalytically informed psychotherapy of schizophrenia and other psychoses, James S Grotstein first discusses the emergence of current diagnostic division between state and trait, changes in use of diagnostic categories and the concept of psychoses, and some recent contributions to psychotherapy of psychoses. He develops the discussion towards a concept of psychoanalytically informed rehabilitative psychotherapy for schizophrenia, -which also has to be a neuro-psychologically informed psychotherapy taking into account recent research on the brain. This way of thinking is both

BOOK review

important in improving treatment approaches, but also in making bridges between professional groups and showing how psychotherapy can be integrated in clinical work based on multidisciplinary knowledge and approaches.

Brian Martindale reminds us in his chapter that we now know much about the dynamics of psychoses and the challenges for clinicians and teams engaged in treatment of the person with psychosis, but that this knowledge in the present situation often is forgotten or not taken into account. Neglect of this knowledge about the powerful forces that may influence the contact and interaction between the patient and the staff, may severely deteriorate the treatment and the effect of treatment. He discusses experiences that show the importance of training the multidisciplinary staff in the mental health services in psychological understanding of psychosis and of the related interpersonal dynamics.

In his chapter on psychoanalysis and the treatment of psychosis, Murray Jackson argues for a charter of the rights for psychotic patients. This includes the right to have a treatment team that communicates and share an understanding that psychotic experiences have meaning, the right to be listened to, the right to have a psychoanalytic assessment, and the right to try psychoanalytically informed psychotherapy until evidence emerges to the contrary.



He then describes how several psychoanalytic concepts can contribute to understanding of psychosis and gives clinical examples. At the end he describes how different approaches can be achieved in interdisciplinary convergence, exemplified by psychodynamic and cognitive-behavioural psychotherapy.

It is impossible in a short book review to give full justice to all the chapters in this book, so some has to be mentioned more briefly.

Thomas Freeman share from his personal experience of treating and studying persons with schizophrenia in multidisciplinary treatment teams in psychiatric departments influenced by the development for treatment approaches in the international professional community. Franco de Masi presents a discussion on the unconscious and psychosis, distinguishing between the repressive dynamic unconscious and the emotional unconscious of that which we are not aware. He illustrates his thoughts by case stories, and argues that restoring the function of the emotional unconscious is an important part of helping the psychotic patient regain self-perceptions and personal identity.

Andrzej Werbart and Marika Lindbom-Jakobson compare similarities and differences between the experiences of torture survivors and persons with schizophrenia, where both groups can feel "living dead" and "end of the world" "catastrophes. Comparing experiences of torture and psychotic breakdown as trauma and

applying a psychoanalytic understanding of these experiences, they discuss how this may be helpful in the treatment of the both groups. Johan Cullberg describes how the stress-vulnerability model, a dynamic crisis model and need-adapted care in different phases have been used in treating and studying first episode psychosis in the Swedish "parachute project". Results after one year follow-up indicate that it is possible to work with this group of patients with a combined psychodynamic and biological frame of reference using less restriction and medication and still achieve very good results.

The last three chapters are case studies with theoretical discussions. Luiz Eduardo Prado de Oliveira discusses autism, schizophrenia and paranoia in children based on treatment of a boy over several years, including contact with his parents. In a chapter on psychotic addiction to video games David Rosenfeld describes and discusses the treatment of a 17 year old boy. Communicating about and understanding the characters and the world in the video games became an important part of learning how the patient experienced the real world and in communicating with him. In the last chapter the editor Paul Williams discusses the psychotic developments and treatment of a woman with borderline psychopathology who had been sexually abused in her childhood and adolescence by her father.

Have you read the first book from ISPS?

Martindale B, Bateman A, Crowe M, Margison F: Psychosis (editors):

Psychological Approaches and their Effectiveness.

Gaskell, London. 2000. Paperback. £ 25. ISBN 1 901242 49 8.

More information and ordering form at the ISPS website.

Order from: Book Sales, Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG, United Kingdom. Telephone +44 20 7235 2351. Fax +44 20 7245 1231.

As the chapters are addressing different topics, obviously different readers will experience the chapters and the book differently. Those with a psychoanalytic background and interest for treatment of psychosis will find most or all these chapters stimulating and useful. But also clinicians without such training will find several chapters useful. There are few books addressing the challenge of using psychoanalytic understanding within multidisciplinary treatment teams, and this book is needed and welcome. Hopefully books such as this one may also inspire some clinicians to write books also aimed primarily at helping other professional groups learn more about the language of psychosis when working in other roles than as psychotherapists.

Torleif Ruud, Norway

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