

ISPS Newsletter

Volume 3 #3

September 2014

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From **Di** to **Neighborhood!**

Relationship and Experience in Psychosis - An International Dialogue
March 18 - 22, 2015 in New York City

ISPS
THE INTERNATIONAL SOCIETY
FOR PSYCHOLOGICAL AND SOCIAL
APPROACHES TO PSYCHOSIS

Abstract Submission deadline

only 1 week to go!

October 1st.

www.isps2015nyc.org

ISPS NY 2015 Important Dates

October 1st

Deadline for submissions

November 1st

Notification of acceptance / rejection of abstract

December 15th

Early bird fee deadline

The Barbro Sandin Award

News from the Executive Committee

MEETING IN NEW YORK



The executive continues to meet regularly by Skype and had its first face to face meeting since Warsaw in New York in June. One day was spent in matters connected with our forthcoming international conference, visiting the venue and meeting with members of the New York ISPS Chapter and the conference organisers. The other day was spent reviewing and planning ahead in some detail our progress since we last met in Warsaw on our overarching direction of outreach. This links neatly with the New York conference theme which has aroused considerable discussion amongst members. The closing date for members to submit their own proposals for papers, posters, symposia and workshops is fast approaching, so we encourage you to do so. The atmosphere of our conferences makes it an excellent place for first time contributors as well as old hands.

[2017 ISPS CONFERENCE](#)

Call for Nominations



**Do you know of a woman leader in psychological treatment?
Nominate her for the 2015 Barbro Sandin Award!**

The recipient of the 2015 award will receive 25,000 Swedish krona (approximately €2,700 or US\$3,500) and a glass plaque stating the recipient's name, award title, date, and the Barbro Sandin/ISPS partnership. The award will be presented at the 19th International Congress of ISPS in New York, 18-22nd March 2015 www.isps2015nyc.org
#isps2015nyc

Deadline for nominations: October 1st

[Read about Barbro Sandin](#)

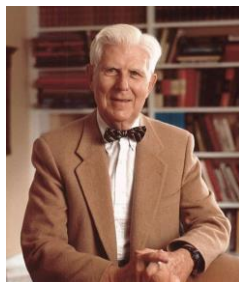
"With all my might I wanted to fight for the restoration and renewal of at least one of these forgotten persons."

[Further information](#)

Plenary speakers include

Aaron Beck, MD

Founder of Cognitive Therapy



Jeffrey Lieberman, MD

This will take place in the exciting UK city of Liverpool and be organised by members of ISPS UK together with Natalie Shear Associates. I will write more about this important development in my annual report, but for the moment please make a note in your diaries of 29th August - 3rd September, 2017 and inform your organisations of these dates to avoid clashes.

NURSES

A very important new development is a decision by the executive to put active energy and resources into discussions with nurses who have organisational experience as to how to make the ISPS more attractive to nurses. As I write a small meeting of nurses is taking place in Stavanger which will make more formal proposals to the executive. I very much hope that all our networks will consider their own outreach involvement with nurses who often are the largest profession involved in services for those with psychosis and spend a great deal of time with them. I well remember times early on in my career when nurses primary role was to support patients in taking their medication and giving depot injections. It was social workers who sometimes provided more contextual psychosocial interventions. How interesting it was to hear recently one of our older distinguished members tell me that for decades he had recognised the often natural empathy of nurses and how well suited they were to providing psychosocial interventions when encouraged and supported and I think the word permitted was and may be still relevant. Certainly it has been my experience too, working in the community, that most nurses form excellent relationships and that those nurse's patients needed far less attention from myself (as the team psychiatrist) and had good recovery rates as a result of their dedication and support.

LINKS WITH ORGANISATIONS

We are progressing well with our links with other organisations. Debra

President of the American Psychiatric Association



John S. Strauss

Professor Emeritus of Psychiatry at
Yale School of Medicine



Deborah Levy

PhD, Director, Psychology Research
Laboratory, McLean Hospital



Lisa Dixon

MD, MPH from the Center for Practice
Innovations



Larry Davidson

PhD of SAMHSA Recovery to Practice

Lampshire made a much appreciated contribution to ENTER in the summer in Barcelona. (Enter is The European Network for Training, Evaluation and Research in Mental Health) and our Greek ISPS regional network chair Anastassios Koukis will be giving an ISPS presentation at the International Hearing Voices conference being held in Greece this October. John Read and a number of ISPS UK members were at the INTAR conference held in Liverpool (The International Network Toward Alternatives and Recovery). We will be inviting representatives from our link organisations to give workshops and presentations at our conferences. The longer term plan is to look for meaningful joint policy initiatives or statements that will help us collectively be more effective in the objectives that we have in common.

During the course of this year I have been to the ISPS Russian speaking meeting in Kislovosk in the Caucasus mountains, to the World Association of Dynamic Psychiatry meeting in St Petersburg and been the first ISPS visitor to Minsk in Byelorussia. I hope these visits and the relationships made will help support the interest in psychosis already present and be mutually beneficial over decades to come.

ISPS BOOKS AND JOURNAL

I am very pleased that after a year or more of working with me as co-editor of ISPS books, Alison Summers has agreed to continue and the executive has supported the recommendation of Nigel Bunker to join her allowing me to step down. It is always very satisfying to be able to step away from something one has initiated having absolute confidence in the future. A number of books are in the pipeline. No news is sometimes excellent news and in saying that I am referring to our journal and its editor which / who continue to be in good health such that we are increasing to four volumes this year.

ANNUAL REPORT

Members will be receiving the annual



Jan Olav Johannessen
MD on early intervention



report from the chair on behalf of the Executive Committee in the coming days, which will enlarge on some of the topics mentioned here as well as report on other themes.



Brian Martindale on behalf of the ISPS Executive
September 2014

and many more!

www.isps2015nyc.org/speakers

19th International Conference of ISPS



Relationship and Experience in Psychosis - An International Conference
March 18 - 22, 2015 in New York City



Join the 600+ people who Like us
www.facebook.com/isps.org
#isps2015nyc

We have been doing a great deal of reflection on ISPS NY 2015 (www.isps2015nyc.org) and why it is an important conference to attend and support. In these days of radical neurobiological and neurogenetic reductionism, it is essential that these points of view are challenged from both within and without these fields of study. It is vital that clinicians, service participants, family members, researchers, etc., continue to advocate for and support the development and accessibility of a range of effective and helpful psychosocial therapies for persons struggling with distressing phenomena such as voices, persecutory delusions, extreme paranoia, etc.



The David B. Feinsilver Award
A scholarship to fund travel expenses to

Our ISPS 2015 conference has many goals, some of which include:

-presentation and discussion of a wide range of efficacious psychosocial therapies and approaches, e.g., psychodynamic supportive, CBTp, Open

the ISPS International Congress

David B. Feinsilver, M.D. was a long-time staff member at the Chestnut Lodge Hospital in Rockville, Maryland, U.S.A, where he chaired its Symposium Committee. A former president of ISPS, the chair of its 1994 meeting in Washington, and the founder of ISPS-US, he established a fund before he died after a long illness. This fund grants a scholarship to fund travel expenses to each ISPS International congress, for the best research or clinical paper on the psychotherapeutic treatment of the severely disturbed.

Applications for the 2015 award

Applications should only be from those who cannot afford to attend the ISPS 2015 International Congress in New York without financial support. Please indicate on your abstract submission form that you would like to be considered for the Feinsilver award.

Further information

www.isps.org



The ISPS book series

**20% discount
for ISPS members when
ordering through Routledge**

www.isps.org
[#ispsbookseries](https://twitter.com/ispsbookseries)

ISPS NY 2015 Registration fees

Dialogue, Peer Oriented, family therapy, Compassion Mind Training, Acceptance and Commitment Therapy, therapeutic communities, alternatives to hospitalizations, art and music therapies, etc.

-to further facilitate the equal participation of persons with lived experience into all activities and proceedings of ISPS.

-creating needed dialogues between individuals who hold widely different views on the origins, course, outcomes and best ways of helping persons struggling with distressing psychotic phenomena.

-presentation of new research and relevant factors from "DNA to Neighborhood."

-provision of a space for our members and all interested persons to get to know each other through face to face contact and not just through "virtual" channels alone.

-renewal of old and forming new friendships across international boundaries.

To paraphrase psychoanalyst DW Winnicott, there is no such thing as ISPS without each and every person who is a member. Please lend your support and participation to this worthwhile conference!

Submission deadline: October 1st
www.isps2015nyc.org



Brian Koehler PhD & Julie Kipp, PhD,
LCSW

Co-Chairs, ISPS NY 2015

ISPS Research

ISPS members

\$495

Non-ISPS members

\$545

Full-time students

\$150

Participants from low and middle-income countries

\$150

Service users / survivors and family members / carers

\$150

(all early bird rates)

Early bird deadline

December 15th

[Join Our Mailing List!](#)

Are you a member of ISPS?

ISPS members pay reduced rates at our conferences plus many other benefits

Fees vary across regional groups

TO JOIN US NOW

contact Antonia Svensson

isps@isps.org

ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS
Formerly the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses

Abstract Submission Guidelines

From Dialogue to Neighborhood

Relationship and Experience in Psychosis - An International Dialogue
March 18 - 22, 2015 in New York City

Follow these easy steps to submit a presentation for ISPS NY 2015

Questionnaire

The ISPS regional network group has tried to get a sense of all ISPS members who are currently engaged in some formal research with people who suffer psychosis or members who would be interested in participating in such research. So we recently sent a questionnaire all ISPS members with the following three questions :

- 1) Are you currently conducting research with people diagnosed as psychotic? On what topic?
- 2) Would you like to participate in or to lead ISPS research? On what topic?
- 3) Where are you currently employed?

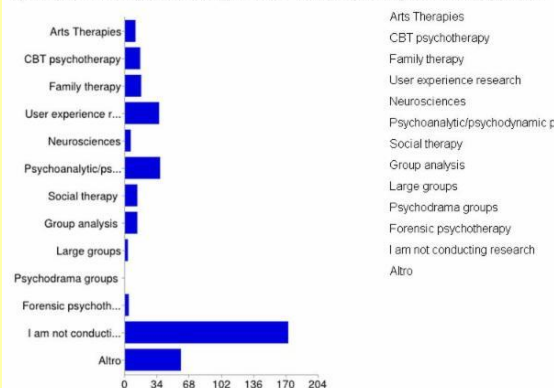
313 ISPS members responded to the questionnaire, of which 240 said they were interested in conducting or participating in research projects. Each respondent gave their email address and the type of research they were interested in.

The data from this questionnaire are available to all ISPS members in order to facilitate research links and even projects between ISPS researchers in different parts of the world.

In the three figures below you can see some details of the answers.

Figure 1: 44% of the ISPS members who responded to the questionnaire were not conducting research while 66% of the sample is already doing research in the following fields:

1) Are you currently conducting research with people diagnosed as psychotic?



1. Decide on whether you wish to submit a paper, panel/ symposia etc.
2. Select a theme from the suggested list.
3. Prepare a 300 word abstract omitting names for blind review purposes (meet the author is the exception).
4. Prepare Learning Objectives for your submission. Provide 3 learning objectives if a session is shorter than 3 hours (6 if over 3 hours).
5. Prepare a brief biographical sketch (40-50 words) and prepare a CV that is not more than 2 pages.

See more at
www.isps2015nyc.org/abstract-submission-guidelines

Types of submissions



- **Papers** - 20 minutes with 10 minutes for discussion
- **Panels/Symposia** - 45 minutes to 1 1/2 hour including discussion, may include two, three, or more participants
- **Workshops** - 45 minutes to 1 1/2 hours, opportunity for active audience participation and learning
- **Meet the Author** - 30 minutes of discussion of a recently published book
- **Posters** - for presentation of research, projects or programs, or other work on conference themes

See more at
www.isps2015nyc.org/abstract-submission-guidelines

Continuing education and ISPS NY 2015



Continuing Education and Continuing Medical Education will be offered by the

Figure 2: 13% of the sample was not interested in participating in research while 87% of the sample said they were interested in participating in research in the following fields:

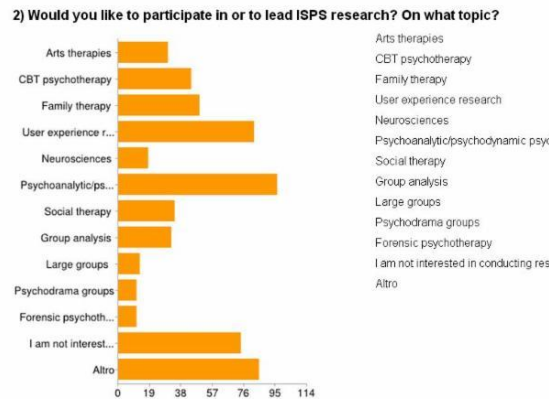
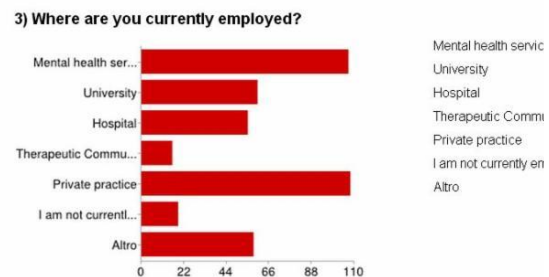


Figure 3: shows where the ISPS members who responded to the questionnaire are currently employed.



Anyone who is interested in developing research with other colleagues can contact ISPS (isps@isps.org) for further information.

Maurizio Peciccia
<http://www.isps2015nyc.org/maurizio-peciccia>

The EU-GEI project: finding the causes of schizophrenia and related disorders



Schizophrenia and related psychotic disorders without doubt represent the

Institute for the Advancement of Human Behavior (IAHB).

For further information
visit www.iahb.org/cecme.html
or email contact@isps-us.org

ISPS NY 2015 Pre-conference workshops

Christine Braehler Compassion Focused Therapy and Psychosis

Larry Davidson Recovery & Psychosis

Tony Morrison CBT and Psychosis

Mary Olson Open Dialogue & Psychosis

Maurizio Peciccia Art Therapy, Aquatic Therapy & Psychosis

Bent Rosenbaum Psychodynamic Supportive Psychotherapy

www.isps2015nyc.org/pre-conference-workshops

NEW! An open forum for writings from our members

Short papers will be accepted as space allows
(without ISPS advocating the content in any way)

Thawing Out By Michael Eigen

I started seeing Harry after one of his hospital stays. After months of work, he was determined to get off medication as he felt it dulled the edge of his mind. I wondered if he missed watching himself die or feared not being there if he came alive. Harry felt that words killed but no one around him died when he spoke. He felt he had no impact. His words had no impact; his feelings had no impact. Looks can kill and words can wound or, as Freud noted, a look or word can be experienced as a blow to the face, a stab in the heart. We worked for many years as he slowly came together, sorting out the materials of personality. He was never hospitalised again and eventually became free of medication.

most mysterious and costliest of mental disorders in terms of human suffering and societal expenditure. Psychotic disorders mostly affect young people: around 2-3% of adolescents and young adults will develop a psychotic disorder, often with a lasting course requiring life-long treatments that currently still cause many side effects.

Psychotic disorders represent a major challenge to scientists. First, there is a bewildering complexity of symptoms, affecting the domain of emotions, thinking, will and perception that vary substantially not only between patients but also within patients over time. Second, patients are not always naturally inclined to work with the scientific and medical community and lobby for research funding and improved treatments. Third, psychotic disorders remain difficult to understand by the general public and as a consequence remain highly stigmatized.

Researchers have had relatively little to go on in trying to unravel the causes of psychotic disorders, until a few years ago. New insights have been gained by research on environmental effects during childhood and adolescence and their influence on the rates of psychotic disorders, including:

- Europe's big cities
Children growing up in big cities have more than twofold risk of developing schizophrenia or related disorder compared to children growing up in rural environments.
- Vulnerability of minority groups
It has been established beyond doubt that immigrants moving to European countries have an increased risk of developing schizophrenia and other psychotic disorders compared to the risks for the population in both the host countries and the countries of origin.
- The use of cannabis
Cannabis is the most widely used drug in Europe. Its effects were thought to be relatively harmless, but studies have established that

Here is a moment when we began to thaw out together. We were sitting quietly, listening to our breathing. There is noise outside. My office is on the ground floor facing the street.

A child cries and a mother chastens it, a delivery man chains his bicycle to the bars of my window. Harry breaks into tears. How language captures the sense of breaking, breaking open, breaking down, breaking up, breaking free. He finally broke down, I heard someone say of a man weeping at a funeral.

Harry weeps and weeps and says, 'The mother yelling at the child was too much. When I heard the bike chains I thought, she is chaining the child. I have an urge to step outside and breathe, to unchain the child. I want to give that mother a softer voice. When I hear her voice I stop breathing. My soul stops breathing. My breath contracts around the pain. I'm breathing cautiously, breathing around the pain. Around bullet sounds, bullet words. My breath cushions the shots . . . Now my chest is starting to relax. Soul is in my chest, returning through my chest.'

I too cringed at the mother's metallic, scraping tone. To scold, to make cold. I could feel my insides tightening, soul tightening, all through my body. A tongue lashing is a kind of beating. The emotional and physical meld. When Harry and I thawed out some, my hand involuntarily went to my heart.

Harry did not have to draw blood to see soul. He knows words encode and create affect, are parts of emotional fields. Some people do have to draw blood in order to feel soul. Words are a kind of emotional blood. There is soul in words. (pp. 45-46) There is soul in words and words can kill soul. As Jewish folklore says, words can create devils and angels. Words not only can express feeling, but create feeling. In therapy, we can give mother a softer voice.

A few moments later, Harry and I fear that the child outside has stopped breathing. We breathe around the pain,

heavy cannabis use during the adolescence increases the risk for the later onset of psychotic disorders.

- Childhood victimization and schizophrenia
Negative effects of childhood trauma have been described for a long time, but there is now also a focus on the link between childhood trauma and later psychotic disorders such as schizophrenia.

Alongside the environmental factors there is also the genetic variation to be considered: schizophrenia and genetic origin. Twin and family studies have established that more than 50% of the vulnerability for schizophrenia is due to genetics. So far it has proven extremely difficult to identify the specific genetic variants responsible for schizophrenia liability. One important reason is the phenomenon of gene-environment interaction. This interaction refers to a model that the genes influencing risk for schizophrenia may not do so directly, but indirectly by making individuals more sensitive to the effects of the environmental risk factors mentioned above (childhood trauma, use of cannabis, migration and urbanicity).

If there is substantial gene-environment interaction causing schizophrenia and related psychotic disorders the most efficient way to clarify these causes is to focus on both genes and environment in the same research project. Within the EU-GEI project we have brought together all scientific disciplines necessary to undertake this ambitious effort.

EU-GEI has involved researchers from Turkey, The Netherlands, Ireland, Spain, the UK, Germany, France, Belgium, Greece, Austria, Switzerland, Italy, Australia, Brazil, Hong Kong, Denmark and Serbia. More than 7,500 patients and their families have participated these past 4 years in the assessment of gene-environment interactions by completing questionnaires, assessments, computer tasks, interviews and ceding samples for DNA analysis. The collected data and samples are at this moment being analyzed and studied.

contract, find ways of surviving, moving on, carrying many crosses of pain throughout our beings. Everything is in a breath. There might be a way we stop breathing, never breathe again. Feeling has breath as well as taste buds. We might go on breathing physically in restricted ways, enough to get by, but emotional breath and taste may be damaged. Can you imagine a person who has stopped breathing emotionally? I have worked with people where this is so, and know places in myself where this is so.

What is happening with Harry in the tiny incident above? It is one moment in which he is coming alive in a new way. A moment in the birth of experience. In this case, trauma-feeling, trauma-vision, but not only. He feels the moment through and through. This in itself is birth, birth of feeling, vision, birth of moments. We are together resonating to sound, shrill yelling, metal chains. Sound runs through our bodies, giving birth to image and emotional vision, psychic sensing. Something is happening. We are together alone, permeable, ready for more.

From The Birth of Experience

**43rd Annual Meeting
of ISPS-Germany
19th - 21st June 2014
at the LWL University Clinic
for Psychiatry, Psychotherapy
and Preventive Medicine of
Ruhr University Bochum**



The evidence generated will be used for the development of tools that will be implemented in the actual measurement and assessment for the identification of specific vulnerabilities caused by gene-environment interactions. This will make it possible to monitor, and possibly modify, vulnerability at the behavioural level, and prevent transition to illness. One of these tools is a new technology enabling assessment of subtle alterations in mood, thinking, and perception response to small stressors in the flow of daily life. A prototype has already been developed.

An overview and detailed information of the set-up of the research-project EU-GEI can be found in a recent publication in Schizophrenia Bulletin (Identifying Gene-Environment Interactions in Schizophrenia: Contemporary Challenges for Integrated, Large-scale Investigations / doi: 10.1093/schbul/sbu069).

The project is coordinated by Professor Jim van Os and Dr Bart Rutten from Maastricht University Medical Centre, the Netherlands.

For more information on the project and partners please visit www.eu-gei.eu



Current Research

by Brian

Koehler

Our 43rd annual conference was kindly hosted by Professor Georg Juckel and his co-workers at the Ruhr University Hospital of Psychiatry, Psychotherapy and Preventive Medicine in Bochum. The scientific committee with Professor Georg Juckel (Bochum), Professor Klaus Hoffmann (Reichenau), Tilman Kluttig (Reichenau) and Dr. Nicolas Nowack (Salzwedel), speaker of ISPS-Germany, organized a rich and thoughtful conference of three days with lectures, a visit of the Mental Hospital of Ruhr University Bochum with its innovative psychiatric treatment concept focussing on the continuity of care persons throughout the whole treatment process and different treatment settings, and last but not least as always in our annual meeting's social and cultural events. This time we organized a visit on Friday evening in the impressive coking plant "Zollverein" in Essen, an industrial monument for the former heavy industries which once dominated the Ruhrgebiet. This year we had the opportunity to visit the exhibition "1914 - In the Middle of Europe", remembering the outbreak of World War I in 1914. For the conference organization we have to thank warmly our board member Ina Nowack who did an excellent job and was brilliant in finding wonderful places for our coming together meetings in the evenings.

The conference started on Thursday, 19th, with Heinrich Graf von Reventlow, MA and psychologist, who is a former co-worker of Professor Juckel in Bochum in the field of early prevention and detection of schizophrenia (European Prediction of Psychosis Study - EPOS). He gave us a touching lecture on his new employment as head of a counselling service for fugitives of the protestant church in Frankfurt focussing on traumatic experiences of violence, war and migration and the difficulties to translate and contain them during the counselling process.

Meinhard Korte, an individual and group analyst working in private practice, as well as supervisor and lecturer in the group analytic seminar GRAS in Germany, gave us a presentation about the psychodynamic understanding of rules and setting in the clinical field and in group



Graduate Faculty, Columbia University & New York University
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In the recently published research article in JAMA Psychiatry (formerly Archives of General Psychiatry) psychotherapy held up for most part very well to comparisons with pharmacotherapy. The usual advice given to service users and clinicians is to utilize an integrative approach involving both pharmacotherapy and psychotherapy. However, sometimes service users would prefer not to use one or the other. This research suggests comparable results from either with many DSM disorders.

Efficacy of Pharmacotherapy and Psychotherapy for Adult Psychiatric Disorders A Systematic Overview of Meta-analyses. JAMA Psychiatry. 2014 ;71(6 June):706-715. Maximilian Huhn; Magdolna Tardy; Loukia Maria Spineli; Werner Kissling; Hans Förstl.; Gabriele Pitschel-Walz.; Claudia Leucht; Myrto Samara; Markus Dold; John M. Davis; Stefan Leucht

Abstract:

There is debate about the effectiveness of psychiatric treatments and whether pharmacotherapy or psychotherapy should be primarily used.

Objectives:

To perform a systematic overview on the efficacy of pharmacotherapies and psychotherapies for major psychiatric disorders and to compare the quality of pharmacotherapy and psychotherapy trials.

Evidence Review:

We searched MEDLINE, EMBASE, PsycINFO, and the Cochrane Library (April 2012, with no time or language limit) for systematic reviews on pharmacotherapy or psychotherapy vs placebo, pharmacotherapy vs psychotherapy, and their combination vs

psychotherapy. Sybille Stylos, a board member of ISPS-Germany who has been working many years as individual and group analyst in a psychodynamically oriented mental hospital, continued with a report on her work. She showed us how changes in the economic field and the culture of leadership in the clinic can attack and hinder the therapeutic process.

Amelie Baumann, MSc in Psychology and working as a candidate for psychodynamic psychotherapy in the psychotherapy ward of the Forensic Hospital in Reichenau, presented the treatment of a psychotic patient confined to compulsory drug treatment there. She showed the links between individual, group and milieu therapy stressing the patient's growing abilities to mentalize by analyzing his relationships to his primary care givers who were more interested in their relationships with their peers than in their son, our future patient. As individual therapist under close supervision, she represents in the transference a stable sister connected with a stable father who can contain the feelings towards parents who are more interested in themselves than in the real subjectivity of their son, our patient. Important topics in individual therapy are the patient's high professional aims which are taken very serious and brought to interpersonal reality in the treatment.

Dragica Stojkovic from Zürich, MSc in Psychology, presented her research work on suicide notes from a psychoanalytic perspective. In her research work she could differentiate categories of suicide notes and show the opaque subliminal elements of wishes of pardon, conciliation and connection but as well revenge and even narcissistic triumph in these letters.

Corinna Knauer, an art therapist in the same forensic hospital, showed together with Klaus Hoffmann how a man suffering from alcoholism and a severe personality disorder started to analyze his traumatic history mainly in individual and art therapy. He had been confined to forensic treatment due to several rapes committed against his wife who left him and reported the incidents to the police. During the forensic psychotherapy, the patient reported that his father had been a child

either modality alone. Two reviewers independently selected the meta-analyses and extracted efficacy effect sizes. We assessed the quality of the individual trials included in the pharmacotherapy and psychotherapy meta-analyses with the Cochrane risk of bias tool.

Findings:

The search yielded 45 233 results. We included 61 meta-analyses on 21 psychiatric disorders, which contained 852 individual trials and 137 126 participants. The mean effect size of the meta-analyses was medium (mean, 0.50; 95% CI, 0.41-0.59). Effect sizes of psychotherapies vs placebo tended to be higher than those of medication, but direct comparisons, albeit usually based on few trials, did not reveal consistent differences.

Head-to-Head Pharmacotherapy and Psychotherapy

Seven meta-analyses, often with small sample sizes (range, 92-1662; median 375), on schizophrenia,⁵⁹ MDD,^{64,67} dysthymic disorder,⁴⁹ panic disorder,⁶⁸ generalized anxiety disorder,⁶⁶ social phobia,⁶⁸ and bulimia⁶⁵ compared pharmacotherapy and psychotherapy head-to-head. Although there was a trend in favor of psychotherapy, this trend was significant only for relapse prevention in depression⁶⁴ and for bulimia⁶⁵; pharmacotherapy was more effective for dysthymic disorder⁴⁹ and schizophrenia (compared with psychodynamic therapy)⁵⁹

Combinations of Pharmacotherapy and Psychotherapy

Twelve meta-analyses, also with small sample sizes (range, 23-2131; median, 256) on schizophrenia,^{59,74} MDD,^{70,71} dysthymic disorder,⁴⁹ bipolar disorder,⁵⁷ panic disorder,^{72,75} social phobia,⁶⁸ posttraumatic stress disorder,⁷³ opiate addiction,⁶⁹ and bulimia⁶⁵ examined the effects of combining pharmacotherapy with psychotherapy. All analyses, except those on posttraumatic stress disorder⁷³ and psychodynamic therapy for schizophrenia,⁵⁹ (see other Cochrane listed review on psychodynamic psychotherapy and "schizophrenia"

molester, also towards the two children the patient and his wife had together, that the father had left his home country and come to Germany also because the justice authorities had sued him. He painted important topics concerning his traumata and his new quest for sexual orientation - at a time where he behaved obviously passive homosexual toward other patients on the ward. Painting these inner tensions is easier than to talk about them - and painting makes it easier to finally talk and meet decisions.

Klaus Hoffmann, medical director of the Forensic Hospital in Reichenau, individual and group analyst, professor in the faculty of psychology at Konstanz University and board member of ISPS-Germany, pleaded to use large groups for patients and staff in long-term inpatient psychotherapy units like forensic departments. Crises between patients, nurses, social workers and therapists can be made transparent, all persons taking part in the therapeutic encounter feel respected in their mutual relationships and their limitations. He presented some case vignettes of large groups run by his colleague Tilman Kluttig.

On Friday, 20th, Georg Juckel, head of the Hospital in Bochum, showed the close links between contemporary neurobiology and psychoanalysis as well as his practical approach with acutely ill patients. He stopped special acute admission wards, introduced constant nursing and therapeutic care during the whole treatment, changed the rooms, created more space and reduced compulsory treatments tremendously.

In the plenary session members of the Bochum team presented their practical work and their research, amongst others concerning trauma and psychosis. Persons who later become psychotic have suffered more traumata in childhood than healthy persons and could not develop comparative resilience structures. Early recognition of vulnerabilities means psychotherapeutic and milieu care, not psychopharmacological interventions. The consultant psychiatrist Dr. Ida Haußleiter and the psychologist Oksana Zeh confirmed how important biographic work with severely disturbed patients can be in the inpatient situation. Psychologist Seza

below) showed a trend in favor of combination therapy, which was statistically significant in 7 studies. The combination was better when psychotherapy was added to drug therapy and vice versa.

Individual pharmacotherapy trials were more likely to have large sample sizes, blinding, control groups, and intention-to-treat analyses. In contrast, psychotherapy trials had lower dropout rates and provided follow-up data. In psychotherapy studies, wait-list designs showed larger effects than did comparisons with placebo.

Conclusions and Relevance:

Many pharmacotherapies and psychotherapies are effective, but there is a lot of room for improvement. Because of the multiple differences in the methods used in pharmacotherapy and psychotherapy trials, indirect comparisons of their effect sizes compared with placebo or no treatment are problematic. Well-designed direct comparisons, which are scarce, need public funding. Because patients often benefit from both forms of therapy, research should also focus on how both modalities can be best combined to maximize synergy rather than debate the use of one treatment over the other.

The Benefits of Individual Psychotherapy for People Diagnosed With Schizophrenia: A Meta-Analytic Review.

Ethical Human Sciences and Services, 2002: 4 (Number 3); 163-187(25).
Gottdiener, William H.; Haslam, N.

Source:

Publisher: Springer Publishing Company

Abstract:

A comprehensive meta-analytic review was undertaken to determine the efficacy of individual psychotherapy for people diagnosed with schizophrenia. Mean effect sizes were calculated for 37 studies conducted on 2,642 patients. Possible moderator variables included (1) randomization, (2) source of data (between-groups and within-groups), (3)

Krüger-Özgürdal lectured about her research work together with Professor Martin Brüne about social cognition and early detection of psychosis

On Saturday, 21st, Tilman Kluttig, Senior Psychologist and Psychotherapist in the Forensic Hospital in Reichenau Centre for Psychiatry, started the first plenary session with an introduction into the work of Paul Lysaker and especially his thoughts about the dialogical principle in the treatment of persons with psychotic disorders. A case study of the psychotherapy of a young man who suffers for many years from a psychotic disorder and was committed to forensic psychiatry due to aggressive acting out in several cases was a conclusive example for the usefulness of Lysaker's concept in psychotherapy.

Dr. Bernd Dimmek, Harald Kolbe and Dr. Ute Franz from the Herne Clinic for Forensic Psychiatry gave a fascinating report about the transformation of a forensic ward for psychotic patients by means of involving staff and patients in an active process of change towards a better and therapeutic milieu - their presentation was titled "Forensic Psychiatry as a Living Space" and this was the programme they followed in this transformational process.

The last presentation of Bianka Tonn, a psychologist from Kalbe, was insofar a challenge for the audience as she reported about a seemingly completely different field - her therapeutic work in the treatment and support for oncological patients. But nevertheless her presentation opened up new perspectives on the process of recovery and coping with severe illness. The conference was closed by ISPS-Germany's speaker Dr. Nicolas Nowack who thanked all speakers and delegates for a very exciting and fruitful conference and invited us to the next meeting in 2015 at the Burghölzli Hospital in Zürich, where Professor Heinz Böker will host our conference.

Tilman Kluttig, Klaus Hoffmann, Nicolas Nowack
ISPS-Germany@gemeinde-psychiatrie.de

type of psychotherapy, (4) use of conjoint antipsychotic medication, (5) chronicity of the disorder, (6) treatment context, and (7) diagnostic criteria. Psychodynamic, cognitive-behavioral, and non-psychodynamic supportive therapies were all associated with improvement in functioning. Similar effect sizes were found between psychotherapy combined with antipsychotic medication and psychotherapy used without medication, between studies that used randomization and those that did not, and between acute and chronic schizophrenia. Larger effects existed for within-groups data compared with between-groups data, for outpatients compared with inpatients, and for studies conducted before the publication of DSM-III. Limitations of this review and suggestions for future research are discussed.

Publication date: January 1, 2002

The first ISPS seminar in Minsk, Belarus

Toward a psychodynamic understanding of therapy for psychosis and schizophrenia - a first step



I have been interested in psychosis psychotherapy for some years. In different places I have met many people who conduct psychoanalytic

Forthcoming ISPS events

ISPS New Zealand

Annual Making Sense of Psychosis
Conference

Wednesday 15th October 2014 - Friday, 17
October 2014

Auckland

'Shifting the kerero'

Conference registration still open!

Contact: ispsnz@gmail.com

ISPS Lowlands 2014 Conference

Thursday, 30 October 2014

Rotterdam, the Netherlands

(former ISPS network Netherland-
Flanders)

"The way to nowhere land and back"

with Louis Sass and Ross White, chair Jos
de Kroon

Further information:

<http://www.ispsnederlandvlaanderen.nl/30-10-studiedag>

Schizophrenia Days Conference 2014

Monday, 03 November 2014 - Friday, 07
November 2014

Stavanger, Norway

The largest interdisciplinary mental health
conference in Europe

"Evident or Evidence-based? Mental
health services under the magnifying
glass."

About

Schizofrenidagene www.schizofrenidagene.no

10th National TIPS Conference

Monday, 03 November 2014 - Tuesday, 04
November 2014

Stavanger, Norway

"Early Intervention in Psychosis"

At this year's conference we will be
celebrating the fact that it's now 20 years
since we started working on the TIPS
study.

The overall theme for the conference is

"What have we learnt? Where are we
heading?"

conference flyer

ISPS Sweden autumn meeting

Friday, 07 November 2014

Stockholm, Sweden

"Psychosis, Trauma, Dissociation"

Invited speaker: Professor Andrew
Moskowitz, Aarhus University

psychotherapy with psychotic patients. But my experience during the ISPS congress in Warsaw made me clearly understand that I and my colleagues who conduct psychotherapy for psychosis are working in professional isolation and under stigmatization. The ISPS Executive Committee and Brian Martindale agreed to assist and support me to organize an ISPS seminar in Minsk.

Historically Belarusian psychiatry was inseparably connected with service evolution in Russia and USSR. It took an extremely biological point of view of psychotic disorders. Patients often were concentrated in large hospitals or in residential care homes, where long term neuroleptic therapy was used, and kept in isolation because of their "dangerous" and "hopeless"-ness. Psychiatry also had a punishment function. The diagnosis of "schizophrenia" was given very frequently. The psychiatrist was a person with power, a truth keeper, who knew the laws of psychic functioning, and who could create a history of the patient, through diagnosing and treatment. The image of the psychotic patient was "dangerous to others", without any human rights, stigmatized until the end. Only one type of psychotherapy was acceptable - hypnosis and suggestions for neurotic patients. Again, the doctor was a powerful person and the patient a passive, accepting person.

Fortunately, the situation has changed today. But such a history has great influence: the biological understanding of psychotic processes still dominates, schizophrenia diagnosis is very frequent, old typical antipsychotics are used in high doses and long times, medical staff often has very poor communication with patients and does not want understand the patient's psychic reality. Huge psychiatric hospitals still exist today. The workload of psychiatrists is high leaving little possibilities to spend more time with the patients.

We now have a new generation of professionals, who want to do more, and often have psychotherapeutic skills. A lot of specialists have left state clinics to start a private practice, today we have "underground psychotherapy" in outside

Programme

Contact: kent.e.nilsson@hotmail.com or kennt.o@bredband.net

Mental Health in Portugal - what avenues?

Friday, 07 November 2014
Portugal

Casa de Alba Therapeutic Community - an Institutional member of ISPS - is organising an international conference together with Évora University. Conference themes include Group Analysis, Existential Psychotherapy, Hospital and Community Interventions, Therapeutic Communities and ways of reducing medication. Seminars with António Coimbra de Matos (distinguished educator in psychoanalysis by the IFPE) and Chris Evans (Consultant Medical Psychotherapist in the UK and Co-Director of CORE) as well as number of discussion tables with international renowned professionals.

Register

here: www.fundacaords.org/conf2014

XIX Annual Course of Schizophrenia

Thursday, 20 November 2014 - Saturday, 22 November 2014

Madrid, Spain

"Intuitions, Delusions and Therapies"

www.cursoesquizofrenia.com

CALL FOR PAPERS

ISPS NY 2015

Wednesday, 18 March - Sunday, 22 March 2015

New York, USA

The 19th International Congress of ISPS will take place in New York City

From DNA to Neighborhood: Relationship and Experience in Psychosis - An International Dialogue

Abstract submission deadline: October 1st

Continuing Education and Continuing Medical Education offered by the Institute for the Advancement of Human Behavior (IAHB)

Contact: isps2015nyc@natalieshear.com
www.isps2015nyc.org

#isps2015nyc

ISPS Croatia - 20th School of

clinics. For patients with psychosis who are in a state institution receiving medical care psychotherapy simply does not exist. For private psychotherapists such patients are very frightening and ineligible for therapy. So the paths of psychotic patients and highly skilled psychotherapists rarely cross. Psychiatrists work separately without the professional support of psychotherapists and apply the biological understanding from a detached position, "take a pill or injection and do not disturb me".

We decided to organize the first ISPS seminar "Psychotherapeutic and psychosocial approaches to psychosis, psychodynamic point of view" in Minsk, Belarus 13-15 of June 2014 with all of the above in mind. We kept in mind the two different and separate groups of specialists. The seminar was divided into two parts: the first part was a large seminar in the head psychiatric hospital, mainly for the psychiatrists, psychotherapists and psychologists of state clinics and policlinics in each and all regions of the country. The cooperation of all of my colleagues from the psychiatry department of Belarusian Medical Academy of Postgraduate Education (BelMAPGE), Ministry of Health and Republic Scientific and Practical Center of Mental Health allowed the seminar to become a reality. The doors of the seminar were open to anyone who was interested, and was totally free of charge. We accepted a great amount of help from Brian Martindale; his support, lectures, discussions and the official representation of the ISPS.

There were lectures and presentations: "Psychotherapy for psychosis - some facts from the national history" - Roman Evsegneev (professor, head of the psychiatry department of the BelMAPGE), "Borderline and psychotic levels of functioning" - Eugen Lasy (associate professor, psychiatry department of the BelMAPGE, PIEEE-IPA student), "Psychodynamic of psychosis" - Brian Martindale (psychoanalyst, psychiatrist, chair of the EC IPSP), "Psychotherapeutic interventions at the first psychotic episode" - Sergey Popov (assistant, psychiatry department of the BelMAPGE, PIEEE-IPA candidate, ISPS

psychotherapy of psychoses

Wednesday, 13 May 2015 - Saturday, 16

May 2015

IUC, Dubrovnik, Croatia

"Inpatient treatment of persons with psychotic disorders: The spectrum of interventions"

E-mail: Branka.Petrovic@pbsvi.hr

See You in New York! **ISPS NY 2015**



From DN **A** to Nei **G** hborho

Relationship and Experience in Psychosis - An Interr
March 18 - 22, 2015 in New York City

ISPS THE INTERN
FOR PSYCH
APPROACH

RU member), "Psychosis and street drugs use" - Oleg Aizberg (associate professor, psychiatry department of the BelMAPGE). We had plenty of time for discussions, where questions about the contemporary situation in psychiatry, about possibilities of integration of psychosis psychotherapy into routine clinical practice, about the possibilities of professional development in this field were discussed. More than 50 participants visited the seminar from different cities and regions. Not a single nurse participated in the seminar, reflecting the situation in our health care system where the nurse's world and doctor's world are absolutely separated. At the end of the seminar 17 interested participants joined the group for professional communication and information sharing. I collected contact data, and now we have a mailing group and a small initiative group for the organization of a second seminar in the future.

The second part of the seminar was oriented more at the highly skilled psychotherapists working in private practice and in clinics. 20 specialists participated, most of them members of the Belarusian psychoanalytic society and taking part in IPA-PIEE psychoanalytic training. There was a two day seminar with Brian Martindale, including presentations on "Guilt and psychosis", "Psychosis and work with family", topic discussions and clinical case discussions. The days were very fruitful. Discussions revealed that we do not have sufficient professional interaction; it is very important when working with patients with severe psychic disorders to have professional support, supervision, and discussion groups. We spent a lot of time talking about how these interactions could be created, in what setting and format, and also about the ISPS family. We decided it would be realistic and useful to organize similar seminars on psychosis psychotherapy and the psychoanalytic perspective at least once per year. The responsibility remains with me, but my colleagues assured me they would support such a project.

As organizer of the seminar I found a positive response from our professional

society. The main tasks completed were educational (comprehensive lectures, presentations and discussions), support for the specialists (information, knowledge, coping with professional isolation, building professional communications) and making acquaintance with ISPS through their representative Brian Martindale. I hope that this first step will lead to the organizing of other seminars, meetings or conferences in Belarus. And that eventually our professional society will have a good connection with other specialists and societies (being part of ISPS family) and will provide and support the development of good clinical practice in field of therapy with psychotic patients.

As seminar organizer, I would like to especially thank Dr Brian Martindale, prof. Roman Evsegneev, my close colleagues and friends Dr. Eugen Lasy, Dr. Oleg Aizberg, and my wife Elena.

Sergey Popov
sergey@lifeline.by

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Submit material for consideration or suggestions to Antonia Svensson at isps@isps.org. Submissions should be in Arial 12 font without special formatting such as boldface, italic, color other than black, or capitalization of entire words. Items submitted in other ways may be returned.

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