

ISPS Newsletter

Volume 5 #1

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ISPS members pay reduced rates at our conferences, receive 4 issues of our journal 'Psychosis' per annum, plus many other benefits

(Fees vary across regional groups)

TO JOIN US NOW

contact Antonia Svensson

Letter from the Chair

**Dear ISPS members and friends
of ISPS,**



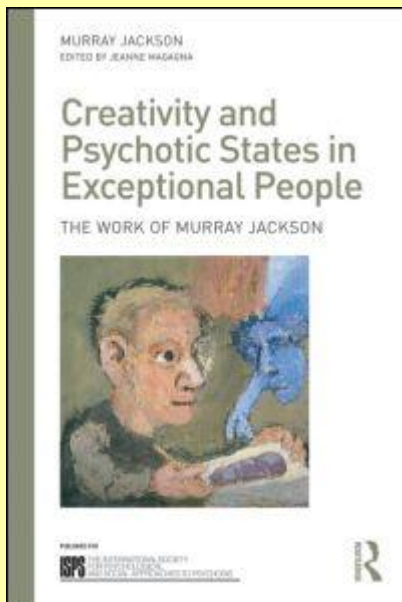
ISPS is steadily growing in membership, and we are now hoping to be more than 2000 paying members before new year's eve 2016!! The membership is however, very variable from country to country, and from continent to continent. The most active countries, for the time being, seem to be the UK, US, the Netherlands and Norway, with growing activity "down under".

How influential an organization like ours is depends of course not only on the number of members, but also on how active these members are within the organisation, within their professional milieu, and towards other professional milieus, as well as in society at large. If we want real change to come (the very theme for ISPS Liverpool 2017 conference) we need to engage in political organization, we need to have a positive interchange with those which we sometimes disagree on professional, ideological and practical treatment matters.

isps@isps.org



Book Review Competition



Share your views on the ISPS book:

Creativity and Psychotic States in Exceptional People
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We look forward to receiving your review!

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

I am proud to say that in Norway we have a very active ISPS society, and that we together with many partners in the field of psychiatry and mental health services work towards a public health system that should be founded on humanistic grounds. I am proud to insert the below "instruction" to all Norwegian health trusts from our Minister of Health, Bent Høye, from December 2015, about "Medication free treatment alternatives in mental health services". To my knowledge this is the first statement of such a kind in the world (translated by JOJ, to the best of my ability):

The Royal Norwegian Ministry of Health and Care Services

Medication free options in mental health care

Date 11.2015

In a governmental document from 2015 the following goals were set: "Patients in mental health care will, to the extent that is feasible, be allowed a choice between various different treatment initiatives, including treatment initiatives not involving medication. The options should be developed in close collaboration with service user organisations.

The Department of health finds it necessary to specify the commission with deadlines as stated below:

Alison Summers
Nigel Bunker
ISPS Book Series Editors

ISPS Liverpool 2017



The 20th International Congress 30.08-02.09.2017



The 20th International Congress of ISPS will take place in Liverpool, United Kingdom.

Wednesday 30th August - Saturday
2nd September 2017

"Making real change... happen"

www.isps2017uk.org

The Regional health care trusts (RHCTs) are to establish, for those who wish it, a realistic opportunity to choose alternatives to medical drugs, including help with stepping down and discontinuing drugs, and starting-up of other forms of therapeutic support and treatment. For patients in mental health care who wish it, a plan should be drawn up for the stepping-down or discontinuing of medical treatment, within a professionally sound framework.

Such a form of treatment is to be developed in dialogue with service user organisations. This implies that the goal is to establish such a form of treatment in a way which satisfies service user organisations. Hence, the Department asks RHCTs to ensure that an agreed-upon solution is expressed in a protocol signed by both parties, i.e. the RHCT and the involved service user organisations. This will then form a framework agreement for local work.

The deadline for the signing of such a protocol is set to be 01.03.16. The protocol is to be submitted to the Department for their information.

As part of this work, and to gather experience of medication free treatment, the Northern Norway Regional Health Authority, Central Norway Regional Health Authority and Western Norway Regional Health Authority are to establish at least one unit/ward at district psychiatric centres, earmarked for medication free treatment / stepping-down of medical treatment. The South Eastern Norway Regional Health Authority is to establish two such units. Experiences are to be summarised in collaboration with service user organisations.

The deadline for the establishment of such

[Welcome to ISPS 2017 video](#)

Twitter #isps2017uk

Planning for the 20th International Congress of ISPS is well under way. The local planning committee, chaired by Alison Summers, has met monthly for a year or so, and has recently been joined by Jan Olav Johannessen and Antonia Svensson to strengthen links to the ISPS Executive Committee

Visit www.isps2017uk.org and you will see that many organisations are supporting the conference (thanks largely to Brain Martindale). Please do your part in disseminating the website link to your colleagues and networks.

We hope to be opening registration and calling for papers with a few weeks.

**John Read
ISPS EC member**

ISPS Discussion Groups

ISPS-Int

ISPS-Int is the official international e-

units is 01.06.16.

It remains to be seen how this will work out in practice, but all Health trusts have delivered their suggestions. And it is also important to remember that we also today offer medication-free treatment. In a doctoral study in my department we looked in depth at 20 fully recovered cases of First episode Psychosis (FEP). Of those 20 cases, 7 had never taken a pill for his/her psychosis, and 13 did not use any medication (including antipsychotic medication) at follow-up. **The remaining 7 took from their free will. ??**

Another example of the importance of ISPS members engaging outside our own inner circles is when it comes to establishing National guidelines for the treatment of Psychosis. I know for example that our UK colleagues are very active regarding the revision of the NICE guidelines. The NICE guidelines are very important and set a standard also for other countries' national guidelines. In this editorial I would like to include an example from the Norwegian guidelines, on the place and role of psychodynamic psychotherapies in the treatment of psychosis. The Norwegian Guidelines are unusual in that they have a section that clearly supports psychodynamic approaches to psychosis and justifies them on a number of grounds including their unsuitability for random controlled trials the usual basis for contemporary mental health guidelines.

A full version of these are available at www.helsedirektoratet.no

Recommendation:

Psychodynamic treatment modalities

mail discussion list for the members of ISPS. The list is for ISPS members around the world to inform, discuss and debate news and ideas, focusing essentially on the psychological therapies of psychosis. To request to join e-mail isps@isps.org

Service users / survivors group

ISPS International maintains an e-mail discussion group for ISPS members who are service users / survivors of psychosis. The members of the group discuss and debate issues relevant to their experiences and liaise with the ISPS Executive Committee. If you are interested in joining this group e-mail isps@isps.org

Family members / carers group

ISPS International maintains an e-mail discussion group for ISPS members who are carers / have a family member who has experienced psychosis. The members of the group discuss and debate issues relevant to their experiences and liaise with the ISPS Executive Committee. If you are interested in joining this group e-mail isps@isps.org

Child and adolescent group

ISPS International maintains an e-mail discussion group for ISPS members who are interested in psychosis in children and young people. The members of the group discuss and debate issues relevant to their experiences and liaise with the ISPS Executive Committee. If you are

can be used by educated health personnel to understand the experiences of patients with psychotic disorders.

After individual assessment adapted supportive psychodynamic psychotherapy after phase-specific principles can be offered in the nonpsychotic illness phases.

Evidence level 2b

Grade B

The term "psychodynamic" emphasizes the active interaction between the individual and the physical and psychological environment. Psychodynamic psychotherapy attends to the relationship between the individual and the environment as the primary focus area in the treatment process. The psychodynamic understanding therefore includes both knowledge of personal vulnerability and protective factors. Psychodynamic psychotherapy focuses on the ability to regulate emotions, understand vulnerable relational experiences and to provide insight into challenging relational patterns.

Psychosis disorders were initially considered unsuitable for psychoanalytic oriented treatment (242; 243). In the 1940s, '50s and '60s psychodynamic treatment approaches were tried out, especially in the United States (244; 245), and they are also extensively used in modified form in our time (246). From this experience gained and further understanding of the complexity of the psychosis, the perspective has shifted from a treatment aimed at comprehensive personality change to a treatment more aimed at better coping with stress factors.

interested in joining this group e-mail isps@isps.org

The History of ISPS

The early years

The birth of ISPS - Central Europe, 1950s



Two young Swiss Psychiatrists, Christian Müller and Gaetano Benedetti, dissatisfied with the treatment of schizophrenia at the time, decided to gather together colleagues interested in the psychoanalytic treatment of schizophrenia. For the first 40 years of its existence the ISPS focused on organising Symposia every 3 years for clinicians to exchange ideas about their work. During these early years the ISPS acronym stood for the International Symposium for the Psychotherapy of Schizophrenia.

- See more at:

<http://www.isps.org/index.php/about/history#sthash.soLOzYHM.dpuf>

ISPS Australia

Patients with psychotic disorders have difficulties dealing with environments characterized by lack of structure and those with high emotional pressure. This has implications for the organization and scope of psychotherapeutic treatment. Modern psychodynamic psychotherapy for psychosis is anchored in a clear model, where the therapist presents him or herself in clear, actively participating manner and is supportive and open. The earlier techniques focusing mainly on the idea that interpretations of an unconscious fantasy lead to change have been abandoned in favour of working with the individual's vulnerable areas.

An ordinary or classical psychoanalytic approach is generally not recommended for people with psychotic disorders, because the unstructured format and mobilization of strong emotions can be stressful. Psychodynamic psychotherapy in psychosis will be psychodynamic based therapeutic conversations. The therapist must take into account the phase of psychosis disorder the patient is in, and know if the patient is psychotic or not.

In the psychodynamic approach it is important to establish a good working relationship both with patients and their families. The therapists must, based on psychodynamic theory, be able to handle negative reactions, transference reactions and their own feelings.

Psychodynamic based therapeutic conversations can be important when one must follow a patient with psychosis in the overall treatment regimen, over time (247).

[B1] The therapeutic meetings emphasize relationship building and try to help the

ISPS Australia is excited to announce that we have a new website at www.isps.org.au !

The Australian branch of ISPS only became incorporated in Australia at the end of 2013. Since that time we have hosted an Open Dialogue tour in 2014 with workshops being held around Australia by Markku Sutela and Jaakko Seikkula, and in 2015 we had our inaugural conference New Paradigms and Therapies for Psychosis at La Trobe University in Melbourne. We have also been involved in presenting a number of other visiting speakers to Australia and working with local groups to support other activities. We have been working hard over the last six months to develop foundations for our organisation in the form of governance and also our new website.

We invite ISPS members to have a look at the website and would love more people to participate on our website forum. The old ISPS Australia-NZ email discussion group is no longer affiliated with ISPS so we are hoping more ISPS members will support us by engaging in our new forums. Over time we aim to keep developing the website so it will offer more resources for both ISPS Australia members and the general public and will provide a hub for those with an interest in psychological approaches to psychosis in Australia.

Warm regards,

Melissa Connell

patient to cope with stress better and relate to delusions in a better way. The therapist and patient should agree on what are the goals of the talks, and what is expected of both parties.

When the phase with active psychosis symptoms is over, the objective of the therapy is to prevent secondary complications such as those with relations with family, friends, school and / or work, and to reduce vulnerability to stress and work through the trauma of having been psychotic. If the patient is still psychotic, the objective is to build and maintain a cooperative relationship and help the patient to distinguish better between fantasy and reality (247).

Unlike cognitive models, psychodynamic therapy has traditionally not had any defined length to the course of treatment, but has been adapted to the patient's individualization process, symptoms and functioning. Psychodynamic psychotherapy is a treatment that is suitable in the work with affect regulation and by focusing on vulnerable areas of the patient, areas that may be challenging in the relation to other people. In patients who are stable and in recovery psychodynamic psychotherapy can be useful for further assisting in integrating experiences and contribute to an improved sense of self as part of the recovery process.

There are few controlled randomized studies on psychoanalytic or psychodynamic psychotherapy in psychosis, mostly because the very character of these forms of therapy with its flexibility to the individual is unsuitable for this type of evaluation.

Chair ISPS Australia

ispsaustralia@outlook.com

ISPS-US

ISPS-US is planning its fifteenth Annual Meeting, "From Reductionism to Humanism: Moving Forward from Psychosis and Extreme States," in Boston, Massachusetts from October 28-30, 2016. It will be cosponsored by the Center for Psychiatric Rehabilitation at Boston University. Our Keynote Speaker is Michael Stein, JD, PhD, the Executive Director of the Harvard Law School Project on Disability, and Visiting Professor at Harvard Law School. Dr. Stein has been an advisor to UN bodies, governments, disabled peoples' organizations and human rights groups. He also participated in the drafting of the UN Convention on the Rights of Persons with Disabilities. Our honoree is Rachel Waddingham, an experienced international trainer who specializes in innovative ways of supporting people who struggle with extreme states, including children, young people and people in prison who hear voices. She is a Trustee of the English Hearing Voices Network, Intervoice and Vice Chair of ISPS UK, as well as a member of ISPS's International Executive Committee.

People most in need of treatment have been relegated to institutions which were once thought to be therapeutic, but are now largely closed. More recently, people have been designated to community agencies, shelters, or the streets; many with the most complex problems are remanded by default and lack of informed design to

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Supportive psychodynamic psychotherapy versus treatment as usual for first episode

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overcrowded prisons under the assumption that they are "other," and lack the capacity for recovery. Yet there is definitive evidence of a great capacity for recovery when people are given the chance. ISPS has been a forum for promoting treatments toward recovery that supersede the sterile, concrete reductionistic model of understanding and treatment that, unfortunately, is now common in current psychiatric thinking.

This meeting features varied perspectives and points of view within our mission. These perspectives address individual and group psychotherapies, case histories, the presentation of data on recovery, and theoretic understandings of extreme states of mind. Experts by experience constitute a vital presence in our organization, and will add dimensions to our collective discussion in Boston. The dilemmas of people who wind up in prisons will be a major focus, as will the experiences of family members of people with psychosis. ISPS, and our conferences in particular, have always provided a rich arena for collaboration, inspiration, and debate. Please come join us!

ISPS-US is also planning an overhaul of its website www.isps-us.org and will also be debuting, Debategraph (www.debategraph.org), a new platform for facilitating communication about important topics of interest to ISPS-US members and many others. This interactive online service will allow us to delve deeper into the issues as different ideas, positions, citations, resources, and comments get added to the map where they remain in a visual form. This minimizes the need for repetition and

248. Leichsenring F, Rabung S. Long-term psychodynamic psychotherapy in complex mental disorders: Update of a meta-analysis. Br J Psychiatry 2011;199(1):15-22

The ISPS Executive Committee is working together with a very active and competent ISPS 2017 committee in Liverpool, and the theme of the conference is "Making Real Change".

I hope all our members and friends will be there, so I encourage you all to spread the word about our fabulous conferences, this time in the very city of the Fab four.

Best wishes

Jan Olav Johannessen
Chair, ISPS

It could be clearer what this means. If the sentence started Continuity of ... and should one mention continuity of relationship

CONFERENCE REPORT

Improving Young Peoples Mental Health in Europe: transforming Lives, Strengthening Prevention

A conference organized by Public Policy Exchange

June 23rd 2015, Brussels

By Margreet de Pater

I attended this conference on advice of Jan Olav Johannessen, chair of ISPS international, I represented the international board. I was surprised to enter the room with so few participants

makes it easier to move forward in developing a richer understanding of the complex issues before us. When ideas are presented on the map we will be able to see more clearly what the opposing positions are and what areas are yet to be addressed. While participation is not anonymous, the presentation of the ideas on the map reduces focus on any single individual, as we work together to co-create a body of knowledge where all of the ideas can be represented.

ISPS-US has three interconnected maps on Debategraph, the Resources, the Issues map and the Moving Forward map (adopted from the Healing the Distressed Consciousness Project. You can visit the ISPS-US maps at www.debategraph.org/ISPSUS.

Everyone who creates a Debategraph account is welcome to participate in Issues and the Moving Forward maps.

Jessica Arenella

President ISPS-US

Jessarenella@gmail.com

News from ISPS Poland

In January 2016 a year-long psychotherapy training started with the approval of ISPS-Poland. The psychotherapy of persons with a diagnosis of 'schizophrenia' is meant for psychologists, psychotherapists and psychiatrists interested in broadening their knowledge of effectively treating psychotic patients. The training is organised by PSYCHE PLUS Psychotherapy and Psychiatry Centre. Even though extensive

(approximately 35), maybe it was because of that it was such a lively and inspiring conference.

So what is for heaven's sake Public Policy Exchange? In the folder they present themselves an independent and political impartial pan-European organization, created in the UK. It works in close cooperation with its affiliate - the international center of Parliamentary studies- and operates through its EU office in Brussels, with headquarters in London and a partner organization in Mauritius, specializing in global public Policy research.

Who attended? Many researchers, directors of programs, people in the midfield of mental health system of society, people of special initiatives, like headstrong (What I know this is a nice program to support deprived children to do well in school). Speakers informed us of a variety of initiatives aimed at reaching children and helping them to overcome difficulties.

There is reason for concern:

The first speaker Margaretha Leone tells us about the children helpline, with branches in nearly all European countries. Depression and self-harm and exposure to violence is going up since the economic crisis started. Children helpline tries to connect the children who phone to professional help if needed.

Jessica Taplin is section leader of 'Get Connected'. She has worked with all kind of youth organizations of high impact innovative youth programs. Get connected was able to engage young people who phoned, texted or mailed, but she was very worried about the UK breakdown of possibilities for professional help. The discussion was about what to do next after the first contact. Many young people felt that they were not listened to by professional helpers.

research in this area suggests that psychotherapy should be included in standard psychosis treatment procedure, there seem to be very few educational programmes in Poland focusing on use of various psychotherapies as means of treating psychosis. The main aim of the training is to increase the ability to think about persons diagnosed with 'schizophrenia' in terms of mechanisms and phenomena described by concepts of psychotherapy (especially psychodynamic psychotherapy) and actively use this knowledge in contact with patients. The training consists of monthly seminars, series of supervision and three workshops, all provided by trained professionals.

More information is available at <http://psycheplus.pl/psychoterapia-osob-z-diagnoza-schizofrenii.html>

On May 14, 2016 ISPS-Poland in cooperation with the Institute of Group Analysis RASZTOW and PSYCHE PLUS Psychotherapy and Psychiatry Centre is organizing a one-day conference entitled '**On the border of psychosis - practical aspects of psychotherapeutic work**'. The guest of honour and the main lecturer will be Bent Rosenbaum, a professor at the University of Copenhagen, psychoanalytic, psychiatrist, long-time member of ISPS. Katarzyna Prot-Klinger, professor of the Maria Grzegorzewska University and the chair of the Polish-ISPS regional group will comment on his lecture. The event will also include: a supervision of clinical material and a panel discussion on the subject of the psychotic decomposition - is it a therapeutic defeat or a path toward health?. The conference will end with

Lisa Williams explained how Young minds helps schools to improve the academic performance in deprived kids. The organization offers all kind of tools on a website. Schools often ask for help and find this website useful.

Sara Carboneis is a researcher of European public health projects. She was the project manager of Eurogenas, which delivers all kinds of toolkits for suicide prevention, cyberbullying and so on

At lunchtime we had a lively discussion about several mental health systems. People from the UK were envious as I told them that in the Netherlands nowadays GP's are working closely together with nurses and psychologists, in the same building. They worried also about the lack of professional help in their schools. There was only one nurse for several schools. In Denmark there was a nurse based in every school, where you could go to if you had a scratch or some other difficulty in your life. The development in the Netherlands of transporting youth care to city councils and the formation of neighborhood teams was met with interest.

There was no one in the public who worked with psychotic people. People were surprised that many adolescents have transient psychotic symptoms, maybe as a part of their development, and recover spontaneously. Jessica was not surprised. She stated that adolescents have not found yet their identity, they have still multiple identities. She states that when you are 30 you find your place.

OBel Carstens informed us passionately about interaction between genes and behavior. Every child has a different biological make up.

Martine De Clerck promised us that in a few months the results of a program action for teens and 'adocare' - a network of professionals identifying useful programs for adolescents - will be published at a conference on December 3rd.

a social dreaming session.

More information available at <http://psycheplus.pl/konferencja.html>

On June 20, 2016 the University of Social Sciences and Humanities in Katowice will host the second conference of "Psychotherapy of Psychosis Forum", organized by the university and the Silesian Branch of the Scientific Section of Psychiatry and Rehabilitation of the Polish Psychiatric Association. This year's conference was enriched by workshops, which will be led by special guests: professor Danielle Knafo from New York University in the USA and professor Andrew Moskowitz of Aarhus University in Denmark. The subject of the presentations will focus on psychotherapy and psychosocial treatments used in work with psychotic persons. The conference is intended for people who professionally deal with the treatment and support of people diagnosed with psychosis. In this edition of the conference students (students of psychology, pedagogy, medicine) and psychotherapy trainees are welcome to participate. More information available at www.swps.pl/forumpsychoterapiipsychozilledecja

Katarzyna Prot-Klinger
Chair ISPS Poland
kasiaprot@gmail.com

**Annual conference of the
ISPS Lowlands:**

To celebrate the

The last round was for Agnes Uherezcki and Matt Skinner

Agnes Uherezcki is project coordinator of Coface, the confederation of family organizations in the European Union. She talks about a project against cyberbullying. One of the tools is an app translated into many languages. She states that parents feel helpless about this phenomena. It might be however that children are so controlled nowadays that they can't experiment enough. The internet is a free space for them, with all the risk-taking behaviors like putting compromising photos on line and Skyping with strangers and taking your clothes off. She teaches schools what to do about this and how to teach children to handle social media, like coming together and 'one, two three' all deleting a compromising photo.

Matt Skinner is product manager of future gov, developed helpful apps together with users. An example is an app showing how to talk about mental health problems with your GP (having a printed checklist not a phone, for instance.)

In the discussion it was stated that users tell us that the internet is overstated somewhat by the older adults. Sometimes they worry more after consulting internet. They need personal contact to talk about their problems.

Not all the projects are researched but there is research available on specific interventions. Sometimes the wealth of projects is fragmented. and also projects follow each other up in time. What is lacking is a long-term policy for 10 years or more.

Nevertheless I had the feeling that I was part of a new movement. Less hierarchical, more democratic more networking, and yes you wouldn't say that when talking about European Union, but...less bureaucratic.

retirement of Dr. Margreet de Pater and following the visit of Prof. Louis Sass to the Netherlands

by Karen Naessens

The annual conference of ISPS Lowlands was held on October 30th 2015. Travelling all the way from Brussels to Rotterdam for the occasion, I was lucky to be just in time for the core message of Dr. de Pater's convincing discourse. She notes that someone experiencing psychosis often starts communicating in an incomprehensive way. This renders interaction with others more difficult, she says, and as such it gets in the way of getting better. Dr. de Pater claims that patients might be doing this as part of a protection strategy, since words can hurt. "The tongue can contain a deadly poison and we are aware of that." By communicating incomprehensively, we can protect people close to us, for example against words that might hurt them or against the intensity of our emotions. We also want to protect ourselves, against interference of those who wouldn't understand anyway or maybe even against reality itself. Someone else's power, his capacity to not fall apart, thus gives us freedom of speech, dr. de Pater explains. By offering security, you can start communicating again in a real way and it is this authentic communication that is a first and necessary step to getting better.

My thoughts drift to my own manic speech in some distant past. Dr. de

Visit <https://www.publicpolicyexchange.co.uk/events/FF23-PPE2> to view the Pdf's of the lectures described above.

CONFERENCE REPORT

3rd European Congress on Assertive Outreach

"Reaching out together"

Programme

26-28 June 2015 Oslo

Participants: a few hundred (there were many participants from Norway and the Netherlands, the rest came from all over the world)

By Margreet de Pater

There has been a discussion about evidence based therapy on the ISPS-Int email list. People may think that it is manual based not creative therapy, but this conference was a good example of the presentation of careful research of programmes of care, together with personal stories of people with experience with psychosis and clinicians from all over the world who presented their efforts to make psychiatric care human.

Assertive outreach consists of home visits to people with serious mental health problems, who are reluctant to seek help. A team of clinicians assists their clients in practical problems like being not able to pay the rent as well as psychological problems. All kinds of therapies can be provided, and yes also medication. The team stays with the client as long as needed.

The aims of AOEF as stated by them: The aim of the European Assertive Outreach Foundation (EAOEF) is to stimulate a European-wide dialogue about the development of evidence-based models of Assertive Outreach (AO). AO interventions target severely mentally ill (SMI) patients in the community, and can be carried out by various multidisciplinary services. Although not all European countries have Assertive Outreach

Pater would have held her own in the face of all such nonsense, that is for sure. With more than 30 years of experience she concludes that a safe battle works. "But not only a safe battle," she continues. Also acceptance and striving for what is of value in life (Acceptance and Commitment Therapy, ACT), tuning in to your body (sensoric integration therapy), the direct experiencing of another living creature (as with equitherapy), paid work and interpreting your own life history through theatre performances all help in getting better. As such, Dr. de Pater offers a nice introduction to all speakers that are up next.

Dr. Lot Postmes asks whether the disintegration of the self which is characteristic for psychosis, could relate to the disintegration of sensory perception. Contradictory sensory information leads to perceptual incoherence, which in turn leads to distortions of the self. Delusions and hallucinations all help patients reduce the perceptual incoherence (and with it also distortions of the self). Seen this way, they offer an advantage to the patient, be it one that comes along with a disadvantage: poor reality testing. Could perceptual coping strategies thus help recover from schizophrenia? It is a fascinating thought.

In any case, an interesting finding seems to confirm Dr. Postmes' theory. In people born with blindness, the risk of suffering from schizophrenia is significantly smaller than in people who are not blind. This holds true, in spite of a greater risk to all other mental illnesses. With one of the senses missing, the inter-sensory balance improves, which makes all

programs, different programs can vary widely, particularly with regard to organizational models, patient groups, client participation and research findings. In some European countries AO is widely implemented, a few countries are about to implement AO, and in many other countries there is no AO available. The EAOF brings together clinicians, researchers and policy makers to discuss ways to optimize outpatient care for patients with SMI, including case-finding, searching for ways to increase motivation for treatment and service engagement, participation by clients and their families, rehabilitation and recovery.

As for the Dutch members of the board, whom I know personally, they all work with their feet 'in the mud' to provide good care.

Some highlights of the conference included:

The first speaker, Arnhild Lauveng. As you may know she is a specialist in clinical community psychology, and a PhD student at Akershus University Hospital. She is an active lecturer, and has received several prizes. She has written eleven books. The first two, *My road back from Schizophrenia* (translated to 12 languages) and *Useless like a rose*, are based on her own experience of having been diagnosed with schizophrenia.

She told us that in her early life she felt very guilty about the death of her father, she tried to be a perfect child in order to keep her mother alive. She was also severely bullied. Around the age of eleven she lost her sense of self: she was thinking of she instead of me. Later she heard voices. Psychiatrists provided her with a new identity 'schizophrenia'. She felt not comfortable with this identity and did not recognize herself in this label: schizophrenia, it didn't help her at all. How did she find herself again? She stated that long-term safe relationships were crucial and a lot of experimenting with all kinds of behavior. Freedom came when someone said to her: "Well you can just go to the movie because you like to do it, not because it is good for you."

the difference.

After Dr. Lot Postmes, Dr. Jos De Kroon introduces Dr. Ross White. With some thought provoking pictures and quotes he introduces the audience to the intriguing world of Acceptance and Commitment Therapy (ACT). The goal of ACT is to help people get more psychological flexibility. In doing this, one does not presuppose that people have a "broken" brain. The assumption is that people can get stuck and as such, can get unstuck. In a clear presentation he explains how ACT is based on three pillars: being present in the here and now, being open to experience and doing what matters. Where the first two pillars correspond to what is called mindfulness, the third pillar boils down to clarifying your values and living according to those values. Being mindful alone does not suffice to get better, Dr. White explains. Where mindfulness is the means, doing what matters is the end.

Prof. Sass brings us a phenomenological approach to delusions. DSM describes delusions as the result of poor reality testing. This isn't quite certain, claims Dr. Sass. One could also see a delusion as a radically different way of perceiving, an extraordinary way of being in reality. It's this important point that he wants to confer during his presentation. This is shown through the quotes he uses, which are derived both from literature as from his correspondence with Sophie, one of his patients. Sophie has a beautiful way of writing and knows how to vividly describe what's happening to her during her psychosis. It's almost as if she's sent

Evidence based practices:

Mike Slate is Professor of Health Services Research at the Institute of Psychiatry, King's College London, and a Consultant Clinical Psychologist in South London. He stated that recovery is far more common than midstream psychiatry thinks, and it is about reaching personal goals and a good quality of life. It can be researched by asking the right questions.

<http://www.researchintorecovery.com/refocus>,

He studied 29 teams implementing a pre recovery manual. <http://www.mss.mb.ca/docs/100waystosupportrecovery2009.pdf>

The results were ambiguous:

[http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(15\)00086-3/abstract](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00086-3/abstract). High team participation was associated with higher staff-rated scores for recovery-promotion behavior change (adjusted difference -0.4, 95% CI -0.7 to -0.2, p=0.001) and patient-rated QPR interpersonal scores (-1.6, -2.7 to -0.5, p=0.005) at follow-up than low participation. Patients treated in the REFOCUS group incurred £1062 (95% CI -1103 to 3017) lower adjusted costs than those in the control group. But I think you have to measure recovery after a longer period of time than 1 year.

Merete Nordentoft did outcome research for many years of the OPUS program of care of first psychosis: a mix of family work, CBT, cognitive training, individual placement and support, and personal assistance. After 2 years people tend to fall back, so it is advised to stretch the period longer to 5 years.

[https://www.tilburguniversity.edu/upload/6dafa4f1-1524-4d82-b946-](https://www.tilburguniversity.edu/upload/6dafa4f1-1524-4d82-b946-c8f0d2f84dce_260909mnordentoft.pdf)

[c8f0d2f84dce_260909mnordentoft.pdf](https://www.tilburguniversity.edu/upload/6dafa4f1-1524-4d82-b946-c8f0d2f84dce_260909mnordentoft.pdf). After 5 years there is not such a difference in symptoms. There are other remarkable differences however with standard treatment, far less hospital days, less need of supportive housing and less suicide! I have seen this kind of outcome more, for instance in Amsterdam persons were assisted with family work of Falloon spent also less time in hospital or supported housing. The question is: does family work assist persons to find their place in society or give families more care? Ria Lenior found that

to parallel worlds. During a delusion both her beliefs and her knowings become dislodged from each other. "And no matter my efforts, I can't make them connect again", she says. Dr. Sass quotes Schreber who states that hallucinations show him insights that are deeper than those from other people. Dr. Sass speaks with a deep respect for his patients. He's a man who clearly hears what they are saying, who wants to understand and thus actually listens. When later I ask him during lunch what his main motivations were to study psychosis, he tells me about one of his friends who was diagnosed with schizophrenia. The fact that really moved him was the contrast between the fascinating experience his friend was going through and what was made of it in mental health care. With all of his work he's provided the mental health care with an answer of what he thinks about their approach.

In the afternoon we were provided with workshops given by the speakers of the morning. In addition to that there was also a presentation with equestrian therapy as a subject, provided by Natalie Bryssinck. She works with psychiatric patients and explains how she has seen little miracles happen through working and having contact with a living breathing animal. The interaction between client, horse and therapist can thus provide us with nice results. The beauty of this interaction is the basic way you're being confronted with your own thoughts, feelings and actions. The horse doesn't judge, it only shows what it feels through your presence and actions. In this way there's no room for psychotic preoccupations, you have to focus on the reality around you. This focus

families were equally involved. So maybe it is the first. From the USA there was interest in the principles of OPUS since there have been quite a few shootings by psychotic persons and the OPUS method is now implemented in many states.

There were also large studies from Italy by professor Mirella Ruggery from the University of Verona: A Psychiatric (outpatient) Care System With No Beds: Eutopia or a Challenge and from Germany by Martin Lambert at the University Medical Center Hamburg-Eppendorf, : Integrated Care In Severe Psychotic Disorders: The Hamburg Model: much psychotherapy in first psychosis helps!

Also, the Dutch mental health outpatient services (FACT) was evaluated by Hans Kroon of the Trimbos institute

There were a lot of clinicians who told about their experience to humanize psychiatry for instance : Working in a FACT team for forensic clients (Harrie Gras, who brought with him a man who was living on the streets of Oslo, who he met the day before) and making a comprehensive MHS with a friendly and welcoming ward, an outreaching crisis team and FACT. There was an evaluation of the Trieste model, a lived experience worker (Jolene H. C. Mui) from Hong Kong with a model for a recovery diary. Frijda Evertse told about the Soteria house in The Netherlands

There were many critical lectures by people with lived experience and who are also a professional, like professor Diana Rose King's College London, UNITED KINGDOM: Service User Specialists As Experts, - What Do We Know? and Marjan Ter Avest chair (and family member) of The National Mental Health Care Association (LPGGz), : Reaching Out Together For More Than Survival.

EAOF is definitely an organization we should cooperate with!

enables you in time to reconnect to old strengths and talents. Natalie is very enthusiastic about seeing people believing more in their own abilities through repeating the exercises during an extended period, it gives people's self esteem a well needed boost. You could clearly see among the participants that Natalie's talk made an impression. There was even a woman who was scared of horses who wanted to come by and see for her own the effect this therapy has on her!

During his ACT workshop Dr. White submits us to a cross examination. What are your values? Imagine: your friends are toasting you on your 50th birthday. What would you want them to say about you? Interesting, but at my 30th my 50th seems already too close for good comfort. Instead I imagine my own retirement party. I discover that I wouldn't mind to have a similar one to Margreet in the form of a conference. The fact that I'm not satisfied in my current job becomes even more clear because of this. Dr. White doesn't stop there and robs a few more of our illusions. We see ourselves as highly psychologically flexible, but after filling in the flexibility scale we know better. Are you afraid of your own emotions? Are you afraid of your wishes and dreams? That is the opposite of psychological flexibility. It's what stops you from leading a happy life and becoming aware of that is a first step towards it. Dr. White makes a point. ACT makes a point. An important point at that.

The people who attended the ACT workshop, missed out on the performance "Wieisernougek, of ik is een ander" ("Who's mad, or I am

The relationship between environment and psychosis: an important page of the future ISPS website's "Learning Resources"

by Margreet de Pater

The theory that a psychosis has a purely genetic etiology and that the environment has no impact is now outdated. Persons who said otherwise for many years are now supported by sound scientific research. Scientists like Kirkbride can even predict how many persons in a certain neighborhood will develop psychosis.

Richard Bentall explains how the environment together with genes play a role in developing psychosis (5, 6)

Pure genetic etiology is seldom true for any illnesses. Prof. Bakermans-Kranenburg, researching attachment discovered that some children suffer more from adverse life circumstances than others, but when the environment was safe they did better than the comparison group.

Other general resources you can find in the following article and thesis:

- Gene-Environment Interactions in Schizophrenia: Review of Epidemiological Findings and Future Directions, Jim van Os, Bart PF Rutten, and Richie Poulton (29)
- Judith Allardyce, the epidemiology of schizophrenia: Epidemiological studies of Schizophrenia, thesis(3)

What are the findings?

- There is a continuity of symptoms in society: See YouTube film by Robert Murray(19) Many adolescents have micro psychotic experiences(13)

someone else"). In this piece of theater patients perform together with professional actors to show us their life stories. Several people told me later that the performance was very intense and emotional. You really were sucked into the feelings that someone was experiencing during intense moments of their lives. And maybe even more importantly, it wasn't shown in a rose tinted way. Both the hardships and problems as well as the tender helpful moments were shown in a non distorted way.

The conference was closed off with a reception in honour of Dr. De Pater. "I might be retiring as an active mental health care professional, but that CERTAINLY doesn't mean that I'm retiring from the field" she lets us know in a fierce way. Retirement only means that she will have more time for initiatives to change the current system (and her grandchild). I encounter a young man who used to be a client of hers. "Has she been able to help you?" I ask. "Well, now I'm doing really good", he says, " but the important thing is that you learn to help yourself." He's completely right and I laugh, because I've heard so many stories of fellow clients that they were robbed of this precise fact during their therapy.

We drink another glass in the company of the Red Hat Society: a gathering of ladies in neat outfits, with red designer hats. Dr. de Pater, who's actively going from one group of people to the next, is also a member of this band of friends. She might be free of any diagnoses, but that she's extraordinary that's a fact we can't deny. We raise our glasses again: to a successful conference, to psychological and social approaches to psychoses and to the dependent

- Cannabis use is a risk factor (18)
- Family communication matters. Families can help their offspring to be resilient to psychosis by fostering clear and supportive communication in the family. A training in Communication Training can support them(9, 16, 20, 26, 28)
- Childhood Trauma is a risk factor for developing psychosis, this has even been confirmed in prospective studies (10, 22-24)
- Not only abuse but separation from a parent before the age of 17 increases the risk for psychosis (17, 27)
- Bullying during childhood, whether as a victim or a perpetrator increases the risk for psychosis according to a large prospective study (1, 15, 31, 32,)
 - ○ Why are children bullying?
Read this on Empowering parents page. The Secret Life of Bullies: Why They Do It-and How to Stop Them (14)there is even an app for parents(2)
 - One of the biggest risk factor is migration, especially when you belong to stigmatized minority group
 - ○ See the ground breaking thesis from Wim Veling: those people from minority group migrants who are living in a neighborhood of people with different background have much more risk on psychosis! (30)
 - ○ One of the explanation is the so called social defeat (25) explains Jean-Paul Selten. Some lab experiments with rats who are excluded from the group, reveal a higher dopamine level in their brain.
 - ○ When you are respected as a migrant the risk is not elevated(8) Jewish migrants were welcomed in Israel so were their children.

defenders of those approaches.

Karen Naessens
(with additions of Davy De Geeter)

Forthcoming ISPS Regional Conferences

**Symposium of the Hanna Segal
Institute for Psychoanalytical
Studies - Institutional Member of
ISPS**

2nd April, 2016

"Working through the
countertransference - a new
perspective"

Warsaw, Poland

Further information: www.isphs.pl

ISPS-SE General Meeting

8th April, 2016

Gothenburg, Sweden

"The thousand roads to recovery"

(de tusen vägarna till återhämtning...
)

main speakers: Ann Denhov and
Gunnel Andersson and others.

Further
information: kent.e.nilsson@hotmail.com

6th Congress of DDPP

(umbrella organisation of German
Language Psychotherapy of
Psychosis)

22-24th April, 2016

"The Psychotherapeutic Stance in the

- Growing up in a neighborhood where people are so demoralized that they don't vote increases also the risk (4, 21)
- Risk is not always correlated with social relationships (or a lack of it) when your mother experiences trauma when you are in her womb you also have more at risk (11) In a later study this correlation was less clear (7). It was a large study but less precise.
- So what are the implications for public health police? James Kirkbride does some suggestions
 - o We suggest that immigration and ethnic minority status, rather than urbanicity, presents the more putative direction through which to study environmental effects on psychoses; effect sizes are generally larger, there are fewer issues associated with social drift and this risk indicator is associated with a range of psychotic illnesses that are not limited to schizophrenia. Further, epidemiological studies of migration and psychosis are now moving beyond

Psychotherapy of Psychosis"

Speakers include Prof. Dorothea von Haebler, Berlin; Prof. Joachim Küchenhoff, Basel; Prof Roland Vauth, Basel; Torsten Flögel, Berlin, speaking for the most important forms of psychotherapeutic treatment currently offered to patients with psychosis. Commentaries by Gwen Schulz, Hamburg; Dorothea von Haebler, Berlin; Bettina Jahnke, Sankt Augustin; Prof. Stefan Klingerg, Tübingen; Roswitha Hurtz, Munich; Dr. Werner Schütze, Berlin, representing colleagues with personal user experience, members of the DDPP board and supervisors of DDPP congress case presentation groups.

Further information (in German) available from <http://www.ddpp.eu/terminansicht/ddp-p-kongress-2016.html>

Joint ISPS UK/PCMHF conference

10th May, 2016

London, UK

"Re-Visioning Mental Health through Co-production" Speakers include: Jed Boardman - IMROC: How co-production is core to recovery Natalie Tobert - Re-visioning Mental Health Peer Support Workers and recovery colleges: challenges and triumphs Recovery Colleges: Implementing collaborative change, the journey so far

More information: <https://www.bps.org.uk/events/re-visioning-mental-health-through-co-production>

To register: <http://www.kc-jones.co.uk/coproduction>

ISPS Croatia XXI School of

'immigration' or ethnic minority status as simple indicators of risk by placing these factors in a broader context. For example, there is considerable support for the ethnic density hypothesis that suggests that the risk of schizophrenia increases for ethnic minority groups as they live in communities with fewer members of their own ethnic group In our study in south London we also found that greater ethnic fragmentation - the absence of residential cohesion between people of the same ethnic group in a given community - was associated with higher rates of schizophrenia, adjusted for confounders including socio-economic deprivation. There is also evidence that groups that face greater levels of discrimination or neighbourhoods where social cohesion (trust between neighbours) is low face higher rates of psychosis. This research should be instrumental in

Psychotherapy of Psychoses

11-14th May, 2016

Dubrovnik, Croatia

"Innovative Ideas in the Treatment of Psychosis

Further information: mkjukic45@gmail.com

ISPS-Poland one day conference

14th May, 2016

Warsaw, Poland

'On the border of psychosis - practical aspects of psychotherapeutic work'

Contact: kasiaprot@gmail.com

ISPS-US Online meeting/webinar

Monday, May 23, 2016 from 4:30 PM to 6:00 PM (EDT).

"Slow Psychiatry: A Way forward" with Sandra Steingard, M.D.

For more information and to register, go to <https://slowpsychiatry.eventbrite.com>

ANNIVERSARY CONGRESS of ISPS-Germany 2016

45th Meeting of ISPS-Germany - Celebrating 40 Years

16th-18th June 2016

Marburg, Germany

Topics: Psychotherapy of Psychoses, Social Therapy of Psychoses, Group Psychotherapy; esp. Psychodynamic Approaches

Plenary speakers will include Peter Hartwich, Tilman Kluttig, Dagmar Koch, Nicolas Nowack, Michael Putzke, Sybille Stylos (in German)

Further information: ISPS-Tagung@gemeinde-psychiatrie.de

shaping putative hypotheses regarding the onset of psychosis, supporting as it does pathways that implicate chronic exposure to social stressors as important, such as the proposed dopamine hypothesis of schizophrenia. Understanding more about the social experiences of migrants and their offspring - such as the social, economic and cultural pressures faced by these groups - in combination with possible variation in genetic vulnerability to psychosis, will help us to understand which aspects of immigration and ethnic minority status are most strongly associated with psychosis risk(12).

- o "Selective prevention strategies involve the identification of subpopulations (cf specific individuals), broadly at raised risk of schizophrenia, where the intervention may be applied to the entire group in order to prevent disorder. Our own research on raised rates of

2nd Forum of the Psychotherapy of Psychoses

18-20th June, 2016

Warsaw, Poland

Keynote speakers: Danielle Knafo, Andrew Moskowitz and others.

Further information: forumpsychoterapiipsychoz@gmail.com

ISPS-CH 10th Annual Congress

24th June, 2016

Monthey, Switzerland

"Self-determination in Psychosis"
("L'autodétermination dans la psychose")

Key speakers: Prof. Giovanni Stanghellini (Italy); Prof. Klaus Hoffmann (Deutschland); Dr Philippe Rey-Bellet (Switzerland)

The congress will include conferences from international speakers as well groups of discussion on the theme of the congress run by the ISPS members of local committee and persons with personal experience of psychosis or their relatives.

The congress will be held in French.

Contact: evelyne.parent@hopitalvs.ch

ISPS UK Residential conference

7-8th September, 2016

Exeter, UK

"Therapeutic Relationships: Challenges for Mental Health services and those who use them"

An national conference for people with personal experience of psychosis, their family, friends and

schizophrenia in immigrant groups and their offspring in the United Kingdom provides a relevant example.⁷⁰ We suggest that in terms of the largest theoretical public health gains in the prevention of psychosis in the United Kingdom, strategies, which aimed to prevent disorder in black Caribbean groups, would have the single greatest impact, preventing up to 80% of potential cases of psychosis within black Caribbean communities, a huge effect, and reducing about 1 in 20 of the overall population rate.⁷⁰ Focus on non-British white migrants and people from the Indian subcontinent would be the next logical step if there needed to be distinct approaches. Necessarily, any such strategies still rely on the identification of the social factors underpinning raised rates in these groups. In this regard, we know that the black Caribbean community experiences more

anyone who works to support them.

Early bird deadline 30/4/16

Further information www.ispsuk.org

II International Mental Health Congress of Romão de Sousa Foundation -

Institutional Member of ISPS

21-22nd October, 2016

Estremoz, Portugal

"The Neurobiology - Psychotherapy - Pharmacology Intervention Triangle" weights, measures and controversies

Further information: <http://congress2016.fundacaords.org/>

ISPS-US 15th Annual Meeting

"From Reductionism to Humanism: Moving forward from psychosis and extreme states"

28-30th October, 2016
Boston University, Boston, Massachusetts
Cosponsored by the Center for Psychiatric Rehabilitation at Boston University

[Read More](#)

Keynote Speaker: [Michael Stein, JD, PhD](#)
Executive Director of the Harvard Law School Project on Disability, and Visiting Professor at Harvard Law School. Advisor to UN bodies, governments, disabled peoples' organizations and human rights groups. Participated in the drafting of the UN Convention on the Rights of Persons with Disabilities.

Honoree: [Rachel Waddingham](#)
Experienced international trainer who specializes in innovative ways of

markers of social exclusion, including higher levels of unemployment,85 people living alone,85 discrimination,48 and cumulative social disadvantage86, factors known to be associated with an increased incidence of psychoses.55 Fostering improved social networks and support through improving community cohesion may therefore be part of a parallel strategy to reduce the incidence of psychoses in such populations, but care needs to be taken here. " (13)

So the prevention of psychosis has political implications! For ISPS it's about time to invite members of migrant minority groups to join the discussion on what makes a person go to the nowhere land of psychosis! Perhaps he or she is already nowhere.

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supporting people who struggle with extreme states, including children, young people and people in prison who hear voices. Trustee of the English Hearing Voices Network, Intervoice and Vice Chair of ISPS UK, member of ISPS's International Executive Committee.

[The Call for Papers is now open.](#)
[Deadline for submissions is March 31, 2016.](#)

ISPS Lowlands Day Conference

28th October, 2016

Kortenberg, Belgium

The theme of the conference will be especially for nurses:

"Being there for a psychotic person"

Jan Olav Johannessen, Chair of ISPS, will be the keynote speaker.

For further information contact: Margreet.depater@ziggo.nl

Schizophrenia Days Conference

11-12th November, 2016

Stavanger, Norway

In cooperation with ISPS Norway

"Bodies of Experience"

[Programme](#)

Further information: www.schizofrenidagene.no

ISPS Italy 2016 conference

11-12th November, 2016

Naples, Italy

"The Psychosis: From Danger to Opportunity"

Further information: sipi@sipintegrazioni.it

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ISPS UK Day Conference

26th November, 2016

London, UK

"Trauma and psychosis:
psychodynamic perspectives"

Contributors confirmed so far: Brian Martindale, Dirk Costens, Carine Minne, Ann Scott, Jo Stubley, Rai Waddingham.

It is widely accepted that trauma can increase the likelihood of someone experiencing psychosis. Yet, in a field that is continually evolving, there is no simple answer to the question of how best to help someone struggling with psychosis to work through their experiences in psychotherapy. This conference explores key issues in understanding and working with people who experience psychosis and the impact of traumatic life experiences. Reflecting the context that we live and work in, it will create a dialogue between those who practise psychodynamic psychotherapy and those who experience psychosis first-hand.

Further information <http://www.ispsuk.org/>

XXI Annual Madrid Schizophrenia Course

December 2016

Further information to be announced soon

Contact: carmen.benavent@barceloncongresos.com

Further information about all of these events can be found at our [website](#)

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Margreet de Pater
ISPS EC member
Margreet.depater@ziggo.nl

Win a free student place at the ISPS UK Conference

"Trauma and Psychosis: Psychodynamic Perspectives"

ISPS UK is currently offering a free student place at its next psychodynamic conference on 26th November 2016. Follow this link for further information about the conference.

The place will be awarded to a student who offers the best short article on the topic: *Is psychoanalytic thinking still relevant to psychosis?: the work of Murray Jackson, psychiatrist and psychoanalyst.*

Entries should be typed, no more than 500 words, and submitted to admin@ispsuk.org by 30.8.16. Results will be announced by 30.9.16. Students of all disciplines are welcome to apply, including part time and postgraduate students and those undertaking psychotherapy training. NB. Material submitted to this competition may be published in whole or part through ISPS channels.

For participants unfamiliar with Murray Jackson's work, a useful starting point might be the recent ISPS book *Creativity and Psychotic States in Exceptional People* by Murray Jackson and Jeanne Magagna.

ISPS members can purchase this at a discounted price by entering the members code when purchasing via the Routledge website (email isps@isps.org for the discount code) or for UK members, by logging into the members' section of the ISPSUK website.

We are very grateful for the donation that has supported this prize.

ISPS 2019

The 21st international congress of ISPS will take place in the Netherlands or Flanders. It will be organized by ISPS Lowlands, together with the group of Jim van Os, Professor of Psychiatric Epidemiology (Maastricht University Medical Centre) and Resilience+ an organization partly led by people with lived experience which promotes new user-friendly methods of care.

Further information will be announced soon at www.isps.org

WOULD YOU LIKE TO TAKE PART IN AN ONLINE SURVEY LOOKING AT THE EXPERIENCE OF HEARING VOICES?

Many people experience hearing voices that others cannot hear. We are looking for adults who live in England, and who have current experience of hearing voices, to help us with a research study.

Our study aims to look at the experience of hearing voices, and the factors that affect the feelings or attitudes a person has about their voice or voices.

**THOSE WHO TAKE PART WILL HAVE THE
OPTION OF ENTERING INTO A PRIZE DRAW
TO WIN ONE OF FIVE £50 HIGH STREET
VOUCHERS**

TO FIND OUT MORE AND TAKE PART VISIT
THIS LINK:

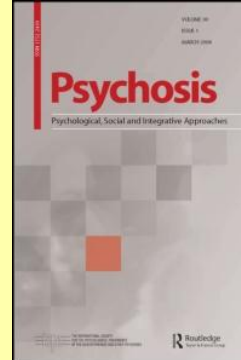
https://livpsych.az1.qualtrics.com/SE/?SID=SV_cMiCOOR8PH3Jy2V

The research is being carried out by individuals from the University of Liverpool and Mersey Care NHS Trust, and has been produced in a collaborative way with people who hear voices.

We hope that this research will help to further develop understanding about the experience of hearing voices.

Louise Carden
Trainee Clinical Psychologist
Doctorate of Clinical Psychology
University of Liverpool

Journal News



The ISPS journal 'Psychosis' now has four editions every year. Please send any feedback or suggestions you have to me at johnread@swin.edu.au And **PLEASE** check that your hospital, university or organisation is subscribing to the journal. This is very important in terms of getting the word out but also financially for ISPS.

John Read
Editor, Psychosis

Publication information

ISPS Newsletter Editor: Antonia Svensson, ISPS International Organiser
Second Editor: Klaus Lehtinen

Published 3-4 times per year.

The deadline to submit material for the next ISPS newsletter issue is **Friday 3rd June, 2016**

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.

www.isps.org