

ISPS Newsletter

Volume 5 #2

July 2016

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Dear members and friends of ISPS

The word "schizophrenia" still signals, to some, that we are dealing with a brain disease, a disease that should be challenged and treated by biological measures. Nothing could be more wrong, in my mind. First, I share Jim van Os's statement that "there is no such thing as schizophrenia", and second, biological changes can be treated by relational, interpersonal and psychological approaches, and vice versa.

Luckily, there is a change in the way we perceive these disorders that we name by the term "psychosis", and I am happy to share with you all my impressions from the recent SIRS conference (Schizophrenia International Research Society), held in Florence in April this year. This conference is held on a biannual basis, and this year's conference gathered approximately 1,700 people from all over the world, mostly from the western world, including US. The participants are clinicians and researchers, and the research that is presented spans from the basic molecular level, to health service development.

Previous SIRS conferences have been very focused on biology, brain research and imaging, with a (in my opinion) very narrow perspective, regarding schizophrenia as an "illness". This year's conference represented a shift towards a more reflective, integrative psychosocial and psychobiological perspective, and some of the most important research presented really gave those of us who never believed in the "brain-illness theories" a new argument. For example, researchers (Oliver Howes) from Kings College in London, UK, presented new and very important findings on the neurobiological basis in psychosis: I guess you have all heard about "the dopamine hypothesis" in schizophrenia. To put it briefly, it has been demonstrated that there is a kind of dysregulation of the dopamine signal system in the brain during a psychotic episode. Most antipsychotic medication targets this dysregulation. In biological psychiatric circles one has thought that this is a kind of inborn "error" in some people, i.e. that psychosis has a biological genetic "cause".

Howes et al's research has demonstrated (if I understood it correctly) that this dysregulation in the dopamine/glutamate system is somehow connected to the HPS-axis (stresshormon axis). To put it another way: the disturbances in the brains signal

substances can be (are?) a result of external stress. And most importantly, if this dysregulation in the brain's signal system persists over time, then it will be attacked by the body's own defense system, our immune system, like an autoimmune reaction. And very important: these changes are reversible in "at risk mental states, ARMS", and in first episode psychosis (FEP), but at some point seem to become irreversible. When that happens, the research cannot tell us, so far....

For those of us that have been working on early intervention strategies this really is good news! And, the very important take home message from the SIRS 2016 was: get in early!! Max Birchwood and his group in Birmingham have now also replicated the TIPS-findings. And demonstrated that it is possible to reduce duration of untreated psychosis in a population, with relatively simple matters.

In our [conference in Liverpool](#) next year we will discuss how to best help young people who develop these confusional conditions that go by the name "psychosis". The new research presented above underlines the importance of psychosocial interventions, stress reduction strategies and psychotherapies aiming at finding the meaning behind the psychotic expressions in each individual case. As demonstrated by the research performed by many of ISPS' members, psychosis is connected to serious things happening in young persons' lives, in their past and present. Real change is really happening now, as demonstrated by the change in the profile of SIRS.

I will encourage the members of ISPS to participate in conferences such as SIRS, and to present their work on posters and in oral presentations, in a positive interchange with other professionals and users, perhaps with a slightly different perspective than ours. Interchange is a prerequisite for change, I'd say.

Have a nice summer.

Best wishes

Jan Olav Johannessen



ISPS Liverpool 2017

MAKING REAL change... HAPPEN

ISPS THE INTERNATIONAL SOCIETY
FOR PSYCHOLOGICAL AND SOCIAL
APPROACHES TO PSYCHOSIS

The 20th International Congress 30.08-03.09.2017 in Liverpool, UK



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 CALL FOR PAPERS will open very soon!

Abstract Submission Deadline: 1st December 2016

Plenary speakers include:

Jacqui Dillon, Jim van Os, Alison Brabban, Grainne Fadden, Rai Waddingham,
Kwame McKenzie and Svein Friis

Other speakers:

Peter Kinderman, Richard Bentall, Jim Geekie, Brian Martindale and John Read

[Welcome to ISPS 2017 video](#)

Twitter #isps2017uk

Making Real Change Happen: ISPS Liverpool 2017

By the time you read this, our 2017 international conference will be on the point of opening for bookings and abstract submissions. This is an exciting stage for those of us in the organising group and we are hoping that all of you reading this will share our excitement and will plan to join us in Liverpool!

Liverpool is a great destination - not just a place of pilgrimage for Beatles and football fans, but a city of complex heritage and lively contemporary developments. It is also in easy reach of some of the most lovely UK countryside - the beautiful Lake District is just an hour and a half away.

Those of you who have been to ISPS conferences before will of course have high hopes for the conference itself too, and will be looking forward to an inspirational mix of talks, events and dialogue. We aim not to let you down!

We have the added aim that the Liverpool conference will help us focus on the quest for change, by helping us for example to think about what each of us can contribute, and to find new allies to work alongside. Probably all of us will agree that there is a huge gulf between on the one hand what we know about how psychological and social approaches may help, and on the other hand what people tend to experience in practice. Sadly, this seems true whether we are considering the responses that individuals receive, the way services are organised or the ways in which our societies deal with the kinds of difficulties we call psychosis.

We'd like to ask each of you to take a small step now towards making change happen. What we'd like to ask is for you to think about how you as an individual can reach out to those who are not already involved in ISPS. Do you know people who have work or ideas they could submit for presentation in Liverpool? Might colleagues and friends who have never been to an ISPS event be interested in coming to this one? Do you have any networks where you don't already publicise ISPS conferences and where you could publicise this one?

Please note that if you or your colleagues want to present talks, workshops or posters at the conference, **you will need to submit your abstract by 1st December 2016.** You will also need to register for the conference (booking opening soon).

Booking your place early will be worthwhile for several reasons. It will mean you get the

best deals not only from heavily discounted early bird rates, but also from the chance to stay in low cost on site accommodation. Booking early will also mean you can secure your place at conference social events where capacity is limited. (For those keen to come to our planned evening at the famous Cavern Club this may be especially important).

So over this summer, we hope very much you'll be thinking ahead to the next one, and that you will decide to round off your summer 2017 with a trip to ISPS in Liverpool. If you're undecided, do please visit the conference website www.isps2017uk.org and keep a look out there for further developments.

Alison Summers

(on behalf of Liverpool 2017 organising committee)



[Join Our Mailing List!](#)

Are you a member of ISPS?

ISPS members pay reduced delegate fees at the biennial ISPS Congress, receive 4 issues per annum of our journal 'Psychosis' - in addition to having online access to all issues - receive a 20% discount on books in the ISPS series when ordering through our publisher Routledge, plus many other benefits...

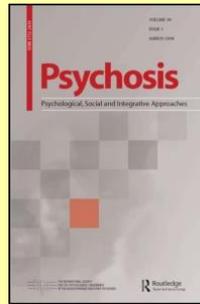
(Annual Membership Fees vary across regional groups)

TO JOIN US NOW

contact **Antonia Svensson** for further details

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



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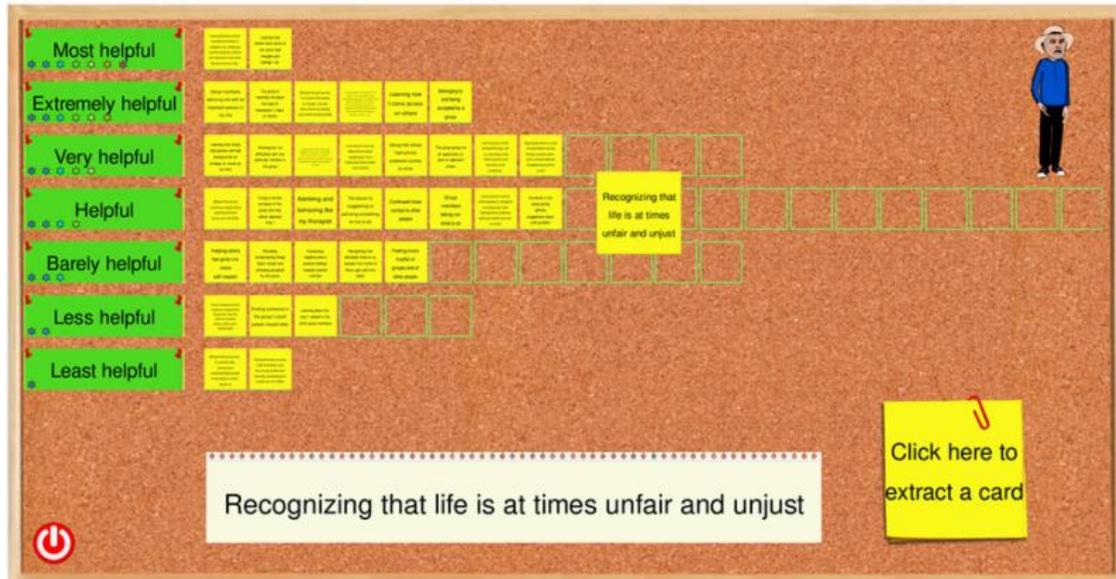
The ISPS Executive Committee (EC) encourage the establishment of subgroups, with the aim of creating more dialogue. The EC are positive to members establishing subgroups that subscribe to the aims of ISPS (below). If you are interested in establishing a subgroup please write a short note to the EC with an outline of the aims and membership criteria for the proposed group and send to Antonia Svensson, ISPS International Organiser: isps@isps.org . Subgroups are asked to present a brief report to the EC every 6 months.

The objectives of ISPS are to:

- Promote the appropriate use of psychotherapy and psychological treatments for persons with psychotic disorders (a term that includes people diagnosed with "schizophrenia").
- Promote the integration of psychological treatments in treatment plans and comprehensive treatment for all persons with psychosis.
- Promote the appropriate use of psychological understanding and psychotherapeutic approaches in all phases of the disorders including both early in the onset and in longer lasting disorders.
- Promote research into individual, family, group psychological therapies, preventive measures and other psychosocial programmes for those with psychotic disorders.
- Support treatments that include individual, family, group and network approaches and treatment methods that are derived from psychoanalysis, cognitive-behavioural, systemic and psycho-educational approaches.
- Advance education, training and knowledge of mental health professionals in the psychological therapies and psychosocial interventions in the treatment and prevention of psychotic mental disorders for the public benefit regardless of race, religion, gender or socio-economic status.

(THT) The Gamification of Yalom's Q-sort Therapeutic

Factors



Since the beginning of the last century, patients with psychosis have been treated in group therapies. After the first description of the therapeutic advantages of "group analyze" (Lazell 1921) for schizophrenic patients, others authors over the years (Payn, 1965; Shatton, 1966; Claghorn, 1974) have reported success with the group method including favorable comparisons of group versus individual treatments in patients with psychosis. In 1985 Kanas pointed out that schizophrenic group therapies are cost-effective, they have been found to lower the rates of readmission to hospital, and they are valued by patients. In the last decades others therapeutic qualities of a variety of "group therapy" for psychosis have been cited by several authors (Chazan, 1993, Urlić, 1999, Chanas 1999, Ivezic, 2004). In 2006 González de Chávez outlined that the therapeutic potential of the group for psychotic patients comes from the mirroring phenomenon and from the fact that therapeutic factors are horizontally multiplied and reciprocally boosted by group dynamics. Today, most psychiatric departments in the world use group therapy as a complement to their general approach, and they are an important part of hospitalized patient's therapeutic experiences.

Although group therapy has shown advantages in daily clinical practice, important limitations on providing evidences about its benefits exist. This is a problem shared by all forms of psychotherapy that raises the question of the use of nomothetic methods to assess psychosocial interventions where the subjective components are enormously significant but are nevertheless often overlooked by quantitative methods used in science and specially by the Evidence Based Medicine (EBM). This is the reason why there is a gap between those who investigate psychotherapy and those who practice it but do not find in EBM methods the suitable tools for assess its results.

In fact, EMB literature about group psychotherapy refers only to psychotherapeutic interventions that use manual techniques and have objective goals on quantifiable

outcomes relative to behavior or symptoms reduction. Indeed, there is a lack of controlled trials of psycho-dynamic psychotherapies, i.e. interventions who attend the therapeutic interaction between the members of the group.

The first consequence of the difficulties of psycho-dynamic group therapy to fulfill the criteria for randomized trials required by the EMB literature is that the lack of trials on psycho-dynamic psychotherapy is misunderstood as a lack of efficacy. The second consequence is that they are actually excluded from the empirically validated psychotherapies and for this reason not recommended in clinical guides. Moreover, the randomized clinical trials that have been the basis of the validation of different treatments over last decades have nevertheless failed at:

- taking into account the group format, which is practically irrelevant in the description of the different techniques in trials;
- addressing the therapeutic process of change;
- describing and analyzing the therapeutic factors operating within the group that are in words of Yalom (1975) "the actual mechanisms of effecting change in the patient that influence the processes of recovery among group therapy clients";
- considering the values and preferences as well as the understanding of effectiveness from the participant's perspective which are nevertheless so important for psychotherapy research.

However, a change of trend is happening, in part because of the modest effect size in outcomes of randomized trials for protocolized interventions like Cognitive Behavioral Training (CBT) or Social Skills Training (SST), in part because of the difficulties in applying experimental interventions to the daily functioning of patients. Besides, it is difficult to generalize the outcomes not to convenience samples but to regular population. Moreover, experimental interventions are not always well accepted by users.

Thus, the last CBT trials are recently introducing "psychodynamic reformulations" and are showing a growing interest for the study of the mediators and moderators of the group process, like alliance, group cohesion and empathy. They are incorporating qualitative parameters about level of satisfaction of participants and assessing new outcomes such as quality of life, well-being and change in insight. Furthermore, authors like Lecomte (2015) suggests that the contribution of therapeutic factors to the success of group therapy is specially important in young psychotic patients. Hence, it seems to be accepted that not all questions about psychotherapy's evaluation are easily answerable by quantitative methods used so far and that it becomes necessary to make an effort to translate and adapt the scientific procedures to qualitative methods able to better understand the particularities of psychosocial interventions. Furthermore, qualitative research can be a rigorous and reliable method for judging effective practice.

The challenge today for idiographic evaluation methods is :

- to be able to assess and spread the treatment outcomes combining results across studies and minimizing bias of judgment;

- to generalize results which is an important problem for idiographic methods that usually take small samples and individual data;
- be able to use a common language that could concern all theoretical approaches beyond supportive or exploratory orientations;
- design easy and attractive tools for researchers and participants to assess outcomes (in contrast to long and descriptive data gathering);
- be able to give back to patients the results they achieve, which is extremely valuable for them.

Very little systematic research has examined the comparative value of curative factors in group therapy, yet most researchers tend to agree that specific curative factors are apparent in every group. In 1985 Yalom designed a standardized measure called Q-sort questionnaire to assess the therapeutic factors in group therapy. Q-methodology has been used as a research tool in a wide variety of disciplines, and it is particularly useful when researchers wish to understand and describe the variety of subjective viewpoints on an issue from a perspective intrinsic to the individual. The Yalom's instrument consists of a forced choice rank ordering of 60 items typed on 60 cards. Twelve categories of curative factors are defined (Yalom 1975), each described by five cards. The test consists of placing each of the 60 cards given in random order into seven stacks labeled from least helpful to most helpful according to the relative importance of the card's item. The test scores each factor and determines the factor that has got the highest score from the patient.

In spite of its usefulness, the test is long and hard to be filled by patients and to be scored by researchers. In order to ease its administration, we have been working on a gamification of the therapeutic factors Q-sort for the evaluation of group therapy, through a disinterested collaboration between the Mental Health Unit Ofra (University Hospital La Candelaria (Tenerife, Spain) and the Research Center of Biomedical Engineering CREB of the Polytechnical University of Catalonia (Barcelona, Spain). The purpose of gamification is the application of game mechanics in non-game contexts to engage and motivate people to achieve their goals. There is a growing interest on serious games and their application to health to promote care, adherence to treatments, awareness of relapses and evaluation parameters. The result of this work is a computerized tool (THT gamification) with which patients fill the test in a fast and fun way. The tool computes automatically the therapeutic factor that has been most relevant for the patient, and it provides immediate feedback of this factor to the patient. We think that this "return value" is valuable for them. In addition, we have associated a famous quote to each of the therapeutic factors that the test shows to the patient as a gift. The test stores the results in an excel file for their further analysis.

The test is freely available at <https://sqcreb.cs.upc.edu>

It has been translated from English to Spanish and French. It is ready to be downloaded and installed following the instructions at the same web page.

We are currently applying the THT with group therapy for psychotic patients, and we

have seen that patients enjoy filling the test and have a great expectation about the scores they get. We have noticed that they share their feedback with the other members of the group and discuss about them. It seems to help them to take an active part in their progress by better understanding the way the group helps them to cope with their vulnerabilities. We hope that the THT Gamified Yalom's Q-sort could be useful for qualitative research on group's therapeutic factors providing a database of outcomes across researchers and

contributing to involve patients in an interactive process of assessing results.

Lina Tost¹ , Cecilio Hernández¹ , Dani Tost²

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ISPS-Australia network news

We have had a strong start to the year with the launch of our new website www.isps.org.au and our co-sponsoring of presentations by Jane Hetherington and Trevor Eyles. Jane Hetherington, a therapist in the Early Intervention in Psychosis service in Kent, England presented "Implementing Peer Supported Open Dialogue in the UK" and Trevor Eyles, Voice Hearing Consultant for Aarhus Mental Health Community in Denmark, gave a series of four clinical talks to a total of 89 clinicians and other mental health workers around Perth. The new website is the first step towards building a resource for our members to access useful materials and contacts that can inform and assist in supporting a person through psychosis or extreme states. Thank you to all our members for your patience with the new membership renewal process as well. The board sends out a huge thank you to John Read for his contribution to ISPS Australia. It is with sadness that we say goodbye to John but we wish him the best of luck for the future as he returns to the UK. Looking forward, we are hoping to recruit new board members as we approach our AGM and board elections (look out for notice of the AGM and an EOI for board directors soon).

ISPS-DDPP network news

After successfully changing the German "Psychotherapierichtlinie" (the rule regulating psychotherapy for members of the German public health insurance system) to entitle all patients with psychotic ailments to psychotherapy, DDPP (Dachverband Deutschsprachige PsychosenPsychotherapie) strives to make training for psychotherapists available throughout Germany, Austria and in German speaking

regions of Switzerland. As a first step, organisations and persons affiliated to DDPP have been asked to name existing training programs for psychotherapy of psychosis. The online documentation of this survey "Psychosenpsychotherapie. Möglichkeiten der Fort-, Aus- und Weiterbildung in Deutschland, Österreich und der Schweiz" has just become available for download from our website www.ddpp.eu. The documentation also includes a list of topics and requirements DDPP suggests for training. From here on DDPP plans to complement training opportunities in regions underrepresented in our documentation by offering specific training programs in behavioral and psychodynamic psychotherapy wherever necessary.

DDPP is an umbrella organisation representing institutions/societies and individual members, professionals, service users and family members and a variety of social and therapeutic approaches like psychodynamic psychotherapy, cognitive behavioral therapy, systemic approaches / open dialogue, family therapy and many creative and social varieties of psychotherapy for persons with psychosis; members come from Germany, Austria and German speaking parts of Switzerland.

ISPS-US network news

The US Chapter has been very busy this spring with three great initiatives coming to fruition:

1. ISPS-US partnered with New York City Department of Mental Health and Hygiene and MindFreedom International to host a free screening of the Healing Voice Movie (www.healingvoicesmovie.com) for over 150 people, followed by a discussion about understanding mental health issues and shifting paradigms. We hope to host another screening later this year.

2. Registration is now open for the ISPS-US 15th Annual Meeting:

From Reductionism to Humanism: Moving Forward from Psychosis and Extreme States

Boston University, Boston, Massachusetts

Cosponsored by the Center for Psychiatric Rehabilitation at Boston University

Hosted by the ISPS-US Boston Branch.

www.isps-us.org

ABOUT THE MEETING

For over 50 years, ISPS has been an organization focused on psychological and social approaches to psychosis, madness, and extreme states of mind. 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 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, ISPS-US's 15th annual one, 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 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!

Keynote Speaker: Michael Stein, JD, PhD

Legal Capacity and Mental Disability: A Need for Cross-Disciplinary Dialogue

Honoree: Rachel Waddingham

Rethinking Taboo & Violent Voices

See www.isps-us.org for full details about the program, registration, continuing education, hotels, accessibility/special needs accommodations, Saturday night dinner, parking and travel, and things to do in Boston. We have set up an email list for those wishing to share a hotel room: email Karen Stern at contact@isps-us.org for more information.

3. ISPS-US has launched our own maps on Debate Graph (www.debategraph.org). We are excited to be debuting this new platform for facilitating communication about important topics of interest to ISPSers in the US and around the world.

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 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. New evidence or information can be added and responded to with ease.

Given that our members are spread out across the country, we have few ways to communicate with each other. Our annual meetings, generally diverse and exciting events, are infrequent and cost a lot of money. Our only other format has been the Listserve, where members respond to each other's posts. I am hoping that we will now have a new way to share our knowledge and ideas, especially on complex matters regarding the role of trauma and biology in psychological distress, various models of understanding human suffering and its alleviation, the risks, benefits and ethics of various models of understanding and intervention

Anyone who creates a free account at Debategraph.org is free to contribute to most of the maps, which can be found at www.debategrapgh.org/ispsus

Debategraph cofounder, David Price, has generously offered to provide a webinar for ISPS members who would like a more hands on guide to using the service. This webinar is being held on June 30. Visit <https://isps-usdebategraphs.eventbrite.com/> to register.

There is also plenty of information on www.debategrapgh.org and instructional videos on YouTube.

The ISPS-US maps are currently moderated by Jessica Arenella and Paul Peacock. Anyone who is interested in becoming part of the Resources editing team should contact jessarenella@gmail.com.

Jessica Arenella, Ph.D.
Clinical Psychologist
Chair ISPS-US
jessarenella@gmail.com

ISPS Discussion Groups

ISPS-Int

ISPS-Int is the official international e-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 interested in joining this group e-mail isps@isps.org

Forthcoming ISPS Regional Conferences

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 anyone who works to support them.

[Further information](#)

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](#)

ISPS-US 15th Annual Meeting

28-30th October, 2016

Boston University, Boston, Massachusetts

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

Cosponsored by the Center for Psychiatric Rehabilitation at Boston University

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 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.

[Further information](#)

ISPS Lowlands Day Conference

28th October, 2016

Kortenberg, Belgium

The theme of the conference will be especially for nurses:

"Being with the Patient during the Psychotic Crisis"

A crisis is an opportunity to change things in life. But during such a crisis we can often see an overwhelming affect and a great deal of loneliness. From clinical work we know that the psychiatric nurse is the person par excellence to 'be with' the psychotic person. Psychotherapeutic tools and pre-verbal aspects are important elements in this 'being with'. All of these aspects will be the focus of this one day conference.

Jan Olav Johannessen, Chair of ISPS, will be the keynote speaker (in English).

The rest of the day will be in Dutch.

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](#)

ISPS Italy 2016 conference

11-12th November, 2016

Naples, Italy

"The Psychosis: From Danger to Opportunity"

[Further information](#) (in Italian)

Contact: sipi@sipintegrazioni.it

ISPS Sweden one day seminar

25th November, 2016

Lund, Sweden

"Den Meningsfulla Psykosen" - The Meaningful Psychosis

Speakers include: Bent Rosenbaum and Sverker Belin (A Psychosis Unit team)

Contact: kent.e.nilsson@hotmail.com

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 Stubbley, 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](#)

XXI Annual Course of Schizophrenia

1st-3rd December 2016

Madrid, Spain

In cooperation with ISPS Spain

"Fragility, Adversity and New Therapies in Psychosis"

[Further information](#)

Contact: carmen.benavent@barcelocongresos.com

Psychosis, Trauma and Recovery

18-19th December 2016

Haifa, Israel

A conference organised by ISPS Israel and the Centre for Study and Advancement of Youth Mental Health, University of Haifa

Speakers include:

John Read, Nancy McWilliams, Michael Garrett and Louis Sass.

[Further information](#)

Contact: isps.israel@gmail.com

ISPS Croatia XXII School of Psychotherapy of Psychosis

10-13th May, 2017

Dubrovnik, Croatia

"Towards Comprehensive Treatment of Psychotic Disorders: Focus on Models of Recovery"

[Further information](#)

20th International Congress of the ISPS

"Making Real Change...Happen"

30th August-3rd September, 2017

Liverpool, UK

Call for papers open soon!

Abstract submission deadline: 1st December 2016

[Further information](#)

Plenary speakers: Jacqui Dillon, Jim van Os, Alison Brabban, Grainne Fadden, Rai Waddingham, Kwame McKenzie and Svein Friis.

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



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www.facebook.com/isps.org



Follow ISPS on Twitter https://twitter.com/isps_int

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 11th November, 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