

Julie Kipp (USA)

Debra Lampshire (New Zealand)

Anna Lavis (UK)

Margreet de Pater (Netherlands)

Dag Söderström (Switzerland)

Pat Wright (USA)

NB Voting will begin on 17th June. ISPS members will receive further instructions - and the ballot paper - via email by mid-June. Only current ISPS members are eligible to vote. Voting will close on 17th July. There are 12 nominees. The 8 with the most votes will be elected onto the new Executive Committee and will begin their term immediately after the ISPS Rotterdam 2019 conference.



Dear ISPS members and friends,

We are excited to announce that the conference programme is now available on the [ISPS 2019 conference website](#). We are delighted to present you such an excellent programme. We are not the ones to thank however, but all the people who sent in abstracts of such high quality. We are happy to say that we accepted 257 abstracts for ISPS Rotterdam 2019, coming from 36 different countries from all over the world. The scientific committee is very satisfied with the quality of those abstracts and selected 21 symposia, 39 workshops and 83 oral presentations, that are grouped by topic, and finally 64 posters. The topics are very diverse. There are abstracts from clinicians, from people with lived

experiences, family members and from researchers. In addition to the keynote lectures the program of the conference is very promising and will offer the possibility of many discussions.

Here are just a few of the many interesting topics:

Transcultural approaches of Djinn and Spirits, Stronger through Diversity, Social Exclusion and Psychosis, Labeling and Stigma, What language is best to speak of Psychosis?, The use of creative writing, Psychotic transference as a bridge over the abyss of time, History beyond Trauma, Multi family therapy, Open Dialogue, Feeling of self and body....

We hope for a large number of attendees and can assure that **each attendee will have a wide choice according to his area of interest.**

The programme is very diverse:

- For instance there is a symposium of a Dutch multisite study which measures what happens when doctors reduce medication to a low or zero dose? We have asked experience based experts who fought against the practice of just giving high doses of medication and do nothing else, to present and discuss with the researchers.
- And quite different but equally important, persons from an organisation called "Inner fire" will present their alternatives to suicide.
- There are many experience based experts telling about their recovery, but also about the theories they made about the nature of their psychosis. They will discuss it in an experience based festival and present their recommendations at the end of the conference to researchers and clinicians. What can a clinician do to promote mad pride? What research questions need to be asked?
- There are workshops for family members to discuss their experiences they too are welcome to advice professionals.
- There will be presentations about systems of care all around the world. What can for instance people in Western countries learn from India?
- And psychodynamic treatment what can clinicians from USA learn from South Africa?
- And family work, what works? What can Open Dialogue therapists learn from people who do behaviour Family Therapy? And what do family therapists with a psychodynamic way of working? And what do family members experience?
- And what can be a temporary home for people who have difficulties to maintain themselves in society: more assertive community treatment, a Soteria house or a safe place for a long time where you can practice horse riding?
- Last but not least there are many qualitative studies about recovery process
- And epidemiologic studies on what precedes psychosis and the influence of being a member of an ethnic minority
- And experiences from people who work with people from other cultures with a very different view on psychosis

We truly wish to overcome cultural differences and learn from each other!

See you at the conference. The early bird fee deadline was extended until May 28th, so that you would have time to study the programme and decide!

Warm greetings from Rotterdam.

Ludi Van Bouwel and Magreet De Pater, Chair of the local ISPS Rotterdam organisation committee



Some presenters with lived experience of psychosis, whose abstract has been accepted for ISPS Rotterdam 2019, do not have the financial means to attend the conference.

ISPS members are kindly asked to make a donation to fund Experts by Experience
Any amount that you can give - however small or large - will really help
[DONATE NOW](#)



David B. Feinsilver Award

We are very pleased to announce the winner of the 2019 David B. Feinsilver Award:

Arpita Gupta of Kanpur, India

Arpita will present her paper "What is lost?": A Qualitative Inquiry into Narratives around Severe Mental Illness" and receive the David B. Feinsilver Award at the ISPS 2019 Conference in Rotterdam this summer.

The Feinsilver Award is a scholarship to fund travel expenses to the ISPS biennial conference. The award is given to the best research or clinical paper by a newcomer, who cannot otherwise afford to attend the congress.

[Who was David B. Feinsilver?](#)

EARLY BIRD FEE DEADLINE Tuesday 28th May (at midnight CET)

Book now to take advantage of the lowest fees

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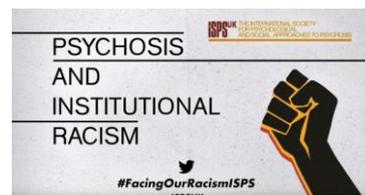


ISPS Regional Group Activities

Increasing Diversity developments led by the ISPS UK

After receiving a grant from ISPS International in 2017, aimed at increasing the membership of people of colour, we wrote a report highlighting how the grant was used and plans for the future. To summarise this report in brief the grant was used to give bursaries to people of colour to attend the International conference in Liverpool in 2017 as well as organise local focus groups with relevant community groups. We also ran a workshop at the conference called 'ISPS - for Whites only?' which was well attended. These activities helped the trustees to have a better understanding of the issues preventing or discouraging people of colour being involved with ISPS.

Following on from this we held diversity training for the ISPS UK committee and a full day workshop open to all called 'Psychosis and Institutional Racism' (Nov 2018). This was organised by a working party of people from diverse backgrounds, supported by an ISPS UK trustee. This event sold out very quickly with over 100 people attending from a wide range of diverse backgrounds. Videos of some of the presentations can be seen in the links below.



The day was an eclectic mix of presentations, small group and panel discussions representing views from white as well as black and Asian communities. These are just a few of the comments received afterwards.

"The event was incredibly inspiring. There are times when it feels like there's no point in continuing down the career path I have chosen as it doesn't feel like the system will change soon but I realise now that each of us is the change. Coming together and hearing other professionals speak about successful careers despite the abuse they've faced was particularly inspiring as it not only validated my own experiences but also gave me hope. I'll definitely go away and continue to be a voice for PoC, particularly marginalised groups, in academia whose experiences are rarely captured by research."

"More awareness and hope"

"A responsibility to have sometimes difficult conversations about racism and rather than worry too much about 'saying the right thing' to be honest about my own experiences and listen with curiosity to the experience of others."

"Better consciousness of white privilege; hope for the future from the amazing young all women panel"

"Personally I took away that I feel less alone with the challenges of being a woman of colour. It felt validating to hear other who have shared experiences. Professionally I got a lot from the presentations in relations to my clinical work and learning."

"Overall an energy and confidence to challenge more and to ask more questions. To focus on people as individuals and get to know them, day to day. Whilst not forgetting and discussing the social and political factors that lead to people being discriminated against."

"A real sense of needing to think about the privileges of whiteness and the different ways in which groups who lack privilege and power may be disadvantaged"

This workshop felt like an exciting new direction for ISPS UK, particularly as we have had expressions of interest from people of colour wanting to become trustees. We are now considering the employment of a development worker or possibly a working party to help us on this journey in order to ensure that the committee and the organisation becomes increasingly diverse and representative of our communities. We have a long way to go, but hopefully one day we will be able to state that 'ISPS UK is for all, not just for whites.

For further information please contact [Val Jackson](#)



Focus on ISPS Italy

The Italian chapter of ISPS held its 4th national meeting in Varazze in October of 2018, with the theme of "Sense of Self and Psychosis, therapeutic interventions". The Congress was organized in collaboration with Benedetti Institute of Existential Psychoanalytic Psychotherapy, Redancia Group, "CSS" Centro Scientifico Sanitario (Training in Mental Health) and "LIPsiM" (Italian Center for Multi-Family Groups Therapy).

The theme and threads of the Congress were many and we were honoured by important national and international contributions, among them Professor Jan Olav Johannessen and Professor Jarkko Seikkula.

The Chair of ISPS International gave an illuminating presentation that outlined contemporary and modern understanding of serious mental disorders, such as psychosis. Professor Johannessen spoke about the ample evidence regarding the development of mental disorders in stages or phases, and about what is called "the dimensional view" who has replaced the more biologically founded "categorical view" on the nature of also serious mental disorders. His paper outlined the importance of early intervention and prevention in mental disorders generally, and in psychosis and "At risk mental states" (ARMS) more specifically. He outlined the modern, comprehensive, treatment principles as integrated in Norwegian guidelines for the assessment, treatment and follow-up of psychosis.

The guiding thread of the three-days ISPS Congress "Sense of Self and Psychosis, therapeutic interventions" was the occasion to exchange therapeutic experiences focused on the reconstruction of the sense of Self and its borders in individuals suffering of psychosis and in the evolution of a fundamental dialectic between individuality and relatedness.

The complete program of our Congress was the following:

Mario AMORE - *History of Psychopathology*

Antonio MAONE - *'Recovery' and evolving notion of psychiatric rehabilitation*

Federico RUSSO - *Art therapy in the rehabilitation of a psychiatric patient*

Simonetta PORAZZO - *Drama therapy: the experience of "Polena" theatre company*

Luigi FERRANNINI - *Community Psychiatry: past, present and future*

Marco VAGGI - *Pharmacological treatment and continuity of therapy in early psychosis*

Giuliana NATALONI - *From the concept to the stage of the play "Niente di che" in Bastia Umbra Psychiatric Day Care*

Alessandro ANTONUCCI - *Integrations of Mental Health Services for psychosis treatment*

Claudia BARTOCCI - *Representation of Self-transformation*

Claudia MAZZESCHI, Alessandro GERMANI, Livia BURATTA - *Primary relationships and psychosis. A study on attachment in psychosis*

Carmen SCRIPCARU - *'Internment camps' called home for children. Therapeutic interventions for 'survivors'*

Maurizio PECICCIA - *Sensorimotor integration and sense of Self: the amniotic therapy*

Carmelo CONFORTO- *Eyes of Psychosis*
 Mario ROSSI MONTI- *Psychopathology of delusional perception*
 Marco GRIGNANI- *Subjectivity, sense of Self and Psychosis. Psychotherapy with adolescents*
 Jan Olav JOANNESSEN- *Early interventions, Scandinavian experience and Norwegian guidelines for psychosis*
 Andrea NARRACCI- *Developing inclusive practices, Multi-Family Groups Therapy*
 Giovanni GIUSTO, Panfilo CIANCAGLINI - *"Redancia System" and Psychodynamic Map*
 Massimo MARI - *Multi-Family Groups Therapy in National Mental Health Services*
 Giovanni ARIANO - *A structural approach to psychotherapy in psychosis*
 Jakko SEIKKULA - *The Open Dialogue approach to psychosis*
 Fabrizio CERRO- *Sense of Self in Anorexia*
 Marcello MACARIO, Glenda PIONA- *Personal stories of Voices-Hearers*
 Marianna AMBROSECCHIA - *Embodiment and schizophrenia*

We wish to highlight some issues in the presentations of the ISPS-Italy members, whilst admitting that there was just too much great stuff to fully convey the entirety of the experience!

DRAMATHERAPY (Nataloni G. – *GaetanoBenedetti Institute of Existential Psychoanalytic Psychotherapy*)

From the concept to the stage of the play "Niente di che" ("no great shakes") in Bastia Umbra Psychiatric Day Care Unit

The play "Niente di che" is the product of a therapeutic-rehabilitative group program carried out at Bastia Umbra Day Care Unit (Psychiatric Public Service of 'Azienda USL Umbria 1', coordinated by Mental Health Centre in Assisi, managed by ASAD cooperative society).

Since 1999, the integrated art therapy and theatre workshops, led by a psychiatrist-psychotherapist, have been carried out weekly in the centre: they have involved patients, operators, trainees and a nurse. During the expressive activity, drawings and scripts are produced, memories are evoked, facts are narrated, music are chosen and simple choreographies are made. Then, the cues are elaborated and integrated in a group until a plot is reached, piece by piece, like in a puzzle, so that it can give birth to an original and consistent story. Once the text is built, the group drafts the screenplay: each participant creates their own character to play and chooses lines, music and choreographies portraying that one. In this "as if" theatre game, in a continuous movement between the self and the non-self, the characters created by the individuals meet the rest of the group, giving birth to new parts of the self and new meanings. With the same aim, choreography, scenography and dresses are devised and realised by patients and operators as part of the activity.

The chosen method is based on creating a story from drawings and scripts, and from desires and fantasies of each participant. Until now, five plays have been realised (two in form of musical) and replicated in several theatres in Umbria and in other regions. The show "Niente di che", come at its fourth run, represents an ironic and funny mosaic of the great questions around the meaning of life.

CLINICAL EXPERIENCE (Bartocci C. - *GaetanoBenedetti Institute of Existential Psychoanalytic Psychotherapy*)

Representation of Self-transformation

"The analytical work aimed at reconstructing the Ego functioning damaged or prevented by psychosis starts with a patient and delicate clearing of the basic relationship field, followed by an indirect, 'second intention' repairing of the ego through a reconstituted experience of the Self." (Bolognini S.). This quote allows to identify the analogies between his and many contemporary psychoanalysts' work, and Gaetano Benedetti's, particularly regarding the role of countertransference and the need for the analyst to constantly monitor their own internal movements. These theories sprang up from clinical experience. Clinical cases were presented in order to show the actual exchanges between analyst and patients. With the help of the audience, it had been possible to re-actualize and re-create the fundamental unconscious scene of the analytic story, experimenting it in an inter-subjective and inter-personal way, at least in part, according to the "malgré soi" modality: that is, not programmable and often not analysable immediately, but along the way and in retrospect. There had also been presented clinical cases with different diagnoses, courses and prognoses, aiming to keep any theoretical consideration to a minimum. The clinical cases had been presented with the support of drawings made by the patients (or better, co-produced by the analytic couple) through dreams, reverie and drawings / paintings. The sequence of images allowed the audience to observe the process of transformation of the Self during the treatment. Representations of the Self vary in a natural way, according to the diagnosis / prognosis, as well as the modalities of intervention adopted by the analyst. When dealing with seriously ill patients, the analyst himself must create those images that the psychotic does not know how to create or project (Benedetti G.). In all these cases, however, it is possible to observe how the therapist proceeds by adding his reverie (pre-conscious) or interpretation (conscious) to the images created in the dual context, in ways very similar to those described by Maurizio Peciccia in his Progressive Mirrors Drawings. The "transformative" work of images was always at the center of Gaetano Benedetti's research, to the point of even changing his approach to the dream: in fact he hypothesized that "in the manifest content there is everything the dream means" and that the dream, a privileged place for the creation of "transformative images", allows for a "Creation of Psychic Reality" (Benedetti G.). Also in this case the psychosis therapy developed by Gaetano Benedetti seems to have anticipated the transformations that Psychoanalytic Psychotherapy subsequently went through. "Are dreams exclusive representations of desire, or do they also sometimes represent the states of the Self, or changes in the Self in progress, for example in the course of treatment?" (Bolognini S.)

PRIMARY RELATIONSHIP (Mazzeschi C., Germani A., Buratta L. – *Department of Philosophy, Social, Human and Education Sciences – University of Perugia*)

Primary relationships and psychosis. A study on attachment in psychosis

Attachment Theory is used for investigating the role of some environmental risk/protective factors in the expression and course of psychosis. Research highlighted high rate of insecure-disorganized attachment patterns - working at an implicit level - assessed through the Adult Attachment Interview (AAI), as well as of insecure attachment styles measured by self-report questionnaires. However, some patients may result disorganized due to the disorganization of thought present in their incoherent narratives, which are not crucial for the Adult Attachment Projective Picture System (AAP). A clinical group (CG) (n=52) and a healthy control group (HC) (n=67) filled in the Positive and Negative Syndrome Scale, the Psychosis Attachment Measure, the Attachment Style Questionnaire. The AAP was administered. CG referred lower secure attachment and higher insecure attachment styles than HC. Most patients were found unresolved as to the AAP. Avoidant attachment style was positively correlated to positive symptomatology, in line with literature. Secure attachment style was negatively related to negative symptomatology and general psychopathology. Main result suggests that fear, failed protection and being out of control in response to the potential re-enactment of attachment-related experiences, without the possibility of thinking or mentally accessing reference figures who providing comfort and reassurance, are important aspects in psychosis. The AAP could be a useful tool for case formulation and planning treatment in psychosis.

AMNIOTIC THERAPY (Peciccia M., *GaetanoBenedetti Institute of Existential Psychoanalytic Psychotherapy*)

Sensorimotor integration and sense of self: the amniotic therapy

"During my sessions of Amniotic Therapy, I began to feel my body progressively restored, at a very deep level... Special boundaries had always been kept around my skin... That feeling of being restored would allow me to be able to stand next to others in everyday family context, as well as in friendships and work, and also with strangers, without feeling my conscience constantly fragmented in many small situations. I feel myself completely whole: this awareness of myself was what I most wanted to find during my crises and now this awareness is so deeply rooted that I feel I can't lose it anymore"

A patient's tale

Amniotic Therapy is a sensory integration group-therapy for psychotic patients. The group consists of an equal number of patients and amniotic therapists, allowing an initial one-to-one relationship. Each participant experiences the warm and welcoming embrace of a therapeutic womb by plunging into warm water. By reducing visual and acoustic inputs, the water enables to get a tactile and motor communication within the group. In this setting, alternating contacts are promoted: unions and separations with other body surfaces (those of other patients or of the therapists); in addition to this, therapists hold the patients offering them a physical and mental holding space (Winnicott, 1945).

In this dynamic therapeutic environment the patient starts to experience what Winnicott called "going on being".

Movements of micro and macro separation are also included in this "holding", in addition to sensorial-tactile skin-to-skin contacts. Within amniotic holding, the continuous union and separation of the patient's skin from other than self 'one, enables the patient to define the boundaries of the bodily self. Amniotic therapy is, therefore, a sensorimotor therapy which stimulates the boundaries of the self and aims to reconstruct the sense of self in psychosis.

PSYCHOTIC MISERY (Conforto C. - Redancia Group)

Eyes of Psychosis

The theme of psychotic misery has been focused on the main need of the patients: giving sense and "an explanation for the pathologic changes that are felt as alien and painful and dominate the patient's emotional life and sensation" (Tausk, 1919).

The speech considered the patient's attempts to be recognized as person, an "existence with being-in-the-world" (Kuhn, 2007), with the "other than self" and himself.

The focus also was on the particular attempts to give sense to psychic disintegration, and on the research of possible, magical, feckless interlocutors whereby reintroducing themselves in the "mitdasein": not simply a self-into oneself but a being that exists for the sake of others.

When these patients alternate a meaning of metaphoric with a delusional one, in the communicative intent of glances, eyes, body language, "Leib" (the whole body), they are trying to connect the other than self, the treaters, with their request of giving sense to the painful psychotic fragmentation. The final purpose being supposedly a new contact, the recognition of their human thinking nature.

PSYCHOTHERAPY FOR ADOLESCENTS (*Grignani M., **Persiani I. -

**DsmUsl Umbria 1, Csm Bastia Umbra; **DsmUsl Umbria 1, Csm Perugia Centro)*

Subjectivity, sense of Self and Psychosis. Psychotherapy with adolescents.

Considering the complexity of the theme, the purpose was to clarify some basic concepts and to analyse their use in clinical work with adolescents, at the onset of their disorders.

Starting from the concept of the Self, it has been outlined a brief excursus of the most important psychoanalytic authors that dealt with the notion of the Self: M. Klein, H. Hartmann, Winnicott, Aulagnier. The proposed model is a procedural and dynamic one; Self-development goes hand in hand with object relations as both related to the interaction between child and environment; this is why the imperfections of the mirroring experiences damage and inhibit the child's ability to experience himself in an integrated way and therefore interfere with the individuation process.

The concept of Subjectivation (Cahn) is a largely unconscious process that allows an appropriation of one's own thought, of the symbolization of one's own body and a liberation from the power of the *jouissance* by the other, in a deeply intrapsychic perspective and linked to a process of transformation and subjective appropriation in *après coup*. For that reason, the second moment of subjectivation occurs in adolescence when, as Carbone says, the body "begins to make noise".

The Freudian concept of *Unheimlich* has been recalled in its meaning of a familiar presence that must be denied, distanced. The sexed body is the adolescent's body, but at the same time it is unfamiliar to him. The new body inevitably recalls the feelings and the consequent emotions that during childhood had been abandoned and repressed for the conflict that inevitably emerged from them.

During puberty, drive is perceived as something new, but, at the same time, something already experienced in early childhood in some ways. It recurs in the new sexed body, in the form of a sort of return of the repressed.

The development of Subjectivity is privileged by choosing a dynamic model and described as an open functional process, which uses psychic instances in a flexible way in order to reach those evolutionary transformations that can cope, on one hand, with emerging anxieties and, on the other hand, with the needs of reality. In this vision the "aleatory" aspects become central, because they involve the possibility to get emerging a desire built and shared in the relationship. Subjectivation has been highlighted as it turns out to be the context of the transformations, of the transits, of the creative construction of the Self. It is therefore the privileged space of therapy.

Clinical cases show how much adolescence represents the turning point of the evolution of Subjectivation and for this reason it represents a delicate mental condition, characterized by emotional states and operations close to early childhood on one side and to psychotic structure on the other side.

It is essential to define frames, enclosures, settings. It is necessary to introduce a sort of "Third" that builds the limit of the relationship, but also its openness. Setting allows the construction and maintenance of the transitional space within which it is possible to experience "regulation", to define proximity and distance, boundaries and limits, absences and presences. It also allows the patient to describe his position and his relationships. On a temporal level it defines a 'before', a 'during' and an 'after', representing the course of the time, the narration of one's own history and the sense of continuity.

Recovering of rhythms is a fundamental element in adolescent therapy, when the rhythm of the sessions, of the trainings, of expressive and therapeutic groups and other activities stand for the early childhood sense of heartbeat, breath, flow of blood and cerebrospinal fluid, alternation of sleep and wakefulness, the sense of fullness or emptiness in the gastrointestinal tract.

Through all these passages, it is possible to recover a childlike relational experience that, while in a normal development just needs to be taken back, in psychosis failed. The relationship with caregivers was either lacking, too intense or discontinuous; it was therefore impossible to experience the containment and the rhythm of presence, absence and recovery. It is precisely in the setting that we find the possibility of constructing the weave that had been loosened during the developmental stages, due to the inadequacies of elementary relationships.

MULTI-FAMILY GROUPS THERAPY (Narracci A. - "LIPsiM" - Italian Center for Multi-Family Groups Therapy)

Developing inclusive practices, Multi-Family Groups Therapy

The origins of Multi-Family Groups Therapy (MFGT) can be traced to the 1960's in Buenos Aires, when Jorge Garcia Badaracco came back from his training in Europe as a psychoanalyst and psychiatrist and took over the management of the male department of Borda Psychiatric Hospital.

He set up a method that aimed to restore dignity and give effective space to the patients, achieving important improvements

and possible discharges from the facility.

He started to convene male psychotic patients at the hospital together with their family members to participate in group sessions.

That situation makes it possible for a psychiatric disorder to be seen in a completely different and more natural way.

Family members of each patient are able to see what is going on into other people's homes and realize that things are not so different from what happens in their own houses.

It also seems to be possible to split the psychotic transference in different multiple transferences; that kind of transference, in its individual or familiar form, representing the black wall of any psychotherapeutic treatment for this kind of patients.

Contrary to what usually happens in dealing with any schizophrenic and psychotic transaction, the professionals involved, in fact, are able to keep clear thinking.

The setting of group sessions promotes a firm working alliance between patients, families and professionals and it also seems to promote the beginning of a process of transformation of the pathological states involved, a process in which everyone is allowed to offer his contribution.

Patients don't seem that different from their parents anymore, and the professionals often notice how much a son is a representation of his mother or father.

The professionals notice such an indivisible bond between a child and one of his parent named "interdependencies involved in the pathological and pathogenic", keeping both of them trapped in it and preventing them from growing up.

They also notice how their goal is to loosen that bond in order to finally get the hidden "healthy virtuality" manifested itself.

MFG therapy is suitable for any therapeutic context, from psychiatric residential facilities, where it was born, to Centres for Mental Health and hospital psychiatric departments.

MFG therapy is based on some simple rules: during a speech the audience must listen to it; everyone is asked to avoid thinking to be right and to tolerate opinions different than their own; everyone has to ask leave to speak by reserving it.

The group experiences other people's hidden suffering and can contribute to set up a therapeutic process that allows everyone to consider and handling that suffering.

Assuming that everyone is not forced to join or not regular meetings, a stable attendance is recommended, as they are dealing with the above mentioned psychological complex processes. That is to say the setting is suitable to be fit to each different group rather than being strict.

MFGT allows to get remarkable effects both on patients and their families and on professionals involved, that is having a chance to share therapeutic experiences; they can experience solidarity and mutual support no matter their different professional backgrounds or vocational guidance.

PRIVATE MENTAL HEALTH CARE TOOLS (Giusto G., Ciancaglini P. – *Redancia Group* – "CSS Centro Scientifico Sanitario" *Training in Mental Health*)

"Redancia System" and Psychodynamic Map

The presentation aimed to get Redancia System known; it is an original tool belonging to Redancia Group, a network of 22 psychiatric residential facilities based in Italy. It joins three different levels in the units' management: residential psychotherapy approach, clinical documents of each patient and information system of the network. Redancia Group runs 22 Psychiatric Residential Treatment Facilities with various levels of protection and care of its residents. Developed in the 1990s and then expanded and improved in the following years, Redancia System is the tool used by professionals in all the units sharing the "residential psychotherapy" approach.

This definition has two main background references, on one hand the institutional psychotherapy concept in French territorial psychiatric care during the 1970s, on the other hand the characteristics of residential treatment in Italy after the reform in 1978, that focused particularly on Zapparoli's work. It also emphasizes the importance of high-quality setting and emotional dimension of the home on the treatment.

Redancia System is the software for clinical record keeping of each patient, as well as the information system of the network. A team composed by a psychiatrist, a psychologist and a computer technician has worked for five years as representative for Redancia System management and improvement.

Every year they produce a general report for each residential unit, a report for each type of units and a report for the whole units' network; reports contain information about patients, professionals and performances.

In order to enhance the shared approach and the management skills, unit managers discuss Redancia System reports in periodical meeting organized by the representatives.

It is made up of five sections closely related to the stages of the rehabilitation program of each patient, from admission to discharge. These sections are admission, daily record, activities and staff meeting, rehabilitation program, general health.

In Section 1 – Admission - is dedicated to the knowing process between patient and operators during this phase of anamnesis, in which the therapists also deal with diagnosis, mental functioning in different areas and talents. This section aims to be filled not merely with data but it comes out to be the result of a knowing process guided by curiosity, as the clinical work will be based on it.

Section 1 includes Psychodynamic Map, an original instrument created by a special team managed by Professor Carmelo Conforto, aiming to focus on the relationship between patients and the professionals in charge of their project, on defence mechanisms they use and on the distress below those mechanisms. Psychodynamic Maps of each patient are periodically filled in by every professional; the pattern of each map makes up the starting point of discussion about the life of each patient in the Residential Unit and his clinical path as observed by the professionals, as well as any countertransference relationship and the kind of relationship the patient builds with his caring team. This kind of approach allows to develop tailored programs based on emerged needs.

Each professionals filling Section 1 is requested in expressing subjective and empirical impressions into a numerical value regarding the following topics for every patient: emotional response of the team, tolerance for his own and the other people 's mental functioning, motivation for change, level of intelligence.

The assigned values of those topics are extremely subjective and the last value calculated by the system is the mean value of every single impression.

Psychodynamic map includes comments about the personality of each patient, describing his emotional features and defence strategies; the main reference of this item of Psychodynamic Map is the neo-kleinian model of Steiner. The last item of psychodynamic map investigates the prevailing type of relationship between the patients and the group, choosing between supporting relationship, clarification or emotional confrontation.

Section 2 of Redancia System is the daily report of the patient, and it allows to get important information in order to design individualized therapeutic programs. Various professionals are involved in the treatment and they work together matching the patient's needs: the Nurse who takes care of pharmacological treatment and self-care, the Psychiatrist and the Psychologist, the Social Workers and the professionals in charge of many rehabilitation activities like Art-therapists or Dance-therapists. Reading this Section, one can have a picture of how the patient runs his daily routine and about his clinical conditions.

Section 3 is about rehabilitation activities: here the professionals conducting each group describe the patients' behaviour towards the activities, that are the main part of the rehabilitation process of the patients and of the construction of their identities. Thanks to those group activities each patient has the chance to develop and increase self-awareness and to know his preference and resources.

In Section 4 of Redancia System we can find some key elements for the rehabilitation program: starting point of each patient, objectives to achieve in short, medium and long-term and the way in which the goals can be achieved.

The last Section of Redancia System deals with general medical conditions, including pharmacological therapy. Redancia System also contains a follow-up of discharged patients until 5 years from their dismissal, with information about their current housing, psychophysical conditions and treatment.

LAST BUT NOT LEAST, in the links below you can watch an interview with ISPS Chair, Professor Johannessen in Varazze and with Professor Jaakko Seikkula who gave a presentation about the key elements of the Open Dialogue approach.



**Annual meeting of ISPS-Germany
ZfP Reichenau (Germany) and IfP Zurich-Kreuzlingen (Switzerland)
Thurs. 20th June – Sat. 22nd June 2019**

ISPS-Germany was founded in 1975 as a study group on individual and group psychotherapy of psychoses (and personality disorders). It focuses on psychodynamic therapies, but the group is open for CBT, psychodrama, systemic psychotherapy and others. In addition, the group has been examining how psychoanalysis could be enabled in psychiatric settings (e.g. in German psychiatric hospitals and university departments) or how psychodynamic approaches should be combined with social psychiatry. Having later been chosen by ISPS-International as Germany's regional group, the group renamed itself in ISPS-Germany. The group was chaired by its founder Werner Greve, followed by Wielant Machleidt, then by Klaus Hoffmann and since 2012 Nicolas Nowack. The annual meetings follow invitations from institutions in German speaking countries, one year in a university hospital, next year in a Swiss psychoanalytic institute and a German department for forensic psychiatry and forensic psychotherapy (as in 2019). This enables the hosts to present how they work. The annual meetings consist of intervention groups and oral presentations. Each talk is followed by a discussion with a broad exchange of personal professional experience related to the topic. Discussions can here become quite intensive, but are always benevolent and never intimidating. There are no congress fees, only a minor amount must be paid in advance for external fees and coffee breaks because ISPS-Germany is a non-profit organisation. The conferences run Thursday to Saturday, they offer the possibility of lunching and dining together. One afternoon is reserved for the arts, e.g. a guided exhibition, which is visited by (nearly) all participants. Such collective events are certainly mosaic stones which have helped to create the particular group atmosphere at meetings of ISPS-Germany. (For the history of ISPS-Germany, see Nowack, Kluttig & Hoffmann (2012), for written examples of its contributions to the scientific audience, see Nowack (2018).) The next meeting will take place in the **ZfP Reichenau, Thu 20 June – Sat 22 June 2019**. For further information: www.zsp-salzwedel.de/isps-germany or www.isps.org/index.php/local-groups/regional-isps-groups/europe/germany. For registrations: isps-tagung@gemeinde-psychiatrie.de

Nowack, N. (Ed.) (2018). Psychodynamische Psychosen-Psychotherapie und sozialpsychiatrische Behandlung der Psychosen – Beiträge der ISPS-Germany, with English abstracts. Giessen: Psychosozial-Verlag
Nowack, N., Kluttig, T. & Hoffmann, K. (2012). „ISPS-Germany“ – 37 Jahre Psychotherapie der Psychosen. *Psychotherapeut*, 57(4), 490–494

Upcoming Events

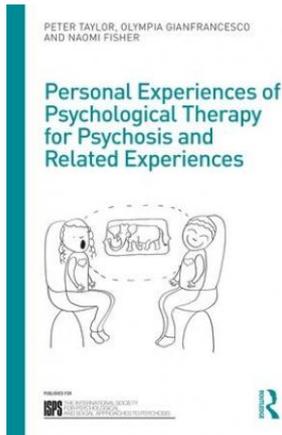
The ISPS has over 20 regional networks around the globe, many of which organise annual events. Take a look at the impressive range of meetings and conferences taking place this autumn and in 2019.

[ISPS events listing](#)

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Edited by
Anna Lavis and Andrew Shepherd





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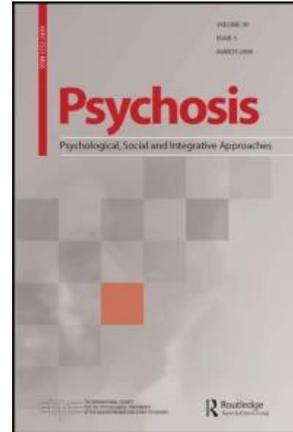
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