

# WORKSHOPS

## **W1 - THE PROJECT FOR DRUG ABUSE AND SEVERE MENTAL ILLNESS**

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Brit Lunnan. - Lovisenberg Hospital – Oslo, Norway

The population of Norway is 4,5 mill ; approximately the half of Greater London. Oslo has around 500.000.

Our project aspires to meet the needs of people with drug abuse and severe mental illness. We have been given five years of work - of which we now are just through the half. All clients have an offer of two years contact .

Traditionally, the treatment of drug addicts and psychiatric patients in our country has been two very different cups of tea. This means that the clients with dual diagnosis are often met with different strategies of treatment and left with a feeling of falling between chairs.

We are funded through the official psychiatric health system - and much of the work consist of making this existing system work better for the individual client. When we have decided to "stay with" a client - we have considerably close contact - meet them often many times a week - assist in contact with offices/clinics, anti-psychotic medication, maintenance , better housing, leisure activities, social skills training etc. If possible - we also cooperate with parents, family , network around the client.

We are 3 psych. nurses, 2 social workers . 3 psychologists and 1 psychiatrist. Each of us have a small caseload (6 - 8 clients) - the "project concept" is of course that we need to prove that this kind of approach can give results. Another reason for the small caseload is of course that a close follow-up like we do - must be limited in numbers.

Initially, our Project is based on the works and findings of Drake and Mueser - and the work they did in New Hampshire. Much is taken from this model, ex. the two year contact period for each individual.

## **W2 - THE MULTIFAMILY GROUP AS A MAGNETIC RESONANCE OF PSYCHIATRY: OBSERVING, TREATING AND TRAINING.**

Paula Godinho.  
Teresa Fialho.  
Maria João Centeno.  
Isaura Neto.  
Hospital de dia do Serviço de psiquiatria do Hospital Santa Maria- Lisboa

The authors have been conducting 2 multifamily groups in 2 Day Hospitals of 2 Psychiatry Services of 2 General Hospitals in Lisbon, for the last 4 years. These groups are constituted by acute and severely ill patients, their parents and the team. These patients are most of them psychotic and live in a real dependency from their parents. The authors have ascertained that these groups are an excellent setting to observe, remark and elaborate the pathological interactions and relationships within these families. These disturbances occur in such a spontaneously, quickly, and unexpected manner that makes them astonished. The authors think that the pathological and pathogenic relationships are not so clearly and quickly observed in other therapeutic settings either individual or group psychotherapy or through groups of parents. The authors will present a session with the possible collaboration of the participants in the

workshop. After that, the conscious and the latent contents will be discussed as well as the interventions and counter transference of the staff. The authors think that the training function of these groups will be clearly evidenced.

### ***W3 -WORKING WITH ALEXYTHYMIC ISSUES IN PSYCHOTIC PATIENTS BY COMBINING GROUP AND INDIVIDUAL TREATMENTS***

Brigid MacCarthy. East London & City Mental Health Trust – London, United Kingdom  
Maria Cañete. - East London & City Mental Health Trust – London, United Kingdom

The presentation of patients with a long history of psychosis can include alexithymic features, particularly of being 'walled off' from, or unable to discriminate or label feelings.

We will outline a series of cases presenting with these features in a project offering an intensive package of individual and group treatments for patients living with long-term psychotic disorders. Group-analytic and individual treatments are provided, in combination, usually by the same therapists. Individual work is primarily psychodynamically informed, but integrates formulations and treatment strategies from a cognitive therapy framework.

Each component of the treatment is necessary, to allow the patient to first tolerate, recognise and verbalise and then test out the experience of relating at an affective level, using newly acquired cognitive skills.

In the workshop we propose to explain the structure of the project as a whole, and illustrate, with quantitative data and case material, the gains achieved. Then a series of case studies will be presented to explore through discussion how group and individual approaches, from different theoretical frameworks work together to potentiate changes.

### ***W4 - CLINICAL CHALLENGES OF MULTICULTURALISM IN THE TREATMENT OF PSYCHOTIC PATIENTS IN A PRIVATE PRACTICE***

Caterina Zaiontz.  
Anna Arduini.  
Laura Bartocetti.  
Martina Ferrari.  
Kristin Calmes.  
Venosta International Studio of Mental Health – Milan, Italy

The shift from the traditional phenomenological/descriptive nosography to a multi-faceted approach (the bio-psycho-social model) inscribes symptoms within a wider framework of reference taking into account the patient's cultural geographical profile and his/her life events. In this way it is possible to embrace a perspective of openness and cultural understanding of symptoms.

We studied the correlations between adjustment disorders and the manifestation of psychotic pictures in relation to personal life events and also global phenomenon of significant social impact. Special emphasis is placed on the analysis of adaptation mechanisms in psychotic pictures in a multicultural environment and the role it plays in triggering and/or exacerbating the disorder, its expressions, coping mechanisms and the self identity.

In this workshop we will show the latest findings of a research project started six years ago concentrating on identifying clinical trends in the Anglophone, multicultural population in Milan (Italy) to implement an integrated therapeutic approach that would maximize relatedness, compliance, and effectiveness in the therapeutic relationship. Case vignettes will be provided to exemplify the phenomenon we have described.

### ***W5 -SUPPORTING RECOVERY THROUGH THE INTEGRATION OF COMPREHENSIVE EVIDENCE BASED PRACTICES***

Community based treatment of Schizophrenia and other psychotic disorders has resulted in recovery and a full life for many individuals. This interactive workshop will: 1) Define the concept of recovery, 2) Review the evidence based interventions that support recovery, 3) Describe comprehensive service program structures in the United States and Europe that integrate comprehensive interventions, and 4) Involve participants in a discussion of the opportunities and challenges of establishing comprehensive service models in their communities.

Evidence based interventions that are considered essential to support recovery and are to be integrated into comprehensive service program models include the following:

- \* Psychopharmacology
- \* Psychotherapy
- \* Co-occurring treatment of substance use disorders
- \* Collaboration with Families
- \* Access to Comprehensive Community Resources
- \* Peer Support, including consumers as service providers
- \* Supported Employment Services
- \* Support for Spirituality

A specific focus of this workshop is on the role of work as a key element of recovery. Therefore, the workshop will focus on strategies for employing consumers as service providers as well as for implementing supported employment programming that leads to competitive employment.

## **W6 - YOU AND ME; arts works in a community activities**

François Fleury. Département Universitaire De Psychiatrie Adulte (DUPA), Lausanne, Switzerland -  
Anne Shuler-Kadezane. Département Universitaire De Psychiatrie Adulte (DUPA), Lausanne, Switzerland -  
Xavier Santos. Département Universitaire De Psychiatrie Adulte (DUPA), Lausanne, Switzerland -

We would like to share with the public a workshop that we propose to our users during our activity Resonance in Lausanne. This kind of work inserts itself in a community approach within a rather young population, which suffers from psychological fragility due to a psychosis with multiple hospitalizations or lack of care. After a direct evaluation of the needs, the resources and active networks of each person, the users develop a trust agreement which makes them program-partners for an approximate duration of 6 months. This program includes, weekly, a workshop and participation in a free discussion at a coffee-shop in town. This program is proposed under the auspices of the Community Psychiatric Unit from the DUPA, Lausanne, Switzerland.

This workshop's aim is the recovery self-confidence, renewal of the ability to cope with a group and the acquisition of the will to seek contact with the community. Ultimately, the group should present its collective work to a public chosen by themselves.

At the end of the session we will share with you an sample experience that we have successfully led with a group in Lausanne. We invite approximately 18 persons to share this workshop.

## **W7 - THERAPEUTIC FACTORS (TF) IN GROUP PSYCHOTHERAPY OF PATIENTS WITH SCHIZOPHRENIA: THEORY AND PRACTICE.**

Lola Rico. Centre De Psicoterapia De Barcelona-Serveis De Salut Mental (CPB-SSM) – Barcelona, Spain  
Alfonso Garcia-Ordás. Diputación de Badajoz – Badajoz, Spain  
Mauricio Ducajú. Servicio de Salud Mental de Retiro - Spain

The workshop will have a large-group approach addressing the task mentioned in the title. It is structured in two parts, one dealing with theory and the other with practice.

The aim of the theoretical presentation is to draw attention to current scientific knowledge of TF. We review the concept, the different classifications, the different measuring instruments, as well as the relationship of each TF with the clinical diagnosis, techniques, the phases in the group process, the therapeutic context and the results of treatment.

We expound several empiric works of our own that assess TF from different perspectives (patients, family and therapists), in different stages of the disease and in different therapeutic contexts.

The aim of the practical part is to disseminate two TF measuring instruments. Two practical exercises are proposed. The first one consists of the self-administration of the I. Yalom Q-short questionnaire and discussion of the analysis of the results. The second consists of the discussion of the underlying TF in the work group by means of the method proposed by Berzon and Bloch.

## **W8 -DELIVERING PSYCHOLOGICAL APPROACHES TO FAMILIES IN IN-PATIENT SETTINGS**

Grainne Fadden. Meriden - West Midlands Family Programme – Birmingham, United Kingdom  
Chris Mansell. – University of Manchester- Manchester, United Kingdom

Implementing family work for psychosis in clinical services is difficult, particularly in in-patient settings. Factors contributing to this include:

- Focus on individuals rather than families

- Predominance of physical treatments
- Limited availability of psychological treatments
- Low staffing levels and morale
- Neglect of staff training
- Anxieties about change
- Lack of integration of services between hospital and community settings

Drawing on experiences from the West Midlands Family Programme, the presenters will outline strategies for overcoming these difficulties, and for working towards the successful implementation of family work in in-patient settings. These include changing the ethos and working patterns, and the close involvement of management. They will discuss a range of different approaches to adapting psychoeducational family approaches for in-patient settings.

The workshop will cover clinical issues such as the needs of families in crisis, and the anxieties of staff in dealing with distressed family members. A range of methods of skilling staff from general awareness training to skills-based training will be outlined. The special issues associated with delivering family work in forensic settings will be discussed.

## ***W9 - FROM COERCION TO PARTNERSHIP: CREATING A HEALING ENVIRONMENT***

Maggie Bennington-Davis. Salem Hospital – Tualatin, OR, USA  
Tim Murphy. Evolutions in Healthcare – Salem, USA

This workshop describes the creation of an environment that facilitates engagement with psychiatrically ill people and providers in a manner that is conducive to therapeutic progress. The model (HCPPro publication pending July 2005) has been used to eliminate seclusion and restraint, reduce coercion, and transform cultures to patient-centered healing. The model uses tenets from the neurobiology of trauma and the development of a therapeutic community, both described by Dr. Sandra Bloom in her book "Creating Sanctuary: Toward the Evolution of Sane Societies" (New York: Routledge, 1997). The design of the model also uses concepts from the work of Patrick McGorry, MD on early psychosis and Xavier Amador, Ph.D on patient-healer partnerships. The elimination of seclusion and restraint are only part of the benefit; as coercion decreases, violence also decreases, resulting in fewer staff and patient injuries, improved staff and physician morale, and increased patient satisfaction. The success of the model depends on basic principles of dignity, respect, partnership, service, and kindness for staff members as well as for patients. The environment of the treatment is experienced by all who interact.

## ***W10 - REASSESSING PERSONS WITH SCHIZOPHRENIA WHO APPEAR TO BE LANGUISHING IN THEIR RECOVERY PROCESS***

Courtenay M. Harding. Boston University – Boston, MA, USA

Professor Harding will discuss a methodology to systematically take a new look at persons who appear to be stuck on the road to improvement and recovery from episodic and persistent forms of schizophrenia. This algorithm assesses a patient from a multidisciplinary viewpoint because the impact of schizophrenia is across multiple areas of functioning. The strategy describes specific questions for each discipline, explains why the questions are necessary given the literature, the suggested methods for obtaining the answers, and recommendations for a revised treatment plan.

## ***W11 - DASEINSANALYTIC PSYCHOTHERAPY WITH INDIVIDUALS SUFFERING FROM SEVERE MENTAL ILLNESSES***

Erik Craig. Center For Existential Studies – Santa Fe, NM, USA  
Perikles Kastrinidis. Swiss Society for Daseinsanalysis -

This workshop familiarizes mental health practitioners with Daseinsanalysis, an approach to existential, psychoanalytic psychotherapy developed by the Swiss psychiatrist Dr. Medard Boss. The workshop begins with an overview of the history and philosophy of Daseinsanalysis focusing on what distinguishes it from other approaches to depth psychotherapy, namely, its phenomenological hermeneutic understanding of psychiatric symptomatology and, especially, its "ontological eye." The presenters, both of whom knew and worked directly with Dr. Boss, will then address several specific features of the therapeutic alliance and the practical implications of the daseinsanalytic approach to these for work with individuals manifesting severe forms of mental illness. The particular foci will be the therapeutic relationship, including transference and the real relationship, and the working alliance, especially the psychotherapist's abstinence. The process of analyzing and interpreting such psychiatric symptoms as dreams, delusions, hallucinations, and psychosomatic symptoms phenomenologically will also be demonstrated. Throughout, vignettes will be offered from the psychotherapy of severely disturbed individuals. Case material will be presented for participants to develop concrete attitudes and skills for effective analytic work with individuals suffering from severe mental illnesses.

## ***W12 - CONTAINING PSYCHOSIS IN A UNIQUE PSYCHOTHERAPY UNIT WHICH SPECIALISES IN THE TREATMENT OF PSYCHOSES, DELIVERS AN MSC IN THE PSYCHODYNAMICS OF PSYCHOSES, AND USES A MULTIPROLONGED TREATMENT***

## **APPROACH INCLUDING PSYCHOTHERAPY WHICH UTILISES AN UNDERSTANDING OF WORKING WITH AN EXTENSION OF BION'S IDEA OF A PSYCHOTIC AND NON PSYCHOTIC PROCESS .**

Dianne Lefevre . Mental Health Unit, Basildon Hospital – Essex, United Kingdom  
Gwen Simpson. Mental Health Unit, Basildon Hospital – Essex, United Kingdom  
Muriel Kyle. - Mental Health Unit, Basildon Hospital - Essex, United Kingdom  
Georgina Wakefield. - Mental Health Unit, Basildon Hospital - Essex, United Kingdom  
Anna Maratos. - CNWL Mental Health NHS Trust – London, United Kingdom

An overview of the treatment of patients with severe psychoses will be given. This includes a 3 hour initial assessment of the patient alone and with family in which a psychodynamic assessment takes place, information is given to the patient and family about working with "two minds" and about nutritional therapy, soft neurological signs are elicited and brain exercises are suggested. The beneficial effects of understanding the principles of working in "in two minds" by reducing high EE in families will be discussed as will the setting up of a carers' training and the usefulness of a carers' group. The importance of shame in precipitating the psychotic process and its relation to early right brain development is regarded as crucial. A follow up of a successful outcome in a patient discussed at the Stavanger ISPS conference will be presented. Artistic and musical depictions of "two minds" will be presented. The need for training for therapists dealing with psychoses as provided by our MSc is stressed. Anxiety containment as a function of the Psychosis workshop is described.

## **W13 - EXPERIENCES OF IN-PATIENT MENTAL HEALTH CARE**

David Kennard. formerly Head of Psychology, The Retreat, York. Chair of ISPSUK. - York, United Kingdom  
Sheila Grandison. Head of Arts Therapies, East London & The City Mental Health Trust – London, United Kingdom

The aim of the workshop is to promote better understanding of the lived experience of psychiatric in-patient care from the quite different perspectives of those involved in it - as patients, as carers, as psychiatrists, nurses and other health professionals and as service managers. The material on which the workshop is based has been collected for a book to be published next year in the ISPS Series. The workshop will present personal accounts contributed by people from their own experiences on the 'front line' - for example being admitted to hospital for compulsory treatment, being a relative bewildered by what is happening, being a staff member working under constant pressure. The accounts reflect themes often heard in in-patient care, such as service users feeling misunderstood, frightened or bored, relatives feeling invisible to ward staff, professionals feeling apprehensive, helpless, marginal but sometimes valued and inspired. Each account is followed by commentaries by service users or leading practitioners in the field who identify the key issues raised and the lessons we can learn to improve the experience for everyone involved.

The first half of the workshop will present verbatim accounts and commentaries from each of the three perspectives - patient, carer, practitioner. This will be followed by a wider discussion with the audience.

## **W14 - GROUP-ANALYTIC PSYCHOTHERAPY OF PSYCHOSIS**

Maria Cañete. East London And The City – London, United Kingdom  
Arturo Ezquerro. Central and North West London NHS Trust, Psychotherapy Department, Willesden Hospital, London, United Kingdom

This presentation describes some ideas, both theoretical and clinical related to the group-analytic treatment of psychosis, in the context of a Psychotherapy Day Hospital that runs weekly in a multi-racial and deprived district of London. Clinical vignettes refer to different developmental stages in the life of a slow-open group.

Psychotic patients often mistrust people deeply and attempt to ignore the very existence of the group. For them, chronicity paradoxically equals stability. This results in a group process that

appears to be stagnated. One of the paramount tasks of the therapist is to modify the state of the group, from one of stagnation into one of development. Strikingly, after certain initial misgivings, therapists and patients felt that the group experience increased their enthusiasm.

### **W15 - TALKING TO THE VOICES: TRAUMA THERAPY FOR PSYCHOSIS**

Colin A. Ross. The Colin A. Ross Institute For Psychological Trauma – Richardson, TX, USA

This workshop will provide an analysis of data on genetic versus environmental causes of schizophrenia. Data will be presented supporting the existence of a dissociative subtype of schizophrenia caused by psychological trauma and treatable with psychotherapy. Proposed DSM-V diagnostic criteria and associated features of dissociative schizophrenia will be described. Most of the workshop will focus on explaining a model of psychotherapy for dissociative schizophrenia. Within this model, the person's auditory hallucinations are addressed directly as dissociated elements of the individual's psyche. Techniques for doing so will be described. Other techniques of the therapy will be described including those for ambivalent attachment to the perpetrator, self-blame for childhood abuse, core maladaptive beliefs and cognitions related to trauma, the resolution of unresolved grief and the integration of the "voices" into a stable, unified self. Treatment outcome data supporting the efficacy of the model will be presented.

### **W16 - THE EXTENDED THERAPY-ROOM**

Carina Hakansson. Familjevårdsstiftelsen - Gothenburg Sweden  
Margareth Brynolf. -  
Annki Svensson. -

Familjevårdsstiftelsen started in 1987 with a vision that perhaps it could be possible to take the best part from the non-professional world, the so called normal life, and the best from the professional world. And put it together.

That is what we are still trying to do, in different ways.

The extended therapy-room invites the client to a family-home and a professional surrounding. Both a family-home and professionals, psychotherapists and supervisors.

The pair both - and is probably the most important in our centre, in our thinking and in our practice. We meet the pair both - and in lots of contexts and in different ways. Both in the organization and in the therapeutic work.

It has helped us to extend the therapeutic work into lots of rooms. Both for the clients and for the family-homes and the professionals.

We use different theories and way to behave though we think it is necessary in contexts with human beings.

The language is important for how we look at ourselves and each other. The use of words do something about our understanding of the world, but also about our relations.

During the workshop we will share our "thinking and doing" with the participants

### **W17 - TAOPSYCHOTHERAPY**

Dongshick Rhee. - Korean Academy Of Psychotherapists – Seoul, Korea  
Chan Hee Huh. Korean Academy Of Psychotherapists – Daegu, Korea

Western psychotherapy, when it is freed from its conceptual prison, can fully resonate with Eastern Tao, and thereby can be much strengthened. After the introductory theme is addressed, the participants will listen to the audiotape of a schizophrenic patient's interview with Dr. Rhee, who is the founder of Taopsychotherapy. At proper points the audiotape will be interrupted for comments which are intended to highlight the patient's subjective 'nuclear



feelings' and the therapist's empathic responses including 'pointing directly at the patient's mind'. Then the participants will be encouraged to freely discuss with Prof. RHEE Dongshick. At the conclusion of this workshop, the participants would feel more confident that psychotherapy is not just a thing but bringing spring to the patient who is shivering in the frozen land.

### ***W18 - CREATIVE COLLABORATION: THE EXPERIENCE AND ACHIEVEMENT OF DELIVERING AN INTERACTIVE DRAMA PROGRAMME ON EARLY PSYCHOSIS IN SCHOOLS AND COLLEGES***

Glenn Roberts. Wonford House Hospital – Exeter, United Kingdom  
John Somers. University Of Exeter – Exeter, United Kingdom  
Carly Mays. Exstream Theatre Company – Exeter, United Kingdom  
Joss Dawes. Devon Partnership NHS Trust – Exeter, United Kingdom  
Rowena Passey. University Of Exeter – Exeter, United Kingdom

The whole early intervention programme for first episode psychosis depends on making useful, meaningful and helpful contact with young people very much earlier than at present, but how?

Over the last 2 years we have created and delivered On the Edge, an interactive drama programme on early psychosis, including 'Back from the Edge' a multimedia education support pack. It is primarily intended for young people aged 15 - 25 in schools and colleges, and also those who care for them. It has completed a National tour of 120 performances over 6 months and has also been used as a training / promotional resource for early intervention teams. The programme is being fully evaluated against its aims and goals and has been widely endorsed, including by ISPS, NIMHE and Rethink as an excellent example of creative and effective health education and has won several national awards.

This symposium will describe the creation and construction of the Drama programme, illustrating the process and content so as to 'bring it alive' for delegates. It will also review the outcome evaluation to consider what has been learned and how it can be further developed as a step towards a national health education programme on early psychosis.

Delegates will be encouraged to contribute their experience and debate all the relevant issues with those who initiated, created, managed and researched the programme.

### ***W19 - POLITICS AND PSYCHOTHERAPY; HOW TO "SELL" PSYCHOSIS-PSYCHOTHERAPY***

Jan Leijten . Chairman of ISPS-Network The Netherlands-Flanders -Independently Established Psychiatrist - Amsterdam The Netherlands  
Ann-Louise Silver . President Of ISPS-US, Serving On Faculties Of Psychiatry And Psychoanalysis In The Washington Area And In Private Practice In Columbia, - Columbia USA

For psychotherapeutically oriented treatment-programmes and psychotherapy for patients with a psychotic disorder, social conditions, especially finance are required. Therefore it is necessary to gain the cooperation of governments, health-authorities, health-insurers and managers of health institutions for these treatments. In nowadays climate effort is sometimes required even to maintain existing possibilities.

In 1998 in the US "The Schizophrenia Patient Outcomes Research Team (PORT) treatment recommendations" of the NIMH have been published, that were negative concerning some treatments, that are promoted by ISPS. ISPS has established an ISPS Task Force to react to it. In 2003 the Dutch minister of health has reduced the payment for psychotherapy by public insurance from 90 sessions to 25, in the case of personality disorder 50 sessions. The Dutch Association of Psychiatrists established a Board-advisory-committee for counter-action. In much other countries professionals are taking efforts on this field. The workshop might be a forum for all who are interested in this kind of action. After some short lectures about US and Dutch cases participants can exchange experiences, formulate conclusions and develop ideas for effective further action.

### **W19.1 - PSYCHOTHERAPY, THE GOVERNMENT AND THE PROFESSIONALS IN THE NETHERLANDS**

Jan Leijten . Independently Established Psychiatrist -Amsterdam, The Netherlands

A short history will be given of the development of the societal conditions for the application of psychotherapy in The Netherlands. Recent governmental policy has diminished the possibilities for psychotherapy, in particular that for psychotic patients. Some factors for the dynamics behind that policy will be highlighted. In brief the counterreaction will be outlined of the professional organisations of psychiatrists and psychotherapists. At last an effort will be made to draw some conclusions of all this for the improvement of societal conditions in favour of the psychotherapy for patients with a psychosis.

### **W19.2 -FIGHTING THE GOOD FIGHT: PERSONAL REFLECTIONS**

Ann-Louise Silver . President Of ISPS-US, Serving On Faculties Of Psychiatry And Psychoanalysis In The Washington Area And In Private Practice In Columbia, - Columbia USA

This paper will share my reflections on leading ISPS-US during its first eight years. I will comment on our efforts regarding the wider mental health community as well as on tensions within our group, and my own intrapersonal tensions. From this will emerge some recommendations for the next eight years

### **W20 - SUPPORT AND GUIDANCE TO INFORMAL CARERS: FAMILY SCHOOLS AND SELFHHELP GROUPS (PROSPECT PROJECT)**

Carmen Castán. ASAPME - Zaragoza Spain  
Begoñe Ariño. BoD and Prospect Development Centre of EUFAMI, - Leuven Belgium  
Alfonso Tazón. ASCASAM (Association pro-Mental Health of Cantabria), Santander, Spain -

The workshop addresses the topic of the support and guidance needed by the family and direct relatives of people with severe mental illness. It will consist of the description and analyse of the work developed by Family Schools and self- help groups. Therefore the common ground module of PROSPECT, an European training initiative of empowerment targeted to users, families and professionals, will be implemented.

### **W20.1 - PROSPECT TRAINING EXPERIENCE**

Begoñe Ariño . Chairwoman of teh Prospect Development Centre, EUFAMI - Bilbao Spain  
. President of AVIFES (Asociación Vizcaína de Familiares y Enfermos Psíquicos), Bilbao, Madrid. -  
. Former President of EUFAMI (European Federation of Associations of Families of People with Mental Illness) -

As an observer and a Senior Trainer for Prospect Training Method for families, I have experienced how badly some people really need to be empowered. In any kind of environment I have seen how much we, family carers, need support and can get a breath of fresh hope from each other through Prospect.

The Prospect experiences I have either facilitated or observed made the participants feel empowered and begin with their own changes in attitudes. Then they start to learn to see the problem from a distance and learn how to get help and support.

The experiences in Moldova and Albania and last years opportunities to support the facilitators with the Prospect Training Programmes celebrated in Spain, have confirmed the thorough work we did, in EUFAMI, getting the first 12 countries involved in the project.

The need now is to encourage more people to be facilitators and find others in their country, region or local associations. We need to continue the process of facilitation improvement, the exchange of best practices in the delivery and the update of the contents.

## **W20.2 - FEAFES MODEL OF INTERVENTION WITH FAMILY CARERS OF PEOPLE WITH MENTAL ILLNESS**

Alfonso Tazón . Ascagam - Santander Spain  
Carmen Castán . Asapme - Zaragoza Spain

The experience of the associations movement grouped in FEAFES around the needs of carers of people with mental illness has resulted in the design of a model of family intervention centred in offering information on mental illness, improve communication skills, problem solving and extending the support networks. The explanation of this model will be supported by the evidences available of the effectiveness in the acquisition of knowledge and the reduction of the subjective burden (through the evaluations undertaken) and some considerations about the need to tackle explicitly the elaboration of the grief that means for the family the emergence of mental illness, as well as the whole of conflictive emotions that appear. To reach these aims, the use of training methods to facilitate the transmission of information, of cognitive and behavioural therapeutic methods to promote behavioural changes and group methods to help clarifications and emotional integration of the participants are required. A session will be exemplified in practice.

## **W21 - ESTABLISHING TRUST BY ACKNOWLEDGING TRAUMA: A NEW ZEALAND TRAINING PROGRAMME ON WHEN AND HOW TO ASK ABOUT ABUSE**

John Read . The University Of Auckland - Psychology Dpt. - Auckland Australia

Research from the USA, UK and New Zealand shows that the majority of child abuse cases among adult users of mental health services are missed by clinicians, because they often don't ask. Studies also demonstrate that people diagnosed psychotic are particularly likely not to be asked about trauma, and not to receive a therapeutic response. Research suggests this is due to various factors, including the dominance of a bio-genetic paradigm, propaganda by advocates of the 'false memory' hypothesis (making some clinicians scared to do their job), and fear of upsetting clients.

Auckland District Health Board mental health services have introduced policy guidelines that all clients must be asked about trauma and all staff will receive training on when and how to ask about trauma and how to respond to abuse disclosures.

A two hour version of this one-day training programme will be offered. It includes didactic research presentations, discussions of barriers to asking (including vicarious traumatization) and guidelines on how to ask about, and how to respond to, abuse disclosures.

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Read, J., Fraser, A. (1998) Abuse histories of psychiatric inpatients: To ask or not to ask? *Psychiatr Serv* 49:355-59.

Read, J., Fraser, A. (1998) Staff response to abuse histories of psychiatric inpatients. *Aust NZ J Psychiatry* 32:206-13.

Young, M., Read, J., et al. (2001) Evaluating and overcoming barriers to taking abuse histories. Prof Psychol:Res Pract 32:407-14.

### **W22 - MULTIPLE PSYCHOEDUCATIONAL FAMILY GROUP TREATMENT. AN ADDITIONAL TREATMENT FOR PEOPLE WHO SUFFER FROM SEVERE LONG TERM PSYCHIATRIC DISORDERS**

Liv Nilsen. Ulleval Universy Hospital – Asker, Norway  
Karin Kjonnoy. Ulleval Universy Hospital – Asker, Norway

In Norway we have little tradition in family work for long term psychiatric in patients. Loss of social support and conflicts in relationships with family is frequent in patients suffering from schizophrenia. This group of patients are extremely sensitive to how they are relatet to. Psychoeducational family work, with both the family and the patient included, is a potent method that helps the family to be more sensitive to the patient's problems and needs.

For the past three years we have been working with families who by their own definition have received insufficient help from the health care system over the years. This experience has inspired a more creative attitude towards communication and cooperation between people. Our main role is to stimulate hope and self-esteem for the patient and the family.

We would like to share with you our experience with six people suffering from long term psychiatric illnesses and their families.

The method is based on W. McFarlanes manual. The group provide an enviroment for sharing, problemsolving and a social support system of people trying to understand.

### **W23 - PSYKOPP FORUM - USERS AS PROFESSIONALS**

Gerd-Ragna Bloch Thorsen. University Hospital Stavanger - Stavanger Norway

THE PSYCHIATRIC EDUCATIONAL FOUNDATION Stavanger, Norway:

The Psychiatric Educational Foundation works in three main areas:

- Publishing business
- Seminars
- Information

The purpose has since 1989 been to contribute towards more openness and knowledge about psychic illness.

PSYKOPP-FORUM :

Psykopp-Forum is a group of users of psychiatric health services. The members give lectures about psychic illness based on their own experiences. They give psychic illness a face and a voice.

Vision:

- contribute to more openness
- change peoples attitude towards psychic illness
- increase knowledge about living with psychic illness

Target groups: health care, business, social security, teachers and public in general.

LEADERS:

Gerd Ragna Block Thorsen : Psychiatrist.

Elin Skogen, : Journalist. Administrator

The leaders counsel and support the members in how to give lectures.

## LECTURERS:

The lecturers make use of different presentation techniques.

Power-point presentations, paintings, poems and reading from their own books are a few examples.

A few representatives:

Målfrid Frahm-Jensen, Rolf Andersen, Else Marie Aarrestad.

Examples of speeches: My story. How do I master my life? What about worthiness? Diagnoses help or hinder?

## ***W24 - A STUDY OF LIFE THEMES OF 8 PATIENTS WITH THE DIAGNOSIS SCHIZOPHRENIA***

Anne Birgitte Dossing. Psychiatric Hospital – Herning, Denmark

The Danish National Schizophrenia Project (DNS) deals with early intervention and treatment to first time diagnosed patients with schizophrenia.

A local project in Århus called TIDIS (Early, Dynamic Intervention in Schizophrenia) is a part of DNS. TIDIS offered a one year individual psychotherapy based on psychodynamic principles followed by 3 years of grouptherapy.

The individual therapies and supervisions are described systematically after each session in protocols focusing on process, relations, and content.

8 cases make up the empirical basis of my study. The research is based on a phenomenological, qualitative approach.

The purpose of my study is to examine the 'life themes' found in the material and to examine how these 'life themes' might contribute to the understanding of patients with the diagnosis schizophrenia. Whereas the traditional diagnostic systems such as ICD and DSM focus on a more descriptive and symptom-oriented understanding of schizophrenic disorders, this study is concerned with what can be found 'behind' the symptoms.

My presentation will focus on the method of research and on the findings of life themes so far studied.