

1 MAKING REAL
change...
HAPPEN

ISPS THE INTERNATIONAL SOCIETY
FOR PSYCHOLOGICAL AND SOCIAL
APPROACHES TO PSYCHOSIS

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Book of Abstracts

Making Real Change Happen
Twentieth Annual Congress of the ISPS
ISPS 2017

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INTAR, International Network towards
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Intervoice, The International Community
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Irish Institute of Mental Health Network
ISPS, The International Society for
Psychological and Social Approaches to
Psychosis
TCTC, the Consortium for Therapeutic
Communities
WAPR, The World Association of
Psychosocial Rehabilitation
WPA, World Psychiatric Association

British

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Mind in Camden
National Paranoia Network
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PECT, Planned Environment Therapy
Trust
Royal College of Nursing
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Scottish Recovery Network
SHINE, Supporting people recovering
from mental illness
Society for Critical Psychotherapy
The Reader

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Pre-conference workshops

Developing Family-Sensitive Services and Practice

Wednesday, 30th August - 09:30 - Pre-Conference Workshop: Families - Foresight Centre - Workshops - Abstract ID: 451

Grainne Fadden (Honorary Senior Research Fellow at the University of Birmingham and Director of the Meriden Family Programme.), Shelagh Musgrave (Meriden Family Programme, Carer Experience Lead.)

Dr Gráinne Fadden, Shelagh Musgrave

Traditional mental health services were established with a focus on the person with the mental health difficulty. Much of the ideology and practices resulting from this viewpoint are evident in current practice, for example in terms of the treatments and approaches that are offered, policies, guidelines and recording systems. What is interesting is that even when there is an approach with a robust evidence base as is the case with family interventions for those experiencing psychosis and other complex difficulties, the strength of the historical influence outweighs the evidence – evidence is not enough to change systems from current practice which is often influenced by other factors such as attitudes and power positions.

So how do we bring about change in complex systems so that the impact of the change is felt by those using services and their families and friends? Using family interventions for psychosis as an example, this workshop will examine a range of strategies for bringing about change in services so that not only the person with the mental health difficulty, but also those who support them can work towards recovery. These will include strategies in service systems, ways of changing staff attitudes, and how working collaboratively with both service users and those in their social network can bring about real change.

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Making Sense of Voices

Wednesday, 30th August - 09:30 - Pre-Conference Workshop: Making sense of Voices - Foresight Centre - Workshops - Abstract ID: 452

Jacqui Dillon (Chair, Hearing Voices UK)

Jacqui Dillon, Chair, Hearing Voices UK

The international Hearing Voices Movement, an international collaboration between experts by experience and experts by profession, contests the traditional psychiatric relationship of dominant-expert clinician and passive-recipient patient, and views voice-hearing as a significant and meaningful human experience, for which there are numerous explanations. The combined experience of voice-hearers and professionals has overseen the development of ways of working with people who hear voices that draw on the value of peer support and which help people to live peacefully and positively with their experiences. In this workshop, Jacqui will explore the subjective experience of hearing voices and explore current research and innovative approaches to supporting people in making sense of voice hearing experiences.



Beyond Diagnosis to Meaningful Patterns in Emotional Distress: The Power - Threat - Meaning framework and 'Psychosis' (half day)

Wednesday, 30th August - 09:30 - Pre-Conference Half-day Workshop: Alternatives to diagnosis - Foresight Centre - Workshops - Abstract ID: 454

Lucy Johnstone (Consultant Clinical Psychologist)

Dr Lucy Johnstone, Consultant Clinical Psychologist and project leader

The workshop describes an ambitious Division of Clinical Psychology-funded project to outline the principles of a conceptual alternative to the diagnostic model of mental health difficulties and distress, with an anticipated launch date in late 2017. Project members, who represent a mixture of professional and survivor backgrounds, are Lucy Johnstone (project lead), Mary Boyle (deputy lead), John Cromby, Jacqui Dillon, David Harper, Peter Kinderman, Eleanor Longden, David Pilgrim, and John Read. The Framework builds on a number of other high-profile BPS and DCP documents, including 'Understanding Psychosis' (2014.) The project team has developed an alternative, evidence-based, non-medical approach to identifying patterns in distress, including those that are called 'psychosis'. It synthesises the causal roles of power, threats, evolved threat responses, social discourses, and personal meanings and narratives, and is called the Power Threat Meaning Framework. The General Patterns that emerge from this broad-ranging integration are supported by a growing body of research from different fields and disciplines, and are intended to provide the basis for an ongoing series of developments in clinical practice with 'psychosis' and other presentations, as well as in service design and commissioning, professional training, research, and service user involvement. The Framework can serve as a knowledge resource for the construction of narratives of distress both within and across cultures. Most importantly, it restores the link between personal distress and wider contexts of inequality and social injustice, and is thus relevant to campaigning and change at multiple levels.

Objectives:

- Describe the key principles of the Framework.
- Demonstrate how the Framework might work in practice, with examples and exercises.
- Invite discussion and feedback about the Framework.



CBT for Psychosis: A recovery focused approach

Wednesday, 30th August - 09:30 - Pre-Conference Workshop: CBT for Psychosis - Foresight Centre - Workshops - Abstract ID: 453

Alison Brabban (National Clinical Advisor for SMI (IAPT), Recovery Lead, Tees, Esk and Wear Valleys NHS Foundation Trust, Hon Senior Clinical Lecturer, Durham University)

Alison Brabban, National Clinical Advisor for SMI (IAPT), Recovery Lead, Tees, Esk and Wear Valleys NHS Foundation Trust, Hon Senior Clinical Lecturer, Durham University

There are many misconceptions about Cognitive Behaviour Therapy for Psychosis (CBTp). Many erroneously believe that this intervention is about eliminating ‘symptoms’ of psychosis or getting service users to ‘think correctly’. The reality is that CBTp, when delivered as it is intended, is focused on helping people to achieve their own personal goals - with or without psychotic experiences. This workshop is for those who are new to or are relatively inexperienced in CBT for Psychosis. It will cover the theoretical underpinnings of CBTp as well as some of the core elements of therapy. By the end of the day, participants will not be qualified as CBTp practitioners but should have a good understanding of what is involved (and what is not involved) in delivering this therapy and how CBTp when delivered appropriately can support individuals towards their own personal recovery.

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Structures Introducing Disruptive Change to Disability-Focussed Mental Health Care

Wednesday, 30th August - 09:30 - Pre-Conference Workshop: Making Change in Mental Health Care - Foresight Centre - Workshops - Abstract ID: 456

Jim Van Os (Maastricht University Medical Centre), Peter Groot (Maastricht University User Research Centre)

In this workshop, we introduce and discuss the implementation of pilots of disruptive change to the mental health care system in the Netherlands, and examine its wider applicability across other countries. Given evidence that the introduction of recovery oriented practice is difficult to bring about within the disability-oriented discourse of existing mental health structures (eg inconclusive results in REFOCUS[1] and CRIMSON[2, 3] trials in the UK), we developed a blueprint for experimental pilots of disruptive change[4], based on the following principles: small scale, choice, high levels of peer-support and delivery, integrated approach, diagnosis as social construct, social economy, education, activating networks, focus on possibilities and resilience. To date, 5 pilots in areas no larger than 20.000 population are underway, which will be funded by bed closures and reduction of bureaucracy in the participating mental health organisations. Whilst the initiation of the project has generated much enthusiasm, risk of failure is high, given extensive need for ‘cognitive debiasing’ towards a recovery-oriented discourse, passive resistance and administrative and financial complexities. The aim, nevertheless, is to learn from the experience and disseminate the process and the outcomes.

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How to make residential units therapeutic

Wednesday, 30th August - 09:30 - Pre-Conference Workshop: Inpatient Care - Foresight Centre - Workshops - Abstract ID: 457

Svein Friis (University of Oslo), Anne Berit Eie Torbjørnsen (Stavanger University Hospital), Jon Vidar Strømstad (Stavanger University Hospital)

It is generally well acknowledged that ward climate is of crucial importance for the treatment outcome. However, to create a therapeutic milieu is easier said than done. The workshop will elaborate on following points:

1. What are the characteristics of a therapeutic milieu? Here we will briefly present a theoretical basis for therapeutic milieus.
2. How to get one off the ground? We will present how ward atmosphere can be measured, and present a systematic program to develop a therapeutic milieu. The practical process on how to implement WAS will be highlighted through examples from wards that already have used results WAS in their professional development of a therapeutic milieu.
3. How to sustain a therapeutic milieu? Here we will elaborate on how outside and inside forces may threaten to undermine a therapeutic milieu, and what can be done to sustain such a milieu.
4. Feedback of perceived ward atmosphere, possibilities and pitfalls. Finally we will elaborate on the possibilities and pitfalls in using feedback of perceived milieu as a changing agent.

§

Primary care for people experiencing psychosis - how can I help? (half day)

Wednesday, 30th August - 13:30 - Pre-Conference Half-day Workshop: Primary care - Foresight Centre - Workshops - Abstract ID: 458

Christopher Dowrick (University of Liverpool), David Shiers (Manchester University,)

The term psychosis embraces major psychiatric disorders such as schizophrenia and bipolar disorder in which a person's perception, thoughts, mood, and behaviour are significantly altered. These disorders are often highly distressing for individuals and their families. Moreover they may be subject to considerable ignorance and discrimination among the general public and healthcare professionals.

In primary care there is a common belief that recovery from serious mental illness is impossible, despite evidence that at least 15% of people recover completely and over 50% achieve good social recovery. We now know that prompt treatment of a first episode of psychosis can improve longer-term outcomes. And benefits are evident from targeting support towards families, many bewildered and frightened as they face up to long-term commitments. We also know that longer-term impacts, such as a 15-20 year reduced life expectancy mainly from physical co-morbidities, may be potentially mitigated by attending to reversible risk factors, no different to those facing the general population and already familiar to primary care.

This workshop will challenge unduly pessimistic attitudes and encourage discussion about how primary care, with its foundation in ongoing narrative, holism and family-centered care, is uniquely placed to support these individuals and their families.

Keynote presentations

It's the little things that are not so little: the art of creating a deep and lasting change

Thursday, 31st August - 10:00 - Keynote: Rachel Waddingham - The Guild, Mountford Hall - Keynote - Abstract ID: 470

Rai Waddingham (Behind the label)

In a world where psychological and social approaches to those experiences labelled as psychosis often remain on the fringes, a tasty accompaniment to the main course of medication, the cry for change is palpable. We demand informed choice, options beyond medication, safe spaces, psychotherapies beyond time limited CBT. Some of us demand human rights, an end to coercion and the right to define our own experiences in our own way. There is so much to change and so much to fight for. Yet, this outward focus can have the unintentional effect of distracting us from those little things that are not so little.

In this talk, drawing on my personal and professional experiences, I will explore some of the little-things-that-are-not-so-little that can create a culture of change in our own lives. I will explore the role of language and how it can be used to oppress, obscure, validate and liberate. Using aspects of my own story, I will argue for the importance of becoming curious about those words, expressions and experiences that we think we understand - whether we're practitioners, friends, family members or people with experience of 'psychosis'. I will explore the need to unpick our assumptions - individually and as collectives - in order to create spaces that facilitate healing. Most of all, I will encourage us all to continually seek change from within whilst simultaneously doing our best to effect change in our communities, professions and the wider world of which we are part.

§

What is the evidence really showing us, and what does it mean for tomorrow's mental health services?

Thursday, 31st August - 16:05 - Keynote: Jim van Os - The Guild, Mountford Hall - Keynote - Abstract ID: 444

Jim Van Os (Maastricht University Medical Centre)

Much of the language and practice of mental health care is based on apparently simple concepts, for example that symptoms are caused by mental disorders, that evidence from randomised controlled trials are required to inform evidence-based guidelines that can be applied to individual patients, that the highest intensity of care is admission to a hospital bed, that professionals have no lived experience of mental illness, that severe syndromes are of 'biological' and mild syndromes of 'psychosocial' origin, that the technical ingredients of psychotherapy are more important than the therapeutic relationship, that effectiveness of interventions is reflected by reductions in symptoms, that there is an urgent need for a medical model of prevention of mental illness, that deep brain stimulation, transcranial magnetic stimulation and manipulation of the immune system hold major promise for the treatment of mental illness, and that the organisation of mental health care is best placed in the hands of large and complex organisations that negotiate contracts based on production parameters and quantitative outcome measurements.

Close analysis of these assumptions shows that their apparently strong and even unassailable logic is increasingly being questioned. Scientific demystification of professional knowledge and practice suggests that a critical

transition may be approaching that requires new concepts, language, science and practice to address the issue of mental distress in populations.

§

The Political, the Professional and the Personal: Perspectives on Change (with audience participation).

Friday, 1st September - 09:00 - The Political, the Professional and the Personal: Perspectives on Change - The Guild, Mountford Hall - Keynote - Abstract ID: 478

Luciana Berger (Member of Parliament for Liverpool Wavertree), Sir Robin Murray (Professor of Psychiatric Research, Institute of Psychiatry, King's College, London), Debra Lampshire (Experience Based Expert, University of Auckland, New Zealand)

As a conference with an explicit focus on change, we are privileged to be able to host a discussion involving high profile contributors from the worlds of personal experience (Debra Lampshire), politics (Luciana Berger, MP) and psychiatry (Robin Murray). With such diverse expertise, this discussion will be entertaining, informative, stimulating, challenging and provocative.

We have invited the speakers to share with us a little about their experience of contributing to change in the areas of understandings of and approaches to mental health difficulties, with a focus on psychosocial approaches to psychosis. To ensure there is ample time for audience participation, we have asked speakers to keep their presentations brief and succinct.

Addressing this topic from such different positions, we anticipate that each speaker will bring a distinct perspective on the nature of change in the field of mental health. Inevitably, given the contested nature of much in the territory of psychosis, there may be differences of opinion on how best to achieve positive change (and indeed, what such change might look like), but with such an illustrious panel of presenters, we are confident this discussion will invite us all to consider how best we can go about contributing to making the kinds of changes that are urgently required in the area of mental health care in general and psychosis in particular.

Presenters:

Luciana Berger, Member of Parliament (Liverpool Wavertree)

Sir Robin Murray (Distinguished psychiatrist)

Debra Lampshire, (Experience Based Expert, University of Auckland, New Zealand)

Chairs:

Jan Olav (Norway; Chair of ISPS International)

Rai Waddingham, (UK; Expert by Experience, Vice Chair of ISPS UK)



Making Real Change Happen; Moving beyond band-aid solutions to renewing the social contract

Friday, 1st September - 10:30 - Making Real Change Happen: Moving beyond band-aid solutions to renewing the social contract - The Guild, Mountford Hall - Keynote - Abstract ID: 445

Kwame Mckenzie (University of Toronto)

The international covenant of human and cultural rights says that we have the right to the highest attainable standard of physical and psychological health. We need to reorganise if we are to recognise that right. For people with psycho-social issues and especially people from black and minority ethnic communities it is time we move away from band-aid solutions linked to simply improving health services because that will not deliver our rights. It is time to renew the social contract and for government to refocus so it can meet our aspirations. It is the duty of Government to ensure that we thrive, not just survive. In a high-income country thriving should be the basic standard of living. To do this we need a coherent template for society that understands the impacts of social factors on health. But we also need to reframe the social determinants as the positive blue prints for the possibilities for human development and longevity. We need to use our knowledge to ensure that the bottom 90% of earners have the same health as the top 10%. It is time that our health, humanities and policy researchers realized this – they need to develop as strong an evidence base on building health as there is on fighting illness. Its time for a fundamental shift in what we do if we are to make real change happen.



Developing family-sensitive services: How to effect real change in services

Friday, 1st September - 16:35 - Keynote: Grainne Fadden - The Guild, Mounford Hall - Keynote - Abstract ID: 450

Grainne Fadden (Director – Meriden Family Programme, Birmingham & Solihull Mental Health NHS Foundation Trust, and Honorary Senior Research Fellow, University of Birmingham), Shelagh Musgrave (Meriden Family Programme, Birmingham and Solihull NHS Foundation Trust)

Traditional mental health services tend to be individualistic and fail to take account of the importance of social networks in people's lives. Many staff in services do not have a clear rationale for why they exclude families, but the involvement of families often generates anxiety and fear, for example, in relation to confidentiality conflicts. However, this lack of involvement fails to take into account the key role played by those close to service users in supporting their recovery. In fact, in many serious case reviews following suicides and homicides, there are clear indications that the outcome may have been different if families had been listened to.

Grainne Fadden and Shelagh Musgrove will outline a number of strategies that have been successful in developing more family-inclusive services. They will also discuss the benefits of looking after family members' own mental health needs, with reference to ideas from their research around recovery for family members.

§

Plenary focusing on Improving Access to Psychological Therapies for Psychosis: Making real change happen

Saturday, 2nd September - 09:30 - Keynote: Alison Brabban - The Guild, Mountford Hall - Keynote - Abstract ID: 447

Alison Brabban (National Clinical Advisor for Severe Mental Illness, NHS England)

Despite a growing evidence base for the effectiveness of psychological therapies for people suffering with psychosis, access to these interventions has been scant.

A plenary session at the ISPS conference will focus on the details of a national, England-wide strategy to ensure everyone presenting with a first episode of psychosis can access high quality CBT and Family Interventions and MAKE REAL CHANGE HAPPEN.

Alison Brabban will focus on:

- Putting psychological therapies on a par with medication.
- Offering genuine choice. A step-by-step guide to the strategy to improve the availability of psychological therapies for people suffering with psychosis across England.

§

What is a therapeutic ward atmosphere for patients with psychosis? Challenges in developing and maintaining such milieus.

Saturday, 2nd September - 16:35 - Keynote: Svein Friis, Anne Berit Eie Torbjørnsen, Jon Vidar Strømstad - The Guild, Mountford Hall - Keynote - Abstract ID: 446

Anne Berit Eie Torbjørnsen, (Stavanger University Hospital), Jon Vidar Strømstad (Stavanger University Hospital), Svein Friis (University of Oslo)

Anne Berit Eie Torbjørnsen, Jon Vidar Strømstad and Svein Friis will focus on evaluation and development of treatment milieus.

- What are the characteristics of a therapeutic milieu?
- How can ward atmosphere be measured and used in systematic programs to develop and sustain therapeutic milieus?

Oral sessions

Art Therapy for Psychosis: Theory and Practice. (ISPS Book Series, Meet the Author Session)

Thursday, 31st August - 14:00 - Papers: Arts and Arts Therapies - CT Hub Lecture Theatre B - Meet the author - Abstract ID: 247

Katherine Killick (Psychoanalytic Psychotherapist)

Art Therapy for Psychosis presents innovative theoretical and clinical approaches to psychosis that have developed in the work of expert clinicians from around the world. It draws on insights that have emerged from decades of clinical practice to explain why and how specialised forms of art therapy constitute a particularly appropriate psychotherapeutic approach to psychosis. The book presents a diverse range of current theoretical perspectives on the subject, derived from the fields of neuroscience, phenomenology and cognitive analytic theory, as well as from different schools of psychoanalysis. Collectively, they offer insights into the specific potentials of art therapy as a psychotherapeutic approach to psychosis, and describe some of the specialised approaches developed with individuals and with groups over the past 20 years. Throughout the book, the meaning and relevance of art-making as a medium for holding and containing unbearable, unthinkable and unspeakable experiences within the psychotherapeutic setting becomes apparent. Several of the chapters present detailed illustrated case studies which show how making visual images with an appropriately trained art psychotherapist can be a first step on the path into meaningful relatedness.

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HOAX Our Right to Hope: A Cross-Media project to Tackle Stigma in Mental Health

Thursday, 31st August - 14:00 - Papers: Arts and Arts Therapies - CT Hub Lecture Theatre B - Papers - Abstract ID: 438

Ravi Thornton (Ziggy's Wish Ltd), Paul French (Greater Manchester West Mental Health NHS Foundation Trust)

Ziggy's Wish together with the Psychosis Research Unit (Greater Manchester Mental Health NHS Foundation Trust) are delivering HOAX Our Right to Hope (www.hoaxorth.com), a trilogy of touring artworks (narrative app, stage musical, graphic novel) with an embedded mental health research study; primarily funded by Arts Council England and approved by Research Ethics Committee and Health Research Authority.

HOAX tells the true story of Rob, who lived with a diagnosis Schizophrenia, from when he first starts to experience psychosis through to his death. The research study is an opportunistic evaluation of the artworks via the narrative app; utilising digital modality to assess the acceptability and effectiveness of HOAX as an intervention to raise awareness of and reduce stigma surrounding psychosis, promote empathy, and foster empowerment. The study aims to recruit 2500 participants throughout HOAX which tours Spring 2017. In order to successfully capture data on the impacts of the artworks, the app will collect self-report data before and after attendance of the musical, after reading the graphic novel (a copy of which goes to every participant), and three months later at follow-up. The app also provides additional narrative to explore recovery and NICE-recommended interventions for individuals living with psychosis. It is hoped this additional narrative will encourage engagement and therefore increase the number of individuals who complete pre-post outcome measures.

The primary outcome measure for individuals with lived experience of mental health is the Brief Version of the Internalised Stigma of Mental Illness (ISMI, 2014), to evaluate the impact of HOAX upon increasing stigma resis-

tance and reducing internalised stigma. The primary outcome measure for the general public is the Reported and Intended Behaviour Scale (RIBS, 2011) to assess individuals' behavioural intentions towards individuals who experience psychosis, before and after exposure to HOAX.

§

How do people use art therapy to wrestle with strange experiences, loneliness and poverty?

Thursday, 31st August - 14:00 - Papers: Arts and Arts Therapies - CT Hub Lecture Theatre B - Papers - Abstract ID: 101

Chris Wood (Art Therapy Northern Programme, SHSC NHS Trust and local universities, including Leeds Beckett and Sheffield University)

I work alongside people in group and individual art therapy. Some of them have agreed to let me share parts of their stories and their artwork in our collaborative efforts to identify what is helpful. I am inspired by the way art therapy has been used to grapple with aspects of living that are hard for us all.

The objectives of the paper are to consider:

- I. collaborative ways of working with psychological disturbance in art therapy;
- II. how distress is made worse by material difficulties and how acknowledgement of this may be helpful.

In art therapy I have seen and heard thoughtful accounts of strange experiences and good ideas about what to do with them. However, too many people wince at the sense of their own loneliness, and for too many the fear of benefit sanction is palpable. There is hope in the images and in our conversations, but it can seem like a hard won wrestling match to arrive at a place of hope.

Art Therapy uses a range of approaches and settings. Crudely the history of art therapy has ranged from psychological models which use the couch to those based in garages on council estates, and in container lorries in refugee camps. It is possible to respond in many settings to a person's imagination and whatever art form results. It is also possible to respond using different psychological models, perhaps most helpfully when acknowledgement of difficult material circumstances is part of the conversation.

Chris Wood (PhD) I am an educator with the Art Therapy Northern Programme and an Art Therapist in different settings. I am also research fellow with the University of Sheffield. I am interested in art, popular culture, mental health, urban living, and politics, and in the ways in which people manage to live well.



The Contributions of Gaetano Benedetti MD to the Psychotherapy of Persons Experiencing Distressing “Psychotic” States

Thursday, 31st August - 14:00 - Papers: Psychodynamic - CT Hub Lecture Theatre C - Papers - Abstract ID: 417

Brian Koehler (New York University & Columbia University)

This presentation will review the significant contributions of Gaetano Benedetti to the individual psychotherapy of persons experiencing annihilation anxieties as well as distressing “psychotic” states. Professor Gaetano Benedetti has been working as a psychoanalyst with individuals diagnosed with “schizophrenia” for over 50 years in his capacity as psychotherapist, supervisor, and teacher at the Burghölzli, the psychiatric hospital of the University of Zürich, Switzerland. Subjects to be discussed include, but are not limited to: the therapeutic symbiosis; the transitional subject; progressive psychopathology; therapeutic counteridentification; and transforming therapeutic images. In addition, reference will be made to specific subjects in contemporary research in genetics, epigenetics and neurobiology in “psychotic” disorders and chronic traumatic stress and how Professor Benedetti’s theories and psychotherapeutic work might relate to such.



When the Bad takes hold – Concerning ties to aggressors from within, negative therapeutic reactions and the struggle for change

Thursday, 31st August - 14:00 - Papers: Psychodynamic - CT Hub Lecture Theatre C - Papers - Abstract ID: 184

Sverker Belin (Sverker Belin AB)

When the Bad takes hold – Concerning ties to aggressors from within, negative therapeutic reactions and the struggle for change

Sverker Belin

Persons with severe psychological distress have often difficulties establishing connections stable enough so that help, support and therapy can be accepted, allowing healing, maturation and change to develop. Often these individuals become labeled as “therapy-resistant”. For example how can we understand why there are so many setbacks and relapses to earlier symptoms and destructive life patterns? Why do new crises continually emerge, in spite of so much seeming to be just on the brink of a change for the better? Why is this process of change so time consuming?

How can we create a better understanding for the beginning vantage point for persons with these difficulties and how can we prepare ourselves to have the necessary patience for this therapeutic process, so that change may actually be possible?



The dynamics of escalation and untoward incidents: an immersive psychoanalytic observation of the acute in-patient setting

Thursday, 31st August - 14:00 - Papers: Psychodynamic - CT Hub Lecture Theatre C - Papers - Abstract ID: 433

Ann Scott (Editor-in-Chief, British Journal of Psychotherapy; PhD Student, University of Nottingham, School of Education)

This paper is concerned with two main issues in the acute psychiatric setting: the dynamics in play when the working relationship between patients and staff (in particular nursing staff) is disturbed or suddenly fractured by escalation or an untoward incident; and the way in which the individual psyche of the patient and the wider staff or institutional dynamic interact to potentiate or de-escalate untoward incidents. The paper introduces a planned psychoanalytic observation of the adult acute in-patient psychiatric setting, designed to investigate the dynamics of escalation and untoward incidents in the setting. My doctoral research, currently underway, aims to evaluate both psychoanalytic observation as a research method, and the concept of ‘unconscious dynamics’ in the psychiatric setting. The research design is based on an innovative, ‘immersive’ form of psychoanalytic observation which has its roots in the immersive traditions of ethnographic fieldwork as well as the specifically psychoanalytic focus on affect and its vicissitudes. All the interactions on the ward – those between patients, between staff and patients, and between staff - will be observed, with a particular focus on ‘micro-interactions’, behaviours that might initially be almost imperceptible or apparently unrelated but which may nevertheless cumulatively promote an environment of impending escalation. Data analysis will be contextualized within what is already known about the broad general factors that promote untoward incidents, aggression and violence in the acute setting, and what is seen as best practice in mental health care. The intention is to contribute to the debate on the precipitants and reduction of untoward incidents in the acute setting, by achieving a deeper understanding of these precipitants; and to have practice relevance by contributing both to the opportunities that nursing and other staff have to process their work experiences, and to the development of a more reflective and humane ward culture.



‘Mental illness is an illness like any other’. Is it though?

Thursday, 31st August - 14:00 - Papers: Perceptions of Psychosis - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 356

John Read (University of East London)

The ‘mental illness is an illness like any other’ dogma, supported by biological psychiatry and the drug industry, has been at the heart of many failed destigmatisation programmes

This paper will summarise the research demonstrating the role of bio-medical causal explanations, and diagnostic labelling, in the maintenance of negative stereotypes of people who experience psychosis, including dangerousness and pessimism about recovery.

Possible ways to produce real change in this field will be presented.

MAGLIANO, L., READ, J., RINALDI, A., COSTANZO, R., DE LEO, R., SCHIOPPA, G., PETRILLO, M., ZACCARO, A., CAMPITIELLO, F. (2016). The influence of causal explanations and diagnostic labelling on psychology students' beliefs about treatments, prognosis, dangerousness and unpredictability in schizophrenia. *Community MentalHealth Journal* 52, 361-369.

READ, J., HASLAM, N., SAYCE, L., DAVIES, E. (2006). Prejudice and schizophrenia: A review of the 'Mental illness is an illness like any other' approach. *Acta Psychiatrica Scandinavica*, 114, 303-318.

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Psychiatric diagnosis and its discontents

Thursday, 31st August - 14:00 - Papers: Perceptions of Psychosis - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 382

Richard Bentall (University of Liverpool), Ulrich Reininghaus (Maastricht University), Mark Shevlin (Ulster University), Jamie Murphy (Ulster University)

The classification and diagnosis of psychiatric disorder continues to be a contested area for empirical (doubts about the boundaries of different conditions) practical (doubts about the clinical utility of diagnostic constructs) and moral reasons (worries that diagnoses are dehumanising). In recognition that 'schizophrenia' is perhaps the most contested diagnosis of all, there have been intensive debates about the inclusion of the term in the names of ISPS and the journal *Schizophrenia Bulletin* (in the former case, the name was actually changed to remove mention of the 'S' word).

In this paper we will review recent empirical and conceptual research on diagnosis, focusing on our own work on psychosis. The evidence that psychotic experiences exist on continua with normal functioning continues to build and has been supported by research using advanced statistical techniques such as taxometrics. Meanwhile, investigations of the structure of psychiatric symptoms has pointed to two possible solutions: a single 'psychosis' syndrome or (apparently inconsistent with this) five separate symptom factors (positive, negative, cognitive disorganisation, depression and mania). Our own recent studies with patient and population samples have supported a bifactor model that manages to combine these two perspectives.

Overshadowing these developments are two important conceptual issues. First, does the existence of empirical syndromes (e.g. the positive syndrome) imply that the relevant symptoms are the product of a common underlying disease process? We argue that the answer to this is 'No' and that syndromes can emerge from networks of relationships in which symptoms influence each other. Second, must we hope for a single one-size-fits-all method of classification? Again, we argue that the answer is 'No' and that researchers, clinicians and patients should accept a promiscuous realist position in which different (or no) classifications are fit for different purposes.



The extreme state of “normal”

Thursday, 31st August - 14:00 - Papers: Perceptions of Psychosis - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 418

Debra Lampshire (Auckland University)

Defining ‘normal’ is a complex and controversial topic and one which people working in mental health are frequently called on to comment on and notarise. Normality can be a transient and unique state influenced by multiple factors and life events. When a person is being assessed through the lens of a ‘mental illness’ paradigm it can distort the unspoken rules, entrenched behaviours and beliefs established over a lifetime required to survive abuse, ridicule, self-loathing and neglect. Service-users have often been exposed to an unconventional and invalidating environments therefore what may be classified as ordinary will differ greatly to someone who has experienced a more conventional upbringing. It is unreasonable to conclude that people would respond to extraordinary events in ordinary ways. We have with some arrogance in mental health ordained ourselves as the connoisseurs of what is normal and arbiter of ‘appropriate responses’ therefore our patented view of normal becomes a clinically constructed guideline, driven by autocratic and confusing outcomes for Service-users. This paper will look at how we can marginalise people with a biased interpretation of normality steeped in over generalised criteria frequently excluding cultural and spiritual practices and *perceived* unorthodox beliefs. Exploring what is ordinary for people and what ‘looks extraordinary on an ordinary day’ is part of a process which engages service users and practitioners in a robust and mutually satisfying therapeutic relationship.



Recovery-oriented cognitive therapy for schizophrenia

Thursday, 31st August - 14:00 - Papers: Psychological Therapy - CT Hub Lecture Theatre A - Papers - Abstract ID: 405

Paul Grant (Aaron T. Beck Center, Univeristy of Pennsylvania), Aaron Beck (Aaron T. Beck Center, Univeristy of Pennsylvania)

Cognitive therapy has been established in the literature to be an effective treatment for schizophrenia. We originally developed recovery-oriented cognitive therapy (CT-R) to extend this efficacy to individuals with chronic disability and prominent negative symptoms. The basic science supporting the model provides an understanding of negative beliefs that make it difficult for these individuals to engage in life and recovery, as well as positive beliefs and experiences that can catalyze therapeutic connection and progress. We will present results of a clinical trial that supports the efficacy of CT-R for low functioning individuals, illustrating how the treatment succeeds for the most chronic cases, and showing that specific cognitive mechanisms of change predict outcome. Adapting CT-R for group, team-based, and milieu settings, we present implementation results showing how the approach supports recovery and continuity of care across the network that links up state hospital (forensic and civil) with independent living. The active therapeutic approach helps individuals who face considerable challenges – low energy, disorganization, grandiose beliefs, auditory hallucinations, aggressive behavior, self-injury – change into empowered people who have much to offer, feel valued, and participate in the community.



The Vital Importance of Engagement – The Cinderella of the Cinderella Services

Thursday, 31st August - 14:00 - Papers: Psychological Therapy - CT Hub Lecture Theatre A - Papers - Abstract ID: 210

Jonathon Slater (Psychotherapist), Mark Andrews (Lincolnshire Healthcare Foundation NHS Trust)

Whilst much emphasis in the psychosis literature is placed on engagement and establishing a therapeutic rapport as a precursor to effective psychotherapy, most texts fail to sufficiently explore the difficult practicalities involved or offer helpful case-based strategies to address these. Instead, emphasis is disproportionately placed on intervention protocols and procedures and the evaluation of intervention efficacy.

In this paper two established psychotherapists from different ends of the intervention spectrum (community early intervention and high secure forensic services) explore the potential tragedies of failing to establish secure and safe engagement. Using case examples, both openly reflect on the mistakes they have made, the lessons they have learnt and the useful engagement strategies which have emerged from this reflexive practice.

Learning Objectives:

Delegates will learn about:

- the fundamental importance of engagement
- case-based examples of developing meaningful engagement in practice
- a reflexive framework to guide praxis



Psychosis and Alcohol Abuse: Which Psychiatric Treatment for the Patient?

Thursday, 31st August - 14:00 - Papers: Substance use - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 135

Faniya Shigakova (Tashkent Institute of Postgraduate Medical Education)

At present the patients with dependency on psychoactive substances, complicated psychological pathology when alcoholism and drug addiction are combined with different types of personal disorders, depression and psychosis, occupy a significant place in the clinical psychiatric practice. Conjugacy of two disease developing simultaneously influences on the clinical picture of each of them and presents a huge differential-diagnostic and therapeutic complications.

The aim of the current research was to develop a treatment program addressing patients with psychosis and alcohol abuse. In our psychiatric hospital the program included a therapeutic element with a weekly Therapeutic Group for patients focusing on the problems with alcohol abuse. The patients were treated by group psychotherapy during 5 weeks by two sessions per week. They were additionally offered individual psychotherapy once a week.

Results. In total 84 patients, 69 males, 15 females, were examined. The age of patients fluctuated between 18 and

66, an average being 38,9±10,6 years. 72 patients were diagnosed with schizotypal disorder combined with alcoholism, in 12 cases chronic alcohol intoxication (symptomatic alcoholism) was observed. The appearance of early symptoms of psychiatric disease in most patients preceded beginning of alcohol abuse. In the clinical picture of the patients under research, the dominant features were affective disorders such as depression, anxiety, anguish, decrease in activity, loss of interest in outside world, apathy and autistic behavior.

Conclusion. During the therapeutic process of present program we have observed significant improvement in the affective field as well as the behavior of examined patients. However, findings of the study will be a subject to further studies. This program has specially been designed to enable true hospitalization at the psychiatric hospital for comorbid patients. It also enhances the sense of competence of psychiatric caregivers facing these comorbid disorders.

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Utilization of the therapeutic relationship to address active substance use when working with patients with severe mental disorders

Thursday, 31st August - 14:00 - Papers: Substance use - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 102

David Wilson (Private Practice)

In any psychotherapy differences in the communicative process between therapists and patients may cause significant difficulties in understanding. Patients with serious psychiatric difficulties who also misuse substances present additional levels of communicative and therapeutic complexity. Not all models of psychotherapy readily adapt to the issues raised when patients also actively abuse substances. Additionally, treatment models for mental disturbance and substance misuse are incompatible or contradictory. Variable and shifting mood and self states with concomitant impaired comprehension interfere with attempts to communicate in coherent ways that extend beyond periods of acute intoxication. Attempting to solve problems by substance use rather than verbalization and engagement inhibit change and maintain counterproductive and self-destructive patterns. Attempts to understand by transference or mentalization may be insufficient and make it difficult to establish reasonable levels of understanding and assess the effects of treatment. Focusing primarily upon cessation of substance use may divert our attentions away from other important concerns and suppress their emergence.

Many suggest that the interference introduced by substance use makes it necessary to refer patients to treatments primarily designed for substance use before initiating psychotherapeutic work on mental functioning. However, complications from additional referrals often result in patients falling through the cracks of the treatment system.

Elements of a transference based system of treatment focused upon the therapeutic relationship will be presented that facilitate productive engagement and understanding when working with patients with severe mental disorders and concurrent substance use problems. The emphasis will be upon the successful resolution of complicated clinical encounters in which we learn that denied or previously undisclosed substance use has been ongoing or when patients attend in intoxicated states. The focus on the therapeutic relationship allows the material to be adapted readily to a variety of different psychotherapeutic approaches. Clinical examples

from the presenter's practice will be discussed.

§

Screaming in Whispers: A dialogue between an expert voice hearer and a shaman/psychologist concerning the mastery of hearing voices.

Thursday, 31st August - 14:00 - Papers: Therapeutic Relationships - Chadwick Building, Rotbalt Lecture Theatre
- Papers - Abstract ID: 297

Ingo Lambrecht (Manawanui Maori Mental Health Service Auckland District Health Board), Debra Lampshire (University of Auckland)

Hearing voices is considered to be one of the defining symptoms of psychosis. Working and mastering such voices has moved from the simplistic attempts of silencing them to engaging masterfully with them. Working with her own voices as well as currently supporting others with their voices, Debra as an expert voice hearer has applied ways of establishing mastery through relating to the voices, as will emerge in the dialogue. Equally, the shaman seeks to master the relationship with the voices of the ancestors through various techniques. Ingo, a clinical psychologist working with psychosis, and having undergone shamanic training in South Africa has sought to interact with voices in a masterful manner. Differences and similarities of these approaches to voice hearing will be explored through personal stories and interactive dialogue. In this dialogue, the journey of the expert voice hearer and the shaman are related to the overarching structure of Campbell's hero's myth, revealing that the ancient and modern journeys of healing and mastery have archaic similarities. The hero's myth also allows for rich complexities to emerge, a move away from the denigration/denial through medicalization of symptoms and/or the simple idealisation of techniques to the acknowledgement of both dark and light chapters in such a process of mastering voices.

§

Iatrogenesis - meaning of "first do no harm" and the role of curiosity in psychiatric encounters

Thursday, 31st August - 14:30 - Papers: Therapeutic Relationships - Chadwick Building, Rotbalt Lecture Theatre
- Papers - Abstract ID: 243

Georgiana Antoce (Private Practice; psychiatrist and psychotherapist)

The paper will offer a review of the concept of iatrogenesis in different medical fields, with further discussion of its relevance for psychiatry and in particular, in suicide prevention approaches. This will be contextualized in relation to issues of involuntary treatment, shifting paradigms in diagnosis and treatments, research biases and training issues.

Parallel discussions of stigma, societal desirability, conditioned tolerance, hopelessness and control - touching on legal considerations and the development of justifications for risk avoidance/ harm reduction and subtle excuses for limits to accountability in professional approaches will complete the presentation. The author will of-

fer reflections on the necessity of meaningful and all inclusive narratives in the development of social/ political discourses and resource allocation and for true self knowledge and promotion of learning. The role of curiosity in the practice of psychiatry/ psychotherapy and the ability to engage with playfulness and to generate hope seem to be as relevant as an increased sense of personal accountability in a system of care guided primarily by economic considerations.

History has shown that medicine (and science in general) can succumb to political bias or financial incentives and divert from its declared goal of “first do no harm”. The assessment of iatrogenesis’ in medical research seems imperative and yet ...it is not often included in the interpretation of results. This seems even more relevant for the practice of psychiatry, now more than ever before maybe.

The author will discuss her involvement with a grounded theory PhD research project, currently in the beginning stages.

§

“Like a human being, I was an equal, I wasn’t just a patient” Service users’ perspectives on their experiences of relationships with staff in mental health services

Thursday, 31st August - 15:00 - Papers: Therapeutic Relationships - Chadwick Building, Rotbalt Lecture Theatre
- Papers - Abstract ID: 91

Karin Bacha (University of Manchester)

Background

Therapeutic relationships in psychiatry services have been shown to have a significant impact on outcomes for people in severe mental distress. Service user experience-based studies consistently show relationships are an important factor in either helping or hindering recovery. Few studies have conducted a detailed exploration into the interpersonal mechanisms within these relationships by asking service users directly about what emotional impact these relationships have had on them. This is important knowledge for improving the quality of mental healthcare for people in severe mental distress.

Aims

The purpose was to co-create a piece of research with a service user organisation that explored services users’ experiences and perceptions of helpful and hindering relationships with mental health practitioners. The aim was to gain a greater understanding of the components in the relationship that brought about psychological change.

Participants

Eight participants were recruited from the service user run organisation. Seven of the eight participants had long term experience of using psychiatry services.

Method

This research was service user-informed. The data was collected using single in-depth interviews. Interpretative Phenomenological Analysis (IPA) methodology was used to analyse the data.

Findings

The findings showed the transformative components of these relationships were power, security and identity. The findings highlighted how the participants experienced a relationship to the system of psychiatry through

their relationships with staff.

Conclusions

How the components of power, security and identity were managed by practitioners determined whether relationships helped or hindered recovery.

The responsibility for relationships in psychiatry needs to be broadened beyond the interpersonal relationship provided by practitioners. The systemic institution of psychiatry based on statutory control, risk aversion, the biomedical model and under resourcing were a cause of many of the problems in relationships in psychiatry settings.

Keywords: Mental health, psychiatry, relationships, service users' experiences, interpretative phenomenological analysis.

§

First episode psychosis patients and Ultra high risk patients in a municipal out-patient clinic by means of Need Adapted and Open Dialogue Approaches

Thursday, 31st August - 14:00 - Symposium: Open Dialogue - Maths Building, Forsyth Lecture Theatre - Workshop - Abstract ID: 117

Olli Niemi (Helsinki University Hospital, Early Psychosis Clinic), Marja Pirinen (Helsinki University Hospital, Early Psychosis Clinic), Laura Salmijärvi (Helsinki University Hospital, Early Psychosis Clinic), Teija Putkonen (Helsinki University Hospital, Early Psychosis Clinic), Kristiina Pyökeri (Helsinki University Hospital, Early Psychosis Clinic), Hanna Nokio (Helsinki University Hospital, Early Psychosis Clinic), Elisa Alander (Helsinki University Hospital, Early Psychosis Clinic), Niklas Granö (Helsinki University Hospital, Adolescent psychiatry), Jukka Aaltonen (University of Jyväskylä)

Early psychosis clinic in the Helsinki University Hospital, Finland (catchment area of 570.000 inhabitants) is designed to assess and treat First Episode Psychosis (FEP) patients between 18-40 years of age. Another aim is to detect young people, who are in Ultra High Risk (UHR) of developing psychosis. We treat approximately 125 FEP-patients in a year.

The main objective is to help patients back on track and to support functioning. The multidisciplinary team consists of 17 mental health professionals. The treatment is organized according to principles of Need Adapted Approach and its modification Open Dialogue (OD). The Approaches have been developed, especially, for the community- based psychiatric treatment.

The main principles of the Need-Adapted Approach emphasize that the therapeutic activities are planned and carried out flexibly and individually in each case so that they meet the changing needs of the patients including the family. The patient's independence, the sense of agency and grip of life are emphasized in every phase of the treatment process. The principles of the Open Dialogue Approach emphasize immediate help, continual reciprocal dialogue, social network perspective and tolerance of uncertainty.

In our work, we integrate evidence based interventions in the Approaches (1) Individual cognitive psychotherapy (CBT) interventions (5-25 sessions) aim to reduce the functional impairment and distress caused by hallucinations and distortions in thinking; (2) "Skilled Thinking Group" (TAR) is a group based, computerized Cognitive Remediation Therapy -model assigned to FEP-patients. The goal is to provide a positive learning experience and to promote metacognition and optimal cognitive functioning; (3) **Multifamily group**. The goal is to use the help of experts by experience, and psychoeducation; and (4) **SCIT**, a group based treatment model to increase social cognition.



Shared Reading (1)

Thursday, 31st August - 14:00 - Workshop: Shared Reading (Places limited - please sign up at Registration Desk)
- The Guild, Gilmour Room - Papers - Abstract ID: 466

The Reader (The Reader)

Abstract:

The Reader is an award-winning national charitable social enterprise based in Liverpool which for over a decade has been bringing people together across a range of settings – mental health wards, prisons, schools, libraries and care homes, through the use of *Shared Reading*.

Shared Reading is a simple idea with a powerful impact, which has been demonstrated to improve wellbeing, reduce isolation, build resilience and strengthen communities. By bringing people together in small groups to read a book, short story or poem *aloud*, *Shared Reading* groups create a safe and welcoming space where individual thought and feeling is recognised and valued. Group members can choose to read aloud, share personal reflections or simply listen and in this way form real connections with the literature and with each other. Research from the Centre of Reading, Literature and Society (CRILS) at the University of Liverpool, in conjunction with Mersey Care Mental Health Trust - longstanding partners of The Reader - reveals *Shared Reading* as an effective non-medical intervention that has demonstrable positive impact for both volunteers and group members alike - including those living with dementia. See research findings here on how *Shared Reading* has helped alleviate both psychological and physical pain, as well as highlights on the use of *Shared Reading* here as a treatment for those living with episodes of psychosis, supported by the Guy's and St Thomas Trust. There's more information about The Reader at www.thereader.org and CRILS here <https://www.liverpool.ac.uk/psychology-health-and-society/research/reading-literature-and-society/>.

The workshop will offer chance to participate in and experience a *Shared Reading* group with a trained facilitator. Group facilitators known as 'Reader Leaders' are trained to develop *Shared Reading* within their own communities or workplaces through Read to Lead training courses. Immediately following the conference there will be opportunity to attend a three day Read to Lead training course that will equip you to develop your skills as a Reader Leader and set up your own Shared Reading group. This will run from Monday 4th- Wednesday 6th September in a city centre venue in Liverpool - more information is available on the conference website and bookings can be made through The Reader, learning@thereader.org.uk, 0151 729 2200

§

How to work with human right and personhood in ordinary psychosis care - narratives from selfexperts and staff and exercises

Thursday, 31st August - 14:00 - Workshop: Influencing Practice - The Guild, Library - Workshop - Abstract ID: 111

Annika Ahren Vargas (Nurse Sahlgrenska university hospital PNO - Project To come to one´s own right – Empowerment based psychiatry), Barbara Bischof (Physiotherapist Sahlgrenska university hospital PNO - Project To come to one´s own right - Empowerment based Psychiatry), Agneta Persson (Self expert (service user) Project To come to one´s own right – Empowerment based psychiatry), Anna-karin Engqvist Jonsson (Self expert (service user) Project To come to one´s own right – Empowerment based psychiatry)

In Gothenburg Sweden, an open care unit and connecting ward at Mölndal hospital has worked with human rights principles and with personhood in many ways. One way has been education for staff and right holders (patients).

One result has been a project that is called “To come to one´s own right – Empowerment based psychiatry”. This project aims to create methods of how to work in the human rights-based practice in psychiatry. The project run by three people with personal experience of psychosis, along with two staff from a psychosis open care unit in north-eastern Gothenburg.

The activities in the Project include:

1. Talkingshops and meeting places with people with own experience of psychosis
2. Workshops for staff in psychiatry about human rights and dilemmas
3. Lectures about human rights
4. Participation in an integration program in Gothenburg

The goal is that a human rights-based approach will permeate the psychiatry in Gothenburg. The rights-holders shall be more involved in their care and more equal in their health care relationships. We believe that people's own stories are important to highlight. When people are treated as individuals with unique life stories, we believe that the coercive measures in psychiatry can decrease and people's sense of empowerment increases. Since we originate from a very multicultural area the concept understanding is important for us. We think that the Culture formulation interview in DSM 5 is a useful tool to capture the language and understanding of suffering.

This workshop present some of this work and will also present the narratives from people with personal experience of psychosis and staff involved in the process. We will also have some practical exercises in for example master suppression techniques. We who present the workshop are persons with personal experience together with staff.



Are We In This Together: Improving Communication among Providers, Experts by Experience and Family Members.

Thursday, 31st August - 14:00 - Workshop: Family and Network - The Guild, Mandela Room - Workshop - Abstract ID: 395

Pat Wright (M Ed Family Chair usps-us), Jen Kilyon (Soteria and ISPS), Rai Waddingham (ISPS), Noel Hunter (ISPS, Feinsilver Award Winner), Margreet de Pater (ISPS board member), Janet Sheppard (ISPS), Anna Arabskiy (Soteria and ISPS)

Imagine what it would be like if we (experts by experience, family members and providers) could all sit down at the table together to discuss options for recovery and support; each being heard and respected whatever their voice(s) and role(s) in being together-experts by experience, family members or providers.

In situations and systems where differences of opinion and power are rife-this vision is more complex than it sounds. After difficult or traumatizing situations it can be easier to avoid such conversations and focus on the individual rather than the network.

In situations and systems where differences of opinion and power, are rife - this vision is more complex than it sounds. After difficult or traumatizing situations, it can be easier to avoid such conversations and focus on the individual rather than the network as a whole. Yet, if we are to make real changes in our mental health systems these dialogues are essential. There will be role playing actual situations and opportunities for participants to discuss how things could have been handled differently.

This session will take an honest look at the benefits and challenges of truly walking alongside each other - from the perspective of people from each of the three roles (family members, experts by experience and providers). Sharing examples of how this is already working within ISPS circles around the world, we will consider how we might overcome some of the challenges we face to create more helpful dialogues with one another when a person, family or network is in crisis. This workshop will lay the foundation to continue dialogue with each other via Skype or email to keep our movement growing.



A “Gift Box” to help establish and enhance wellbeing

Thursday, 31st August - 14:00 - Workshop: Other Therapeutic Approaches - CT Hub, G-Flex Room - Workshop - Abstract ID: 238

Patte Randal (Retired from Auckland District Health Board/Self-employed)

Aim

To present a “Gift Box” of resources, a practical toolkit developed to enhance victorious cycles rather than repeating vicious cycles as so often happens in current mental health services

Method

This “Gift Box” has been developed collaboratively with colleagues, friends and many of the people we serve. It represents the culmination of 30 years work, including formal research, informal action research, clinical

experience and personal lived experience of recovery from extreme states/psychosis.

In this workshop I will demonstrate the use of the resources in the “Gift Box” and present feedback from recent workshops where this approach has been taught.

Results

Participants will come away with the resources to use the “Gift Box” in their own lives, practices and to support others. They will learn how to build a bridge of trust; explain the dynamics of the “Re-recovery Model”; use the “feelometer” effectively to support solution-focussed change; and use the card-sort to help identify actions, thoughts, feelings and body sensations collaboratively to create a pathway to wellbeing.

Conclusions

The “Gift Box” contains a simple conceptual framework and toolkit that help develop understanding of complex interactions between cultural, spiritual, social, psychological and biological responses that result in psychosis. It operationalises a truly collaborative, person-centred approach to attaining wellbeing. It has the potential to add significantly to the armamentarium of resources that can assist us to offer an alternative, hope-filled, healing approach to psychosis. It can help create the paradigm shift in understanding that ISPS supports.

Whether we are clinicians, people experiencing extreme states, family members and loved ones, or all the above, we share the human condition. We are all becoming experts by experience in our own lives and we can achieve greater wellbeing by adopting a more human approach. The “Gift Box” can help provide this gift for one another.

§

Developmental processes in young people at-risk of psychosis: The roles of attachment and mentalisation.

Thursday, 31st August - 14:00 - Workshop: Attachment and Mentalising - The Guild, Mountford Hall -
Panels/Symposia - Abstract ID: 156

Matthias Schwannauer (University of Edinburgh), Helen Griffiths (University of Edinburgh), Laura Maclean (University of Edinburgh), Alice Thomson (University of Edinburgh)

Coping and psychological adaption have been associated with later outcomes for young people with psychosis including those with at-risk mental states. The dominant focus on symptomatic recovery can easily overlook the trajectories of resilience and adaptation to adverse and unusual experiences which form an important part of recovery and staying well.

There is little existing empirical support for the role of specific developmental processes in the development of psychological adaption, although there is a strong theoretical case for attachment based processes such as mentalisation (the ability to reflect on mental states of self and others) and emotion regulation.

In this symposium, we present several research studies which examine the role of developmental factors in relation to psychological adaption for young people experiencing psychosis. Specifically, we examine stress sensitivity and social withdrawal in the context of psychosis, including at-risk mental states. We also investigate whether developmental processes predict psychotic experiences in help-seeking young people, recruited from

third sector organisations, student populations and NHS services.



Combined Individual /Group Psychodynamic Psychotherapy: The Role of Dreams

Thursday, 31st August - 14:00 - Workshop: Psychodynamic - CT Hub, Lecture Theatre D - Workshop - Abstract ID: 89

Michele Battuello (Centro di Psicoterapia MB, Roma)

The workshop presents a methodological approach of psychodynamic psychotherapy that is a combined individual/group one. The main tool that allows the different steps (individual first, later combined individual/group and finally only group psychotherapy) is the dream and its interpretation in terms of emerging of both psychopathological dynamics and physiological (the Human Potential, Battuello and Errico, 2015). Even the psychotic patient can be treated in this kind of psychodynamic work and it depends not on the severity of symptoms but mostly on the capacity of finding the inner valid parts that he/she could save from the past. Therefore the selection for the therapeutic work is related mostly to the relevance given to the positive psychodynamic aspects of the Human Being instead of only the pathological ones. The workshop wants to focus on the role of dreams and their interpretation because nowadays there is so much confusion concerning the meaning given to “the unconscious” and dreams inside the therapeutic process. Therefore the aim is to discuss on the different steps of the psychodynamic approach presented and to strengthen the forgotten role of dreams as the chore of psychodynamic therapy even in psychotic and severe patients. The author will share clinical examples and relevant dreams of his work: colleagues attending are invited to bring their experiences, thoughts and approaches to dreams in psychotherapy.



Self Psychology and Psychosis

Thursday, 31st August - 14:00 - Workshop: Psychodynamic - Maths Building, Proudman Lecture Theatre - Panels/Symposia - Abstract ID: 217

David Garfield (Rosalind Franklin Univ. Sci an)

Nowhere do psychoanalysts and psychotherapists of all persuasions more clearly find distortions of the self than those they encounter who are caught in the throes of psychosis. As hallucinations, delusions and thought disorder take hold, patients struggle mightily to regain their footing. Here, a positive coloring of the self, a temporal continuity with the self and a cohesiveness of the self are frequently lost or stand in immediate danger of dissolution. Where could we find a better place for an understanding of the essence of the self than in these x-rays of a shattered mind?

Throughout the history of psychoanalysis, references to and understandings of the self are almost too numerous to count. Yet, what makes psychoanalytic self psychology so compelling as a framework for understanding psychosis is how it links together the early recognition of narcissistic impairment in these disorders to the “experience-near” focus which is the hallmark of self psychology. Freud, early on, had eschewed the wisdom

of using psychoanalysis as a vehicle for cure in the “narcissistic neuroses” and even Kohut took years before he embraced the idea that psychoanalysis could have a salutary effect on psychosis. this panel will review the key ideas of forward edge transference, fears of retraumatization, the centrality of affect in the body/mind, vitality affect attunement, the establishment of mirroring, idealizing and twinship self object experiencing, the vertical split, the therapeutic mechanism of action of disruption and repair and finally, the idea of enlistment of a vitalizing selfobject milieu in staying out of psychosis.

§

Groups of Intervention on Consciousness States: When evolution is shared

Thursday, 31st August - 14:00 - Workshop: Psychodynamic - The Guild, McAusland Room - Workshop - Abstract ID: 108

Adolfo García de Sola (Andalusian Health Service. National Health System)

This workshop shows the group work made with people diagnosed with psychosis using techniques related to the management of consciousness states.

We know, dealing with psychosis, conventional psychotherapeutic approaches, often are not too successful and medication, even if it helps, does not get optimum results and causes significant side effects.

So, thinking about other more effective ways, we have seen that throughout history and in different cultures different methods have been used to modify the state of consciousness for therapeutic purposes.

Analyzing these methods in detail, we have created a type of groups with a very specific setting, being aware that the therapists who use them, must have a broad knowledge of psychopathology and a strong background in psychotherapy.

In our groups, interventions are flexible, always following carefully the development of the session, and the suggestions of the people or the rhythm they mark. It is very important to listen to the other. This flexibility is essential.

There are some key recommendations to consider: for example, and for obvious reasons closely related to paranoid symptoms, not to require the person to do something without being able to resist the order. In my experience it is better to make use of inductions related with relaxation instructions.

There are also some lines that help to open the way through different states of consciousness other than ordinary, such as talking about dreams or remembering what a person feels and lives when hallucinating, or in the middle of a delusion, or recalling situations in which they felt particularly good, getting in and out of the induction, etc.

In this approach, the concept of ‘dissociation’ is fundamental for the understanding and the management of consciousness states as a healthy instrument.

Results are presented and discussed from the outlook of improvement and adaptation to daily life.



Decentralizing Clinician Authority: Insights into the Working Relationships of Peer-Clinician Treatment Teams

Thursday, 31st August - 14:00 - Therapeutic Relationships - The Guild, Elizabeth Gidney 1 Room - Workshop - Abstract ID: 293

Elan Cohen (Visiting Nurse Service of New York), Tamar Lavy (Visiting Nurse Service of New York)

The inclusion of people with lived experience on clinical teams comes with a variety of challenges. Working together, peer specialists and clinicians are often required to reevaluate their training, question their roles, and redistribute power. This workshop will explore the ways in which peer specialists and clinicians can collaborate effectively, navigate difficult power dynamics, and provide treatment and support that models therapeutic listening, curiosity, and respect for all forms of knowledge. The workshop facilitators will be psychiatrists, therapists, and peer specialists, who currently work for the Parachute mobile program, a grant-funded program which provides peer supported, dialogic therapy in New York City.

By the end of the workshop, participants will:

1. have a deeper understanding of how the voices of people with lived experience may impact clinical culture;
2. be able to address some of the challenges frequently faced by peer specialists and clinicians working on integrated teams;
3. be able to recognize the value of collaboration and apply it to their clinical practice.



Dance Movement Psychotherapy in Acute Adult Psychiatry: a mixed methods study

Thursday, 31st August - 17:05 - Papers: Arts and arts therapies - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 125

Mary Coaten (Durham University)

This presentation is based on doctoral studies at Durham University. The research involves an investigation of the therapeutic mechanisms at play in dance movement psychotherapy in acute adult psychiatry. There is an emerging field of philosophically-led research into embodiment highlighting the importance of understanding severe mental distress, for example schizophrenia, psychosis and bi-polar disorder, in terms of the 'lived-body' experience (Fuchs, 2015, Hye-Lin 2015, Ratcliffe et al., 2014, Sass and Byrom, 2015). When people are experiencing severe mental distress they often report disorders of embodiment (Stanghellini et al, 2016). For example, experiencing time as speeded up or slowed down, having a sense of déjà-vu, having premonitions about oneself and loss of relationship to being in the present moment (Stanghellini et al, 2016). These are significant symptoms, and can effect how the person moves in and relates to their environment; yet these important experiences are often minimised, seen as difficult to assess, non-measurable and unscientific (op.cit, 2016).

There is a growing body of evidence demonstrating that Dance Movement Psychotherapy (DMP) is effective in

reducing symptoms in schizophrenia/psychosis (Cochrane Review, 2012, Martin et al, 2016, Röhricht and Priebe, 2006). There is little understanding or investigation of why this might be the case. Is part of DMPs efficacy as an intervention related to its capacity to change the way people relate and move together in their environment, re-configuring an abnormal perception of time?

Stanghellini (2003) argues the body can be perceived as 'de-animated' in schizophrenia, meaning a person experiences 'living at a distance from themselves', where other people's bodies are also experienced as lifeless. The body subsequently becomes a de-temporalised one, with the possibility for spontaneous movement diminished and the sequencing of everyday life events disrupted. Can these subtle changes be better understood via the qualitative dynamics of movement in the DMP session?

§

Getting Better All The Time: Music Therapy with Adolescents Experiencing Mental Health Issues.

Thursday, 31st August - 17:05 - Papers: Arts and arts therapies - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 341

Joanne McIntyre (Western Sydney University)

The diversity of symptoms and responses from adolescents experiencing mental health issues often makes improvements in classroom interactions and achievements difficult to track. To date, there is a paucity of music therapy research that shows how these young people can progress in school when music therapy is added to their treatment plan. Research in the area of Arts and Education show that both progress and change does indeed occur when a young person engages in a music programme.

This presentation will describe and discuss a PhD study with adolescents experiencing mental health issues and the quantitative data collected that supports the use of music therapy with this population group. The participants were students enrolled in a specialist high school for adolescents experiencing mental health issues. Data was collected pre and post study by administering WIAT-II, Australian (Weschler Individual Achievement Test) and BASC-2 (Behaviour Assessment System for Children) to each participant. Data was then collected on a weekly basis from classroom teachers who rated each participant pre, during and post the music therapy session.

Within each music therapy session there were particular music making tools that were standard across all groups including drum circles, song writing, group improvisation, individual improvisation, song sharing, structured music making and therapeutic teaching. The music therapy's theoretical base was modeled on the Nordoff-Robbins approach.

Results from the WIAT-II and the BASC-2 show statistically significant improvement/progress in areas such as word reading, mathematics, depression, anxiety and social connection for many of the participating students. These initial results appear to indicate that conducting music therapy with adolescents experiencing mental health issues within a school setting can indeed support and encourage more engagement in the classroom after each music therapy session and may assist in lessening the affect of diagnosed mental health issues within a classroom setting.



Efficacy of using music for treatment patients with schizophrenia.

Thursday, 31st August - 17:05 - Papers: Arts and arts therapies - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 149

Shakhnoza Kurbanova (Tashkent Institute of Postgraduate Medical Education)

The aim of study: to research possibility of musical therapy at patient with schizophrenia.

Material and methods: 16 patient with schizophrenia, among them 13 women and 3 men were selected for the study. 2 group (per 8 people) were formed, who were taken the seance of musical therapy twice a week for month. The seances included in listening classical music of various composers, being repeated with stereo system for 30 minutes.

The author musical compositions were: P.I.Chykovsky, V.A.Motsart, F.Shopen, F.List, L.Betchoven.

The seance consists of three parts: 1 part had function of relax, 2 part was getting calm, and 3 part was making them more active. After the seance the feedback was carried out as imagination discussion after listening to music.

Results: In spite of listening time the examined people did not reveal bright expressed emotions, but at once after lesson their expressions reflected bright emotional reply, that proved active listening of given musical compositions. The patients have remembered the authors of musical compositions, their sufferings were described as «raising», «getting calm», and «desire to live», «hope to recover». Most patients had pleasant memory from the last life, and they had imaginations of beautiful nature pictures.

Then the examined patients wanted to continue the participation in program. In the dynamics of their state some improvements were marked: emotions survived, the general state was increased, the attitude towards doctor and medical staff changed for the best, the ambition for intercourse appeared, the behavior became more calm, the sleep was improved.

Conclusions: the advantages of given method are: absence of side affects, economical purposefulness; as at definite therapeutic activity the large material expenses are not necessary. It allows to use musical therapy in combination with medication for patients with different forms of schizophrenia.



Is Psychotic Patients' Rehabilitation Psychotherapy?

Thursday, 31st August - 17:05 - Papers: Political - CT Hub, Lecture Theatre D - Papers - Abstract ID: 279

Giovanni Ariano (S.I.P.I. Italian Society of Integrated Psychotherapy)

The distinction between Psychotherapy as a cure of Neurotic patients and Psycho-Rehabilitation as a cure for Psychotic patients, reveals the distrust of the clinicians in a cure of the mentally ill patients which goes beyond the simply calming them. This distrust has produced a psycho-rehabilitation in which medication and social entertainment or homeostatic pedagogic support, hide a distressing and depressing tendency to become chronic. Furthermore mentally ill patients are property of DSM (Department of Mental health = Nationalization of the

cure). This prevents from the spread of experiences of Restructuring cures which remain restricted within private practice. In the future, we will need to work so that patients and their families are free to choose where to get treated and who is the professional to rely on. We wish this will encourage the scientific world to build models of mental suffering treatments that can be more efficient and human.

 §

Preventing psychosis: a political issue.

Thursday, 31st August - 17:05 - Papers: Political - CT Hub, Lecture Theatre D - Papers - Abstract ID: 157

Margreet de Pater (ISPS board member)

Epidemiological research of the last 10 years reveals mounting evidence that a lack of a holding, caring and protecting extended social network breeds psychosis. Defragmented neighbourhoods, migration, being member of a minority group, but also climbing from one social class to another and moving in childhood from one place to another are risk factors. It is time that ISPS faces the consequences. Psychosis cannot be solved by well-meaning individual clinicians alone, social action is needed. (Allardyce e.a. 2005; Kirkbride e.a. 2008; Newbury e.a. 2016). Allardyce, J., Gilmour, H., Atkinson, J., Rapson, T., Bishop, J., & McCreddie, R. G. (2005, 11/2005). Social fragmentation, deprivation and urbanicity: relation to first-admission rates for psychoses. *Br. J Psychiatry*. Retrieved from [http://eprints.gla.ac.uk/4187/...](http://eprints.gla.ac.uk/4187/)

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Critical theory , psychiatry and ISPS

Thursday, 31st August - 17:05 - Papers: Political - CT Hub, Lecture Theatre D - Papers - Abstract ID: 296

Jan Verhaegh (User/survivormovement)

My name is Jan Verhaegh. Since 1997 I was active in the user/survivor-movement. I was board member of (international) user /survivor-movement ENUSP Since 2008 I'm board member of Autism Europe. I studied also science of religion(Drs) and in 2014 I got the master degree in philosophy of psychiatry

1. Critical theory is the opposite of traditional theory. Traditional theory is confirming the situation as it is. It is the dominant theory. Critical theory is an instrument in the hands of the not dominant groups with the intention to improve their situation. It was developed par example by Jewish philosophers from Germany under fascism.

2 An association as the ISPS which has less power than the dominant biological psychiatry critical theory can be helpful as a support in arguments to make a plea for a treatment of psychiatric patients (suffering from psychosis) in a psychological and social way stronger.

3 We can elements for this critical theory find on the level of science, on the level of psychology, on the level of psychiatry, on the level of philosophy of psychiatry and from the side of user/survivors movements.

4 We can also find it in texts of the woman movement, the LGBT movement, the ant-racist movement, the workers-movement, the anti poverty movement and other movements. They give not only good analysis of the social context in which we live but also about problems of mental health.

5 The least known amongst psychiatrists and users/survivors is the contribution of dialectical philosophy. What is that? What are the basic principles and why is that useful for thinking about psychiatry ?

With thanks to Margreet de Pater

§

On being assessed....an auto-ethnographic account of alienation, 'disorder' and subsequent recovery.

Thursday, 31st August - 17:05 - Papers: Experts by experience - CT Hub, Lecture Theatre A - Papers - Abstract ID: 222

Jonathon Slater (Psychotherapist)

The author of this paper is a multi-award winning mental health nurse and psychotherapist whose innovative and creative approaches to helping psychosis sufferers have won him national and international acclaim. However, the author's first experience of mental health services in his early twenties was not as a professional but as an acutely psychotic patient. The damage and subsequent alienation he experienced and the inspirational figures he was lucky enough to meet ushered in a life-long journey of meaning seeking and of striving to shape health and psychotherapy services into formats which help and work with people rather than categorise, coerce and dismantle. In this paper the author blends reflective insights, autobiographical data and research literature to contextualise his own experiences of being assessed by mental health services, to identify the important lessons these experiences helped him learn and to propose that there are voices we might still benefit from hearing.

Learning Objectives:

Delegates will:

- Learn about lived experience of psychosis and mental health services
- Be introduced to the concept of 'health dissonance'
- Be offered ideas based on both experiential and research data about how psychotherapy services might be made more accessible and effective

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Tales from the Madhouse: An insider critique of psychiatric services (Meet the Author Session)

Thursday, 31st August - 17:35 - Papers: Experts by experience - CT Hub, Lecture Theatre A - Meet the author - Abstract ID: 118

Gary Sidley (Registered clinical psychologist, freelance writer/trainer)

The book constitutes a persuasive critique of current psychiatric practice within Britain's National Health Service. Drawing on the author's 33-year experience of working as a mental health professional –psychiatric nurse, clinical psychologist and manager - the detrimental impact on service users of psychiatry's stubborn, fallacious and self-serving claims that mental health problems reflect a biological illness are starkly illustrated.

Two distinctive aspects of the book set it apart from other anti-psychiatry books. Firstly, the original structure with each chapter divided into an initial concise, but scholarly, review of a topic, followed by detailed anecdotal observations that vividly illustrate how the topic in question plays out within psychiatric services. Thus, the book will be of interest to mental health professionals, service-users and intelligent general readers. Secondly, the author's extensive experience within the psychiatric system renders his account an insider perspective that is difficult to dismiss.

Following a historical overview of how psychiatric services have purportedly advanced since the days of the large asylum, while the mendacious fundamentals of biological psychiatry have endured, subsequent chapters consider each of the negative consequences of assuming mental health problems have primarily a biochemical cause and represent 'an illness like any other'.

Topics covered that are particularly pertinent to psychosis include:

1. **stigma**, and how it impinges on the lives of those identified as 'mentally ill';
2. **overuse of psychotropic medications**, and the underestimation of the harm associated with them;
3. **misuse of power** within the framework of the fundamentally discriminatory Mental Health Act;
4. **risk aversion** and the associated defensive practices;
5. **pessimism & low expectation**, particularly pertinent given the high level of suicide in this clinical population.

An extended final chapter proposes a multi-level series of changes that would improve the ways that services, and society in general, respond to human suffering.



Hearing Voices, Living Fully: Living with the Voices in My Head (Meet the Author Session)

Thursday, 31st August - 18:05 - Papers: Experts by experience - CT Hub, Lecture Theatre A - Meet the author - Abstract ID: 79

Claire Bien (The Connection)

Hearing Voices, Living Fully: Living with the Voices in My Head chronicles my journey through depression, psychosis, and an unmedicated recovery. I began hearing voices when I was 31, soon after the suicide of my first cousin. Forced to commit myself to a psychiatric hospital, I signed out against medical advice after 10 days. Within a week I had admitted myself to a second hospital, was diagnosed with schizophreniform disorder, and placed on Haldol. Haldol stopped the voices immediately, but the side effects were crippling. Over time, initially under my psychiatrist's supervision, I tapered the medication and eventually weaned myself from it. I was doing so well that in 1986 my husband and I decided to start a family. But in 1989, when our only son was not quite three, I again spiraled into psychosis and very nearly committed suicide. My responsibility for and to my son kept me from following through.

Over time, thanks to a discipline of self-guided and professional therapy, I learned to challenge my demons and negotiate the conditions that ultimately allowed me to regain control over my mind and life, even while continuing to hear intermittent voices. Many of the techniques I used to re-find myself—argument, negotiation, acceptance when appropriate, and an unwavering determination to live as fully as I could in the real world—are tried and true methods of the Hearing Voices Movement. I attribute my successful, unmedicated “recovery” and the growth I have achieved to the love and support of the communities I have built around myself: family, friends, work, and faith. While finding balance continues to be a struggle, it grows ever easier—informed by vocational satisfaction, life experience, increased self-knowledge and acceptance, and greater understanding of the world, with all its fascinations and terrors.



Bad Faith, Authenticity and Homecoming in the Recovery from Schizophrenia

Thursday, 31st August - 17:05 - Papers: Recovery - CT Hub, Lecture Theatre B - Papers - Abstract ID: 38

Owen Earnshaw (Durham University)

There is a growing movement in the UK for the idea of encouraging and trying to empower recovery from mental health conditions as can be seen from the many recovery colleges springing up around the country. Although this is a developing and active endeavor to help sufferers, which is to be welcomed and is progressing in depth and rigour, there is a lack of literature in the philosophy of psychiatry that deals with the concept of recovery. Although it may seem that recovery is just a matter of arriving at a state where the mental health condition no longer has an influence on the life of the person diagnosed with such a problem, in actuality this

is not what the term recovery means in the case of most mental health conditions. It is unlikely in the majority of cases that the sufferer will ever be entirely free of the symptoms of a mental health condition without the aid of medication and there is always the possibility of relapse. ‘Recovery’ must therefore refer to something else rather than complete remission from symptoms. In the first section I elaborate how Sartrean bad faith and authenticity relate to recovery from schizophrenia and then move on to the idea of homecoming. I shall refer to the goal of recovery from mental health conditions as a ‘homecoming’ (taking Odysseus’s homeward journey in *The Odyssey* as an example), which refers to a space of sanity, respite from psychosis and a return to the normal ordinary everyday. I shall explore the notion of the various homecomings people might experience in the last section of the paper where I use a poem to help define the goal of recovery from mental health conditions.

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“Recovery” and “Real Change”: synonyms or incompatible concepts?

Thursday, 31st August - 17:05 - Papers: Recovery - CT Hub, Lecture Theatre B - Papers - Abstract ID: 273

Elena Monducci (Università Sapienza of Rome - netforpp europa, Rome), Annelore Homberg (netforpp europa, Rome), Sandra Santomauro (Department of Mental Health, Rieti - netforpp europa, Rome), Cecilia Di Agostino (netforpp europa, Rome), Francesca Padrevecchi (Department of Mental Health, Pomezia - netforpp europa, Rome), Cecilia Iannaco (netforpp europa, Rome)

The concept of “recovery” in psychiatry stresses the revolutionary idea that mental illness is not incurable. However, the term “recovery” seems linked to the Italian term “recupero” (regain) and suggests that patients *recover* when they *regain* something, namely the state of well-being and proper reality testing that characterized them before illness developed.

Nevertheless, studies show that the onset of psychosis often occurs years after the appearance of the first clinical signs. Thus, to which moment of their lives do patients have to back to in order to achieve mental health?

The idea that treatment has to help the patient to regain appropriate behaviour and adequate conscious thoughts, e.g., by curing his/her persecutory delusion, is satisfying from a pragmatic point of view. Yet it appears questionable if treatment aims at real psychic changes, which can prevent relapses.

Discussing a number of clinical cases, the Authors suggest that in order to achieve a full recovery, the patients’ relation to reality – precisely, with human reality – has to change also at an unconscious level.

In fact, patients’ unconscious thoughts in regard to human reality, as they are expressed for instance in dreams, offer appear to be distorted even after their conscious ideas and behaviour have returned to be adequate.

The Authors, who refer to the Human Birth Theory (Fagioli 1972), suggest that this persistence of unconscious “madness” does not express a natural hostility of the unconscious mind towards the reality principle. Instead, it denotes a pathological alteration of the unconscious thoughts, which can be treated.

The Authors discuss the idea that a real and lasting change is based on an internal transformation which occurs primarily at an unconscious level. They also discuss the characteristics of this transformation and how it can be triggered by the therapeutic relationship.



A “Gift Box” approach to wellbeing and why we all need it.

Thursday, 31st August - 17:05 - Papers: Recovery - CT Hub, Lecture Theatre B - Papers - Abstract ID: 192

Patte Randal (Retired from Auckland District Health Board/Self-employed)

Aim

To present a “Gift Box” - the culmination of 30 years work, including formal research, informal action research, clinical experience and personal lived experience of recovery from extreme states/psychosis. This “Gift Box” has been developed collaboratively with colleagues, friends and many of the people we have served and contains resources that can assist practitioners, people with lived experience of psychosis and their loved ones, to collaboratively formulate and understand the journey of “re-recovery” in ways that enhance victorious cycles rather than repeating vicious cycles as so often happens in current mental health services.

Method

I will explain how the “Re-recovery Model” works, demonstrate the use of the resources in the “Gift Box” and present feedback from recent workshops where this approach has been taught.

Results

The “Gift Box” contains a practical toolkit that has been shown to be easily taught, understood and taken up by clinicians, the people they serve, peer workers and family members. It has proven effective in helping to create a conceptual framework for understanding psychosis and other extreme states as experiences that develop in a cultural, social, psychological and spiritual context that manifest in our biological responses, and how these responses can be modified by applying this perspective. This is a paradigm shift in thinking about psychosis, akin to and supporting views held by many in ISPS.

Conclusions

The “Gift Box” contains a simple conceptual framework and toolkit that help create understanding of complex interactions, and helps operationalise a truly collaborative, person-centred approach to attaining wellbeing after extreme states including psychosis. It has the potential to add significantly to the armamentarium of resources that can assist us to offer an alternative, hope-filled, healing approach to psychosis.



Challenging the Movement for Global Mental Health: Do Nonwestern Countries Need More Biomedical Psychiatry?

Thursday, 31st August - 17:05 - Symposium: Global Mental Health - CT Hub, Lecture Theatre C - Panels/Symposia - Abstract ID: 92

Murphy Halliburton (City University of New York - Queens College and the Graduate Center), Sumeet Jain (University of Edinburgh), Harish Naraindas (Jawaharlal Nehru University, Delhi), Ross White (University of Liverpool), Stefan Ecks (University of Edinburgh)

The Movement for Global Mental Health, a collection of psychiatrists and mental health researchers based around the world though mostly in western institutions, announced in a series of papers in *The Lancet* in 2007

a project to scale up biomedical psychiatric care in low-income, developing countries around the world. The movement, which has gained significant media attention for their efforts, promotes psychosocial interventions and greater use of psychopharmaceuticals in low-income and nonwestern countries to improve mental health. To date, the Movement for Global Mental Health has been less focused on exploring the potential utility and efficacy of local and/or indigenous methods of healing.

Meanwhile, the WHO has consistently found, through four decades of epidemiological studies, that people in developing countries show higher rates of recovery from schizophrenia and related serious mental illness. For this and other reasons, some have critiqued the Movement for Global Mental Health claiming that their mandate is not supported by the evidence of psychiatric epidemiology and that their approach is not sufficiently attuned to local context. Contributors to this panel, who are researchers working on culture and mental health, will discuss problems that may accompany the scaling up of biomedical psychiatry around the world and examine the benefits of local healing systems, such as ritual healing and ayurvedic medicine. Many of the panelists focus on India, which has been a primary site for intervention by the Global Mental Health project—despite the fact that India showed the best outcome of all sites in the WHO studies of schizophrenia. In addition to pointing out concerns about the Global Mental Health project, panelists will ask what we can learn from places like India to improve mental health care in places that do not do as well in terms of recovery, such as the UK and the US.

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Narrowing the Gap: The Family as a Strategic Alliance

Thursday, 31st August - 17:05 - Symposium: Family and Network - Maths Building, Proudman Lecture Theatre - Panels/Symposia - Abstract ID: 64

Pat Wright (M.Ed. ISPS-US Family Chair), Georgia Case (Idea Group), Judy Murray (RN Founder: Dignity and Advocacy Network (DAN)), Cindy Peterson-Dana (LMHC Vice President MHA of Westchester)

Family members, carers, and friends of loved ones experiencing “psychosis” are valuable members of the treatment and recovery team, and yet their concerns, energy and expertise are often overlooked. This forum - created and presented by family members - is an opportunity for all of us, whatever roles we play to discuss ways that family members can support and share in the recovery process and *be at the table* within our mental health system.

This interactive and diverse panel will share common themes of crisis, loss, dialogue, hope, recovery, redemption and transformation, and how their unique perspectives as family-carers provides an intimate window into some of the best practices in mental healthcare, as well as harmful practices, from those who are supporting a loved one on a daily basis.

The panel will demonstrate how we grow stronger together by being collaborative partners and by providing humanistic and person-centered support. Topics include creating space for family members to participate in the treatment and recovery process; incorporating a myriad of need-adapted, dialogic, integrative and holistic approaches; as well as specific resources and practices for educating and working with family-carers.

Change is also happening for families within the ISPS organization! Both an “expert by experience” as well as a “family panel plenary” were presented at the recent ISPS-US conference in Boston in 2016 and a precedent was established: that families belong at the table and everyone’s voices are important in the healing and recovery of psychosis. The panel will also share multi-disciplinary ideas for expanding the family-carers voice within our ISPS communities to elicit powerful change in the global conversation to support persons experiencing extreme states.

[Click here to view an online version of this email.](#)



Autism's Institutionalization from Clinical Files of Venice Asylum of San Servolo

Thursday, 31st August - 17:05 - Symposium: Perspectives on Psychosis - Maths Building, Forsyth Room - Panels/Symposia - Abstract ID: 180

Pietro Barbetta (University of Bergamo), Arianna Barazzetti (University of Bergamo), Paolo Pressato (University of Bergamo), Enrico Valtellina (University of Bergamo)

When we started working on autism, the first thing we asked ourselves was, what was autism before 1943, that is, the date of birth of the disease? Since human difference replicates statistically in a regular way, people in the same condition always existed, object (or not) of social, cultural and medical attention. Since we are interested into history of psychiatry, we started a research project on thousands of clinical files on the archive of the ex psychiatric asylum in the island of San Servolo, in Venice, from 1874 to 1939, to see how autism, in its whole spectrum, was treated. So in our talk we will contextualize the pre-history of autism as institutionalization, a theme that is at the core of Gil Eyal's *The Autism Matrix*, focusing on the findings of our research on San Servolo's clinical files.



Personal Experiences of Psychological Therapy for Psychosis and Related Experiences: Introduction to a new book (ISPS Book Series, Meet the Author Session)

Thursday, 31st August - 17:05 - Symposium: Personal experiences of therapy (ISPS book series) - Chadwick Building, Chadwick Lecture Theatre - Panels/Symposia - Abstract ID: 119

Peter Taylor (University of Manchester), Olympia Gianfrancesco (University of Liverpool), Claire Seddon (Mersey Care NHS Foundation Trust), Jules Haley (none), Junaïd Sarwar (Lancashire Care NHS Foundation Trust)

Psychological or talking therapies increasingly have a place in helping those who are struggling with experiences of psychosis. However, the wide variety of therapies available, and the uncertainty about what a particular therapy involves can make the decision to seek therapy for personal experiences of psychosis a complex and difficult one. With any step into the unknown or uncertain, it often helps to find out more of the experiences of other who have already walked these paths. With this in mind we decided to put together a book focusing on individuals personal experiences of psychological therapy for psychosis. The book contrasts first-person accounts of therapy with outlines of the different therapies written by the clinicians who practice these approaches. The proposed symposium aims to provide an introduction to the upcoming book, but to also encourage a wider discussion around the related issues of choice and decision making when it comes to psychological therapy for psychosis.

The symposium will start with an introduction to the book by editors Peter Taylor and Olympia Gianfrancesco, a discussion of the origins of the idea, and what the book will cover. This will be followed with two chapter authors to the book in turn reflecting on their decision to write the chapter and how they decided what to cover

and focus upon. The chapter authors will be asked consider the broader question about making an informed choice about therapy, whether first-hand accounts are helpful here, and how this has informed their writing. A wider discussion, chaired by the editors, will then be facilitated, allowing audience participation, on this topic. Authors will include Junaid Sarwar, writing on his experiences of care co-ordination, Jules Haley, writing on her experiences of person-centred therapy, and Claire Seddon, who is providing a practitioner perspective on Cognitive Analytic Therapy.

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Experiential exile, imprisonment, and homelessness in phenomenological research on psychosis

Thursday, 31st August - 17:05 - Symposium: Phenomenology - Chadwick Building, Barkla Lecture Theatre - Panels/Symposia - Abstract ID: 199

Bojun Hu (Taos Institute), Jessica (Yisca) Baris Ginat (Herzog Hospital), Sarah Kamens (Yale School of Medicine)

Previous phenomenological researchers have proposed that anomalous self-experiences, sometimes referred to as ‘self-disturbances’, are an experiential essence or core feature of psychotic states. A smaller but growing body of literature has focused on anomalous experiences of the world, i.e., alterations in the experiences of other people, spatial surroundings, temporal events, and symbolic systems such as language. Still fewer studies have focused on specific anomalies in world experiences that relate to social interactions and institutions. This symposium will feature three presentations that address social and institutional aspects of anomalous world experiences. Each panelist will present phenomenological research findings in which the psychological-existential experiences of exile, imprisonment, and homelessness were prominent. The first presenter will address anomalous experiences that have been labeled Attenuated Psychosis Syndrome (APS). These experiences were distressing to participants, as they carried meanings of exile, being adrift and without satisfying contact with the new perceptual, mental, and relational world. Four typical pathways through the experience of exile will be presented. The second presenter will summarize a phenomenological study of psychiatric hospital experiences in diverse individuals diagnosed with psychotic disorders. Psychological structures of hospital experience included meanings of imprisonment and refuge. Discussion will focus on the potential applicability of these findings to the planning of psychiatric ward infrastructure and the training of mental health personnel. The third presentation will discuss intersections among the first two studies and a third project that was presented at the 2016 ISPS-US Boston conference. The third project addressed experiences of psychological-existential homelessness (urhomelessness) in diverse participants carrying psychotic-disorder diagnoses. Future research might utilize the findings of these three studies as a bridge between phenomenological-existential research and research on the socio-environmental (ontic) risk factors for psychosis such as homelessness, migration, segregation, and trauma. Presenters will also encourage open discussion among the audience members.



Poetry Workshop

Thursday, 31st August - 17:05 - Workshop: Poetry (Places limited - please sign up at Registration Desk) - The Guild, McAusland Room - Workshop - Abstract ID: 455

Gill O halloran (Birkbeck University)

Gill O'Halloran has been writing short stories and poems for many years. She gained a distinction in the 'Craft of Writing' course run by Birkbeck University. Her first poetry collection 'This Seven Year Old Walks Into a Bar' pub. Indigo Dreams Press was included in the top 20 individual collections of 2009 by The Small Press Poetry Awards, and in 2014 she was shortlisted for the Off the Stanza poetry prize. She has lived experience of mental illness as a carer, and has run poetry workshops for carers, health service users, and the bereaved.

Gill writes: 'My workshops are for everyone. It doesn't matter if you have never written a line of poetry before. We will use some simple exercises to generate images and words. Our aim will be to produce a group poem. I've found that this generates a sense of belonging as well as artistic achievement and creativity.'



Know IT, Own IT, Harness IT: Young People with Psychosis becoming WHOLE with Recovery-Themed CBTp, Peer Advocacy, and Early Intervention

Thursday, 31st August - 17:05 - Workshop: CBT - The Guild, Mandela Room - Workshop - Abstract ID: 383

Rebecca Jaynes (PIER Program of Portland, Maine)

The PIER Program of Portland, Maine USA has been working in Early Intervention for Psychosis since the late 1990s, primarily providing multi-family groups, psychoeducation and treatment to young people and their family members to promote recovery. In recent years, the program has worked hard to press the boundaries of treatment to include active peer engagement on several levels, ranging from 'finding our voice' with peer-led and family-involved speaker panels, to youth advisory groups and outreach education in the community. PIER has begun to radically redefine concepts of 'treatment' and 'recovery' by infusing the unique voice of young people living with psychosis with the basic Cognitive Behavioral Therapy for Psychosis model. We now partner with Youth Move Maine, a youth peer-led organization in all aspects of our program. In my clinical work, I have also begun to notice treatment concepts emerge that are unique to youth, and I am developing a three-stage model of treatment that includes: Knowing IT, Owning IT and Harnessing IT (in process). These concepts have risen from the power of individuals within our program who have defined themselves as stronger because of their experiences.

In this workshop, I will describe how the PIER program combines recovery-based psychoeducation, CBTp, Peer Advocacy, and Multifamily Group in a model of early Intervention that is effective and life-altering for the young people, families and communities we serve. I will share the voice and expressions of the young people in our program. Lastly, I will introduce my emerging three-stage treatment model. You will leave this workshop with active tools and ideas to invigorate your own treatment, whether you are a provider or a participant in the

process.

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Why Is Psychotherapy More Successful With Some People Experiencing Psychosis Than With Others? Clinical Perspectives

Thursday, 31st August - 17:05 - Workshop: Psychological Therapy - CT Hub, G-Flex Room - Workshop - Abstract ID: 104

Michael Garrett (SUNY Downstate Medical Center Brooklyn NY)

Psychotherapists may share our work more easily when we believe our psychotherapy with a person experiencing psychosis has been helpful to them. It is may be more difficult to describe treatments in which 1) the therapist was unable to engage the patient; 2) insurmountable obstacles to progress emerged during the treatment; or, 3) positive but quite limited outcomes were achieved. The workshop will provide a forum for clinicians to share experiences to foster a better understanding of frequent problems encountered in psychotherapy for psychosis. The presenter will spend 15 minutes discussing each of the above outcomes, offering clinical examples, followed by 45 minutes of open discussion in which attendees can comment from their clinical experiences and present cases of their own if they like. With respect to engagement, the presenter will explore a variety of meanings and beliefs that psychotic persons may have that make it impossible for them to engage in psychotherapy, including an inability to invest an interpersonal relationship with hope, a terror of being influenced or having one's mind changed, in whole or in part, as a result of the psychotherapy, and a conviction that the therapist does not regard their concerns as "real," but rather, as "imagined." With respect to insurmountable obstacles, the presenter will describe situations in which the entirety of the treatment is absorbed by the psychosis, and will discuss the difficulty patients may have in letting go of ways of living that have absorbed them for many years. With respect to limited outcomes, the presenter will offer ideas about why certain patients progress so far and no farther, or why some patients may plateau in treatment but, after a period of time, return to revitalized work. The presenter will conclude with comments about counter-transference.

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Let's talk about text: how to stop fearing and start embracing digital communication in psychotherapy

Thursday, 31st August - 17:05 - Workshop: Psychological therapy - The Guild, Library - Workshop - Abstract ID: 151

Valery Hazanov (Tel Aviv University)

Do you ever text or email with your patients?

During my clinical training (in New York) there was little emphasis on the potential therapeutic value of communicating with patients outside of the consulting room. If discussed at all, it was usually presented as something to avoid, a "breach" of therapeutic boundaries.

I haven't given it much thought, until recently when I moved to a country (Israel) where things are a little less strict and the boundaries are more fluid. Working with patients with severe psychopathology and psychosis, who struggle connecting in the room, I have begun to reconsider this avoidance and slowly, hesitantly began to embrace digital communication as part of psychotherapy. I find that texting with patients can sometimes allow for themes that came up in the room to develop further, and it can deepen the therapeutic relationship; sometimes, I learn something new about the patient by texting with him, and sometimes it allows the patient to release stress or feel a little less lonely—but almost always, in my experience, it contributes *something* to the therapeutic process.

The workshop will be an exploration of the benefits and perils of digital communication in psychotherapy, its dynamic meanings and pragmatic considerations, especially for patients with severe psychopathology. I will briefly mention relevant literature, but mainly will use an interactive method, presenting many real examples of texts and emails, and will ask participants to share their experiences. We will discuss ways to implement digital communication in psychotherapy with the most struggling patients, and the risks and fears involved in doing that.

§

Making trauma-informed care happen in the real world: Where are we and where next?

Thursday, 31st August - 17:05 - Workshop: Trauma Informed Services - The Guild, Mountford Hall - Panels/Symposia - Abstract ID: 196

Filippo Varese (School of Psychological Sciences, University of Manchester), David van den Berg (Parnassia Psychiatric Institute), Amy Hardy (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Eleanor Longden (Psychosis Research Unit Manchester Mental Health NHS Foundation Trust Harrop House Bury New Road Prestwich Manchester, M25 3BL)

We now know that childhood adversities are associated with psychosis, and empirical evidence investigating the causal mechanisms underlying this association is accruing (Bentall et al, 2014; Gibson et al, 2016; Varese et al, 2012). People with psychosis are also at an increased risk of revictimisation and are more likely to experience a range of post-traumatic stress difficulties. In line with these findings, NICE (2014) recommend that trauma and Post-traumatic Stress Disorder (PTSD) are routinely assessed in people with psychosis, and therapy offered when indicated. Unfortunately, it is rare for traumatic experiences and post-traumatic stress to be recognised in psychosis services, preventing access to psychological treatments. The challenge is to effectively disseminate trauma-informed practice within frontline services and ensure people's needs are met. This symposium will reflect on progress and challenges in the area, illustrating our current theoretical understanding, clinical trial evidence, routine service developments and the survivor perspective. Filippo Varese will first provide an overview of research highlighting the complex and multiple pathways from trauma to psychosis. David van den Berg will present the results of a large randomised controlled trial of trauma-focused therapy for PTSD in psychosis. A mini-documentary, produced by a filmmaker with lived experience of psychosis, will showcase four service users' experiences of the trial therapy and its impact on their recovery. Amy Hardy will describe service initiatives aiming to implement and build on these research findings in the psychosis services of the South London & Maudsley NHS Foundation Trust. Eleanor Longden will reflect on issues from the survivor perspective and what is needed to make *real* change happen.



Voices' use of gender, race and other social categories to undermine female voice-hearers: Implications for incorporating intersectionality within CBT for psychosis and other psychological interventions

Thursday, 31st August - 17:05 - Workshop: Intersectionality (Places limited - please sign up at Registration Desk) - The Guild, Elizabeth Gidney 1 Room - Workshop - Abstract ID: 197

Maria Haarmans (univ)

Intersectionality, a framework recently advanced in psychology, examines the joint impact of multiple forms of marginalisation on well-being. To date, this approach has not been applied to psychosis despite the well-documented links of social inequality and risk of developing psychotic experiences. We adopted it to develop a codebook for analysing the voice content of 44 women diagnosed with schizophrenia for the ways in which social categories are drawn on to undermine and/or affirm voice-hearers. Over half of the sample included women with ethnic-minority status. Gendered conditions of worth were used by voices to undermine by far the majority (40) of women and racialised conditions of worth over half (14) the ethnic-minority women. We concluded that voice content often reflects social categories and structural inequalities in society. This workshop will examine how incorporating intersectionality to understanding and working with voice content within CBT for psychosis (and other psychological approaches) aims to provide more responsive interventions for marginalized groups, particularly by critically engaging with systemic injustices and power relations. I will explain how intersectionality was a useful lens for analysis and discuss findings from this research that was published in *Psychosis* (Haarmans, Vass, & Bentall, 2016). Following this there will be plenty of opportunity to bring our own experiences of [working with people with] distressing voices. Specifically, we will explore ways of using the codebook for enhancing psychological formulations, understanding and working with the meaning of voice content and the power relationship between voice and voice-hearer. This workshop will be of particular interest to practitioners working in psychosis and voice-hearers.



Migration, culture, and psychosis (60 minute paper)

Friday, 1st September - 12:00 - Papers: Culture and Ethnicity - CT Hub, Lecture Theatre D - Panels/Symposia - Abstract ID: 137

Victor Kouratovsky (Parnassia Group & ExpatPsy Netherlands), Samrad Ghane (Parnassia Group), Sil Hol (Dutch RACT Foundation), Frank Bovenberg (Dutch RACT Foundation)

Meta analyses of studies have shown that migration has an undeniably strong influence on the incidence and the prevalence of psychosis, the odds for being diagnosed with psychosis or schizophrenia among certain groups or ethnicities being up to ten times as large as for people without a background of migration. Furthermore, and as recognized in different versions of the diagnostic classification system DSM, the diagnosis of psychosis

is clearly dependent upon what is to be considered as normal within different cultures and subcultures. How to understand this? This question becomes more and more important for mental health in this age of mass migrations. E.g. in the Netherlands, large cities like Amsterdam and Rotterdam host people from over 170 nations, the bulk of them having arrived in the last half century; in these cities, the young from different cultures and with a background of migration form more and more a majority of the population. Figures that are far from exceptional in Western Europe.

The working of body and mind, of the community and of society, combine and create an extra vulnerability for psychosis, a vulnerability we must try to understand in order to effectuate public mental health and optimal diagnosis and therapy. Recent developments in fields like cultural neuroscience and developmental biopsychology underlie changes in psychiatric thinking that are already in place in the latest and fifth version of the DSM and in the DSM-5 Cultural Formulation Interview.

Among different aspects of the relationships between migration, culture, and psychosis, this symposium aims to present a framework called *envelopmentas* a way of understanding the effects of migration on psychosis, a framework that accounts for the influence of social exclusion and of different kinds of adversity and stress and may lead to important clinical implications, e.g. in considering Resource Group Community Treatment.

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“Disorder or Special Ability?” The Traditional Javanese Perception on Schizophrenia Symptoms

Friday, 1st September - 12:00 - Papers: Culture and Ethnicity - CT Hub, Lecture Theatre D - Papers - Abstract ID: 241

Gandes Nawangsari (Universitas Muhammadiyah Surakarta)

Indonesia is well-known as a cultural country. There are so many Indonesian people who still believe in mystical and magical things, therefore people are often not aware of psychosis disorders such as schizophrenia. Many sufferers of schizophrenia are too late diagnosed because the symptoms of schizophrenia are often misunderstood by Indonesian people as a “special ability” to see something magical beyond our capabilities and abilities as human beings. Even a Javanese schizophrenia patient was diagnosed suffering from schizophrenia after 15 years of suffer because her family thought that she had divine power to see what other people can't see. We found that the misperception of traditional Javanese people to schizophrenia symptoms such as hallucination, delusion, and other symptoms of schizophrenia as a “special ability” is the main cause of late diagnose of schizophrenia. This qualitative study was aimed to explore and understand what schizophrenia patients' families and neighbors thought of the symptoms of schizophrenia before they knew that someone around them was actually suffering from schizophrenia.

keywords: culture, schizophrenia, symptoms



Transforming mental health services for delivery of evidence-based psychosocial treatment: What works in supporting practice change?

Friday, 1st September - 12:00 - Papers: Practice development - Maths Building, Proudman Lecture Theatre -
Papers - Abstract ID: 168

Gail Bradley (Inner West Area Mental Health Service)

Antipsychotic pharmacotherapy helps some people by reducing symptoms of psychosis, however it is not a universally effective approach, and does not necessarily improve the quality of people's lives. Similarly, while mental health case management does improve contact with mental health services, it does not produce change in reductions in symptoms, relapse rates, hospitalisation, or quality of life[1]. Over the past decade, a range of specific psychosocial approaches have emerged with the potential to maximise recovery. These include therapy for voices, Acceptance and Commitment Therapy, family interventions, vocational support, coaching to support physical well-being and therapies to assist with substance abuse. The Inner West Area Mental Health Service in Melbourne, Australia, is at the mid-point of implementing a practice reform which offers the exciting prospect of both improved experiences of the service for consumers and carers, and greater work satisfaction for clinicians. For the 300+ staff employed in the adult programs, there are more opportunities to apply targeted assessment and therapeutic interventions that will bring many exciting challenges and rewards. However, the reality is that implementation of evidence-based practice in busy clinical services is a labourious and often frustrating enterprise. We describe the development of our vision, the range of "core" and "specific" interventions that underpin the service reform, the range of practical strategies we have found effective in aligning the service culture with our vision and generalising the practice change across community, acute inpatient and residential settings. Data for presentation includes outcomes of performance monitoring across the domains, engagement in different professional development activities, and consumer and carer satisfaction findings.

[1] Marshall M¹, Gray A, Lockwood A, Green R Case management for people with severe mental disorders. Cochrane Database Syst Rev. 2011 Apr 13;(4):CD000050. doi: 10.1002/14651858.CD000050.pub2.



Developing art therapy practice guidelines for people who have received a diagnosis of a psychotic disorder: consensus versus innovation?

Friday, 1st September - 12:00 - Papers: Practice development - Maths Building, Proudman Lecture Theatre -
Papers - Abstract ID: 340

Val Huet (British Association of Art Therapists), Sue Holttum (Canterbury Christ Church University), Tim Wright (West London Mental Health Trust)

Art therapists have worked with people experiencing severe mental distress for nearly a hundred years and many service users speak positively about art therapy. However, a large trial, the MATISSE study, cast doubts

on the usefulness of this resource for people who have received a diagnosis of schizophrenia. The British Association of Art Therapists (BAAT) decided to learn from this experience and convened a special interest group of art therapists who work with people who have received the diagnosis. This group has interrogated what many art therapists regard as a consensus for a non-directive psychodynamic approach. We have examined trauma-informed practice and the role of social issues and we believe it is time for innovation in this field. We will present the group's research and suggest how art therapy innovations have the potential to make positive and lasting differences for service users. We will reflect on the professional tension when comfortable consensus no longer seems appropriate.

Dr Val Huet, CEO of BAAT, will talk about BAAT's aims of supporting its members to engage in research and service development with the help of service users and carers and informed by shared human experiences.

Dr Sue Holttum, BAAT Research Officer and Senior Lecturer at the Salomons Centre for Applied Psychology, Canterbury Christ Church University, will describe findings from a national survey of art therapists, and preliminary findings from in-depth interviews with art therapists about their practice.

Tim Wright, Head of Arts Therapies, WLMHT will talk about recent changes in understandings of psychosis and new approaches to therapy, and the implications for art therapy practice. Can art therapy help re-humanise mental health treatment in relation to psychosis?

§

An Experience of Integration between Psycho-pharmacotherapy and Psychotherapy in Restructuring Rehabilitation of Psychotic patients

Friday, 1st September - 12:00 - Papers: Practice development - Maths Building, Proudman Lecture Theatre -
Papers - Abstract ID: 261

Fernando Del Prete (S.I.P.I. Italian Society of Integrated Psychotherapy)

This work is a description of an Experience of rehabilitation of 19 Psychotic patients. Some of them with diagnosis of Schizophrenia according with DSM5. They are in treatment at Psychiatric Residence and day care of the Cooperative "Integrations", with a method which integrates Psychotherapy (according with the Structural Integrated Model invented by Giovanni Ariano) and Psycho-pharmacotherapy. The aims of this Restructuring Rehabilitation are:

- The capacity to build and to know an own vision about Self, about the Other and about the World and being able to share it with people.
- Elimination of the need of forced and voluntary hospitalization.
- Elimination of any psychopharmacological medication
- Elimination of symptoms diagnosed at admittance
- Prosecution of outpatient psychotherapy
- Return to the origin family if possible, or in independent accommodation. In order to integrate two different clinical treatments (Psycho-pharmacology and Psychotherapy), there is the need to integrate two different clinical models. The Models considered in this work are: Psychiatric Model and Structural Integrated Model (m.s.i.). Each of them affect the Man in three different levels: Biological, Psychological and in the level of the relation between Biological and Psychological. From the integration of the models, four diagnostic Typology come out and are described. The psycho-pharmacological treatment used Neuroleptics, SSRI, Benzodiazepines, mood stabilizers. The Psychotherapy treatment (under Supervision)

included Individual, Couple, Group and Community Psychotherapy

§

Early Intervention in Psychosis: Contributions to individual, family, community and national development for Zimbabwe

Friday, 1st September - 12:00 - Papers: Early Intervention - CT Hub, Lecture Theatre A - Papers - Abstract ID: 375

Denford Gudyanga (Zimbabwe National Association for Mental Health)

With the growing evidence base from the United Kingdom, Australia and the United States of America, Early Intervention in Psychosis (EIP) has demonstrated its strength in that not only does it help mainstream Mental Health Services in promoting a person's psycho-social wellbeing, but overtime it also results in easing of pressure on a country's health budget. Notable contributions from United Kingdom EIP services include reducing hospital stay and or admission, minimising relapse as well as reducing suicide rates from 15% to as low as 1% in patients experiencing their first episode psychosis. These contributions by the United Kingdom's EIP services inspired Tamaryn Palmer from the Nottinghamshire Healthcare NHS Trust in partnership with Zimbabwe National Association for Mental Health to introduce an EIP programme catering for young adults between the ages of 18 – 35 years. Though the Zimbabwean government provides universal free mental health services, it has always lacked a specialist and proactive mental health service that intervenes early as well as financial resources to adequately promote the mental health of its citizens. As a developing nation whose health budget is approximately US\$281.9 million catering for a population of about 15 million, Zimbabwe stands to benefit more from an Early Intervention in Psychosis programme. This paper presents a discussion on the benefits Zimbabwe can derive from its EIP programme and how this would contribute towards individual, family, community and national development.

§

Exploratory study: teenagers in conflict with law

Friday, 1st September - 12:30 - Papers: Early Intervention - CT Hub, Lecture Theatre A - Papers - Abstract ID: 18

Carolina Alcantara (University of Brasilia), Ileno Izidio Costa (University of Brasilia)

This study had the objective to systemize the main psychosocial and socio-educational aspects that related with the psychic suffering of adolescents in conflict with law and freedom privation. This research wanted to verify the signals and symptoms identified through themselves perceptions related on their condition of health/insanity. In similar way, it was objectified to know the opinions of the ambient conditions of the institution the use of the current available resources for Health Service and Educational Service. The methodological proposal is based on the quant-qualitative analysis of interviews half-structuralized carried through with 36 teenagers were using psychiatric medication continuously. The data had pointed the experiences of sleeplessness and nightmares, associates or not with experiences of loss of reality (hallucinations) had constituted the illness most frequent. The self-punishment behavior appeared at second place. With regard to the ambient factors, it was verified that institution had, in general way, guaranteed the physical integrity and the maintenance of the health. Amongst

the current available resources of Health Service, the administration of anticonvulsivants, in association with other psychotropic drugs has been widely used. The school was viewed as important device of available in the institution. By means of the adolescent's understanding who do not like to go to the school, they don't disqualify the knowledge, in contrast, they wanted for knowledge, however, they were frustrated for not having their educational supplies adequately, affirming that the school is weak or they do not learn. Finally, among the possible conclusions guided for the Winnicott's thought, it was observed that institution in analysis is a representative of the paternal function. However, to begins the self-cure process is necessary that formation of therapeutical bonds. The group of teachers is identified as the main tool of change.



Supporting Health And Promoting Exercise (SHAPE) Programme For Young People With Psychosis

Friday, 1st September - 13:00 - Papers: Early Intervention - CT Hub, Lecture Theatre A - Papers - Abstract ID: 164

Jo Smith (University of Worcester), Lisa Griffiths (University of Worcester), Marie Band (Worcestershire Health and Care NHS Trust), Briony Williams (University of Worcester), Justine Bold (University of Worcester), Eleanor Bradley (University of Worcester), Dominic Horne (University of Worcester), Richard Dilworth (University of Worcester), Rachael Hird-smith (Worcestershire Health and Care NHS Trust)

Physical health problems are common in young people with psychosis who experience poor health and a significant reduction in life expectancy. mainly due to premature cardiovascular disease (CVD), underpinned by metabolic disorders like diabetes, and tobacco smoking. Moreover, the mortality gap compared to non-psychotic peers is widening. NICE (2014) developed 8 quality standards for the care of adults with psychosis and schizophrenia which included 2 physical health standards requiring services to complete a comprehensive physical health assessment and offer combined healthy eating and exercise programmes as well as help to stop smoking. This presentation will describe one of the first UK 'real world' service evaluations of a bespoke EI physical health monitoring and intervention programme for young people with early psychosis called SHAPE. SHAPE offers a co-ordinated, multi-professional, 12 week wellbeing and exercise programme in a youth focused, socially inclusive setting. Anthropometric data are measured at baseline, 12 weeks and 12 months post-intervention. Mean baseline data revealed participants were at an increased health risk with elevated values in mean BMI (70% overweight/obese), waist circumference, resting heart rate, and triglycerides. Over 50% reported smoking daily and 52% of participants were prescribed highly obesogenic antipsychotic medications (Clozapine, Olanzapine). At 12 weeks and 12 months, no changes were observed in mean BMI, waist circumference or any other clinical variable ($p > 0.05$). Positive impacts on lifestyle behaviours included 7 participants eating ~400g of fruit/vegetables daily, 2 ceased substance use, 2 ceased alcohol use, 4 ceased smoking and 5 were less sedentary. SHAPE supported participants to attenuate their physical health risk following a 12-week intervention which was sustained at 12 months follow up. Participants also made positive lifestyle behaviour changes contributing to weight maintenance and physical health.

Note: SHAPE was initially funded through The Health Foundation (UK) SHINE Award 2014 Programme.



What does “family involvement” in acute mental health care mean? A review of influential models

Friday, 1st September - 12:00 - Papers: Family - CT Hub Lecture, Theatre C - Papers - Abstract ID: 419

Aysegul Dirik (Queen Mary University of London), Sima Sandhu (Queen Mary University of London), Domenico Giacco (Queen Mary University of London), Katherine Barrett (Self expert (service user)), Gerry Bennison (Self expert (carer)), Sue Collinson (Self expert (service user)), Stefan Priebe (Queen Mary University of London)

Introduction: Family/carer involvement is strongly recommended in clinical guidelines but often suffers from poor implementation. We approached this issue by exploring the fundamentals of why family involvement is conducted in the first place, including theoretical background, intervention components and the role of patients and families in the models.

Method: A multidisciplinary review team including academics, clinicians and individuals with lived experience of acute mental health services undertook a conceptual review. We identified key family involvement models (such as psychoeducation and Open Dialogue), assessed how they relate to their theoretical background and the components used to deliver them. We also explored how the delivery of the different family involvement models might be experienced by patients and families. Influential family involvement models were identified using a systematic search strategy. Information relating to the change theories and components of the models were extracted for a narrative synthesis and thematic analysis. Within our multidisciplinary meetings, we compared influential family involvement models and identified major commonalities and differences.

Results: Findings indicated that despite large variation in the theoretical models underlying family involvement models, there were many commonalities in their components. A thematic analysis of the role of patients and families in the delivery of the models identified several potential issues for implementation.

Conclusions: We conclude that future clinical practice may benefit from more discussion about the change theories of family involvement models and how the different approaches might be experienced by patients and families.



The start-up of a multi-family group for young psychotic patients and their families within a systemic and psychodynamic framework (60 minute paper)

Friday, 1st September - 12:00 - Papers: Family - CT Hub Lecture, Theatre C - Panels/Symposia - Abstract ID: 230

Martine Lambrechts (UPC Kortenberg), Jef Lisaerde (UPC Kortenberg), Hella Demunter (UPC Kortenberg), Lut De Rijdt (UPC Kortenberg), Ludwina Van Bouwel (UPC Kortenberg)

For the start-up of a multi-family group for young psychotic patients and their families in our outpatient early intervention service and inpatient first episode ward we were inspired by the needs formulated by family members in a focus group [1], an interesting lecture of Narracci [2], and enthusiastic experiences of our colleagues. We see this as complementary to our individual, group and single family offer [3]. Our daily practice is based on

the dimensional diagnostic approach (Van Os, Kapur), phase-specific and need- adapted care (Mc Gorry, Alanen), the open dialogue (Seikkula) and Soteria-model (Ciompi). Our therapists are formed within the systemic, psychodynamic or cognitive behavioral framework.

Several questions arose during the setup: Is our main aim peer support, psycho-education, or do we have larger therapeutic ambitions? Do we focus on single family work in presence of other families, or on inter-family interactions?

First observations show the importance of mutual support and the experience of shared suffering and hope. People are encouraged to share familiar dilemmas, what leads to a greater degree of openness to experiment with being more self-reflective and less defensive. Social isolation and stigma are countered.

In this presentation we will explore the theoretical rationale (Asen & Scholz, Badaracco) of our decisions concerning the set-up of group, and give a further explanation of our experiences, pitfalls and feedback of the participants.

[1] Demunter, H. et al. (2016) *It's all about the Journey: Focus Groups to Improve In- and Outpatient Early Psychosis Care*. Poster presented on IEPA congress in Milan.

[2] Narracci et al. (2015). *Multi-families psychoanalysis group is useful for patients, family members and professionals*. Lecture presented on ISPS congress in New York.

[3] Van Bouwel, L. et al. (2015). *Psychotherapy for Early Psychosis in Open Dialogue with Anthropopsychiatry*. Lecture presented on ISPS congress in New York.

§

Psychosis, Psychoanalysis and Psychiatry in Postwar USA (ISPS book series, Meet the Author Session)

Friday, 1st September - 12:00 - Papers: Psychodynamic - CT Hub, Lecture Theatre B - Meet the author - Abstract ID: 181

Orna Ophir (Johns Hopkins University)

Covering the last four decades of the 20th century, this book explores the unwritten history of the struggles between psychoanalysis and psychiatry in postwar USA, inaugurated by the neosomatic revolution, which had profound consequences for the treatment of psychotic patients. Analyzing and synthesizing major developments in this critical and clinical field, Orna Ophir discusses how leading theories redefined what schizophrenia is and how to treat it, offering a fresh interpretation of the nature and challenges of the psychoanalytic profession. The book also considers the internal dynamics and conflicts within mental health organizations, their theoretical paradigms and therapeutic practices.

Opening a timely debate, considering both the continuing relevance and the inherent limitations of the psychoanalytic approach, the book demonstrates how psychoanalysts reinterpreted their professional identity by formalizing and disseminating knowledge among their fellow practitioners, while negotiating with neighboring professions in the medical fields, such as psychiatry, pharmacology and the burgeoning neurosciences. Chapters explore the ways in which psychoanalysts constructed – and also transgressed upon – the boundaries of their professional identity and practice as they sought to understand schizophrenia and treat its patients. The book argues that among the many relationships psychoanalysis sustained with psychiatry, some weakened their own social role as service providers, while others made the theory and practice of psychoanalysis a viable contender in the jurisdictional struggles between professions.

Psychosis, Psychoanalysis and Psychiatry in Postwar USA will appeal to researchers, academics, graduate stu-

dents and advanced undergraduates who are interested in the history of psychoanalysis, psychiatry, the medical humanities and the history of science and ideas. It will also be of interest to clinicians, health care professionals and other practitioners.

§

The Psychodynamic Diagnostic Manual, 2nd Ed.: Implications for Therapists (Meet the Author Session)

Friday, 1st September - 12:00 - Papers: Psychodynamic - CT Hub, Lecture Theatre B - Meet the author - Abstract ID: 384

Nancy McWilliams (Rutgers University)

The second edition of the *Psychodynamic Diagnostic Manual* will be published by Guilford Press in early June, 2017. Vittorio Lingiardi and I edited the manual; Jonathan Shedler and I wrote the opening section on personality patterns and disorders.

The DSM and ICD systems of psychiatric classification have treated “schizophrenia” as a categorical illness. This conceptualization has led many to assume that the complex combination of symptoms traditionally labeled “schizophrenic” result from a disease of the brain and therefore require only medication and management, not psychotherapy. The emphasis of categorical systems has been on how one either “has” or “does not have” a particular disorder.

The PDM is an alternative diagnostic system that takes a dimensional, inferential, and contextual approach to understanding psychological difficulties. Unlike the DSM and ICD, which were developed with a view to facilitating research and record-keeping, it is intended to be useful primarily to therapists and service-providers. The PDM covers personality differences, functional differences, and symptom patterns in separate sections on infants and toddlers, children, adolescents, adults, and elderly patients. Unlike categorical systems, it conceptualizes psychotic phenomena as on a continuum with normal psychological life. It also gives an in-depth look at the subjective experiences of patients who are given DSM diagnoses of psychotic disorders, as well as at the subjective experiences that may be evoked in those who work therapeutically with them. Although based mostly in psychoanalytic clinical experience and psychodynamically oriented research, the manual is written without psychoanalytic jargon. Pre-publication data suggest that people trained in other theoretical orientations find it user-friendly and clinically useful. I would welcome conversations about the ways in which the PDM diverges from other diagnostic systems and about how it might help clinicians to reduce the suffering of individuals diagnosed with psychotic disorders.



Psychodynamic Psychotherapy for Psychotic Patients: Relevance of Dreams and of the Emerging of the Human Potential

Friday, 1st September - 12:00 - Papers: Psychodynamic - CT Hub, Lecture Theatre B - Papers - Abstract ID: 98

Michele Battuello (Centro di Psicoterapia MB, Roma)

Psychotic patients can be treated with psychodynamic psychotherapy. Instead of the severity of the illness/symptoms the possibility to start the therapeutic work is related to the unconscious skills of the patient. These are represented by dreams' contents at the most. The methodology presented looks for the valid parts that remained untouched since childhood and that are not always showed inside the therapeutic relationship. The baby is born sane with a spontaneous specie-specific affective activity (physiological) with the environment. The main relationships (parents first) that don't allow the development of the Human Potential (Battuello and Errico, 2015) of the child force him to start anti-physiological processes such as introjection, identification etc. These mechanisms could be at the bottom of the building of psychopathology in the adulthood. But also in psychotic patients, if the dream can let emerge images of unconscious traces of valid, not fragmented, saved and protected parts is always possible to go through an active psychodynamic work intended as interpretation of dreams to transform the psychopathology with the aim of treatment more than support. The approach to dreams' content is also important for the dynamic diagnosis: the clinical experience teaches that many times the symptoms that insert the patient in a categorical frame are not enough to understand what is really happening in a patient. The consequence is that patients are bared from the possibility of a psychotherapeutic work and undergo psychiatric or supportive treatments. Clinical examples, mostly dreams, are presented.



Understanding Psychosis and Schizophrenia - British Psychological Society (Meet the Author Session)

Friday, 1st September - 12:00 - Papers: Understanding Psychosis - Chadwick Building, Chadwick Lecture Theatre - Meet the author - Abstract ID: 26

Anne Cooke (Canterbury Christ Church University)

Anne was the editor of the British Psychological Society's free public information book 'Understanding psychosis and schizophrenia: why people sometimes hear voices, believe things that others find strange, or appear out of touch with reality, and what can help'. The book was written by a group of eminent clinical psychologists drawn from eight UK universities and the UK National Health Service, together with people who had themselves experienced psychosis. It provides an accessible overview of the current state of knowledge, concluding that 'professionals should not insist that people accept any one framework of understanding, for example the idea that their problems are symptoms of an illness'. Its conclusions have profound implications both for the way we understand 'mental illness' and for the future of mental health services. It has been the subject of widespread media coverage and debate. Anne will briefly introduce the book, why we wrote it and some of the reactions it

has received. Then you can ask her what you like! We may be joined by others from the author group who are at the conference.

§

Mental Health Uncertainty and Inevitability. Rejuvenating the relationship between Social Science and Psychiatry. Hugh Middleton and Melanie Jordan (Meet the Author Session)

Friday, 1st September - 12:00 - Papers: Understanding Psychosis - Chadwick Building, Chadwick Lecture Theatre - Meet the author - Abstract ID: 194

Hugh Middleton (University of Nottingham)

Original knowledge, debate, and understanding from frontline fieldwork data and the relations between mental health difficulties, mental healthcare provision, and social theory.

Dominant medical discourse has marginalised contributions to research into mental health difficulties and their treatment from social science. However, purely medical approaches to mental healthcare have profound shortcomings. This book draws upon innovative research findings to rejuvenate the relationship between psychiatry and social science with a view to addressing this disparity.

Over nine chapters the volume is a unique contribution to several intersecting areas of intellectual enterprise, research, and learning — as well as a source of insight into how mental health practice and policy might be modified and improved. As a result, it is relevant to a wide range of audiences, including social scientists, mental health practitioners, mental health researchers, social theorists, mental health service users, and policy-makers. This edited collection was published in February 2017. Contributors worked together on joint social sciences/mental health projects in Nottingham during the years 2005 - 2012, several as PhD students.

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Returning to the Fray: Revisiting What Social Science Can Offer Psychiatry ... and Vice Versa. Hugh Middleton

A Symbolic Interactionist Approach to Mental Health Assertive Outreach. James Roe

The Role of Everyday Interaction Rituals Within Therapeutic Communities. Jenelle Clarke

The Dementia Experience: Sociological Observations on the Construction of Cognition in Care Homes. Kezia Scales

“The Will’s There and the Skill’s There”: Prison Mental Healthcare. Melanie Jordan

Institutional and Emotion Work in Forensic Psychiatry: Detachment and Desensitisation. Ada Hui

Community Mental Health Teams: Interacting Groups of Citizen-Agent? Hugh Middleton

Handling Role Boundaries: A Basic Social Process Underpinning Decision-Making

in Mental Health Teams. Melanie Narayanasamy

Mental Health Uncertainty and Inevitability. Melanie Jordan



“Encounters with John Bowlby: Tales of Attachment” (Meet the Author Session)

Friday, 1st September - 12:00 - Papers: Understanding Psychosis - Chadwick Building, Chadwick Lecture Theatre - Meet the author - Abstract ID: 389

Arturo Ezquerro (Institute of Group Analysis)

Encounters (Ezquerro, 2017) is the most personal biography of John Bowlby so far. Additionally, the book covers an all-inclusive view of attachment theory, influenced by the six years of supervision and mentorship that the author had with the ‘father’ of the theory. In presenting this very recently published book for discussion, I aim to contribute to the overall objectives of the conference by backing the promotion of new understanding of distress and other difficulties in the ‘psychotic’ experience, from an attachment perspective. I also aim to support some of the specific goals of the conference, such as exploring change at all levels (individual, family, social, policy-making and service provision), by emphasising the relevance of attachment-based interventions in the treatment and management of ‘psychosis’.

Bowlby (1969) defined attachment as a meaningful and lasting psychological connectedness between human beings, and he pointed out that the traumatic rupture of attachments, like in child abuse and complex bereavement, is a risk factor in the development of ‘psychosis’. There is still a widely spread misconception that attachment is only ‘proximity-seeking’ while, in fact, it is about regulating the distance – about perceiving the attachment figure as a secure base from which to explore. According to Bowlby, the therapist must become the patient’s companion – working together to create a space that is safe and from which it is possible to recover from traumatic experiences, to venture new explorations, and to grow.

As the book unfolds, a ‘theory’ becomes a lived experience through insights into true stories of world-renowned and ordinary people. These include John Nash’s struggle to defeat his paranoid delusions, some 20 years after his first breakdown, and Jacqui Dillon’s steady journey during which she recovered from trauma-induced psychotic symptoms, with the aid of attachment-based psychotherapy, to become Chair of UK Hearing Voices Network.



Whose story is it anyway? Working towards more representative, diverse and authentic case studies and testimonies

Friday, 1st September - 12:00 - Symposium: Experts by experience - Chadwick Building, Rotbalt Lecture Theatre - Panels/Symposia - Abstract ID: 215

Akiko Hart (Hearing Voices Network England), Eve Mundy (Mind in Camden)

There has been a strong drive in mental health services to put lived experience at the heart of the work, and correspondingly, to increase the use of first person accounts, including testimonies and the use of case studies. However this has brought with it its own challenges, including:

How do we encourage narratives to follow their own path rather than the model we may or may not be impos-

ing? How can we ensure that the stories we showcase are not just the ones we would like to hear? How do we include and reflect a plurality of voices when we may not be aware of their existence? In case studies, how do we tease out the story and reflections of the professional and those of the person whose story is being told? And can we find other ways to let people tell their story which may not be word or narrative based?

This panel/symposium will raise fundamental questions on diversity and representation, the role and power of the professional in giving a voice, the untold stories of professionals which are told through their narrative choices and predilections, and the deep interrelatedness of giving a voice/telling a story, which has various repercussions on practice.

§

Two mothers perspective of their children's madness

Friday, 1st September - 12:00 - Symposium: Family - Maths Building, Forsyth Lecture Theatre -
Panels/Symposia - Abstract ID: 87

Judy Murray (D.A.N (Dignity and Advocacy Network)), Elahe Hessamfar, PhD (University of Aberdeen)

This panel will present the similar and yet distinct experiences of two mothers with their child's madness. They will share their struggles with the mental healthcare system in the US, and the heart-wrenching experiences their children had to endure.

Judy's son, Dan's personal identity was replaced by diagnostic identities when he entered the educational system. Our society denies the self and the experience so we do not accept diversity as being "normal" doing great harm to many creative individuals. Dan insisted he was not ill, just different, therefore told he lacked insight into his illness.

Hours after discharge from the hospital, Dan shared his suicide plan with his mother. Victimized by a fallen system, Judy had the terrifying realization that it was solely up to her to save her son.

He followed through with his plan two weeks later trying to be heard in the only way he knew how. That was the end of Dan's journey and the beginning of a new chapter in hers.

Elahe's daughter, Helia, was a healthy, well-educated, stunningly beautiful girl at the prime of her life. Helia's journey into madness started with severe mental distress, and continued to manifest in increasingly strange symptoms. Regardless of a variety of psychiatric and psychological treatments, Helia's condition escalated until she finally became catatonic. After a few years, and so many trials and errors, the family finally took her out of the psychiatric system.

Elahe personally cared for Helia every day for years in the most horrifying conditions, until she finally came out of her catatonic state. Helia is not back to her normal self yet, but she is physically healthy and participates in the family life without any medication.

The panel, through their experience, hopes to alleviate the misconceptions of those in psychosis.



Innovations in psychological therapy for psychosis: Using digital health to make real change happen

Friday, 1st September - 12:00 - Symposium: Psychological Therapy - Chadwick Building, Barkla Lecture Theatre
- Panels/Symposia - Abstract ID: 189

David van den Berg (Parnassia Psychiatric Institute), Amy Hardy (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Mar Rus-Calafell (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Thomas Ward (Institute of Psychiatry, Psychology & Neuroscience, King's College London)

Psychosis is associated with significant distress and disability for individuals, families and society (Schizophrenia Commission, 2013). Cognitive-behavioural therapy for psychosis (CBTp) has beneficial outcomes and is recommended by NICE (2014). However, CBTp is delivered to just 10% of eligible service users, with modest effect sizes, and has expensive training and delivery costs (Burns et al, 2014; Haddock et al, 2014; Thomas, 2015; Turner et al, 2014; van der Gaag et al, 2014). Technology has the potential to address these obstacles, significantly improving people's experience of care and extending the reach of therapy to people's everyday lives (Alvarez-Jimenez et al, 2014). Developing effective digital health interventions for psychosis presents novel challenges and opportunities, requiring greater interdisciplinary collaboration between experts by experience, clinicians, researchers and technologists. This symposium will showcase four digital innovations, highlighting how they show promise in promoting meaningful change for people affected by psychosis. David van den Berg will outline the development of a novel mobile app, Temstem, which consists of language games that aim to reduce the distress and disability associated with voice hearing, through supporting coping, enhancing self-esteem and targeting episodic memories. Amy Hardy will describe the development and feasibility testing of SlowMo, the first digital therapy platform for paranoia, which assists people to visualise their thoughts to find ways of feeling safer. Mar Rus-Calafell will describe the development of a new virtual reality paradigm to assess and treat cognitive (fear of negative evaluation), affective (social distress) and behavioural (social avoidance) components of social performance (CSP) in people with psychosis. Tom Ward will present findings from the AVATAR randomised controlled trial, and share experiences of the therapy process.



Introducing a Change in the Clinical Setting: New Technology as a New Player in Art Therapy for Psychosis

Friday, 1st September - 12:00 - Workshop: Art Therapy - The Guild, Mountford Hall - Workshop - Abstract ID: 170

Simone Donnari (Atlas Centre, Istituto Gaetano Benedetti), Elisabetta Cittadini (Wandsworth Complex Needs Service, South West London and St George's Mental Health Trust, Springfield University Hospital, London), Valentina Canonico (Atlas Centre-Associazione Sementera ONLUS)

The experiential workshop aims to introduce technological interventions in art therapy setting as a further modality that can promote curiosity, storytelling and

reflection. Thanks to new intuitive technologies participants will be immersed in their own images and just by moving their bodies they will be able to make drawings. The workshop has four different stages: i) the initial part of the session participants will be fully immersed into the art making process using traditional art therapy approaches; ii) the second part all the images made will be clustered together and viewed by participants aiming to promote reflections on the mental state both during the art making process and as a beholder; iii) the third part participants will be invited to enter into their own art images aiming to play, revisit and/or edit them; iv) the fourth part of the session, participants will be invited to reflect on the “augmented reality” experience. This experiential workshop aims to promote a vibrant discussion on how the interaction of art therapy and computer-based and new electronic technology can promote the storytelling, self-awareness and recovery of patients with psychosis. In addition, the workshop aims to promote reflection on which service user cohort this interactive “digital” art therapy could be targeted, focusing in developing research projects.

Target audience and learning aims

Workshop for art therapists, mental health professionals from different specialization and trainees who are interested in understanding the role of the visual art image together with new technologies in the journey of working with psychosis.

§

Peer Supported Open Dialogue..... an evolving supervision model in Kent

Friday, 1st September - 12:00 - Workshop: Open Dialogue - The Guild, Mandela Room - Workshop - Abstract ID: 201

Jane Hetherington (Kent and Medway NHS partnership Trust), Yasmin Ishaq (Kent and Medway Partnership NHS Trust)

Dialogic approach modelling POD through supervision

Emphasis on the process

We in the Kent and Medway Partnership Trust (KMPT) are one of the original 4 Trusts that participated in the first Peer Supported Open Dialogue (POD) training in Birmingham 2014-2015. We have now a third tranche of training commencing with the commitment to set up 2 standalone teams within Kent in order that we can participate in the national RCT trial commencing in 2017. In this workshop we will initially be talking about Open Dialogue and the ideas promoted by the Finnish team which are now becoming world renown. The purpose of this workshop is to introduce the participants to a model of supervision we have evolved in KMPT based on the original Finnish model presented to us by the Western Lapland Open Dialogue team. It is an innovative and evolving model based on the openness and dialogic qualities of this approach and is influenced by the demographics of our client group and workforce. We will also share the influences of time spent in Western Lapland and the 2 year International Trainers Training in Helsinki which Yasmin and I are attending.

We intend to illustrate this workshop with sections of a video illustrating the POD teams in supervision (Podlets) discussing the process occurring within their family network meetings.

We will then enter into a discussion with the workshop participants on what they have observed and how they experienced this and critique the process with a comparison to the participant's experience of group supervision and peer support from a variety of theoretical perspectives.



Psychoanalytic Self Psychology, an experience near framework for treating psychosis

Friday, 1st September - 12:00 - Workshop: Psychodynamic - The Guild, McAusland Room - Papers - Abstract ID: 144

Elda Arpaia (Centro Anthropos di Bergamo), Matteo Mazzariol (Dipartimento di Salute Mentale di Gela (CL), ASP 2 di Caltanissetta.)

While it is true that Kohut and his colleagues in their clinical practice did not focus particularly on psychotic mental states, it is also true that their observations and conceptualizations regarding the development of the mind, the establishment of mental health and the process of psychopathology can be noteworthy also in the field of psychosis.

In particular Psychoanalytic Self Psychology is specifically characterized by a significant emphasis on an experience-near approach: the empathic mode of observation maintains in its pivotal role.

On this ground, we present in this paper the case of a psychotic patient, treated according to Psychoanalytic Self Psychology, and, in parallel, we draw some meta-psychological conceptualizations, expanding the theoretical framework proposed by Kohut.

Our final conclusion is that the conceptual map offered by Psychoanalytic Self Psychology can be very helpful for the therapist who is committed to understand and treat people suffering from severe mental health disorders.



A user's experience of psychotherapy and self interpretation

Friday, 1st September - 12:00 - Workshop: Psychodynamic - The Guild, Elizabeth Gidney 1 Room - Panels/Symposia - Abstract ID: 141

Sangho Shim (Dongsung Hospital), Kun Hyung Lee (user), Brian Martindale (ISPS life member)

1. Presentation and interpretation : Kun Hyung LEE

2. Discussion

1) Brian Martindale

2) Sangho Shim

The symposium is composed of patient's self case presentation & interpretation with two discussions.

In the case presentation, the patient himself, who was diagnosed of borderline state, presents his long period experience of psychotherapy (37yrs) and interprets himself about his own case on buddhistic view. And then one discusses the case on western psychotherapeutic view. And the other discusses the case on the integrated view of eastern tao & psychotherapy.

From this symposium, we will understand the user's successful result and his opinion. We also can find what factors are important in mental health and cure. Through eastern tao oriented view, we can get more accurate and extended insight beyond the limitation of psychotherapy.



I Feel Therefore I Am

Friday, 1st September - 12:00 - Workshop: Trauma Sensitive Yoga - CT Hub, G-Flex Room - Workshop - Abstract ID: 203

Alexandra Cat (The Trauma Centre, Brookline, MA)

At the heart of relational abuse is a loss of relational safety. This loss undermines a neurological capacity - *interoception*- responsible for our *felt sense of self*.

"...It was a long process to consider myself not an outline.."

"[In the past] I would be the type of person, I would spend some time on the beach...I knew I was there because I saw my foot prints or else I would not have known I was there."

With this erosion of interoception comes a disruption of *all* capacities that rely on it. Notably this includes access to physically felt emotions - our guides in life and our basis for *agency, free will, choice, self-care and dignity*.

"I wasn't able to feel if I was injured. I would completely ignore being hungry..."

At The Trauma Centre, Boston, clinicians, yoga teachers and survivors of *complextrauma* have been exploring how to re-establishing interoception, agency and a quite specific form of relational safety. The result is *Trauma Sensitive Yoga*.

"It was actually the first time that I started looking inward for what I needed rather than mimic what everyone else was doing."

"...I just really suddenly got the idea that I have a body and that I have control over it...that I'm the one that decides what my body does or doesn't do...Just inhabiting my own skin is a major step forward. It allows me to be in my life..."

In this workshop participants will be introduced to the core theoretical underpinnings of the practice and be invited to participate in a short TSY practice.

If you are curious but would like to know more please have a look at www.theyogaclinic.co.uk

No yoga experience, special clothes or equipment is necessary. This workshop is suitable for every level of physical ability.



The Sense of Schizophrenic Life: Experience, Autobiographical Memory and Identity

Friday, 1st September - 12:00 - Workshop: Understanding Psychosis and Therapy - The Guild, Library - Workshop - Abstract ID: 224

Manuel López Arroyo (Unidad de Salud Mental Comunitaria Baza, Granada), Jesús Salomón Martínez (Mental Health Unit Villarmatín, Jerez de la Frontera Hospital, North Cádiz)

Is schizophrenia a mental disorder that affects the course and integrity of thinking to associate facts and the identity of the person? And what else? Autobiographical memory is the area of memory that synthesizes the collection of past personal experiences. The sense of self is involved in individuals when they remember a past event and can be experienced in it. This experience is also known as “conscious memory”. Self-memories are less linked to the images of people with schizophrenia, as well as a weak sense of self and a bad organization of their autobiographical memory that leads to poor self-cohesion. The narratives of people with schizophrenia have poor prowess to identify mental states, view the world from different perspectives, and use knowledge to respond correctly to various psychological changes. Deficits in narrative identity are associated with poor insight. The construction of a coherent identity over time depends on the autobiographical memory.

This workshop will analyze the diagnostic and therapeutic bases from a theoretical and practical point of view. We will use tools that include collaborative discussion, exchanges of experiences and demonstration in audiovisual format to illustrate our work model. OBJECTIVES OF THE WORKSHOP: 1) Discuss current diagnostic methods for the evaluation of autobiographical memory in subjects with schizophrenia. 2) Analyze the relationship of experiences in schizophrenic subjects with their identity and other clinical variables. 3) Promote the development of new integrative narratives in subjects with schizophrenia linked to their experiences for the construction of a coherent and organized identity.

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Multifamily Psychoanalysis Groups facilitate communication among patients, family members, operators and facilities, improving the intervention.

Friday, 1st September - 14:30 - Papers: Multifamily Groups - CT Hub, Lecture Theatre C - Panels/Symposia - Abstract ID: 268

Andrea Narracci (Public health service), Fiorella Ceppi (Public health service), federico russo (Public health service)

Starting a Multi-Family Psychoanalysis Group (MFPG) in each of the facilities that are part of a National Health Mental Health Department (MHD) is the first step for building a MHD with a Multi-Family structure.

1. Having several MFPGs in a MHD is a chance for collecting data and experiences about the patients and their families, i.e. for giving meaning to the informations. This allows for the formulation of an explanatory hypothesis by which one can better understand how things went, and how to have things going in a way that is more consistent with the way people sharing that story feel.
2. In the mind of each operator, regardless of the level of training, there are two systems of organization of clinical data: the psychiatric one and the psychotherapeutic one. MFPGs facilitate a process of integration in the mind of each operator. Such integration is about the psychiatric way of looking at the clinical reality of patients and their relatives on one hand, and the psychotherapeutic way of interpreting and rewriting the events on the other.

3. The growing culture of the intervention based on the use of MFPGs induces a refreshed capability of dialogue and discussion among operators from the same facility or from different facilities that are part of a Department. So each facility does not work on its own. Rather, different facilities, in charge of the same patient in different consecutive moments, start to interact with each other as soon as the patient is admitted to any of them. This way different facilities can be thought of as different steps of a therapeutic path, and they can also plan together the current and the future intervention, as the coordinated action of each facility.

A short video will illustrate the functioning of MFPG.

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Multifamily Psychoanalysis Groups: a successful approach for the treatment of severe mental disorders

Friday, 1st September - 14:30 - Papers: Multifamily Groups - CT Hub, Lecture Theatre C - Papers - Abstract ID: 370

Mariana Fuxman (Ditem Day Hospital - María Elisa Mitre Foundation), Katherine Walter (Ditem Day Hospital - María Elisa Mitre Foundation)

Multifamily Psychoanalysis is a theoretical-clinical model that introduces a recontextualization of classical psychoanalysis, aimed to treat severe mental disorders. Created in the 1960s by Jorge García Badaracco, the model was implemented in the largest public neuropsychiatric in Argentina and then moved to Spain, Italy, Uruguay and Portugal.

It consists in numerous heterogeneous groups that function as a ‘mini society’, which means that what gets managed there can also be transferred to the outside of the group. The participants develop skills to build healthier bonds, through working with the multiple identifications that take place there. The cornerstone of the approach implies that the therapist can look at the patient as potentially healthy beyond the symptoms, so that the person can continue with their growth. Universal hypotheses are used to go from the particular to the general and vice versa.

This device reduces the percentage of readmission because it works with the environment in which the patient is going to reinsert once discharged. Its effectiveness lies on the work with sick bonds built in daily life throughout family history. The dilemma without exit –typical among psychotic families- becomes problematic and with solution.

The group’s core variables are trust, security, respect and solidarity. This increases the tolerance of violence and insanity. The shared emotional atmosphere generates a sort of symmetry between everyone, whether patients or therapists. This facilitates the listening of the participants.

This paper presents a theoretical-practical articulation that includes clinical material of patients attending the psychoanalytic therapeutic community of multifamily structure called ‘Ditem’. It was founded and is directed by María Elisa Mitre, disciple of Jorge García Badaracco.



Multi-Family Psychoanalysis Group: how it works and its high potential for change for adults and adolescents.

Friday, 1st September - 14:30 - Papers: Multifamily Groups - CT Hub, Lecture Theatre C - Panels/Symposia - Abstract ID: 264

Caterina Tabasso (Private Practice-psychoanalyst), Claudia Tardugno (Private Practice-psychoanalyst), Luciana De Franco (Private Practice-psychoanalyst)

Multi-Family Psychoanalysis Groups (MFPG) were started by Jorge Garcia Badaracco in the Sixties in Argentina. In a MFPG several families gather together and the focus of the discussion is how relationships among people work, rather than directly aiming at fighting psychotic symptoms.

One can access the group with his/her relatives, or on his/her own.

One can speak or just listen. Since it is a psychoanalytic group, there is no prearranged topic: the discussion is about different experiences and the word of each participant is worth the word of the others.

Operators (usually at least three of them for each group) facilitate the discussion enhancing the pathological and pathogenic interdependences that the participants' experiences show. Pathological and pathogenic interdependences are those repetitive and entrapping mechanisms typical of the relationships in families where suffering is present.

Thanks to the metaphoric mirroring (the phenomenon by which listening to the story of what happens in another family I can think about what happens in my home, considering similarities and differences) participants can increasingly understand how their relationships do work and how they wish to change them.

Such a decisive phenomenon for change is not channeled just by the therapeutic nature of the group, rather it is greatly facilitated by the diversity of encounters that are possible among participants, hence by the freedom to identify with another person that each participant can experience.

The resulting atmosphere of respect and solidarity further fosters the work.

The MFPG is in fact open to anybody who wish to participate and, in our experience of a private, community-centered facility, the group is available in two versions: one for adults, and one for families with adolescents. A clinical example and a short video will be presented.



Group analysis in the treatment of “psychotic” patients

Friday, 1st September - 14:30 - Papers: Group therapies - CT Hub, G-Flex Room - Panels/Symposia - Abstract ID: 63

Katarzyna Prot-Klinger (The Maria Grzegorzewska University & Institute of Group Analysis "Raszta")

The paper presents a theoretical rationale for group analytic therapy of psychotic patients, as well as benefits resulting from application of this form of psychotherapy to this specific patient group. Modifications of group techniques recommended in the literature are discussed with reference to the author's own clinical experiences. The author believes that recommendations concerning a more directive and more structured leadership style in group psychotherapy are associated with institutional forms of treatment provision to these patients and

with countertransferential mechanisms, and not with their genuine psychological needs. In her opinion firstly, psychotic patients may benefit from their inclusion into heterogeneous groups that comprise patients with different diagnoses, and secondly, the presence of psychotic patients may be beneficial to other group members.

Conclusions:

1. Analytic group therapy is an appropriate method of treatment for psychotic patients.
2. Persons with the experience of psychosis should be included into analytic groups as same as other patients on the Noah's ark principle. Obviously, the therapist must be convinced that patients with psychotic symptoms are able to benefit from psychotherapy, and besides he must have clinical skills required when working with psychotic symptoms.
3. Psychotic patients are affected by exclusion not only in their communities, but also due to the way of thinking about them that predominates among therapists and in treating institutions.

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Diversity of Functioning Levels - A Threat of Group Dissolution in Group Psychotherapy for Young Psychotic Patients

Friday, 1st September - 14:30 - Papers: Group therapies - CT Hub, G-Flex Room - Papers - Abstract ID: 211

Majda Grah (Sveti Ivan Psychiatric Hospital), Branka Restek-Petrović (Sveti Ivan Psychiatric Hospital), Nina Mayer (Sveti Ivan Psychiatric Hospital)

Many years of positive experience of our hospital's group therapists in treating psychotic patients through long psychodynamically oriented group psychotherapy points to the difficulties of group functioning in the middle phase of the group process. During the initial phase of such group, the group's dynamics were dominated by distinct silence with extremely regressive functioning in almost all the group members, which stretched out for about two years. Gradually, a better cohesion was recorded, with stronger interpersonal interactions and adequate social functioning in all the group members. After the fourth year of the group process the group members started dividing up into higher and lower functioning dimensions. The bolder ones managed to succeed with their jobs, were more socially functional, and they expected, in some way demanded, the same from the more regressive members of the group. The latter however started gradually giving up, skipping sessions more frequently. Three members dropped out, which has become a great threat of group dissolution. It is visible that such group dynamics negatively influence the members on higher functioning levels, as they are overcome with guilt for the absenteeism among the more regressive members. Examples of the group processes are described in the paper.



Fostering Group-Analytic Culture in Therapy with Psychotic Patients (Meet the Author Session)

Friday, 1st September - 14:30 - Papers: Group therapies - CT Hub, G-Flex Room - Meet the author - Abstract ID: 362

Arturo Ezquerro (Institute of Group Analysis), Maria Cañete (Institute of Group Analysis)

In this paper we aim to encourage practitioners to increasingly use psychodynamic therapy groups in the treatment of 'psychotic' patients.

Having worked in mental health since the late 1970s, we have learned that 'schizophrenia' and other 'psychoses' are constructs and diagnoses which, unfortunately, have often been used to exclude people or to treat them differently. In fact, 'psychotic' patients frequently have a background of traumatic experiences and damaging disruptions of their early attachments, which may hinder their capacity to trust other people and to form satisfactory relationships. These patients' capacity for communication, intimacy and participation in groups might be impaired. However, in our work, we have seen many people using their own resources to recover from and work through their 'psychotic' experiences. This healing process is enhanced when a proper therapeutic alliance is established, in which the patient is an active collaborator – as it happens in sensitive, user-friendly psychotherapy groups.

As mental health professionals we are responsible for trying our best to mitigate human suffering, and to provide the conditions within which our patients can best develop their resources to cope and relate meaningfully to other people. That is the driving force behind this paper, in which we shall describe the flexible application of group-analytic principles in a long-term group psychotherapy programme for 'psychotic' patients, within the wider containing structure of a weekly day project, in a modified therapeutic community setting. Through clinical vignettes we shall illustrate the steady development of a benign group therapeutic culture, supported by the continuity and stability of our multi-layered service, which helped our patients achieve deeper levels of communication and understanding, resulting in better functioning and in a greater capacity to cope with everyday life. The task was challenging and daunting at times – but the overall experience fulfilling and rewarding.



Experiences of Attempting to Discontinue Antipsychotic Medication

Friday, 1st September - 14:30 - Papers: Stopping medication - CT Hub, Lecture Theatre A - Papers - Abstract ID: 54

Miriam Larsen-Barr (The University of Auckland), Fred Seymour (The University of Auckland), John Read (University of East London), Kerry Gibson (The University of Auckland)

Antipsychotic medications (AMs) are widely prescribed to people who experience psychosis and mania. Adverse effects are common and can have an unwanted impact on daily functioning that for some may outweigh the benefits of symptom reduction. People taking AMs frequently attempt to discontinue the medication. Very few studies have explored the subjective experience of attempting discontinuation, how people implement advice to

withdraw gradually, or how people describe their outcomes. Most focus on understanding the decision-making process rather than exploring people's personal efforts to manage or the impact of the withdrawal method they choose to use. As part of a larger doctoral study, an online, anonymous survey exploring experiences of AM was completed by 144 adults living in New Zealand, 105 of whom had made at least one attempt to discontinue and answered a series of questions exploring how they managed their most recent attempt and what the outcome of that attempt was. Content analysis was used to explore the range of experiences and Pearson's Chi Square was used to test the differences between those who successfully stopped and those who resumed AMs. Approximately half the group thought they had support for their attempt, and around half described successfully stopping. Half the group believed they followed a gradual withdrawal method, but only a third met objective criteria for gradual withdrawal. Having support, and following a gradual withdrawal method were significantly associated with both successfully stopping AMs and having no current use at the time of completing the survey. Perceptions of support, and withdrawal method appear to play a role in the outcomes of those who attempt to stop taking AMs. Many people may be attempting discontinuation without the support and information required to make their attempt as safely as possible.

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Predictors of Quality of Life Among People Who Take or Have Stopped Antipsychotic Medication

Friday, 1st September - 14:30 - Papers: Stopping medication - CT Hub, Lecture Theatre A - Papers - Abstract ID:
57

Miriam Larsen-Barr (University of Auckland), Fred Seymour (The University of Auckland), Suzanne Barker-collo (The University of Auckland), John Read (University of East London), Kerry Gibson (The University of Auckland)

Several studies have suggested that those who stop taking antipsychotic medications (AMs) may have better or equivalent quality of life (QOL) outcomes compared to those who persist in the long-term. Few have explored the potential role of psycho-social resources and to date, none have assessed whether use active and avoidant coping strategies makes a difference. As part of a larger survey exploring experiences of taking antipsychotic medication (AM), 144 New Zealand adults who currently took or had previously taken AMs answered a series of multiple-choice questions and standardised scales assessing their current use of AMs, occupational status, their current quality of life, their current use of coping strategies, and the adequacy of their social support. Multiple hierarchical regression was used to explore predictors for QOL. Social support, avoidant coping, and active coping made significant, independent contributions to prediction of current QOL, while current use of AMs did not. Results suggest external and internal psycho-social resources are associated with the QOL outcomes of people who take AMs and those who stop taking them. Since quality of life is associated with coping and social support, treatment systems cannot rely solely on medication to produce positive outcomes for those who take AMs, and those who choose to stop.



Experiences of Successfully Stopping Antipsychotic Medication: Maintaining Wellbeing During and After Withdrawal

Friday, 1st September - 14:30 - Papers: Stopping medication - CT Hub, Lecture Theatre A - Papers - Abstract ID: 58

Miriam Larsen-Barr (University of Auckland), Fred Seymour (The University of Auckland), John Read (University of East London), Kerry Gibson (The University of Auckland)

People often attempt to stop taking antipsychotic medication. Unwanted withdrawal effects, high rates of relapse, and relatively low rates of success are well documented. Longitudinal studies suggest those who stop taking AMs may have better functional recovery outcomes than those who persist. But there is very little existing research regarding how people effect their outcomes during the withdrawal process or following discontinuation. There has been no research that explores how the people who successfully stop taking AMs manage their experiences. We are left with a body of literature that has begun to argue for alternatives, but lacks evidence about how people transition towards them once they have already started taking AMs. A small series of semi-structured interviews were carried out with people who completed the Experiences of Antipsychotic Medication Survey and indicated having successfully stopped AMs for more than a year. Seven women who had successfully stopped taking antipsychotic medication volunteered to participate in an interview about how they had maintained their wellbeing during and after the withdrawal process. Interviews were transcribed verbatim and thematic analysis was used to analyse the central themes discussed. Three major themes were expressed by all seven participants: 1) Understanding Myself and My Needs; 2) Finding What I Need to Cope; 3) Connecting with Support. A range of sub-themes within each of these major threads provides a summary of what psycho-social resources may assist people to stop taking AMs and manage without them. Results suggest there are many ways in which people can affect their own outcomes and highlight a role for professionals across the entire treatment system in addition to natural supports.



Dissociation and psychosis: understanding their interplay in a psychotherapy case example

Friday, 1st September - 14:30 - Papers: Perspectives on Psychosis - CT Hub, Lecture Theatre D - Papers - Abstract ID: 402

Markus Heinimaa (University of Turku)

The interface of psychosis and dissociative disorders presents us with both theoretical and practical clinical problems. The two distinct psychopathological discourses share historical roots, but have evolved largely in their own realms, as distinct ways psychopathological seeing. Recent advances in the field of dissociative disorders have promoted questioning on the borderline area between these clinical concepts and urge us to recognise novel ways of understanding psychotic phenomena. In this paper I elucidate this borderline area with

the help of a clinical case report on the psychotherapeutic treatment of a patient, who has gotten multiple diagnoses relevant to this area (Major Depressive Disorder, Bipolar Disorder, Schizo-affective disorder, psychotic level Obsessive-Compulsive Disorder). The clinical diagnosis with best clinical face value in this patient is psychotic OCD and the psychotherapeutic treatment of this client takes simultaneously place on the distinct levels of 1. Work on early emotional life and interpersonal traumatization that mostly takes place in EMDR-therapy associated meeting place exercises, where dissociated emotional parts are led to communicate between themselves for greater internal integration and, 2. behaviourally oriented treatment of OCD-symptoms.

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Possible causes of psychotic breakdown, meanings of withdrawal and structure design for the care of the psychotic crisis

Friday, 1st September - 14:30 - Papers: Perspectives on Psychosis - CT Hub, Lecture Theatre D - Papers - Abstract ID: 99

Germana Spagnolo (Associazione Psicologia il Conventino Bergamo)

Jung, in 1908, had stressed the fact that in the period preceding the psychotic onset, particularly significant facts of life had destabilized the psychic asset of the patients. In other words, to use the terminology of Zubin and Spring, various kinds of stressors had intervened on a psycho-biologically structure particularly vulnerable ". (Fulvio Marchese – Caterina La Cascia - Alessandro Bruno – Daniele La Barbera 2015).

This was the case of a young patient of mine with an inconsistent self, which I reckon to be compared to the damaged self theorized by Heinz Kohut. After a series of very stressful emotional traumas causing him an adolescent breakdown, my young patient had a psychotic onset. The fall of the Self and its further fragmentation regressed him to the stage of archaic grandeur, expressed through a delirium of omnipotence, as hypothesized by H. Kohut.

The psychotic onset may then prove " necessary" every time a person with an inconsistent or damaged Self needs " a retreat" after a chain of emotional traumas no longer tolerable because of the subsequent dissociations and fragmentation of the Self.

Dissociation predisposes to "social withdrawal", therefore to a particular use of imagination and thought in order to escape the anguish and the catastrophic feelings no longer tolerable that can overwhelm the Self. The catastrophic and disorganizing feelings that precede the fall of the Self, as well as the massive cortical activity resulting, can cause a quite prolonged hypervigilance that leads to a psychotic onset. The consequent emotional instability makes therefore necessary an "emotional rest" in an environment whose warmth, empathy, sympathetic attitude, psychotherapy, physical and sensory wellness are the pillars for the psychic restructuring, in order to bring back both mental and biophysical well-being. The "retreat" also performs various functions and prevents any further damage.



Outside Mental Health: Voices and Visions of Madness (Meet the Author Session)

Friday, 1st September - 14:30 - Papers: Perspectives on Psychosis - CT Hub, Lecture Theatre D - Meet the author
- Abstract ID: 255

Olga Runciman (self)

Outside Mental Health: Voices and Visions of Madness reveals the human side of mental illness. In this remarkable collection of interviews and essays, therapist, *Madness Radio* host, and schizophrenia survivor Will Hall asks, “What does it mean to be called crazy in a crazy world?”

More than 60 voices of psychiatric patients, scientists, journalists, doctors, activists, and artists create a vital new conversation about empowering the human spirit. *Outside Mental Health* invites us to rethink what we know about bipolar, psychosis, schizophrenia, depression, medications, and mental illness in society.

Interviews include:

Gary Greenberg, Bonfire Madigan, Robert Whitaker, Eleanor Longden, John Horgan, Alisha Ali, Christopher Lane, Clare Shaw, Ethan Watters, Paula Caplan, Jonathan Metzl, Jacks McNamara, Tim Wise, Kalle Lasn, Arnold Mindell, and dozens more...

“A vital and vibrant collection. Required reading for anyone who cares deeply about mental health and its discontents.”

– Jonathan Metzl MD

Author of *The Protest Psychosis: Black Politics and Schizophrenia*

“This is a brilliant book... Nicely written, and wonderfully grand and big-hearted in its exploration of the world of mental health and much more. Remarkable in scope, *Outside Mental Health* delves into autobiography, psychology, sociology, philosophy, and spirituality. Will Hall elevates the radio interview format into an art.”

Robert Whitaker, author of *Anatomy of An Epidemic*

“Will Hall’s *Madness Radio* has long been for many a refuge and an oasis from the overblown claims and corporate interests of American psychiatry and Big Pharma. This collection of interviews and writings—bold, fearless, and compellingly readable—captures *Madness Radio*’s importance and fierce independence, urging us to think differently and anew about the “thought disorders” involved in illness and wellness, sanity and recovery. Required reading.”

Christopher Lane, author of *Shyness: How Normal Behavior Became a Sickness*



Bipolar Psychosis: a Symposium

Friday, 1st September - 14:30 - Symposium: Bipolar Disorder - CT Hub, Lecture Theatre B - Panels/Symposia - Abstract ID: 344

Brian Martindale (ISPS life member)

Am I bipolar? A good question. The psychodynamics

The overall purpose of my presentation is to play a part in facilitating an increased interest in the psychodynamic psychology of 'bipolar' psychosis within the ISPS community.

One of the commonest presenting issues brought by patients to psychiatrists is the question of whether they have a bipolar disorder or not.

For some this 'diagnosis' would be welcomed, for others it is a terrifying prospect.

Bipolar has acquired a degree of popularity and acceptability in the UK general public and much of this might be linked with very open declarations of Stephen Fry, the UK English comedian, actor, writer, presenter, and activist who seems to appear on our screens every day. He has been taking medication for his 'bipolar' disorder.

In this presentation, I will be summarising my findings in the approximately fifty patients I have seen in the last four year where the question of bipolarity has been central. I will present the psychodynamic features that many have in common as well as highlighting differences, focussing on those with psychotic features.

I shall also refer participants to useful reading material from the psychodynamic literature.



Bipolar Psychosis: A Symposium

Friday, 1st September - 14:30 - Symposium: Bipolar Disorder - CT Hub, Lecture Theatre B - Panels/Symposia - Abstract ID: 349

Andrew Shepherd (University of Manchester)

Being 'Bipolar' and the relationship to the 'Other'.

The question 'Am I Bipolar?' has been asked with increasing frequency since the beginning of the 21st Century. In this paper I seek to address the nature of this question from an alternative perspective. In so doing I do not seek to dismiss the intense distress accompanying the experience of emotional instability, but instead to argue that modern diagnostic systems, with their atheoretical accounts, struggle to capture the lived experience described by many people.

As an alternative, I present varying psychoanalytic formulations to account for this manifest oscillation between elation and depression of mood. The question arises as to whether 'mania' and 'depression' represent distinct structures in their own right, in keeping with a separate diagnosis of 'bipolar disorder'; or whether they are symptoms representative of some other underlying construct – for example a form of psychosis, or neurosis?

One possible formulation involves consideration of the way the Subject can be seen as relating to the Other. Mania, from this perspective, could represent an approach 'toward' the Other - while conversely depression shows a 'withdrawal'. Such vacillation between positions invites consideration of the impact of early life attachment experiences – disrupted attachment could potentially be seen as inducing such instability, echoing

the experience of those who present with ‘borderline’ symptomatology. Within this formulation the symbolic role of ‘diagnosis’ (as a triangulating point between the subject, Other and analytic third party) could represent an important anchor to which the sense of self can be tethered. Thus ‘anchored’ the subject’s experience may therefore become more stable.

In this formulation then, I argue, the question ‘Am I Bipolar’ becomes simply a rephrasing of the eternal analytic question, ‘Who Am I?’ A question that is essentially human and timeless in its nature.



Bipolar psychosis: a Symposium

Friday, 1st September - 14:30 - Symposium: Bipolar Disorder - CT Hub, Lecture Theatre B - Workshop - Abstract ID: 430

Anne Pernet (pediatric hospital Trousseau, Paris)

IS MY CHILD BIPOLAR?

In a state of considerable distress, parents frequently ask this question to child psychiatrists. The distress is exacerbated by the current assumption that bipolar disorders are transmitted genetically; and very often they extend this assumption of genetic transmission to all major psychiatric problems encountered in a family member. They wonder if they have been bad parents to transmit their genes, creating a bad family.

What we can be sure of is that parental guilt and shame interfere with the parents freedom in the raising of their children.

How can we give them back hope and creativity, how can we rid them of the bad omen of the genetic witch?

A far better tool is to focus on the transgenerational means of transmission of trauma. This empowers both the parents and the therapist and it is based on numerous studies and neurophysiologic findings. Parents are assisted in an important task of digesting past traumas so that they can allow their children to build good emotional and affective regulation and the family become resilient and warrior like. This is a much better identity with which to support a child’s life.

I will give a clinical example from a family I have been following for 15 years using several therapeutic tools within a framework of psychoanalytic understanding. We have tracked a disorganized attachment pattern over five generations, tangled with abandonments, PTSD from wars, violence, sexual and emotional abuse and made meaningful a mother’s ‘crazy’ behaviour. The latter made sense in the context of an abnormal situation. The work allowed five children to move forward in their now young adult lives



Reflections upon “Paradigm Shift” (in Psychiatry).

Friday, 1st September - 14:30 - Symposium: Paradigm Change - Chadwick Building, Rotbalt Lecture Theatre - Panels/Symposia - Abstract ID: 175

Hugh Middleton (University of Nottingham), Tom Stockman (University College London)

“Psychiatry beyond the current paradigm” was published more than four years ago. It outlined how professionals consider “mental health difficulties” differently. There was little dissent, but the pace of change is slow.

This symposium reflects upon two areas where scientific findings point very clearly to the need for conceptual review, and a lesson from history.

Hugh Middleton: Closer attention to relationship, and an historical parallel.

Most instances of so-called “serious” mental health problems are associated with developmental relational difficulties. Numerous studies identify associations between other forms of relational disturbance and disabling emotional distress. Nearly a century of psychotherapy research has to conclude that outcome is largely determined by the quality of therapeutic relationship. Social exclusion and stigma are the most disabling consequences of living as someone with a psychiatric diagnosis.

These have powerful implications that are proving difficult to digest. Kuhn’s *Structure of Scientific Revolutions* offers an explanation. The facts speak to greater ontological significance of relationship or interconnections than they are generally afforded. This provides an organising principle not yet widely articulated. For medicine, nineteenth century surgeons’ eventual recognition of bacteria’s role in infections offers a parallel.

Tom Stockmann: *Critical Psychopharmacology*.

For centuries drugs have been used to alter mental states and dull emotional pain. The current talk will explore the altered mental states produced by prescribed psychiatric drugs and look at the pros and cons of using them in situations in which people are experiencing mental distress or manifesting unusual or disturbing behaviour. It will also examine how the actions of drugs in mental disorders have been misrepresented to reinforce narrow, disease-based models of mental health problems, and how their use might be considered differently. There will be an emphasis on the medications referred to as anti-psychotics, and the increasing focus on the uncertainty surrounding their long-term use.

§

Beyond ‘Them’ and ‘Us’: The Hearing Voices Approach as a Framework for Collaborative Practice

Friday, 1st September - 14:30 - Symposium: Hearing Voices Approach - Chadwick Building, Chadwick Lecture Theatre - Panels/Symposia - Abstract ID: 219

Jacqui Dillon (Hearing Voices Network England), Gail Hornstein (Mount Holyoke College)

Hearing voices peer support groups are transforming the lives of people all over the world, allowing them to understand and cope with experiences that have long confused or frightened them. Many have spent years in the psychiatric system – treated with powerful medications or repeated hospitalization – yet continue to struggle with extreme states or anomalous thoughts, perceptions, or feelings. Even those with access to psychotherapy often find their experiences debilitating. Routinely labeled as ‘chronic’ or ‘treatment resistant,’ they can become increasingly estranged both from others and themselves. Hearing voices groups offer a crucial alternative, allowing the transformational power of relationship to foster a deeper understanding of mental life, in oneself as well as others.

For more than 10 years, the two of us have facilitated, and trained others to facilitate, hearing voices groups in the UK, US, Australia, Holland and Ireland. We have witnessed the profound effects they can have for people considered unreachable as well as those who have received some benefit from treatment. These effects cannot easily be quantified or studied within traditional research paradigms. Yet they are powerfully real to the people who experience them. We are beginning the first systematic program of research into the mechanisms of HVN groups to provide clearer evidence of the contribution they can make to best practice.

In our work together over the past decade, we have forged a style of egalitarian collaboration where Jacqui's background as an activist and voice hearer, and Gail's as an academic researcher who has been radically changed by involvement with the Hearing Voices Network, can come together to create a new approach to practice and research. The goal of our panel is to foster dialogue about the rich possibilities that partnerships of 'expertise by experience' and 'expertise by training' offer to all of us.

§

Theoretical and practical guidelines for patients in psychotic states of mind

Friday, 1st September - 14:30 - Symposium: Psychodynamic - Maths Building, Proudman Lecture Theatre - Panels/Symposia - Abstract ID: 271

Bent Rosenbaum (University of Copenhagen, Department of Psychology and Psychiatric Center Copenhagen), David Garfield (Department of Clinical Sciences Rosalind Franklin University of Medicine and Science, The Chicago Medical School)

Learning from experience developed both in empirical research and daily clinical practice is important when dare to promote guidelines for psychodynamic psychotherapy for persons in psychotic states of mind. The psychodynamic and psychoanalytic literature is rich with ideas derived from longterm experience, but which of them would we today regard as tenable and practical in the meetings with first-episode psychotic states of mind? How can the important dyadic relationship of psychotherapy - demanding both patient and therapist stay alive in a difficult special type of dialogue - be broadened to affect the family and the social sphere surrounding the patient with his or her understandable but derange self-experience

§

Clinical Case Management: Integrating Psychological and Environmental Domains

Friday, 1st September - 14:30 - Symposium: Psychological Therapy - Chadwick Building, Barkla Lecture Theatre - Workshop - Abstract ID: 392

Joel Kanter (Institute for Clinical Social Work)

Integrating psychological and environmental perspectives, clinical case management is an essential component of interventions with individuals with psychotic disorders. Clinical case management can be defined as a modality of mental health practice that, acknowledging the importance of biological and psychological factors, addresses the overall function and maintenance of the person's physical and social environment toward the goals of facilitating physical survival, health and mental health, personal growth, and community functioning (Kanter, 1989). In clinical case management, five principles are emphasized: 1) continuity of care; 2) use of the case management relationship; 3) titrating support and structure in response to client need; 4) flexibility of intervention strategies (i.e., frequency, duration and location of contact); and 5) facilitating consumer resourcefulness and strengths.

Using Winnicott's ideas about facilitating holding environments (Kanter, 1990), this workshop will outline the

key components of clinical case management and the important dimensions of the case management relationship, differentiating these from the usual parameters of individual psychotherapy. Finally, a clinical example will be presented to illustrate this model and facilitate discussion among the participants.

References:

Kanter, J. (1989). Clinical case management: Definition, principles, components. *Hospital and Community Psychiatry*, 40(4), 361–368.

Kanter, J. (1990). Community-based management of psychotic clients: The contributions of D. W. and Clare Winnicott. *Clinical Social Work Journal*, 18, 23–41.

§

The influencing machine is real: How do technological advances in the Information Era affect clinical understanding of experiences commonly labeled as psychotic?

Friday, 1st September - 14:30 - Symposium: Technology and Psychosis - Maths Building, Forsyth Lecture Theatre - Panels/Symposia - Abstract ID: 398

Jessica Arenella (ISPS board member), Trevor Temmens (Independent seeker)

Concerns about the erosion of privacy and invasion of the mind are increasing concerns in this highly technological era among both people diagnosed with psychiatric conditions and the general population. Mind-reading computer technology that can influence one's behavior is no longer the stuff of science-fiction and fantasy, but is already present and being developed by the military.

Privacy of speech, emails, confidential medical and personal data can no longer be taken for granted, as recent exposure of foreign hackers infiltrating insurance databases and the revelations from Wikileaks publicizing massive data collection of personal phone calls, emails of US citizens by its government. Paranoid ideation about computers and technology is on the rise, but so are the reaches of such technology, including mind-reading or "synthetic telepathy" capabilities. Exclusionary criteria for diagnosing delusions include the caveat that beliefs that are part of a culture or subculture should not be classified as delusional. In the Internet era, there are communities that espouse and normalize ideas such as gang-stalking, voice-to-skull communications, and brain-hacking, effectively neutering the diagnostic criteria for delusions. Clinicians can no longer simply assign client communications to the realm of the delusions of an influencing machine. In this talk, Mr. Trevor Temmens, a self-identified subject of government telepathy, will describe his experiences of telepathy and uncomfortable sensory experiences and his theory of governmental hacking into his brain. Jessica Arenella will discuss her experiences with clients experiencing technological and governmental intrusions into their personal lives as well strategies to work with clients in distress regarding these issues. Additionally, a new paradigm for understanding "delusional" beliefs will be outlined.



Can writing about traumas break the abuse pattern?

Friday, 1st September - 14:30 - Workshop: Writing - The Guild, Library - Workshop - Abstract ID: 352

Jen Kilyon (Soteria and ISPS), Ivy Derrick (University of Manchester)

My name is Ivy Derrick. I am a middle aged black female involved in the Clinical Psychology Doctorate course at the University of Manchester. There I have input from a community perspective into teaching, research, consultancy and assessing the interview skills of the trainees. I have been involved with mental health services since I was 25 years old.

Over the years I have received a number of diagnoses of mental ill health, but “lack insight” which, when loosely interpreted means that I continue to disagree with the various labels imparted to me. Invalidation of life traumas within my family when growing up, racial discrimination within the community and the added trauma of having a mental health stigma has in the past led to detention on psychiatric inpatient wards, which I view as wrongful imprisonment.

The “treatment” that I received as an in-patient compounded my traumas.

Compassionate care began when I learned to care for myself.

I found a way to express my feelings through the medium of the written word, in particular poetry. By my writing I can express my feelings of pain, happiness, dissatisfaction and also celebrate my resilience.

It is my hope that my creative writing may be a teaching tool that can help others - professionals, service users and carers - such as poems on suicidality, which can be a preventative measure.

By doing a workshop with my friend and former colleague Jen Kilyon I hope to bring cause for thought, open and free dialogue and begin to facilitate alternate training strategies with participation for all with a willingness to listen with an open attitude. There will be an opportunity to hear some of my poetry, discuss in groups and ask more about how the written word enabled me to overcome these traumas and move on.



Shared Reading (2)

Friday, 1st September - 14:30 - Workshop: Shared Reading (Places limited - please sign up at Registration Desk)
- The Guild, McAusland Room - Papers - Abstract ID: 472

The Reader (The Reader)

The Reader is an award-winning national charitable social enterprise based in Liverpool which for over a decade has been bringing people together across a range of settings – mental health wards, prisons, schools, libraries and care homes, through the use of *Shared Reading*.

Shared Reading is a simple idea with a powerful impact, which has been demonstrated to improve wellbeing, reduce isolation, build resilience and strengthen communities. By bringing people together in small groups to read a book, short story or poem *aloud*, *Shared Reading* groups create a safe and welcoming space where individual thought and feeling is recognised and valued. Group members can choose to read aloud, share personal reflections or simply listen and in this way form real connections with the literature and with each other. Research from the Centre of Reading, Literature and Society (CRILS) at the University of Liverpool, in conjunction with Mersey Care Mental Health Trust - longstanding partners of The Reader - reveals *Shared Reading* as an effective non-medical intervention that has demonstrable positive impact for both volunteers and group members alike - including those living with dementia. See research findings here on how *Shared Reading* has helped alleviate both psychological and physical pain, as well as highlights on the use of *Shared Reading* here as a treatment for those living with episodes of psychosis, supported by the Guy's and St Thomas Trust. There's more information about The Reader at www.thereader.org and CRILS here <https://www.liverpool.ac.uk/psychology-health-and-society/research/reading-literature-and-society/>.

The workshop will offer chance to participate in and experience a *Shared Reading* group with a trained facilitator. Group facilitators known as 'Reader Leaders' are trained to develop *Shared Reading* within their own communities or workplaces through Read to Lead training courses. Immediately following the conference there will be opportunity to attend a three day Read to Lead training course that will equip you to develop your skills as a Reader Leader and set up your own Shared Reading group. This will run from Monday 4th- Wednesday 6th September in a city centre venue in Liverpool - more information is available on the conference website and bookings can be made through The Reader, learning@thereader.org.uk, 0151 729 2200



Working towards improving psychological aspects of mental health care of people with psychosis, their families and people from their social networks

Friday, 1st September - 14:30 - Workshop: Psychosis Task Group - The Guild, Mandela Room - Papers - Abstract ID: 476

Miomir Milovanovic (Psychosis Task Group of the Royal College of Psychiatrists)

In this meeting we want to share thoughts, ideas, activities and plans of the multiagency Psychosis Task Group initiated by the Royal College of Psychiatrists and to continue to develop the group's thinking through the input of workshop participants.

The Task Group's aims are to

- Articulate a shared view of good psychological care by mental health services for people with psychosis
- Contribute to the training of future psychiatrists, psychologists, nurses, occupational therapists and professionals from other disciplines to develop their ability to support this, including capacities and skills in working with other agencies such as those in the voluntary sector,
- Identify ways in which the Royal College of Psychiatrists can work with other professional bodies and agencies to improve psychological care for people with psychosis.

As a first step we have begun to describe what we see as features of services which offers good psychological care and have set these out in a two page briefing paper which will be available to workshop participants.

In the workshop we hope to integrate views based on different experiences (people with psychosis, clinicians, family members..), different theoretical models and different resources at local and national levels.

We will begin with brief presentations by several Task Group members representing people with psychosis, family members and clinicians. We will also discuss concepts from a psychodynamic point of view of what helps / hinders multi-professional working eg. envy, shame, guilt and social defences alongside other organisational issues such as lack of task and role clarity.

In the second part of the meeting we would like to open a discussion and hear about thoughts, ideas and innovative practice from others. We hope that this will lead to establishing links with other individual colleagues, groups and institutions which will support us in our aims, and to working together on a national and possibly international level.

§

ISPS learning resources on the web!

Friday, 1st September - 14:30 - Workshop: ISPS resources - The Guild, Elizabeth Gidney 1 Room - Workshop - Abstract ID: 159

Margreet de Pater (ISPS board member)

Learning objectives: The speaker will present online learning resources and invite participants to come with suggestions for additions.

The speaker developed together with Brian Martindale, Brian Koehler and Joanne Hodgekins learning resources pages for ISPS website. They will grow to be a knowledge resource for people to orient themselves on psychological and social approaches for recovery from psychosis. The content varies from evidence based approaches to creative therapies which are not researched yet by such methods as RCT's. Whenever possible, evidence is documented in case a therapy is not working or even harmful; including discussion of the findings. To keep these pages up to date, collaboration of people who are curious to acquire new knowledge is needed. We are looking for a group of people who can work together to further develop LR.



Therapeutic relationships: the perniciousness of ‘insight’ and ‘expertise’

Friday, 1st September - 14:30 - Workshop: Understanding Psychosis and Therapy - The Guild, Mountford Hall - Papers - Abstract ID: 25

Anne Cooke (Canterbury Christ Church University)

‘The concept of lack of insight is one of the most powerful and insidious forces eroding our position as competent and creative individuals’

Peter Campbell

Relationships between those of us who experience psychosis and those of us who offer help sometimes run into difficulties. The related ideas of ‘insight’ and ‘expertise’ may be partly responsible. Professionals have often been trained that it is their role to be the expert and explain to people what is wrong and what they need to do. Disagreement is often seen as ‘lack of insight’ and the professional tries to persuade the person that they are wrong, sometimes even overriding their wishes to ensure that they are ‘treated’.

The recent British Psychological Society publication “Understanding Psychosis and Schizophrenia” suggests a possible way out of this potential impasse. It concludes that no-one, no matter how expert, is in a position to know these things for certain, and that professionals should respect and work with people’s own views. It concludes that “some people find it useful to think of themselves as having an illness. Others prefer to think of their problems as, for example, an aspect of their personality which sometimes gets them into trouble but which they would not want to be without. Professionals should not insist that people accept any one particular framework of understanding, for example that their experiences are symptoms of an illness.”

Anne will explore the potential of this approach for radically improved therapeutic relationships.



CBT for psychosis: time for a fourth wave? (ISPS book series) (60 minute paper)

Saturday, 2nd September - 08:00 - Papers:CBT - The Guild, Mountford Hall - Papers - Abstract ID: 115

Caroline Cupitt (South London and Maudsley NHS Foundation Trust), Anne Cooke (Canterbury Christ Church University)

Given that we are now already many years into the development of third wave CBTp, it is interesting to speculate about the direction of a possible fourth wave. If the first took behaviour as its focus, the second cognition and the third process/emotion, it can be argued that as CBTp matures it is becoming more able to grasp the complexities of mental distress. The obvious next step would be to look outside the individual to consider the effect of society and our relationship to it in shaping experience. This would build on the evolution of the third wave, which has already begun to question the relevance of individual diagnosis. By positioning CBTp more fully within its social context, new and exciting possibilities for intervention open up.

Already within CBTp there is the idea that it is a ‘culturally unacceptable’ interpretation of an unusual experience which makes it distressing. Thus across cultures we find that unusual experiences are either valued or labelled mad in differing ways. The fear of ‘going crazy’ underlies a great deal of distress, not just in psychosis but also other more common mental health problems. It is perhaps surprising therefore that the idea of changing societal appraisals of unusual experience has not received more attention within CBT as a means to reduce individual distress. It is a natural extension of meta-cognition, as we move from considering an individual’s beliefs about their thoughts to their beliefs about society’s thoughts and to society’s beliefs about the individual. If such beliefs and their associated attitudes are to change, professionals will need not only to adopt a wider focus but also to collaborate closely with people who have themselves experienced psychosis.

§

How to change the system of mental health care?

Saturday, 2nd September - 08:00 - Papers: Change and Psychology Students - CT Hub, Lecture Theatre C -
Workshop - Abstract ID: 286

Barbora Chvatalova (Masaryk University), Jana Muronova (Masaryk University)

In the Czech Republic, large mental health care institutions still exist as a relic from 18th century and serve as a primary provider of care for people who face psychological issues. Currently, there is a mostly one-sided emphasis on pharmacological therapy for people who suffer from psychotic disorders, despite existing large pool of opposing information, favoring psychological approaches. Therefore, systematic review of all psychotherapeutic approaches to first-episode psychosis (FEP) was conducted, comparing them with pharmacological interventions in terms of effectiveness. The results support indispensability of psychotherapeutic approaches in FEP treatment in terms of recovery, and show pharmacotherapy might be in some cases even detrimental. A table of recovery preconditions which constitute optimal approach to FEP will be presented.

Deeper roots of currently prevailing medical discourse, based on 17th century materialistic paradigm, were identified and will be discussed in contrast with holistic paradigm, which builds on findings from quantum physics. The main argument is that our prevailing view of reality is outdated, therefore the nature of psychosis is misunderstood and classical approach to psychosis treatment is dysfunctional. Reasons of reluctance to change the way of treatment might be hidden deep in collective unconscious, as a confrontation with content from psychotic experiences threatens our current understanding of ourselves. Misunderstanding of nature of consciousness as such, denial of spirituality, fear and existence of taboos (including death, mystical experiences and sex) in current psychiatry will be discussed.

How to change the current state of mental health care provision and provide a healthy alternative, which respects the whole imaginable breadth of human experience? We will present our endeavour: Project SPOLU („Together“) which grew into largest psychology students’ organization, sending hundreds of students to volunteer into psychiatric hospitals across the whole country. Let’s discuss what each one of us can do to make the system better!



Description of Madness from Psychology and Psychological Counselling Students

Saturday, 2nd September - 08:00 - Papers: Change and Psychology Students - CT Hub, Lecture Theatre C - Papers - Abstract ID: 110

Derya Eryigit (Marmara University), Kamile Gamze Yaman (Marmara University)

The aim of this research is to reveal the phenomenon of madness of psychology and psychological counselling students at the 4th year of the university in order to objectify the perspective of the new generation of the psychology about psychological disorders under the discourse of “madness”. 20 undergraduate students from psychology and psychological counseling departments of universities in Istanbul are asked to discuss different topics about madness, treatment of psychological disorders, social aspects of psychological disorders and stigma. Topics are given to the students through a web site with the same format as collaborative dictionary, a sort of web site that members can discuss a topic through web, which is opened by the researchers. This web site has some ground rules that are developed by the researchers. Participants are warned if they are being mean, rude or hurtful to other participants, and are asked to watch over racist, sexist language in their discussion entries. Every participant is asked to choose a nick name and they have an account that only they can access with their nickname and password. Thereby, participants will be able to discuss anonymously that week’s subject through the web site. Every week a new discussion is started by the researchers and participants discuss this topic. They are asked to discuss seven topics in seven weeks. After seven week time period is completed, the web site is closed and students are stopped from writing more comments and thoughts about the subjects. Students are allowed to write comments about previous weeks’ subjects until the web site is closed. After data collection process is done, the answers from the same participants are collected under their nickname and qualitative data from each participant is analyzed with interpretative phenomenological analysis with MaxQda program.



Doctors are human too. Why don’t we speak out about our extreme states and recovery stories?

Saturday, 2nd September - 08:00 - Papers: Lived Experience Perspectives - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 239

Patte Randal (Retired from Auckland District Health Board/Self-employed)

Aim

To outline some findings of a qualitative research study talking with doctors who became the patients of psychiatrists.

Method

As part of a larger qualitative study. we interviewed 11 doctors who have lived experience of extreme states including psychosis. Thematic analysis was undertaken.

Results

The participants described painful and extreme experiences that compromised their wellbeing and their capacity to function as doctors and from which they had recovered. All but one felt their experience in the patient role had taught them to be more effective clinicians. They described increased empathy, a different perspective on getting things wrong, recognition of the spectrum of experiences of receiving a diagnosis and taking medications - from being positively helpful to being actively destructive. Many acknowledged increased resilience as a result of surviving these experiences.

Several had attempted to share their learning, with mixed responses. Several described negative consequences of speaking out. Some spoke of shame, stigma or discrimination as an explanation for why speaking out was unsafe.

Many expressed a desire to be able to speak out publicly in order to teach others but acknowledged that this was not something they would feel safe or confident to undertake

Conclusions

The culture of medicine and society at large remains a force requiring doctors to perform as if we are super-human. This can have dire consequences. We need to create safe spaces for our true humanity to shine. This includes supporting those of us who have endured extreme states including psychosis to speak out. Our journeys of recovery and discovery can be hope-inspiring. We can be role models promoting the reality that we all (including the people we serve) can become more resilient as a result of our experiences, given the right support. Surely it is time.

§

Walk Alone - emphasizing relational knowledge and skills in education

Saturday, 2nd September - 08:00 - Papers: Lived Experience Perspectives - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 71

Olav Lökvik (SEPREP), Anne Ek (SEPREP)

The Norwegian Center for Psychotherapy and Psychosocial Rehabilitation of Psychoses - SEPREP - was founded in 1990 with an idealistic, humanistic and psychodynamic approach, to help and to strengthen people suffering from severe mental illness. Since 1997 SEPREP has conducted 112 classes of students from the mental health and addiction field. Almost 4000 practitioners have joined our 2-year multilevel and multidisciplinary programmes. We must recognize that health care and social welfare in Norway during the past decades have had better opportunities and financial possibilities compared to many other countries with lower health budgets. But, as a disadvantage this has also reduced the speed of developing and implementing recovery based approaches in Norway. Meanwhile, SEPREP has been a solid rock to promote partnership between professionals and patients/users/peers/relatives through its educational programmes.

We will like to present to you different ways of highlighting both the evidence based theoretical knowledge on the professional side and the experienced knowledge of the patients/users, their families and the individual practitioners. The phenomenological and anecdotal experiences and hermeneutical scientific approaches must be given more attention in the educational programmes and on development of the mental health and addiction services, in the future. We will also like to emphasize the importance of professional supervision and mentoring, in order to prepare the students to increase and enhance the ability to reflect upon

all aspects of their practices. Authentic relationships demand a humble, present and genuine attitude from the helping professional to offset the unnecessary and artificial borders between “us and them”.

No one should ever walk alone struggling with severe mental problems or fighting the problems alone. That is why SEPREP wants to make a difference and to call on all good forces to cooperate for the benefit of disadvantaged people and their families.

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My personal story and wishes about healthcare related to psychosis

Saturday, 2nd September - 08:00 - Papers: Experts by Experience - CT Hub Lecture, Theatre D - Papers - Abstract ID: 386

Cynthia Dorrestijn (ISPS)

During my life I faced three episodes of psychosis, all during stressful periods. The first time was when I was 17 and preparing for school exams, the second during my study period at age 22, and the third time was when I was 32, busy working and living together with my partner. There have been also a few moments when I could just avoid psychosis, notably after the birth of my son when I was 34. I am glad to have been very healthy and without psychiatric symptoms during the years in between and afterwards. The crises do however mark my life. The episodes ‘belong to me’. I learned to better take care of myself, respect my limits, handle expectations and fears about what a worthy life could look like, and trust in the help of caring people around me, whatever may happen. The periods on medication during recovery however felt less like ‘belonging to me’. It felt like my character got erased; my life and recovery were ‘put on hold’.

How have I, from my own life story, come to see what psychosis is, and what would be the best way for professional healthcare, society, and people themselves to deal with psychosis? Full recovery was for me every time related to gaining a new perspective on what life can look and feel like. Medication actually seemed to hinder this process. I would therefore like to stress the importance of personal support and care. Around the birth of my child we organized extra personal care ourselves and this worked out well. Speaking from my experiences and for my situation, I wish, that the healthcare system would be more geared to work in this direction.

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Experiences with outpatient commitment orders from the perspectives of patients, relatives and staff

Saturday, 2nd September - 08:00 - Papers: Experts by Experience - CT Hub Lecture, Theatre D - Papers - Abstract ID: 377

Stensrud Bjørn (Innlandet Hospital Trust), Georg Høyer (University of Tromsø), Arild Granerud (Inland Norway University of Applied Sciences), Gro Beston (Innlandet Hospital Trust), Anne Signe Landheim (Innlandet Hospital Trust and University of Oslo)

Background: Compulsory outpatient psychiatric care or outpatient commitment (OC) is intended to ensure

treatment of people with severe psychotic disorders after discharge from inpatient care. Although OC has long been used in Norway, there is little research-based knowledge of the extent and content of the scheme and a particular lack of knowledge of the experiences of those involved.

Methods: The studies are based on individual interviews with patients subject to OC (n=16) and their relatives (n=11), and three focus group interviews with a total of 22 health professionals. The analysis of patient data is based on constructivist grounded theory and the analysis of data from relatives and health professionals is based on qualitative content analysis.

Results: The results show that patients found OC to be an obstacle to social integration and prevented them from basing their recovery process on their own experiences. Relatives found that scheme relieved them, but they felt that health professionals did not acknowledge their expertise and experiences. Health professionals experienced a dilemma in attempting to combine therapeutic responsibility with the management of coercion. Recovery from mental illness is largely a question of patients developing everyday coping skills. Health professionals should therefore increasingly consider whether OC is equally useful for all patients with psychosis and whether poor cooperation on treatment may partly be due to patients having other priorities for their lives.

Conclusion: Since the use of OC in Norway is largely justified by the patient's treatment needs, the scheme must facilitate patients' involvement in their own recovery, and use resources in the patient's environment to enhance treatment. The results show that the interaction between patients, relatives and OC decision makers should be improved compared to how the scheme is practiced today.

§

Using Psychosocial Approaches to Working with Asian American Youth at Clinical High Risk for Psychosis

Saturday, 2nd September - 08:00 - Papers: Early Intervention - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 365

Huijun Li (Florida A & M University), Michelle Friedman-yakoobian (Beth Israel Deaconess Medical Center), Larry Seidman (Beth Israel Deaconess Medical Center)

Asian immigrant families tend to underutilize mental health services, have less favorable help-seeking attitudes than their mainstream counterparts, and terminate services prematurely.

Different factors may hinder Asian immigrant families from seeking help for their child in a timely and consistent manner. First, stigma has been shown to interfere with help-seeking for families of young people with psychotic symptoms. In Asian culture, seeking mental health services is often regarded as a violation of Asian family hierarchy as it indicates family inadequacy and a loss of "face". For these reasons, great effort is made to contain the illness within the family for as long as possible. Consequently, mental health stigma is considered a strong predictor of delay in the help-seeking process among many Asian immigrant families. It is important to note, however, within-group differences such as acculturation level that affect views on mental health and its treatment. Asian immigrants who are more acculturated to the Western culture tend to be more tolerant of the stigma associated with psychological help, and are more open to discussing their problems with a mental health professional.

This presentation involves the following components with the illustration of a clinical case: 1) Introducing Asian immigrant cultural beliefs of mental illnesses and barriers to clinical services, 2) Presenting the clinical high risk for psychosis context in an Asian American family, their help-seeking behavior, barriers to services and motivating factors to services, 3) using culturally sensitive psychosocial approaches to working with an Asian

American family, who has an adolescent showing subclinical psychotic symptoms, 4) Summarizing the clinical implications and guidelines of working with Asian immigrants in different countries.



Early Intervention in Psychosis: A Zimbabwean Pilot

Saturday, 2nd September - 08:00 - Papers: Early Intervention - Chadwick Building, Rotbalt Lecture Theatre -
Papers - Abstract ID: 220

Tamaryn Palmer (Zimbabwe National Association for Mental Health), Walter Mangezi (University of Zimbabwe)

Early Intervention in Psychosis (EIP) is a research based concept of a specialist, phase-based service for young adults experiencing psychosis for the first time. It was initiated in Australia in 1997¹ and has since been implemented across the globe in parts of Asia, Europe, America and Australasia. It is so highly valued that its existence is part of the national guidance for mental health in the UK, where every geographical area will have access to some form of an Early Intervention in Psychosis Service. However, it has not been implemented in Africa until now². An Early Intervention in Psychosis nurse from Nottingham, UK, has partnered with the Zimbabwe National Association for Mental Health (ZIMNAMH), a registered mental health charity to initiate and implement the Early Intervention in Psychosis Model as a pilot in 3 geographical areas in and around the capital city, Harare.

Mental health resources are scarce due to limited funding³, There are 0.008 psychiatrists and 0.28 psychiatric nurses per 10,000 of the population in Zimbabwe⁴. This is compared to 1.46 psychiatrists and 6.7 psychiatric nurses in the UK⁴. There are no community services in existence and there is an embedded traditional belief system that ascertains mental ill-health to witchcraft, or punishments from ancestral spirits for misdeeds⁵. This, in turn, means that the first port of call is often traditional or faith healers which means that early detection and treatment is very difficult through conventional mental health services.

This paper will discuss and explore the challenges, triumphs and adaptations necessary to implement an effective Early Intervention in Psychosis programme in Zimbabwe.



A Theological Interpretation of the Language of Madness

Saturday, 2nd September - 08:00 - Papers: Language of Madness - Chadwick Building, Barkla Lecture Theatre
- Papers - Abstract ID: 60

Elahe Hessamfar, PhD (Independent researcher)

ISPS Abstract 2017 Liverpool

In this paper I will present a fresh interpretation of the language of madness through a theological lens. The paper will be informed by my personal experience, and scientific research findings. My personal experience stems from caring for my daughter, Helia, through her journey into madness and catatonia, and years of working as a volunteer to help families dealing with similar challenges. After 17 years of caring for Helia, I became convinced that a psychotic experience is not merely a medical problem, but is laden with

theological content. Therefore, spiritual discernment and theological reflection are essential components for successfully leading the person toward true recovery.

Scientific research on the brain of those suffering from “schizophrenia” has shown hyperactivation of the Default Mode Network (DMN) in their brains. It appears that such individuals take on the external stimuli from their environment, internalize it, and manifest it in the forms of “symptoms.” We have seen this phenomenon, not only in those diagnosed with “schizophrenia,” but also in the influential biblical prophets, such as Jeremiah, and Ezekiel.

Likewise, my daughter, had become the manifestation of all that was wrong in our family. In her madness a mirror was provided in which we were forced to catch ourselves in the midst of our distractions, and in doing so, our family encountered our own illness in hers.

I will argue that not only is madness not pathological, but rather it touches on the most fundamental fragility of the human soul, and that it ought to be recognized as a phenomenon, both theological and teleological, with a deep prophetic language, demanding attention. In extreme states, by manifesting signs, madness speaks to the true human condition with vivid clarity. By overmedicating the individual to suppress the “symptoms,” we silence the illness’s prophetic voice.

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Making Up Symptoms

Saturday, 2nd September - 08:00 - Papers: Language of Madness - Chadwick Building, Barkla Lecture Theatre
- Papers - Abstract ID: 45

Huw Green (City University of New York - City College and Graduate Center)

The experiences that are associated with psychosis are extraordinarily varied and heterogeneous. Early descriptive psychiatry (e.g. Bleuler, 1912) placed emphasis on carefully explicating subjectivities that strike the reader as remarkable and somewhat difficult to comprehend objectively. Yet modern descriptions of psychotic phenomena (e.g. the DSM criteria) have tended to focus on particular canonical types of “symptom” like “hearing voices” or holding “delusional beliefs”. Some recent scholarship (i.e. that of Louis Sass, 1994, 2014 and Nev Jones and colleagues, 2016) has re-introduced the striking diversity of phenomenological experiences that are reported in psychosis. How has this historical movement occurred, and why have we had to “re-discover” the heterogeneity of psychosis?

The philosopher Ian Hacking has a line of research which he has called “making up people”. Hacking has traced the history of several diagnostic categories (most notably autism and multiple personality disorder) and revealed how their codification has created new, but also quite rigid, ways of being distressed. A diagnostic class creates habits of thought and canonical forms of description, which limit the ways a person’s behaviour and subjectivity can be described and understood. It also creates “looping effects”, in which the “official” descriptions come to influence the first person experiences themselves.

In this paper I apply Hacking’s research to the description, classification and diagnosis of psychotic symptoms. By tracing the historical developments in how psychiatry has written about psychosis, it is possible to witness a tacit simplification and restriction in what psychosis is “supposed” to be. From a variety of auditory and non-auditory intrasubjective experiences of sound and voice (for example), we have moved to the simple formulation “hearing voices”, in a move I call “making up symptoms”. This canonical, official picture limits the experiences professionals are prepared to recognise in their patients.

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Implementing mindfulness in group settings for people suffering from psychosis

Saturday, 2nd September - 08:00 - Papers: Mindfulness - CT Hub, Lecture Theatre B - Papers - Abstract ID: 256

Saija Soutamo (Helsinki University Hospital, Psychosis clinic), Tove Lassenius (Helsinki University Hospital, Psychosis clinic)

Mindfulness has its roots in Buddhist philosophical tradition of meditation which traditionally aims to improve resilience and enduring discomfort, suffering and pain. It has been used in different healthcare settings since the 1960's but not until recent decades has the practice of mindfulness been studied systematically.

Mindfulness is concentration, observation and presence in the moment. Evidence shows that regular practice has positive impact on various conditions such as chronic pain, anxiety and depression, chronic infections, heart and pulmonary diseases, different psychiatric diagnoses i.e. ADHD, eating disorders and sleep disorders. Effects have been combined to improved resilience, metacognition, mindful presence and increased kindness/empathy towards oneself and others and decrease of worrying and rumination. There is yet little evidence of the impacts of mindfulness interventions on people suffering from schizophrenia or other psychotic disorders.

Aim

Existing group interventions are highly structured and manualized, during approximately 8 weeks. Results often show improvement (stress relief, decrease of negative feelings and improved quality of life) already after a few weeks of regular practice.

We aim to develop a group intervention supporting the rehabilitation of schizophrenia and other psychotic disorders.

Method

The group will be based on existing interventions, modified using the guidelines developed by Paul Chadwick. Duration will be set at 10-12 weeks to ensure repetition and possibilities to transfer the practice to everyday life.

Goals will be set and effects will be documented using Goal Attainment Scaling (GAS).

Discussion

Effects of mindfulness have been both documented and criticized. Results are difficult to measure due to the highly qualitative nature of effects. Planning mindfulness interventions also contain many challenges, especially concerning psychosis. Inclusion of group members in planning and feedback is of high importance. Use of mindfulness in individual settings encourages the use also in group settings.



Mindfulness Based Intervention for Psychosis (MBIp): A qualitative study

Saturday, 2nd September - 08:00 - Papers: Mindfulness - CT Hub, Lecture Theatre B - Papers - Abstract ID: 420

Álvaro I. Langer (Universidad Austral de Chile), Carlos Schmidt (Universidad Austral de Chile), Javiera Lecaros (Universidad Adolfo Ibáñez), Marcela Díaz (Universidad de Chile), Carolina Vergara (Hospital el Pino), Edwin Krogh (Universidad Austral de Chile), Alejandra Montecinos (Clínica Mirandes), Rocio Mayol (Universidad de Chile), Pablo Gaspar (Universidad de Chile)

Psychological interventions for psychosis are mandatory for an integral attention of persons with psychosis. Mindfulness Based Interventions (MBI) are psychological procedures which share the basic notion that, in order to achieve adequate psychological functioning, individuals should change the way in which they relate to their symptoms instead of eliminating them. Mindfulness has shown a promising impact on the wellbeing and psychological flexibility in the treatment of psychosis. The sensation of self-control and empowerment, improvement of self-esteem and a better psychological functioning are among the benefits reported by MBIP participants'. Nevertheless no studies of MBIP have been conducted in Latin America.

The scope of this work is to present a pilot study of the application of MBIP in a group of person with a first episode of psychosis In Chile. Ten participants were interviewed after 8 weeks of MBIP. A phenomenological interpretation of the participants' narrative was used. The findings were categorised into the followings areas: benefits and difficulties of the practice, methodology, mechanisms of change, daily life implications.

These outcomes would allow understanding the role that MBIP may have in the treatment of persons with psychosis. Especially the applications of MBIP in the context of a first episode of schizophrenia and recovery issues were highlighted. Additionally the differences and similarities between this study and previous studies conducted in other socio cultural context were discussed.



The crisis in mental health nursing - technicians or people?

Saturday, 2nd September - 08:00 - Papers - Nursing - CT Hub, G-Flex Room - Papers - Abstract ID: 294

Anthony McSherry (University of Roehampton)

This paper arises from an ongoing PhD on the nature of therapeutic knowledge in mental health nursing, undertaken in an English mental health Trust. Findings align with the wider literature indicating that there is a crisis in mental health nursing. The findings suggest that there is a problem with psychiatric and psychological ideological control of mental health. This ideology is claimed as 'scientific', where the brain is both a biological organ subject to chemical imbalance, and a rational computational machine which can be set right by the introduction of correct algorithms.

Findings from this research indicate that this ideology narrows the experience of what it is to be human; the person is being reduced into a mechanism which can be understood and measured. Hence, mental health nursing is also in the process of being reduced to a technology, where nurses are skilled technicians in the service of the pharmaceutical 'cure'. Despite this technologizing, it was found that mental health nurses can

work in ways that patients/clients value most, being: given time, listened to, recognized, cared about, and having someone who can walk alongside them in a society in which they are often lost. Crucially, findings indicate that how mental health nurses have learned to be this way has little to do with training or theoretical models, rather they have become this way with others. On this basis, it is suggested that nursing needs revision so that mental health nurses can have more confidence in the knowledge involved in being with an other, for the benefit of all mental health care - a knowledge that cannot be extracted and taught

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Managing Culture Shock: The Dilemma of the Newly Qualified Mental Health Nurse

Saturday, 2nd September - 08:00 - Papers - Nursing - CT Hub, G-Flex Room - Papers - Abstract ID: 427

Joel Waddingham (NHS)

Argyris and Schön proposed that there are two forms of theory: ‘espoused’ theory, or that which we profess to use, and ‘theory in practice’. We see this concept illustrated in the discontinuity between mental health practice as taught to trainee mental health nurses, and practice as demonstrated by qualified nurses.

I enrolled in a mental health nursing training program aware that I may have hurdles to overcome. Indeed, I left education and entered a system that is under-resourced and overstretched, draining hope from clients and professionals alike.

Concepts such as person-centred care and autonomy, central to my training, appear to be not ignored so much as almost absent from clinical practice. Openly stated awareness of such conceptual gulfs between theory and practice appears to be replaced by a cynical and resigned acceptance of an irretrievably inadequate sector of health and social care.

What can mental health workers, especially mental health nurses, do to navigate the issues presented by the move from education to practice undergone by all professionals?

In this presentation I will address the dilemma raised by this problematic duality, using examples from my own education and practice, such as the emphasis on promoting autonomy as compared to the apparent lack of autonomy for both clients and staff.

I will explore the ways in which I am holding onto my own identity as the nurse I want to be - practicing ethically, and promoting the autonomy of those I serve; and address the question of how, as practitioners, we remain human in a system that can dehumanise workers and clients alike.



From feeding to containing – a verbal and nonverbal therapy with a psychotic woman (60 minute paper)

Saturday, 2nd September - 08:00 - Papers: Psychodynamic - The Guild, McAusland Room - Workshop - Abstract ID: 316

ilana shalit (Tel-Aviv Institute Contemporary Psychoanalysis)

In this case, I would like to describe a two years psychotherapy treatment with a paranoid schizophrenic adult patient, who was hospitalized for 45 years in the hospital. Despite being much older than me (38 years), she raised in front of me her infantile needs in different ways, via the psychotic transference.

The Treatment required the use of verbal and nonverbal means and in some cases even concrete means (providing food).

I would like to demonstrate how via the therapeutic relation movement occurred from the autistic- contiguous pole and the paranoid-schizoid pole – towards the depressed pole (Ogden), e.g. my movement as a therapist in the potential space between being a subjective and objective object for her, my survival of her attacks and the contains / contained relations in the therapeutic relation.

After describing the treatment (also by quoting short vignettes) , I will refer to the following main topics: Thoughts regarding my response for her request for food, being tossed from merging to distancing during our relationship, the attacks of the patient and their meanings, and the theoretical aspects of the described treatment, relying on the theories of Searles, Boyer, Volcan, Segal, Bion, Ogden, Sechehaye, Winnicott, Little and Bollas. Via this, I would like to strengthen Ogden's statement that three modes of generating experience always exist for a person (the autistic- contiguous, the paranoid-schizoid, and the depressed), and there is always an aspect of the patient, who is capable of creating a symbolic sense of the interventions that the analyst is making. It appears that even in the most difficult situations it is possible via the therapeutic relationship, to resume the movement between these three modes of generating experience, a movement from which the human experience revives and the ability to contain expands.



Youth Peer Support: service change in an Australian youth mental health service

Saturday, 2nd September - 08:00 - Papers: Peer support - The Guild, Library - Papers - Abstract ID: 235

Liza Hopkins (Alfred Health), glenda pedwell (Alfred Health), Katie Wilson (Alfred Health)

In Australia, the National Framework for Recovery-Oriented Mental Health Services places lived experience at the heart of recovery. Developing a peer support program and employing peer support workers, however, requires significant organizational and practice change for existing clinical teams. Many services struggle with effective implementation of peer support programs due to concerns over privacy, language, clinical reporting requirements, professional practice and other issues. South East Melbourne headspace Youth Early Psychosis

Program (hYEPP), with Alfred Health as its lead agency, is leading the way in the development and effective implementation of a youth peer support program. This paper reports on the findings of a research and evaluation project designed to provide a robust evidence base for the future development and roll out of peer support services across a range of mental health settings, especially youth focused settings.

Research suggests that when peer support workers are properly selected, trained and supported, they can improve the quality of services at no extra cost and possibly even with cost reductions. hYEPP has recruited four youth peer support workers, who have completed training in Youth Mental Health First Aid, Introduction to Peer work and five day Intentional Peer Support training. The service has a robust support system for youth peer workers in place and has done a lot of ground work to prepare clinical staff to work effectively with youth peer workers. Our research and evaluation project was developed to collect data about the implementation of youth peer support over the critical introductory period, examining staff attitudes, barriers and enablers to implementation, the experiences of the youth peer workers and outcomes for young people.

Evidence compiled through this research project will enable us to provide an effective model of peer support that can translate to other mental health services and peer support services throughout Victoria.

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The Evolution of Peer Involvement in EPIP (Singapore)

Saturday, 2nd September - 08:00 - Papers: Peer support - The Guild, Library - Papers - Abstract ID: 292

Suying Ang (Early Psychosis Intervention Programme, Institute of Mental Health)

This paper seeks to examine the nature of peer involvement in Singapore's Early Psychosis Intervention Programme (EPIP). Peer involvement surfaced from the mental health service user movement since the 1970s in the US, leading to the rise of peer support services (Davidson, Bellamy, Guy, & Miller, 2012). Service users, or peers, have increasingly been empowered to participate in mental health services. The agenda of user participation has been formalised in policy terms in the West (Tait & Lester, 2005), thus underscoring its importance. Peer involvement is at its infancy in Singapore. Since 2009, EPIP pioneered user participation within the Institute of Mental Health, Singapore's only tertiary mental health institution, with the provision of an honorarium for peers to contribute to services through peer support. This has evolved into a current initiative called Peers4Rs (Remembering Resilience, Respect and Recovery) that looks at fostering collaborations between professionals and service users, to promote recovery-oriented messages and advocate for mental health issues within EPIP.

The first part of the paper will describe the range of involvement that EPIP peers undertake, like providing peer support, doing public outreach and engagement or giving service development inputs. They have also embarked on involvement in clinical education and research. Meaningful peer involvement will be deliberated upon under factors of timing of involvement, power dynamics, financial compensation, organisational culture, wellness of peers, capacity building and development of "critical mass", that were identified by Jones (2015). As the development of the local peer involvement has been largely initiated with support of mental health professionals, the author will further reflect on elements that helped or hindered the process of implementing peer involvement from a 'top-down' approach. Though seemingly paradoxical, the author will demonstrate through examples that co-creation can still take place for real change to happen.



Using Compassion Focused Therapy with Bipolar Mood Disorder, a single case study

Saturday, 2nd September - 08:00 - Papers: Psychological Therapies - CT Hub, Lecture Theatre A - Papers - Abstract ID: 232

Mark Andrews (Lincolnshire Healthcare Foundation NHS Trust)

Recent developments in CBTp have seen a shift towards a single-complaint approach. However, a drawback of this is that psychosis and bipolar could be seen as a complex set of syndromes and as such require much more than a one dimensional approach, which focuses on a single level of emotional processing.

There is a groundswell of evidence that approaches such as CFT can provide clinicians with a framework to enable affect regulation and threat processing in supporting people in their recovery.

Within this discussion Mark Andrews, a psychotherapist will demonstrate how CFT was applied as part of the treatment programme. Case example and video testimony will be used to share this and reflections of this experience



War Trauma in Psychodynamic Group Psychotherapy with Psychotic Patients

Saturday, 2nd September - 08:00 - Papers: Psychological Therapies - CT Hub, Lecture Theatre A - Papers - Abstract ID: 213

Branka Restek-Petrović (Sveti Ivan Psychiatric Hospital), Nataša Orešković-Krezler (Private Practice), Majda Grah (Sveti Ivan Psychiatric Hospital)

Eight relatively high functioning psychotic patients participated in the long term outpatient psychodynamic group psychotherapy after their first or second psychotic episode. All the patients were in their thirties and forties, all but one had the university degree and all were employed. The group is co-led by two group analysts, once a week, for one hour and half.

In this paper we describe how in the advanced group process war experiences emerge, at first in dreams the patients bring to the group process, and how traumatic memories of some members reflect on the group dynamics in the here and now situation.



Psychosis as Auto-Cannibalism

Saturday, 2nd September - 08:00 - Papers: Psychological Therapies - Maths Building, Room 104 - Papers - Abstract ID: 42

Nardus Saayman (University of the Witwatersrand)

This paper takes as its starting point a series of interviews with psychotherapists about their experiences of working with psychotic patients. Frequent references were made to the body as indefinable container for experience. Therapists often described experiencing the patient's psychotic regression as located in the body of both patient and therapist, rather than in the mind. The consequent challenges for metabolizing psychotic experiences were apparent. This paper focuses on the cannibalistic nature of this dynamic. Although psychosis is often psychoanalytically understood as a regressive return to a pre-symbolic and bodily state, and the importance of cannibalism of the mother's body is widely acknowledged as an important aspect of infancy, the link between cannibalism and psychosis has not yet been explored. This paper suggests that psychotic patients feed not on the mother, as does the infant, but on themselves. The infant feeds on the mother both in utero and during infancy, and Winnicott's concept of primary maternal preoccupation reminds us that the mother participates in a psychotic way in this form of cannibalism. In contrast, the psychotic patient rejects what the world proffers for consumption, producing instead an alternate reality for themselves. Hallucinations produce what is to be heard, felt, or seen, and delusions create an alternate view of the world with which to engage. Thus psychotic patients consume themselves in an auto-cannibalistic manner. In this paper I argue that in the intertwining of the therapist and psychotic patient's digestive processes lies an invitation for the therapist to return to a deeply disturbing origin of existence, to the self as a healthy cannibal, as reliant on the other, and that a visceral understanding of cannibalism – both in the therapist and in the patient – can help the therapist to obtain a deeper understanding of the patient's pathology.



Social support in childhood decreases the risk of psychosis

Saturday, 2nd September - 08:00 - Papers: Social Influences on Health - The Guild, Elizabeth Gidney 1 Room - Papers - Abstract ID: 323

Anne Marie Trauelsen (Psychiatric Center Amager), Sarah Bendall (Centre for Youth Mental Health, The University of Melbourne, Parkville, VIC), Jens Einar Jansen (Psychiatry Center, Frederiksberg), Hanne-Grethe Lyse (Psychiatry East, Region Zealand), Marlene Buch Pedersen (Psychiatry East, Region Zealand), Christopher Trier Lind (University of Copenhagen, Department of Psychology), Ulrik Haahr (Psychiatric Research Unit, Region Zealand), Erik Simonsen (Psychiatric Research Unit, Region Zealand)

Objective:

Perceived support decreases the risk of developing PTSD. People with psychosis have been exposed to more childhood trauma than non-clinical control groups while the degree of social support remains unknown. Therefore we sought to examine the presence of perceived support in childhood in people with first-episode psychosis (FEP) and to explore whether it decreased the risk of psychosis. Furthermore, we examined the extent of current

family contact in order to examine any association with exposure to childhood trauma.

Method:

This was a case-control study including 101 people with non-affective FEP (F20 - 29, except F21) and 101 non-clinical control persons. The catchment area was Region Zealand, Denmark (approx. 820.000 inhabitants) and the inclusion period was April 2011 to April 2013. Data included extensive demographic information. Childhood trauma were assessed with the Childhood Trauma Questionnaire and parental separation, institutionalization and social support with the Childhood Experience of Care and Abuse Questionnaire.

Results:

The FEP group reported less peer support (66 % versus 92 % $p < 0.001$) and less adult support (51 % versus 95 %, $p < 0.001$) during childhood compared to the control group. Peer support was associated with a decreased risk of psychosis also when trauma were adjusted for. Furthermore, peer support decreased the risk of psychosis caused by childhood trauma with a factor 10. Those who did not experience social support in childhood reported more childhood trauma and less current face-to-face family contact.

Conclusion:

Our paper is one of the first to show that people with a FEP may have experienced less support in childhood and that it is related to more childhood trauma. Social support during childhood seems to be important for the development of psychosis and those with more childhood trauma may require additional assistance to secure and sustain a strong supportive network.

§

How the Vikings won and lost the world - implications for recovery oriented work on psychosis.

Saturday, 2nd September - 08:00 - Papers: Social Influences on Health - The Guild, Elizabeth Gidney 1 Room - Panels/Symposia - Abstract ID: 80

Trond Skjæveland (FACT team District Psychiatric Center Sørlandet Hospital)

At Sørlandet Mental Health Services we have been working actively with the ACT model since 2009. Right now we are in the transition phase towards being a FACT team. Our team consists of two groups having case managers, psychiatrist and clinical psychologist assigned to each group.

The focus of this presentation is on how to coordinate a multi-disciplinary approach in recovery work with this group of patients.

The presentation will also focus on how every part of the multidisciplinary operation has to interact, and on what kind of organization you need to make good things happen.

In our model we think of recovery both as the ability to live in the society, and in doing that an increase of autonomy and participation in social life in the society the patient lives in. It's the FACT teams primary task to increase helpful interaction in the natural environment where the patient lives.

Results

In the days we were running the ACT operation we reduced the use of beds (days in hospital) to below 50 % of

the baseline level

Nearly 50 % of our patients are now frequent users of our empirically based day center program.

The lecture will hopefully show that the struggle towards high fidelity to approaches that serves recovery is a “never ending story”. To illustrate this point I will tell the story about how and why we (the Vikings) won and then lost the world because of the lack of a program and thereby poor or non-existing quality control.

Conclusive remarks.

If you tell a multidisciplinary team to go out and do something they will do that. That will not necessarily produce recovery. On the best it may produce a “feel good experience” on both sides of the table without necessarily any steps towards “recovery” and increased autonomy.

§

Acting Tough: A Street Savvy Defense Against Revealing Secret Vulnerabilities to Ego Fragmentation and Psychosis

Saturday, 2nd September - 08:00 - Papers: Understanding Psychosis - Maths Building, Room 103 - Papers - Abstract ID: 97

Burton N. Seidler (New Jersey Institute)

Grey was a 17-year old adjudicated by a New York City court and remanded to a New York State residential facility for “juvenile delinquents,” where I had just been hired as an Assistant Clinical Psychologist. My job was to work with Grey and the rest of the residents in group therapy, five days a week and individual psychotherapy on a weekly basis. In the course of our work together, I discovered a long-held, fiercely guarded against secret, namely, that Grey could not read. Grey maintained this secret by appearing sociopathic, acting belligerent, being extremely aggressive—to the point of losing control and exhibiting psychotic rages. Eventually, I came to know that Grey’s aggression was both a defense against being discovered as having an inability to read and being thought of as stupid, as well as a defense against being retraumatized by images stirred up by the written word. After considerable effort in gaining Grey’s trust, we were able to harness Grey’s propensity for anti-social behavior and collaboratively develop a rather unconventional—bordering on irreverent—means of helping change Grey’s illiteracy into an ability to read and write. Because I knew that even in cases of severe neurological damage, the brain often maintains a capacity to recognize “curse” words, I devised an unusual means by which Grey could learn to read and write, by utilizing a few “choice” words and expanding upon them to include other less-than-socially-sanctioned sentiments. Not so surprisingly, once Grey started to read, the anti-social behavior which initially gave rise to Grey’s diagnostic label, slowly disappeared. None of this would have been possible were it not for the interpersonal, relational bond of mutual respect that we had formed in the process of our psychoanalytic psychotherapeutic connection. Once the reasons for Grey’s illiteracy were uncovered and worked through, Grey’s psychotic symptoms abated.



Second-comings, building altars, pied pipers, planetary catastrophes, demons.... Where do such ideas come from when labelled ‘psychosis’? Some reflections..

Saturday, 2nd September - 08:00 - Papers: Understanding Psychosis - Maths Building, Room 103 - Papers - Abstract ID: 161

Anne Plumb (retired)

Forget notions of inadequate personalities and delusions of grandeur. A crucial feature of experiences like mine is that something unfamiliar happens which require explanation, maybe heightened perceptions, profound insight, connectedness, or, indeed, terror. This is what I want to reflect on.

Such experiences, in our culture, are relatively rare. Some people, as with hearing voices, can absorb these into their lives, but for others it may mean elation, followed by bewilderment. We can't rest until we get answers, 'Why me?', 'What now?'

Just what these have to do with chemical imbalances remains beyond my comprehension. Our explanations derive from our past experiences and our communal cultural knowledge. Especially notable may be religious teachings or archetypal folk tales, along with science fiction or media stories because of the intensity of our initial experiences. My thinking certainly became muddled, partly because of questions I was asking myself but also through exceptional fatigue.

However, I would suggest, a lot of us are not so much out of touch with reality as finding it irrelevant. Unsurprisingly, this is difficult for people to understand us. The big questions are how to engage with, and support, us in ways WE find meaningful. Space and time, I would maintain, are essential. What we should not be faced with are traumatic psychiatric wards and controversial psychiatric interventions that we object to. Issues arise also in the community. We may feel pressurised to 'recover' rather than assisted to absorb our experiences. Despair that may follow elation at, maybe, believing all society's wrongs will suddenly be righted – wrongs which we may have experienced or witnessed. Many years have passed but my so-called psychosis remains poorly understood not least because current assumptions prevent pertinent questions about our thoughts being asked.



The Stockholm follow up study of persons diagnosed with psychosis. A 10 year follow-up study. Part 2 - Recovery in a welfare state

Saturday, 2nd September - 08:00 - Symposium: Long Term Outcomes - Maths Building, Proudman Lecture Theatre - Panels/Symposia - Abstract ID: 171

Alain Topor (Stockholm University)

The living conditions for persons with severe mental illness (SMI) have changed dramatically in recent decades, mainly due to the closure of mental hospitals and development of community-based interventions and support.

This has created a fragmented institutional landscape and a lack of knowledge concerning the possibility for recovery for persons with SMI in this new landscape. As a consequence of the reorganization of psychiatric care follow-up studies cannot be limited to traditional psychiatric care but must include aspect of the whole society.

This present study, “The Stockholm Follow-up study”, followed 447 persons, diagnosed with psychosis, over a ten year period, 2005-2014. Data were collected from several registers (Statistics of living conditions in Sweden, Cause of Death Register, Swedish National Council for Crime Prevention, National In-patient Register, Somatic and psychiatric in-patient treatment, City of Stockholm Social Services database, Local psychiatric activity database).

Twelve persons were also interviewed at several occasions during the studied period.

The main findings from the Stockholm Follow-up study shows that the majority of the population stayed outside 24 hours institutions (psychiatric wards and supported housing) during the last seven years of the studied period. Care and support were mostly given in the form of psychiatric and social interventions in open care. There was hardly any trans-institutionalisation from psychiatric in-patient care to prison. There were no statistical differences between men and women.

§

The Stockholm follow up study of persons diagnosed with psychosis. A 10 year follow-up study. Part 1 - Trajectories in a fragmented institutional landscape. A time-geographic approach.

Saturday, 2nd September - 08:00 - Symposium:Long Term Outcomes - Maths Building, Proudman Lecture Theatre - Panels/Symposia - Abstract ID: 251

Gunnel Andersson (Research & Developmentcenter, FoU Södertörn & Stockholm University)

The living conditions for persons with severe mental illness (SMI) have changed dramatically in recent decades, mainly due to the closure of mental hospitals and development of community-based interventions and support. This has created a fragmented institutional landscape and a lack of knowledge concerning the possibility for recovery for persons with SMI in this new landscape. As a consequence of the reorganization of psychiatric care follow-up studies cannot be limited to traditional psychiatric care but must include aspect of the whole society.

This present study, “The Stockholm Follow-up study”, followed 447 persons, diagnosed with psychosis, over a ten year period, 2005-2014. Data were collected from several registers (Statistics of living conditions in Sweden, Cause of Death Register, Swedish National Council for Crime Prevention, National In-patient Register, Somatic and psychiatric in-patient treatment, City of Stockholm Social Services database, Local psychiatric activity database).

Twelve persons were also interviewed at several occasions during the studied period.

A central concept in time geography is project, further developed by Ellegård (2001) into individual projects and organizational projects. In analyzing the trajectories these concepts have been given specific meanings. Organizational projects refers to in-patient and community based interventions connected to psychiatric problems and individual projects refers to the social context outside the psychiatric sphere.

The research questions focuses on the organization of daily life: in what contexts are individuals with SMI to be

found over a ten year period and how can these trajectories be analyzed and understood? Can the trajectories, for example, be connected to concepts like recovery, status quo or deterioration? Preliminary results show a great variety of trajectories.

§

The pre-cognitive aspects of countertransference (60 minute paper)

Saturday, 2nd September - 08:00 - Workshop: Psychodynamic - Maths Building, Forsyth Lecture Theatre - Papers - Abstract ID: 266

Claudia Bartocci (Gaetano Benedetti Institute), Simone Donnari (Atlas Centre, Istituto Gaetano Benedetti), Alessandra Calculli (Corpo Specchio)

In an interesting paper. Benedetti supervised the case of “In- Felix, the cat.”

He describes how the power of the split and removed part can reach the psychotherapist unconscious.

Benedetti conclusion: “I would be interested to know if others have had similar experiences at the beginning of one analysis.....” Is an open question for every therapist.

“An interesting detail of this clinical history is the curious coincidence between the initial experience of the therapist, which is that Felix had the face of a cat, and the patient’s dream.

In the dream the hood of his car is full of cats that he tries desperately to hide, despite the protests of the therapist, who is next to him in the dream. The strange coincidence actually shows the truth of Freud’s argument: the removed, defines our being even more of what is conscious and idealized. The cats were chosen by Felix, for imprecise reasons, to symbolize the split and repressed parts. Felix describes his aversion to these animals and declares that the very idea of touching a cat is horrifying for him.

Well, exactly that makes Felix a cat!

Of course I don’t believe that Felix would have aroused such a physical impression if the therapist would have met him by chance outside the analytic setting. It was the analytic contact with the patient that allowed to the analyst to immediately grasp, the unconscious split-off part. The repressed and therefore more significant part can reach the analytical unconscious by force of physical perception”.

Alessandra Calculli will present a clinical case trying to answers to the Benedetti’s question.

Simone Donnari will present a session with a schizophrenic patient.

Starting from his drawing, transfert and countertransference are embodied through a technological system wich allows an immersion in the symbol just using body movements.



Voices and visions in the general population: Exploring the influence of appraisals on distress

Saturday, 2nd September - 11:00 - Papers: CBT - CT Hub, Lecture Theatre A - Papers - Abstract ID: 148

Melissa Connell (University of Queensland), James Scott (University of Queensland)

Background

A significant minority in the general population who do not meet the criteria for psychosis report experiencing voices or visions (this paper will use the term hallucinations to describe such experiences). Little is known about what differentiates hallucinations experienced by people with psychosis and those experienced by individuals who do not meet the criteria for a psychotic disorder. This study compared the characteristics of hallucinations, and their appraisals, in individuals with a psychotic disorder, a non-psychotic mental disorder and no disorder.

Method

Participants (n=253) aged between 30-33 years who had reported hallucinations were recruited from a community birth cohort and assessed for life-time diagnoses of mental disorders using the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I). Participants' reports of hallucinations were rated using the Appraisals of Anomalous Experiences Interview (AANEX) measuring the characteristics of hallucinations and their appraisals. They were allocated to groups based on their lifetime diagnoses from the SCID-I: 17% (43) had no mental disorder, 6.3% (16) had a psychotic disorder, and 76.7% (194) met criteria for a non-psychotic mental disorder.

Results

Compared to those with no disorder, participants with a psychotic disorder were nearly 12 times more likely to appraise their hallucinations as distressing and dangerous, 9 times more likely to experience recurrent hallucinations (five or more times), and 10 times more likely to report hallucinations of longer duration. Those with a non-psychotic disorder were twice as likely to have recurrent hallucinations than those with no disorder.

Conclusions

This study presents novel findings regarding the predominantly negative appraisals of hallucinations in both clinical and non-clinical groups. The severity of negative appraisals, recurrence and longer duration of hallucinations differentiated clinical from non-clinical populations. These findings provide support for therapies which address the appraisals of hallucinations in order to reduce the distress associated with these experiences.



“Don’t mind the gap” – Bridging cognitive-behavioral and psychodynamic approaches in the treatment of psychosis

Saturday, 2nd September - 11:30 - Papers: CBT - CT Hub, Lecture Theatre A - Papers - Abstract ID: 410

Dina Viglin (Bar-Ilan University)

I would like to delineate a possible trajectory of an integrated therapeutic approach, combining cognitive-behavioral (CB) and psychodynamic techniques in the treatment of individuals with psychotic conditions. Firstly, any treatment plan has to begin with a formulation, I believe this is the first step where we can implement an integrated approach and combine different psychotherapeutic languages - for example incorporating psychodynamic concepts and hypotheses when construing the “4 Ps” model which is common in CB formulations.

As psychosis is, commonly, cognition-centered, the next phase involves addressing cognitive biases and implementing meta-cognitive techniques in order to evaluate and challenge beliefs and broaden the explanations given to life events. Throughout this phase we also continue to be mindful of psychodynamic material (e.g – transference and counter-transference, defense mechanisms, object relations etc.) integrating it into the case formulation, thereby deepening our understanding of the client and providing more finely tailored interventions.

In the next step of the treatment, CB interventions can facilitate basic integration, specifically - learning and re-learning how to “make connections”. Then, the psychodynamic approach has the potential to broaden and deepen the connections that become available.

Finally, as the treatment continues, the role of the psychodynamic approach becomes more prominent. This is a gradual process and it always entails a “spiral” development, thus the therapist should have the patience and the sensitivity to know when to utilize more psychodynamic interventions and when to continue with CB techniques.

During the course of the lecture, using clinical examples, we will outline concrete steps one can take to bridge CB and psychodynamic interventions.

I believe that our clients would benefit immensely from an integrated and flexible therapeutic approach - with therapists adapting treatment modalities to be more effective and attuned to the individual needs of every client.

§

Using a virtual reality ‘social situation’ task to assess associations between paranoid ideation and social performance

Saturday, 2nd September - 12:00 - Papers: CBT - CT Hub, Lecture Theatre A - Papers - Abstract ID: 277

Simon Riches (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Philippa Garety (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Mar Rus-Calafell (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Daniel Stahl (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Clare Evans (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Nikolaos Sarras (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Keren Yeboah (Institute of Psychiatry, Psychology & Neuroscience, King's College London), Lucia Valmaggia (Institute of Psychiatry, Psychology & Neuroscience, King's College London)

Objectives: Paranoid ideation and social performance impairments overlap significantly. Virtual reality (VR) can enable psychological assessment in ecologically valid social environments. This project, in two linked studies, aimed to recruit a general population sample; test for paranoid ideation and its correlates with cognitive, affective, and behavioural components of social performance; then piloted a new VR ‘social situation’ paradigm in non-clinical participants with high and low paranoid ideation; and to investigate whether these components

of social performance and mood were associated with increased paranoid ideation in a VR 'social situation' task. **Design:** Study 1 was a cross-sectional cohort study. Study 2 was a cross-sectional comparison study. **Method:** In Study 1, a general population online survey (N=609) investigated how trait paranoia related to components of social performance and mood. In Study 2, two groups were formed from Study 1: participants who scored high and low in trait paranoia (N=89) entered a VR 'social situation' task to evaluate the acceptability of the VR task and the relationship between paranoid ideation and social performance. **Results:** As hypothesised, in Study 1, trait paranoia was associated with components of social performance; in Study 2, participants found the VR environment acceptable and immersive; exposure to the VR environment elicited a range of cognitive, affective, and behavioural components of social performance; and high trait paranoia participants reported higher state paranoia and greater negative components of social performance. **Conclusions:** The VR task has assessment and treatment applications for people with psychosis, who can experience paranoia in social situations.

 §

The Challenges of measuring rates of first episode of psychosis in New Zealand's national collection

Saturday, 2nd September - 11:00 - Papers: Early Intervention - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 85

Mark Smith (Te Pou-NZ's national mental health and addictions centre)

This paper will describe the challenges of accurately measuring the rates of first episode of psychosis recorded in NZ's national collection for mental health and addiction services.

New Zealand's national data system for mental health and addictions is known as PRIMHD -programme for the integration of mental health data. This national data base collects considerable activity and outcomes data, including diagnosis. However first episode of psychosis diagnosis as opposed to a diagnosis of psychosis per se is not captured by the system. Hence there has been a need to develop a methodology to accurately record the numbers of people with first episode psychosis.

This paper will describe the methodology chosen and the challenges of developing this system using existing data entered into the data base.

This paper should be of interest to anyone concerned about accurately capturing data on first episode psychosis and how that data can be used in ways which give it clinical utility.

 §

Change to an early intervention team: chances for patient and family perspective

Saturday, 2nd September - 11:30 - Papers: Early Intervention - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 390

Truus van den Brink (Diagnostic and Early Intervention Team GGZ Centraal, Amersfoort)

After a fusion and reorganisation we took the chance to change our general community based team in a central

region in the Netherlands to an early intervention team for young adults who suffer psychotic symptoms. We started September 2015. We try to offer a program conform the guideline first psychosis in the Netherlands including a good diagnostic process together with treatment aimed to recovery and social participation. After one year we did some research and compared our diagnostic and treatment program with the recommendations in the guidelines. I would like to share the results with you.

The results led to plans for further development of our care, and skills and attitude of the team. January 2017 an expert by experience started to reinforce our team. The team will be trained in a methodology for a peer support group. We almost always work together with families. But which are the best family interventions? How can we use the possibilities of e-health and social media? What contribution the expert bij experience can offer and how can the team implement his recommendations? I will be presenting what we have achieved, but also what still has to be improved and where we search for the best way.

In the discussion I hope we hear each other's ideas and ways to improve the quality of care for first episode patients and their families and to increase the influence of the patient and family perspective. In the discussion I would also like to share our experiences at these kinds of changes. How can we keep development going on in times we have less time and less money to do more? We can exchange ideas to stimulate changes in the good direction.

§

What are the important elements of case management to young persons with early psychosis?

Saturday, 2nd September - 12:00 - Papers: Early Intervention - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 242

Helen Lee (Early Psychosis Intervention Programme, Institute of Mental Health), Peter Wong (Early Psychosis Intervention Programme, Institute of Mental Health), Yee Huei Yong (Early Psychosis Intervention Programme, Institute of Mental Health), Charlene Hon (Early Psychosis Intervention Programme, Institute of Mental Health), Shazana Shahwan (Research department, Institute of Mental Health), Janhavi Vaingankar (Research department, Institute of Mental Health), Edimansyah Abdin (Research department, Institute of Mental Health), Mythily Subramaniam (Research department, Institute of Mental Health), Christopher Loh (COAST Early Intervention Service (Croydon), South London and Maudsley NHS Trust)

The Singapore Early Psychosis Intervention Programme (EPIP) was launched in April 2001 to offer holistic, integrated care to young persons with first-episode psychosis. Case management is the key linchpin of EPIP. Using the phase specific recovery model, case managers conduct bio-psycho-social assessments and provide necessary interventions for our clients for a period of 3 years. Although our clients' satisfaction rate has been 80% or more (Verma, S., Poon, LY., Subramaniam, M. Abdin, E., Chong, SA, 2012), we do not know what component of case management work has been impactful for our patients. Hence, a team of case managers initiated a study to evaluate if the clients find our case management model beneficial.

A qualitative study was conducted to avoid pre-determined assumptions and to focus on the meaning of key issue for participants (Griffin, 2004). There were 6 focus group discussions of 47 young persons with a mean age of 27.4. Thematic analysis was adopted with the help of Nvivo software. An inter-rater reliability of kappa 0.79 was achieved. The first 5 common themes were: counseling & guidance, holistic monitoring, therapeutic alliance, collaborative role with other care providers, and crisis management. The participants commented that they wished their case managers could be contactable 24 hours, 7 days a week and to have the same person working with them on their entire recovery journey.

The results informed the team that the young persons appreciated therapeutic intervention and not just brokerage services and coordination. This is similar to what the team has been working towards in focusing on drawing out clients' strengths and anchoring positive interactions with clients. Their wish of having the same case worker being available 24 hours daily is not feasible due to institutional guidelines. Pulling in other external resources might be a way to close this gap.

§

Service User Attitudes and Resistance Towards Psychological Therapies for Bipolar Disorder: Findings from Ethnographic Research.

Saturday, 2nd September - 11:00 - Papers: Psychological Therapy - CT Hub, Lecture Theatre B - Papers - Abstract ID: 409

Rhiannon Lane (Cardiff University)

Psychotherapy used alongside medications for bipolar disorder has been associated with better outcomes than the use of medications alone (Lam et al., 2003; Parikh et al., 2014), and NICE guidelines recommend the use of psychological therapies in the treatment of those with a diagnosis of bipolar disorder (NICE, 2014). However, relatively few adults with bipolar disorder appear to access appropriate psychological interventions (Marwaha, Sal & Bebbington, 2014; Evans-Lacko, Kastelic, & Riley, 2011; NICE, 2014). This paper will present findings from an ethnographic study of British psychoeducation groups for bipolar disorder, focusing on how talking therapies were presented and discussed by participants. Drawing on individual interviews with participants, course materials, and group discussions regarding psychotherapy, findings will provide potential insight into service-user resistance towards psychotherapy, and will also explore some of the expressed barriers to positive therapeutic experiences. It is argued that the tendency to position bipolar disorder firmly as a brain disorder with its basis in neurochemical imbalances, whilst de-emphasising psychological and cognitive causal factors, may lead to assumptions that psychological interventions are irrelevant for this disorder. This may be due to a remaining tendency for mind/body dualisms to dominate thinking on mental health, whereby disorders thought to reside in the brain are viewed as beyond control by any means that are not perceived as directly targeting the brain (e.g. medication and ECT). In addition, psychotherapies may be associated with specific forms of stigma (e.g. Callard et al., 2010); interventions such as Cognitive Behavioural Therapy, for example, could elicit 'volitional stigma' (Easter, 2012) by emphasising cognitive causal processes and the role of personal responsibility in changing cognitive styles. This may be another potential barrier to therapy uptake and success.



First-person perspectives on helpful and harmful aspects of treatment

Saturday, 2nd September - 11:00 - Papers: Psychological Therapy - CT Hub, Lecture Theatre B - Papers - Abstract ID: 188

Noel Hunter (Feinsilver Award Winner)

Experiences labelled as ‘psychotic’ are often purported to be the result of faulty brain mechanisms or genetic abnormalities. Conversely, these same experiences when understood within the context of childhood adversity are considered ‘psychotic-like’ and often get labelled as ‘dissociative’, despite there being no qualitative differences between these phenomena. This impacts treatment profoundly. Dissociative and trauma researchers have developed several recommendations and interventions for working with individuals who hear voices, have extreme fears, have difficulty with deciphering the past from present, and experience extreme depersonalization and derealization. Yet, most clinicians tend to view individuals who have these experiences and are labelled with a dissociative disorder as ‘attention-seeking’, ‘manipulative’ and/or suffering the effects of overzealous practitioners. Psychosis researchers in the mainstream, on the other hand, view these same experiences as hallucinatory, paranoid, delusional, and stemming from cognitive impairments, resulting in biologically intrusive interventions that may or may not be helpful. Relying on experts-by-experience is one way that clinicians can better understand the helpful and harmful aspects of their interventions and to learn new ways of relating to that which might be difficult to understand. The narrative that resulted from these first-person perspectives suggests that differences between those labelled ‘psychotic’ versus ‘dissociative’ lie more in gender, class, and race biases. Further, participants recommend that treatment should be guided through an attuned, collaborative, individualized, egalitarian, trauma-informed, relational approach regardless of the framework surrounding their psychic experiences. Diagnoses, medicalized formulations of emotional and spiritual experiences, denial, the use of multiple psychiatric drugs, and professional politics are all considered ineffective, at best, and re-traumatizing, at worst.



Testing the validity of the Theoretical Framework of Acceptability: an experimental vignette study

Saturday, 2nd September - 11:00 - Papers: Psychological Therapy - CT Hub, Lecture Theatre B - Papers - Abstract ID: 46

Kitty Kioskli (Institute of Psychiatry, Psychology & Neuroscience, King's College London)

Acceptability has been defined as “*doing something that is considered to be socially appropriate or within the sphere of what is appropriate, or something that is considered tolerable but not necessarily desired*”. The Medical Research Council (MRC) suggests that, healthcare professionals should take acceptability into account while designing, implementing and evaluating healthcare interventions. Considering such factor, can have a great impact on health professionals and patients, while influencing the outcomes and effectiveness of the interventions. However, acceptability is conceived differently by individuals as there is no consensus within the literature, on

a formalised definition. Moreover, there are neither formally validated measures, nor pre-specified criteria for assessing and evaluating the acceptability of healthcare interventions, respectively. The main objective of this paper is to evaluate the Theoretical Framework of Acceptability (TFA) and its dimensions (affective attitude, burden, effectiveness, opportunity costs, self-efficacy, ethicality and intervention coherence). The TFA intends to help healthcare professionals and patients, in order to objectively evaluate and improve the acceptability of existing interventions. The TFA has been validated via seven textual hypothetical vignette scenarios. During the validation stage, 206 participants were involved (males, females and participants classifying themselves as 'other', being ≥ 18 years at the time of their entry into the study, and suffering from a long-term condition) reaching sample saturation. The Qualtrics online platform was used for the data collection, and SPSS was also used for the data analysis. Results suggested that burden, effectiveness and ethicality affect global acceptability, while effectiveness, intervention coherence and ethicality affect individual acceptability. Dispositional coping styles were also related to the global acceptability scores of the participants. Finally, conclusions regarding global and individual acceptability are drawn in this paper, as well as recommendations for the applicability of the proposed TFA for healthcare providers, and patients experiencing various conditions and disorders (i.e. psychosis).

§

Healing the 'split'; trauma as a dynamic in psychosis

Saturday, 2nd September - 11:00 - Papers: Recovery - CT Hub, Lecture Theatre C - Papers - Abstract ID: 122

lucia franco (Brunel University)

Various authors suggested that trauma may be cause of psychosis but, so far, it hasn't been possible to identify what distinguishes the trauma that may lead to psychosis from other types of trauma. To provide evidence for this hypothesis I use my own experience of trauma and my diagnosis of paranoid schizophrenia. After a period of intense analysis with a therapist, followed by self analysis, I uncovered that I had internalised an entirely distorted understanding of what had occurred. As I worked towards achieving my subjective truth of what had happened, and thus began to overcome the psychological violence that had forced me to not understand, I gradually found psychotic symptoms disappearing and a sense of wholeness emerging. Using my experience and looking at published autobiographical accounts of people who experienced psychosis, I suggest that an experience of trauma, where the victim has been made to understand the traumatic experience from the perspective of the abuser, is what is different from other traumas, and it is this that can lead to psychosis. I further indicate how the trauma itself may contain elements that lead to the false understanding. Such a powerful distortion is what makes the abuser, using Lacan's description of the psychotic experience of Judge Schreber, become a 'puppeteer' and the abused a 'puppet' in his/her hands. A trauma causing a distortion of understanding powerful to the point of overwhelming the individual's ego completely would explain both the loss of reality characteristic of psychosis and the fragmentation (or split) of the ego that accompanies the condition. This process of uncovering the past and recognising the truth of a situation may lead to an integration of what has been 'split off' in the personality, allowing for a mourning of the past events to occur.



Developmental Dissonance, Why Relationship is the Most Essential Component of Treatment for Psychosis

Saturday, 2nd September - 11:00 - Papers: Recovery - CT Hub, Lecture Theatre C - Papers - Abstract ID: 284

Kathy Avsar (KB Avsar LLC)

Eric Kandel wrote that the right experience at the right time is crucial for normal psychological and neurobiological development. Similarly, trauma, both mental and physical occurring at critical stages can disrupt psychological and neurobiological development. In this paper, I present a novel model of psychosis based on developmental dissonance between neural circuits in the prefrontal cortex and those in the basal ganglia. Using working memory as a construct, I will provide an example of how early development in prefrontal regions combined with slower development in the basal ganglia create a mismatch, a development dissonance, that leads to disruption in thought processes. Adequately addressing this mismatch in development requires patience, space, and interpersonal interactions that stimulate and allow growth to occur.

Currently, individuals experiencing psychosis are treated with antipsychotics that may reduce symptoms, but limit the stimulation necessary for circuits to develop. Rather than a pharmacological intervention, individuals experiencing psychosis require relational interactions from therapists, family, friends and coworkers to address the mismatch in development and encourage growth.



Therapeutic community and recovery: Old and new concepts of radical self-determination

Saturday, 2nd September - 11:00 - Papers: Recovery - CT Hub, Lecture Theatre C - Panels/Symposia - Abstract ID: 416

Julie Kipp (The Jewish Board/New York City)

In this paper I will begin by reviewing the history of treatments for psychosis which take place in, and consciously utilize milieu or group settings. There is a rich legacy of recognizing and enhancing the effects of being in a community of people as an important treatment in itself, going back to at least the World War II era. This has been called therapeutic community or milieu therapy, and was once in such ascendancy that almost every psychiatric hospital unit or day program called itself a therapeutic community regardless of whether the actual principles were really embraced. This is similar to the way the word “recovery” is used so ubiquitously (and often in a much watered-down fashion) in our present climate.

This leads to the second part of the paper - an exploration of how therapeutic community and recovery are fruitful old and new concepts and practices for people with psychosis, involving radical self-determination and a critical learning approach to the communities in which we find ourselves, whether neighborhood or main-stream mental health treatment setting, whether we are “staff” or “patients/consumers/users/participants.” Both concepts question the hierarchical status quo, and posit that health only happens when people are given/take responsibility for their own lives.

§

Creating evidence-based, trauma informed mental health services

Saturday, 2nd September - 11:00 - Symposium: Trauma Informed Services - Chadwick Building, Chadwick Lecture Theatre - Panels/Symposia - Abstract ID: 357

John Read (University of East London), Angela Kennedy (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST; and EUROPEAN SOCIETY FOR TRAUMA AND DISSOCIATION), Sasha Walters (ISPS)

This symposium will first present an update on the research demonstrating the role of trauma and adversity in the development of psychosis and then give examples of how this evidence is being acted upon by creating real change in the form of trauma-informed services

1. Professor John Read (UNIVERSITY OF EAST LONDON)

‘Bad things happen and can drive you crazy’

A summary of the research on the role of adversities such as poverty, violence, abuse, neglect, bullying, war, early parental death etc., will be presented. The low levels of enquiry about abuse and neglect by mental health services will also be documented.

2. Dr Sasha Walters (UNIVERSITY OF BATH)

The aim of this study was to improve adherence to evidence-based practice by identifying, and reducing, barriers to the assessment and treatment of complex trauma in early intervention (EI) services.

‘Evaluation of a tailored training programme to improve the assessment and treatment of trauma in an Early Intervention in Psychosis (EIP) service’.

Psychosis, 2016, 8, 226-237

3. Dr Angela Kennedy (TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST; and EUROPEAN SOCIETY FOR TRAUMA AND DISSOCIATION)

‘Working towards trauma informed care: integrating dissociative perspectives’

This paper outlines how issues such as traumatic attachment and dissociation can be incorporated into general trauma informed care pathways; to share lessons regarding successful culture change.

Complex trauma often involves significant impact on the structure of the self and how the person relates to others. Such issues need to be incorporated into routine trauma informed care practices. This presentation will outline one potential way of making issues of trauma complexity part of all clinical staff’s working skill set. The development of such practices require a significant culture shift in services. The methodology that has proved useful along this continuing journey will be explored. Systems thinking, disruptive co-design and pro-social leadership are key to this transformation.



Cognitive Analytic Therapy for those with Experiences of Psychosis

Saturday, 2nd September - 11:00 - Workshop: Cognitive Analytic Therapy - CT Hub, Lecture Theatre D - Panels/Symposia - Abstract ID: 109

Peter Taylor (University of Manchester), Olympia Gianfrancesco (University of Liverpool), Claire Seddon (Mersey Care NHS Foundation Trust), Alex Perry (ASPIRE), Naomi Fisher (University of Lancaster)

Cognitive Analytic Therapy (CAT) is a psychological therapy with a strong relational focus. The approach has multiple influences, including object relations and social developmental theory, and attempts to make sense of individuals' difficulties in terms of recurrent interpersonal or relational patterns within their lives. The model concerns itself with the way we relate both to others and ourselves, and the varying roles we occupy within these relationships. CAT has been used with a wide variety of psychological difficulties including psychosis. Research on CAT for psychosis is so far limited, but receiving increasing attention, and occurs alongside a growing interest from clinicians and services. The current symposium will provide an introduction to CAT, its use with individuals who are struggling with experiences of psychosis, and recent research concerning the use of CAT in the context of psychosis.

The symposium will begin with Alex Perry, a qualified CAT clinician, who will provide an accessible overview of CAT and its application to understanding and helping individuals with experiences of psychosis.

Second, Olympia Gianfrancesco will discuss her first-hand experiences of receiving CAT for experiences of psychosis, providing a client's perspective on this approach.

Third, Claire Seddon will discuss a recent Delphi study focussing on the use of CAT for psychosis and how, if at all, this therapeutic approach needs adapting for work on difficulties associated with psychosis, based upon the views of CAT practitioners in the UK.

Fourth, Peter Taylor will share preliminary results from a case series of CAT for psychosis. This case series focuses on the feasibility and safety of this approach by looking at the experiences of a small sample of individuals who are undergoing this therapy.

Finally, Naomi Fisher will chair a group discussion and questions from the audience on the use of CAT for experiences of psychosis.

§

A voice hearers guide to the galaxy!

Saturday, 2nd September - 11:00 - Workshop: Experts by Experience - Chadwick Building, Barkla Lecture Theatre - Workshop - Abstract ID: 70

Jens Roved (Lund University and Occupational Therapy at Palliative Care, Region Skane, Sweden.)

This presentation will feature the experiences of a voice hearer and the factors that contribute to living well and being a Whole Person while at the same time being a narrative of an activity-based life journey towards self-recovery. In retrospect analysed with the occupational therapy model 'ValMO' including Occupational Science concepts such as Occupational Imbalance, Occupational Alienation, Occupational deprivation, Occupational apartheid, Occupational Marginalization and Occupational Justice.

The beginning of it all: In person narrative about sexual abuse in childhood, how it affected life activities, resulted in detachment from the world, and how there was a little part that never gave up, despite the repression making the conscious Self unaware of underlying trauma for 20+ years. Included the split between twins.

The intermediate years: Self-hatred, self-pity and failing. Finding out the people you like don't really like you. The Self fulfilling prophecies. Seeking comfort in isolation. Surviving isolation.

The brain traumas that turned the tables: Seeking help. The psychiatrist who said there was nothing wrong. Getting help with brain trauma and how that reached out to the psychic core.

The revelations: This little core part that survived was the balancing boulder that eventually sparked the discovery of people reaching out to me. Struggling with education. Finding a partner. Struggling with doubts and fears. Meeting the right people. Making the right choices.

Showdown with the voices: Getting a child, Finishing education, Drivers licence, Finding a Job.

Benevolent voices taking the charge: The continuous need for seeking refuge and solitude. Photography, Nature and Meaningful Activities. Occupational Balance. Sticking to the tennis court. Playing the ball.

Life from here and onwards: Choosing life means sharing the trauma. Finding appropriate. Who can One talk to? Everyday activity choices. Time out. The desire to not recover from hearing voices. Being a Whole Person. Living Occupational Justice.



The Triangle of Care - Creating a Carer Inclusive Health Service

Saturday, 2nd September - 11:00 - Workshop: Family and Network - The Guild, Library - Workshop - Abstract ID: 50

Ruth Hannan (Carers Trust)

Carers Trust has led on the Triangle of Care, Carers Included since 2010, through the work that has been undertaken over this period with NHS services providing mental health, substance misuse, learning disability & older people's service we have gained an increasing insight into the culture of health services in England. The Triangle of Care began as a project to improve carer involvement in inpatient mental health services and has developed to be a programme that seeks to change the culture of health services to that of a whole family model. The workshop will present the experiences of six years of implementation looking at what has been achieved, the challenges and the resources to support services to be carer inclusive. It will work with workshop members to understand the challenges for UK health services to move to a whole family working system and its benefits of prevention, holistic and partnership working.

The session will draw on international experiences to understand and explore whether health will truly be holistic and whole family or are we too entrenched to the medical model.



Listening to Voice Hearers

Saturday, 2nd September - 11:00 - Workshop: Hearing Voices - CT Hub, G-Flex Room - Workshop - Abstract ID: 76

Neil Caton (none)

I present an online documentary called 'Listening to Voice Hearers', directed by Bob Sapey where the narratives of three people with lived experience of psychosis who see their voices as a psychological response to life experiences of trauma. All three narratives identify about child abuse as central to their experiences. The documentary shows the ways in which the voice hearers have learnt to understand and cope with their voices and investigates their relationships with their voices throughout their life from childhood to being an adult.

This film provides a direct challenge to the psychiatric orthodoxy that assumes voices are symptoms of an organic illness which should be suppressed using anti psychotic medication. All three voice hearers have all sought help through the Hearing Voices Network and attribute much of their recovery to what they have learnt at these meetings. The narratives include how mental health services have helped or hindered the process of coping with their voices.

I am someone with lived experience of psychosis and for a while heard voices. I have facilitated Hearing Voices Network meetings and promoted their use when I worked in the UK National Health Service for a mental health trust.

Following the screening of the documentary I will facilitate a discussion about the impact of these narratives of today's mental health system and how what we have seen can be taken forward to help other voice hearers.

§

Open Dialogue & Institutional Psychotherapy: the policy of Early Psychosis Intervention

Saturday, 2nd September - 11:00 - Workshop: Open Dialogue - Maths Building, Proudman Lecture Theatre - Workshop - Abstract ID: 67

Marc Calmeyn (Psychiatric Hospital OLV Bruges & Postuniversity Center KU Leuven Campus Kortrijk)

Open Dialogue (OD), as developed in Finland from the eighties on of the past century by Jaakko Seikkula, is a polyphony of network based and language founded theory and practice. It is specially focused on the early psychosis treatment. In the meanwhile it has proved its value for the treatment of psychosis as such.

Institutional Psychotherapy (IP), as developed in France from the fifties on of the past century by founders like Jean Oury focuses on working through and preventing psychotic alienation. Therefore one of the mottos of IP is 'treating the patient is treating the hospital'.

Nowadays the hospitality of the hospital has to be integrated with the open dialogue with community care. Germs of OD can be found within the IP approach. 'Tolerance of uncertainty', leaving the dialogue in openness and as a process are examples of this proposition.

Germs of IP can be found in the OD approach. The work on preserving singularity in the 'Collectif' - as will be explained in the oral presentation - is an example of this.

Most important are the ethical political consequences of these approaches. In this way the micropolitics of OD have to be amplified with the core metaphor of the crystal principle as developed by Freud. As will be explained in the oral presentation this metaphor leads to a paradigm shift regarding psychiatry and its stigma.

§

Making real change happen. How to strengthen psychoanalytic contributions to the psychosis field. A conference workshop for everyone interested to bring suggestions

Saturday, 2nd September - 11:00 - Workshop: Psychodynamic - The Guild, Mountford Hall - Workshop - Abstract ID: 343

Brian Martindale (ISPS life member)

The ISPS 2017 conference presents an opportunity for those interested in psychanalytic approaches to psychosis to meet in a workshop format to outline and reflect on progress in the first months of a new ISPS subgroup and to gather further ideas as to how the subgroup can best develop. The topics and ideas will be brought by

participants but include developing psychoanalytic contributions to

- public sector psychosis services,
- research
- individual, group, family and community wide approaches

A major objective of ISPS as an organisation is to increase the availability of psychological therapies for people who experience psychosis. To achieve this administrators and clinicians need to be well informed and ongoing research is necessary. Political skills in changing systems are essential.

In recent years ISPS has become an increasingly broad organisation attracting members with a variety of experience in different psychological therapies, people with experience of psychosis and family members and those wanting to learn more about our field.

Although ISPS has benefited from the changes that have led to our diversity, it is not without some 'side-effects'. There is a need for those with a particular area or interest or expertise within ISPS boundaries to be able to connect with one another, support one another, share with and learn from one another.

Therefore, a psychoanalytic subgroup has been formed within ISPS with more than 100 persons expressing initial interest. It is hoped that other sub-groups will also form to strengthen the pillars of ISPS so that our internal and external bridges can be stronger.

This will be the first opportunity for some members of the group to meet in person

§

Psychosis or Dissociative Identities - does having an accurate diagnosis matter?

Saturday, 2nd September - 11:00 - Workshop: Dissociation - Maths Building, Room 104 - Workshop - Abstract ID: 158

Kathryn Livingston (First Person Plural), Melanie Goodwin (First Person Plural)

ISPS advocates for psychotherapy for people diagnosed as psychotic to be a routine option. Discussions in recent years of the relationship between trauma, dissociation and psychosis supports the ISPS views and are welcome.

However, will such paradigm shifts benefit or detrimentally affect those who have dissociative identity disorder – recognised or not? And what about currently when the medical model still dominates in the services that the majority of people experiencing complex or severe mental distress have access to?

People who would most accurately be diagnosed with dissociative identity disorder languish in the mental health system for years without significant or lasting benefit to their recovery. Sometimes, they are diagnosed as psychotic, often with borderline personality disorder, frequently almost any other diagnosis but DID. Experiences of misdiagnosis and/or ever-changing diagnoses are not unique to service users who have DID but do raise the question of how much having an accurate diagnosis matters for the effective recovery of this client group.

DID is a childhood trauma-related condition which is known to present with features which can, without differential assessment for dissociative disorders, resemble other mental ill-health conditions, including psychosis. Treatment guidelines from the International Society for the Study of Trauma & Dissociation (ISSTD)

recommend longer-term psychodynamic therapy as a primary treatment for those who have DID.

Following an outline of what DID is, including the similarities and differences between it and psychosis, one of the facilitators will share how misdiagnoses and consequent ineffective treatments, including being diagnosed and treated for schizophrenia, detrimentally affected her recovery, and the difference made when correct diagnosis led to psychotherapy consistent with the ISSTD guidelines. This introductory section will lead into facilitated discussion on the issues raised. Thus, the workshop will be part didactic, part experiential, and part facilitating sharing of participants own knowledge and experience.

§

The Defense Mechanism that was misnamed Psychosis

Saturday, 2nd September - 11:00 - Workshop: Understanding Psychosis and Therapy - Maths Building, Forsyth Room - Workshop - Abstract ID: 245

Chelsea Bagias (Outpatient Psychiatry Department)

This presentation will address how the most misunderstood diagnosis in the history of mental health not only can actually makes sense but also yields the answers to resolving it within its story. We will start with a description of how psychosis originates from a developmental perspective. We will then give meaning to the underpinnings of common triggers for psychosis including existential crisis and overwhelming terror. The four main aspects for treatment will be addressed and broken down. And finally, specific interventions to help increase insight, emotional outlet, and joy will be provided. The aim is to bring together various areas of current theory to highlight that extreme states are not only understandable but rich with meaning that can be used to aid the individual toward a full and happy life.

Attendees will learn how to identify the body's natural protective mechanisms and implement safety building skills to counteract them. How to decipher voice hearing and extreme beliefs to identify the protective nature and ability for growth that lie within each. And identify ways to foster secure attachment within treatment, the family, and the community. The presentation will conclude with excerpts from clinical case work where attendees will have the opportunity to identify for themselves relevant themes, parallels between the symptoms and the persons life, and ways we all mask the underlying personal content we are not yet ready to share or acknowledge.

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Expert by experience as anthropologist within familiar culture

Saturday, 2nd September - 11:00 - Workshop: Understanding Psychosis and Therapy - Maths Building, Room 103 - Workshop - Abstract ID: 226

Eduard Rats (Rainbowgroup SCIP Amsterdam)

Mental Health Recovery through cultural awareness

Increasing tensions between an individual and his or her social surrounding can be the cause of a mental health crisis. These social tensions can be the reason for a mutual feeling of distrust. Becoming aware that harmonisation of personal values with the social accepted cultural values can contribute to the chance of complete recovery from the mental health crisis was in the end my door to complete recovery. Key is the knowledge about what culture fundamentally is. Culture can be understood as the similar shape of our minds. We like to recognise each other. That's why we copy our mutual social behavior. This is partially due to the common way we are raised; By watching the same TV programmes, we share the same school system and communicate in a common language. The "fundamental knowledge" of culture is usually an implicit part of our being. It's where we are unaware of most of the time. Culture is something we are. It's so basic we hardly realise this. It unconsciously influences the choices we make. To deviate from social values can instantly cause emotional responses and social stress. Sometimes this leads to aggressive behavior. If no effort is shown in restoring behavior that reflects the accepted social values chances increase of mutual distrust. An expert by experience in the end must become able to deal with these emotional responses by understanding that the people who stigmatise are doing so out of ignorance of how implicit cultural rules create an emotional response as a form of distrust to everything they don't understand. This way you can learn to see that your misbehaviour in the past was the direct reason for the lack of trust you experienced after that.



Rethinking Shame & Beliefs of Toxicity

Saturday, 2nd September - 11:00 - Workshop: Understanding Psychosis and Therapy - The Guild, Elizabeth Gidney 1 Room - Workshop - Abstract ID: 428

Rai Waddingham (Intervoice, HVN & ISPS)

As a survivor of trauma and adversity it is all too easy to carry feeling of deep shame and badness within oneself. These feelings can have a profound effect on someone's experience of therapy, making it difficult to look a therapist in the eye for fear that they see into your rotten core. Whilst experiences of shame may be turned inwards, held within the body, with beliefs of toxicity they threaten to spill out and infect others no matter what you do. The belief that one's very existence is dangerous to anyone who might truly connect with you can be a huge block to establishing safe and supportive personal and/or therapeutic relationships. At times, these feelings and beliefs can lead to frustration, confusion and a feeling of stuckness in client, family and practitioners - appearing to be an immovable barrier.

This workshop, from the perspective of someone who has been both sides of this situation, explores different ways of understanding and working with feelings of shame and toxicity. Rather than framing them as the enemy to be dispelled, it considers the diverse relationships we can all have with such feelings and beliefs. It explores how we might work alongside these experiences to find a way through intense distress. This workshop will be interactive, encouraging participants to draw on their own experiences and resources to help explore these phenomenon in a creative and useful way.



In what ways, if any, do people diagnosed with ‘schizophrenia’ perceive their label as having affected their personal therapy?

Saturday, 2nd September - 14:30 - Papers: Psychological Therapy - CT Hub, Lecture Theatre D - Papers - Abstract ID: 250

Elizabeth Nicholl (University of Roehampton)

This paper will address the following question: how do people diagnosed with ‘schizophrenia’ experience the disclosure of that label to their psychotherapist? This will be a presentation of the early findings of my PhD research which employs narrative analysis and is focused upon the impact of stigma and disclosure upon the therapeutic relationship. The overall aim of this research is to listen to the largely unheard narratives of people who have been given a diagnosis of ‘schizophrenia’ and in particular to how they perceive their therapeutic relationships to have been affected by the disclosure of this label to their therapist(s).

Psychotherapeutic ways of working with psychosis have been advocated as a way of understanding mental distress in a different way from those ways of working that locate the origins of human distress within a disease-oriented biomedical model; it has been argued that the talking therapies generally see mental distress as located within relational and/or cultural contexts. However, when the prevailing Western social and cultural paradigm is one in which our dominant understanding of mental distress remains informed by biomedical approaches, what effect may this have both on how therapists understand and respond to severe mental distress? What narratives might the therapist therefore tell themselves and their clients about ‘schizophrenia’ and how to work with this label? The narrative they tell can shape the response they have to their client, which may then shape the response of their client to both the therapy and to their label.

What is considered of importance here is how we can be open to shaping a response to mental distress that is informed by those experiencing it.



Adherence to psychological treatment

Saturday, 2nd September - 14:30 - Papers: Psychological Therapy - CT Hub, Lecture Theatre D - Papers - Abstract ID: 56

Beatriz Dominguez (Psychology center)

The concept of adherence to treatment has been applied to pharmacology and health recommendations, is also interesting its applicability to psychology; efficacy or therapeutic success is a central concern in the daily professional practice. The oral presentation will try to bring that idea from the practice as therapist.

Psychology has developed programs to improve adherence in medication and health recommendations, and help the variables that modulate it, such as prescriber and patient psychosocial variables; the goal is to include those in the psychological treatment to improve efficacy and therapeutic success.



Hitting the Ground Running – The Life of a Forensic Psychotherapy Trainee

Saturday, 2nd September - 14:30 - Papers: Psychological Therapy - CT Hub, Lecture Theatre D - Papers - Abstract ID: 209

Jonathon Slater (Psychotherapist), Carly Roe (Nottinghamshire Healthcare NHS Foundation Trust)

Effective forensic psychotherapy for psychosis is integral to supporting and furthering the rehabilitation of community patients with experience of forensic health services. Not only do such patients often have complex, multiple usually stigmatising diagnoses they are also doubly stigmatised by their forensic histories which further compound rehabilitation challenges. For the trainee psychotherapist learning to help such individuals can be extremely daunting and seem almost insurmountably complex.

In this paper a trainee psychotherapist and her supervisor ‘unpack’ the difficulties trainees face in such contexts and demonstrate how tailored support, open reflexive practice and co-development can synergistically aid both the learning process and patient recovery.

Learning Objectives:

Delegates will learn about:

- The difficulties and ethical considerations involved in learning how to provide effective psychotherapy to community forensic populations.
- How supportive supervision, reflexive open practice and co-development are an integral part of the trainee’s journey



Host town identity, but not hometown identity, attenuates the effect of financial stress on paranoia, depression, and anxiety

Saturday, 2nd September - 14:30 - Papers: Social Influences on Health - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 378

Jason McIntyre (University of Liverpool & NIHR CLAHRC NWC), Anam Elahi (University of Liverpool & NIHR CLAHRC NWC), Charlotte Hampson (University of Liverpool), Hannah Bodycote (University of Liverpool), Kasia Sitko (University of Liverpool), Richard Bentall (University of Liverpool)

Debt and financial insecurity are associated with stress, low self-worth and poor health. Joining and identifying with social groups promotes better health and higher self-esteem. In difficult financial times, people’s sense of identification with their community may protect them from the adverse effects of financial struggle on mental health. Using two existing datasets - a general population survey (Study 1, $N=4319$) and a student mental health survey (Study 2, $N=612$) conducted in North West England - we assessed whether community identification moderated the indirect effect of financial stress on mental health (Depression, Anxiety and Paranoia) through self-esteem. Study 1 demonstrated that stronger identification with one’s local neighbourhood attenuated the adverse effects of financial stress on self-esteem and subsequent mental health. Study 2 illustrated that strong

host town identities buffered students from mental health symptoms related to financial stress; strong hometown identities showed no protective value, and the effects of financial stress were most severe when hometown identity was strong and host town identity was weak. The findings suggest that one way financial stress impacts on mental health is by eroding self-esteem. Identifying with one's current place of residence appears to disrupt this pathway, whilst strong hometown identification may exacerbate symptoms when combined with low host town identification. Implications for policy development and models of mental health are discussed.

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Social isolation and psychosis like experiences: a UK general population analysis

Saturday, 2nd September - 14:30 - Papers: Social Influences on Health - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 179

Sarah Butter (Ulster University), Jamie Murphy (Ulster University), Mark Shevlin (Ulster University), James Houston (Ulster University)

Background: Social isolation is a complex construct characterised by both objective and perceived components and has been commonly identified as a risk factor for psychosis and psychosis-like experiences (PLEs). Few studies to date however have modelled the complexity of social isolation and its association with discrete PLEs in the general population.

Method & Results: Using data from the Adult Psychiatric Morbidity Survey 2007 (N = 7,403) the current study first attempted to identify distinct groups of individuals in the population characterised by the same profile of social isolation. Key indicators of loneliness, perceived social support, perceived quality of relationships, perceived social acceptance and social engagement were modelled using latent class analysis and three classes were identified. Class 1 (1.4%) was characterised by the highest endorsement probabilities across all social isolation indicators except loneliness. Class 2 (22%) was characterised by the highest endorsement probabilities for loneliness but also by near zero probabilities for endorsement of the perceived social support and perceived social acceptance indicators. Class 3 represented a baseline non-isolated class (77%). The current study then analysed associations between the latent classes and four discrete PLEs as measured by the psychosis screening questionnaire using multivariate binary logistic regression analysis. Compared to the baseline class, class 2 was significantly more likely to endorse all four PLEs (thought interference, OR=3.6; paranoia, OR=3.1; strange experiences, OR=2.3; hallucinations, OR=1.5) while class 1 was significantly more likely to endorse thought interference (OR=6.4) and strange experiences (OR=2.6) only. All analyses were adjusted for a range of known psychosis risk correlates.

Conclusions: Social isolation in the general population seems to vary between two distinct groups and is distinguishable by levels of loneliness, negative perceptions of social support and negative perceptions of social acceptance. Moreover, both groups seem to vary in relation to PLE risk.



“With a little help from my friends” Social predictors of clinical recovery in first-episode

Saturday, 2nd September - 14:30 - Papers: Social Influences on Health - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 287

Jone Bjornestad (Stavanger University Hospital, TIPS – Centre for Clinical Research in Psychosis), Wenche ten Velden Hegelstad (Stavanger University Hospital, TIPS – Centre for Clinical Research in Psychosis), Inge Joa (Stavanger University Hospital, TIPS – Centre for Clinical Research in Psychosis), Larry Davidson (Yale University), Tor Ketil Larsen (University of Bergen), Ingrid Melle (University of Oslo), Marius Veseth (University of Bergen), Jan Olav Johannessen (Stavanger University Hospital, TIPS – Centre for Clinical Research in Psychosis), Kolbjorn Bronnick (Stavanger University Hospital, TIPS – Centre for Clinical Research in Psychosis)

Social functioning is a conglomerate of factors central to clinical recovery after a first-episode psychosis. There is a lack of studies investigating the relative impact of factors related to social interaction. Disentangling these could facilitate improvement of psychosocial interventions. This study aims to investigate the impact of social interactions on two-year clinical recovery in first-episode psychosis, by examining frequency and satisfaction of relationships with family and friends. A baseline sample of 178 first-episode psychosis individuals was followed up over two years regarding social functioning and clinical status. We longitudinally compared those who were to those who were not recovered using generalized estimating equations analyses. Our results showed that frequency of social interactions with friends was a significant positive predictor of clinical recovery over a two-year period. Perceived satisfaction with relationships, and frequency of family interaction did not show significant effects. We conclude that interaction with friends is a malleable factor that could be targeted for early intervention. This would facilitate protective factors through the preservation of existing social networks and thus reduce the risk of disability associated with long-term psychosis. Findings indicate that even individuals with an inclination towards social withdrawal and isolation could benefit from this type of intervention.



Paranoia and attachment

Saturday, 2nd September - 14:30 - Papers: Paranoia - CT Hub, Lecture Theatre A - Papers - Abstract ID: 379

Richard Bentall (University of Liverpool), Kasia Sitko (University of Leeds), Sophie Wickham (University of Liverpool), Anam Elahi (University of Liverpool & NIHR CLAHRC NWC), Jason McIntyre (University of Liverpool)

The delusional beliefs of people with psychosis reflect disruption of fundamental needs that are characteristic of our species. In the case of paranoid (persecutory) delusions, this disruption is to the need to affiliate with others, leading to low self-esteem and distrust of others. Using taxometric methods on data from 2874 participants, including the general population as well as at-risk mental state and psychotic patients, we have confirmed previous findings that these beliefs exist on a continuum with sub-clinical forms of paranoia that are part of normal human experience

Our epidemiological work using data from the 1990 US National Comorbidity Survey, the 2007 Adult Psychi-

atric Morbidity Survey, and the UK Survey of Psychiatric Morbidity among Prisoners in England and Wales has shown that paranoia in adulthood is associated with attachment-disrupting early life experiences (neglect; being raised in an institution). In student samples, patient samples and also in the US NCS study, we have also found that paranoia is associated with insecure attachment styles. Importantly, the same associations were not evident in the case of hallucinations.

In a recent study we have used the Experience Sampling Method to study fluctuations in attachment-related thoughts in patients and non-patient controls. Attachment-related thoughts were much more unstable in the patients, and predicted exacerbations of paranoia but not hallucinations. Together the evidence strongly suggests that disrupted attachment processes play a specific role in paranoia. Implications for clinical intervention will be discussed.

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Paranoia and the cascade of psychotic like experiences

Saturday, 2nd September - 15:00 - Papers: Paranoia - CT Hub, Lecture Theatre A - Papers - Abstract ID: 278

Joseph Morning (Ulster University), Jamie Murphy (Ulster University), Mark Shevlin (Ulster University)

Background: Several researchers have explored the role of paranoia in the context of psychotic disorder and psychotic like experiences (PLEs). Moreover, several cognitive models have attempted to elucidate how and why paranoia emerges and what impact it has on an individual's psychology. Promoting a cascade hypothesis, the current study attempted to demonstrate that paranoia (i) plays a central role in the continuum of psychotic experiences and (ii) may precede other PLEs and begin a cascade of delusional beliefs.

Method: Data (N=5850) from the Survey of Psychiatric Morbidity in Great Britain (2000) and the National Epidemiologic Survey on Alcohol and Related Conditions (N=34,653) were used. In each dataset, items measuring schizotypal personality disorder were modelled using IRT analysis. Analyses were conducted in two linked stages: In the first stage, one-parameter models measuring item difficulty were estimated. In the second stage, two-parameter models which also measured item discrimination were estimated.

Results: The two parameter models returned better model fit. Paranoia items had strong discrimination scores in all models. This suggested that paranoia experiences were strong indicators of the underlying psychosis construct. Paranoia items also had some of the lowest difficulty scores. This suggested that paranoia experiences were representative of some of the most likely PLEs to occur and that paranoid ideation is likely to precede other psychotic experiences such as odd beliefs or perceptual distortions.

Conclusion: Within the context of a cascade hypothesis, these findings are congruent with the prediction that paranoia may emerge before other psychotic symptoms and that paranoia may be a central feature of the overall psychosis construct.



Dance Movement Psychotherapy in acute adult psychiatry: an experiential workshop

Saturday, 2nd September - 14:30 - Workshop: Art and Arts Therapies - The Guild, Library - Workshop - Abstract ID: 128

Mary Coaten (Durham University)

When people are experiencing severe mental distress they often report disorders of embodiment (Stanghellini et al, 2016). For example, experiencing time as speeded up or slowed down, having a sense of déjà-vu, having premonitions about oneself and loss of relationship to being in the present moment (Stanghellini et al, 2016). These are significant symptoms, and can effect how the person moves in and relates to their environment; yet these important experiences are often minimised, seen as difficult to assess, non-measurable and unscientific (op.cit, 2016).

There is a growing body of evidence demonstrating that Dance Movement Psychotherapy (DMP) is effective in reducing symptoms in schizophrenia/psychosis (Cochrane Review, 2012, Martin et al, 2016, Röhricht and Priebe, 2006). There is little understanding or investigation of why this might be the case. Is part of DMPs efficacy as an intervention related to its capacity to change the way people relate and move together in their environment, thus re-configuring an abnormal perception of time?

As a Dance Movement Psychotherapist working in Acute Adult Mental Health in-patient settings in the NHS, I am interested in linking emotional awareness with body awareness, understanding the processes taking place for those experiencing emotional distress. I am currently undertaking doctoral research at Durham University in this area. The workshop will explore how people move in and relate to their environment, focusing on a sense of self in relation to space, force and time; the essential dynamics of movement. I have over the years become very curious about the connections between bodily feelings, movement and relationship. This workshop highlights the importance of having alternative therapeutic options available in order to better understand what is being communicated, especially non-verbally. Dance Movement Psychotherapy is one particular option, which focuses on symbolic and metaphoric communication, expressed non-verbally in and through the body.



Shared Reading (3)

Saturday, 2nd September - 14:30 - Workshop: Shared Reading (Places limited - please sign up at Registration Desk) - The Guild, McAusland Room - Papers - Abstract ID: 473

The Reader (The Reader)

The Reader is an award-winning national charitable social enterprise based in Liverpool which for over a decade has been bringing people together across a range of settings – mental health wards, prisons, schools, libraries and care homes, through the use of *Shared Reading*.

Shared Reading is a simple idea with a powerful impact, which has been demonstrated to improve wellbeing, reduce isolation, build resilience and strengthen communities. By bringing people together in small groups to read a book, short story or poem *aloud*, *Shared Reading* groups create a safe and welcoming space where indi-

vidual thought and feeling is recognised and valued. Group members can choose to read aloud, share personal reflections or simply listen and in this way form real connections with the literature and with each other. Research from the Centre of Reading, Literature and Society (CRILS) at the University of Liverpool, in conjunction with Mersey Care Mental Health Trust - longstanding partners of The Reader - reveals *Shared Reading* as an effective non-medical intervention that has demonstrable positive impact for both volunteers and group members alike - including those living with dementia. See research findings here on how *Shared Reading* has helped alleviate both psychological and physical pain, as well as highlights on the use of *Shared Reading* here as a treatment for those living with episodes of psychosis, supported by the Guy's and St Thomas Trust. There's more information about The Reader at www.thereader.org and CRILS here <https://www.liverpool.ac.uk/psychology-health-and-society/research/reading-literature-and-society/>.

The workshop will offer chance to participate in and experience a *Shared Reading* group with a trained facilitator. Group facilitators known as 'Reader Leaders' are trained to develop *Shared Reading* within their own communities or workplaces through Read to Lead training courses. Immediately following the conference there will be opportunity to attend a three day Read to Lead training course that will equip you to develop your skills as a Reader Leader and set up your own Shared Reading group. This will run from Monday 4th- Wednesday 6th September in a city centre venue in Liverpool - more information is available on the conference website and bookings can be made through The Reader, learning@thereader.org.uk, 0151 729 2200

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Using Art to Mentalize : Why and How we are introducing Mentalizing to the Early Intervention Psychosis and Recovery Services in Bath and North East Somerset (BANES) .

Saturday, 2nd September - 14:30 - Workshop: Art and Art Therapies - Maths Building, Proudman Lecture Theatre - Workshop - Abstract ID: 372

Sarah Parkinson (Avon & Wilts partnership Mental Health NHS trust), Clare Trevelyan (Avon & Wilts partnership Mental Health NHS trust)

Mentalizing is the process by which we make sense of each other and ourselves, implicitly and explicitly. It is a profoundly social construct, describing how we attend to the mental states of those we are with, physically or psychologically. (Bateman & Fonagy)

Why MBT and Psychosis?

Mentalization Based Therapy (MBT) draws upon attachment theory in understanding how early life experiences can impact on our ability to mentalize. In BANES, we have become interested in how MBT and attachment theory can help us understand and work with the individual's attachment strategy in approaching distressing and isolating psychotic experiences. We wanted to find ways of working at each individuals pace while also gently challenging insecure attachment strategies such as 'avoidance'.

Why Art Therapy?

In art therapy the shifts between implicit and explicit thinking are integral to the process of art making, looking together and talking. We argue that Art Therapy and Mentalizing practices combined can offer an accessible and practical structure within which to build up trust and mentalizing practice. This way we can begin to help individuals take the risk of expressing and understanding themselves better and feeling more easily understood

by others.

What's happening in BANES?

A multidisciplinary group of mental health clinicians have been developing Art & MBT Courses to provide psychoeducation and mentalizing practice within the Early Intervention Psychosis and Recovery Services. We adapted the MBT introductory course adding art making to teach and share our understanding of mentalizing; what gets in the way of mentalizing; basic emotions; attachment and psychosis.

Workshop

This workshop will show short films made by service users reflecting on their experiences of the courses and lead you through a psychoeducational session which will include projected images, a warm up drawing exercise, artwork and discussion.

We will provide art materials and equipment.

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Film: Voices in my head

Saturday, 2nd September - 14:30 - Film Screening: Voices in my Head - The Guild, Mountford Hall - Papers - Abstract ID: 479

Gunhild Asting (Film Maker)

Voices in my head is an honest and compelling series about three young people living with psychosis. The main characters tell their own stories on how they battle to turn their lives around. The series has been a success in Norwegian television (NRK) and was nominated in the category *Best documentary series* at *The Golden Frame (Gullruten, Norwegian Emmy)*.

The director of the series will be presenting episode one, a short documentary about two young women who are being treated at *Bergfløtt*. At *Bergfløtt* Maria and Ruth Andrea are given time and space to recover. The documentary shows how their interest in art and music help in their recovery.

Maria and Ruth Andrea encourage the audience to see beyond their diagnosis, as whole human beings with resources and desires. They also go far in helping understanding their unique personal experiences; Short animations give a personal and subjective insight into their experiences of psychosis and recovery.

After viewing the documentary the director will give a short talk about her motivation for the series, how she collaborated with the main characters, and reflect up on what helped them in treatment.

The audience is encouraged to ask questions.

About the Filmmaker :

Gunhild Asting is an award-winning director and has made documentary movies and series since 2004. Her first film *It's hard to be a rock'n roller* had cinema release in Norway in 2006 and won the price *Gledesprederprisen* at the Norwegian Film Festival in Haugesund. Her film *The Big Move* won *Gullruten* (Norwegian Emmy) in 2011. Her films aim to improve understanding and reduce stigma. With the series *Voices in my head* (NRK 2017) she helps tackle stigma against people with psychosis.



Putting Peer-supported Open Dialogue into practice

Saturday, 2nd September - 14:30 - Workshop: Open Dialogue - Chadwick Building, Chadwick Lecture Theatre - Workshop - Abstract ID: 126

Val Jackson (APOD (Academy of Peer-supported Open Dialogue)), Jane Hetherington (Kent and Medway NHS partnership Trust), James Osborne (Kent and Medway NHS partnership Trust), Yasmin Ishaq (Kent and Medway NHS partnership Trust), Cathy Thorley (NE London Foundation NHS Trust)

The workshop will give the audience an overview of how Peer-supported Open Dialogue (POD) is being implemented in England, specifically in Kent and N.E. London. There will also be brief description of the principles of POD, such as an immediate response, psychological continuity, tolerance of uncertainty, a social network approach, flexibility, the inclusion of peer workers and a dialogical approach which emphasises a response to every voice in the room. The network meetings and the reflecting process are at the heart of the approach with decisions and discussions taking place within them. The service user, their family and other important people in their lives set the agenda of the meetings with practitioners working in teams. There is no formal agenda or assessment process. Workshop participants will be able to take part in or observe a network meeting in action. They will learn for themselves why this approach has been so successful in Northern Lapland. They will also be asked to think about what needs to happen in their locality as a first step to introducing some of the key principles.



Psychodynamic treatment for adolescents with schizophrenia and other psychotic disorders

Saturday, 2nd September - 14:30 - Workshop: Psychodynamic - Maths Building, Room 104 - Workshop - Abstract ID: 394

Anders Kirstein (Dyssegaarden)

This workshop will present work from the psychodynamic milieu therapy model of the Danish Dyssegaarden. Dyssegaarden is a psychiatric residential treatment institution for adolescents suffering from schizophrenia and other severe psychotic disorders, as well as from Autism Spectrum Disorders and personality disorders (with psychotic symptoms), and from severe OCD. The adolescents often also suffer from eating disorders, self-harm, depression and suicidality.

The workshop will focus on presenting a psychodynamic way of understanding and working with the difficulties of these adolescents. The primary focus will be on understanding the defensive aspect of psychotic symptoms, and how to work therapeutically to contain and transform psychotic experiences and defenses. Other foci include the relation between psychotic symptoms and traumatic experience, as well as the importance of understanding the affect-regulative function of different behaviours and symptoms.

The psychotherapeutic and milieu therapeutic work at Dyssegaarden, and the understanding of the functions of psychotic symptoms, is grounded in object relations theory, attachment theory and mentalization-based approaches as well as incorporating methods from CBT approaches to psychosis.

Different aspects of the work will be illustrated with case examples from the psychotherapy of adolescents diagnosed with schizophrenia.

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Two experiences of “Amniotic Therapy” in training and clinical settings

Saturday, 2nd September - 14:30 - Workshop: Psychodynamic - Maths Building, Forsyth Lecture Theatre - Panels/Symposia - Abstract ID: 280

Maurizio Peciccia (Department of Social and Human Sciences, University of Perugia; SeMenTera Onlus Association), Andrea Narracci (Department of Mental Health-ASL Roma 1), Alessandro Antonucci (Department of Mental Health-ASL Roma 1), Livia Buratta (Department of Social and Human Sciences, University of Perugia; SeMenTera Onlus Association), Fabio Candidi (Department of Mental Health-ASL Roma 1), Claudia Domiziani (Department of Mental Health-ASL Roma 1), Alessandro Germani (Department of Social and Human Sciences, University of Perugia; SeMenTera Onlus Association), Claudia Mazzeschi (Department of Social and Human Sciences, University of Perugia), Nicolò Pisello (SeMenTera Onlus Association)

The primary aim of this symposium is to show the potential of “Amniotic Therapy” (AT), a psychodynamic informed group-therapy, as an effective approach in psychosis treatment. AT integrates non-verbal and verbal strategies in order to promote balanced processes of self/other identification and self/other differentiation, which are crucial for developing psychic well-being, and appear to be dysfunctional, in schizophrenic patients AT is a sensory-motor group-therapy. By supporting patients while immersed in warm water, therapists are holding them on a physical and psychic level. As visual and acoustic input is reduced in water, communication is mainly of an affective-tactile and motor type: alternating contacts - unions and separations with other body surfaces - and tactile stimulations by means of affiliative/affective touch stimulate the insula, interoception, the cerebral areas and circuits correlated with encoding the boundaries of the bodily self. Subsequently, photos and videos of non-verbal interactions are watched and verbalized within the therapeutic group to promote positive self-other identification and to elaborate possible emotional deformations and negative transferences among group participants.

A preliminary study about the effectiveness of AT in a group of psychotic patients showed a qualitative improvement in interpersonal social functioning. These encouraging data prompted a deeper investigation relying on clinical and neurophysiological indexes which is conducted on a larger sample of schizophrenic patients recruited in three Italian Mental Health Departments.

In this symposium two different experiences of AT, emphasizing its effectiveness both in a training and a clinical setting, will be discussed.

The research group will first report about AT group-training with ten psychiatric rehabilitation technicians who will be starting an AT group-therapy project with schizophrenic patients in 2017. The second part concentrates on the case study of a schizophrenic patient who took part in four weekly sessions of AT group-therapy for four years.

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Change and “potential space” (Benedetti/Ferro)

Saturday, 2nd September - 14:30 - Workshop: Psychodynamic - CT Hub, Lecture Theatre B - Papers - Abstract ID: 134

Claudia Bartocci (Gaetano Benedetti Institute), Alessandra Calulli (Corpo Specchio), Giuseppe Caserta (Gaetano Benedetti Institute)

We will present three clinical cases in which the movements of the analytic couple allows to promote the change, within the “potential space” represented by the analytics session, through associations that follow the lines of the oneiric activity/ job, as Freud describes it.

Thus analyst and patient, they dream of each other, going back in this way regressively and recurrently to a primitive and profoundly transformative object relation.

“The transferal language becomes” musical language ” and ” poetic ”, if the human creativity appears like to re-create what , deposited in the implicit memory , is not subject to recollection M. Mancia (2004) report this particular coloring of analytical experience talking about “musicality of the transference”. S. Bolognini describes “rare moments of a happy and privileged circumstance of affection, imagination and thought ...” (2002). C. Botella (2004) analyses the “regressing function” through which the analyst can access the “psychic conceivability”.

T. Ogden: “Saying” sometimes we must interpret this patient behavior as his need to be known in all its parts by one person: the analyst. ”

Winnicott is using the word “to interpret” meaning not to give verbal interpretations to the patient, but simply being uninterruptedly that human space in which the patient becomes complete/healthy [...]

The container is not a thing but a path. It's the ability of doing the unconscious job of dreaming, working in conjunction with the ability of thinking like in a preconscious dream (reverie) and the ability of a secondary process more entirely conscious. Although all three types of thought-dream unconscious, preconscious reverie and conscious reflection -are involved in the mental function of containment, Bion sees the unconscious work of dreaming as a work which is of primary importance in giving rise to effective change and psychological growth.

(T. Ogden)

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The psychodynamics of the recovery of a traumatised narcissistic patient with bipolar psychosis

Saturday, 2nd September - 14:30 - Workshop: Psychodynamic - The Guild, Elizabeth Gidney 1 Room - Workshop - Abstract ID: 414

Carl-Gustav L. Schulman (Private Practice-psychoanalyst)

The psycho-dynamic highlights of a psychotic patient with emotionally depriving childhood and multiple traumatic experiences will be presented. He developed a narcissistic grandiose personality. He had to be hospitalized twice due to a depressive psychosis with serious suicidal attempts. The patient´s illustrative dreams are

used to clarify the psycho-dynamics of his problems and the process of his recovery. His parents had a limited containment capacity and interest of helping the children to manage their feelings. He developed a narcissistic character organization, used massive dissociation and denial which hindered him to digest his depressive affects, leaving him helpless when meeting disappointments and setbacks. His high intelligence helped him through the school years, until he moved to live on his own and started his engineering studies at the university. His delusional belief of his superiority collapsed and pushed him in deep unmanageable depression. He had never learned to cope with defeat, inferiority and envy. The depressive affects were persecuting (beta-elements) for him, which he had to dissociate. This led to paranoid experiences which he could not distinguish from objective reality in his psychotic states. He became addicted to alcohol because he needed regularly to numb his unbearable affects and feelings. He became seriously suicidal and acted out dangerously needing hospitalization. Recovery became gradually possible through regular experiences of good enough emotional containment in a stable analytic relationship of his dissociated parts. A trans-formative process got going and he became stronger. Eventually he could permanently stop drinking. This enabled normal psychoanalysis to begin after three years of life threatening crisis during more or less permanent drunkenness with the psychotic narcissistic part often domineering the transference.

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Metacognitively Oriented Psychotherapy for Adults with Psychosis

Saturday, 2nd September - 14:30 - Workshop: Psychological Therapy - Chadwick Building, Rotbalt Lecture Theatre - Workshop - Abstract ID: 285

Paul Lysaker (Roudebush VA Medical Center (Indianapolis, Indiana))

Research suggests that recovery from serious mental illness is possible but can occur only when persons are directing their own recovery. One set of barriers to this process are deficits in metacognition, or the ability for form complex and integrated ideas about oneself and others and then use that knowledge to respond to psychosocial challenges. Enduring, trait-like deficits in metacognition can arise for different reasons including stigma, trauma, isolation, symptoms and neurocognitive compromise. Metacognitive deficits for example, make it difficult for persons with serious mental illness to form the kinds of ideas about themselves and others needed to question irrational beliefs, ward off self-stigma and process losses and suffering. Accordingly, it has been asserted that recovery oriented treatment should include forms of psychotherapy that could enhance metacognitive capacity. One particular treatment, MERIT, seeks to facilitate the growth of metacognitive capacity through intensive individual therapy. To stimulate metacognition, MERIT calls for eight interrelated elements that should occur within every session. These eight elements can be divided further into three groups of elements. The first four MERIT elements are: i) positioning the patient's agenda as primary, ii) sharing of the therapist's thoughts without disrupting dialogue, iii) eliciting a narrative episode(s), and iv) defining a psychological problem. The fifth and sixth elements of MERIT focus on the therapeutic relationships in which these first four elements occur within a series of interpersonal processes within session and reflection upon the effects of the session on patients' mental states. In the final two elements of MERIT clinicians are directed to collaboratively reflect upon the material that has emerged across the first six MERIT elements at the levels commensurate with patients' metacognitive capacity. This workshop will detail the eight elements of MERIT and discuss how they can help therapists creatively use existing skills to promote recovery.



The Soteria Model as an Alternative to Psychiatric Hospitalization

Saturday, 2nd September - 14:30 - Workshop: Soteria - CT Hub, Lecture Theatre C - Panels/Symposia - Abstract ID: 401

Pesach Lichtenberg (The Hebrew University in Jerusalem), Anna Arabskyj (Soteria Bradford), John Read (University of East London)

Soteria is a model for the treatment of psychosis within the community. Established originally by the USA psychiatrist Loren Mosher in the 1970's, and drawing its inspiration from such thinkers and clinicians as Harry Stack Sullivan and R.D. Laing, other Soterias have been established in the world. A Soteria home provides a non-pathologizing environment stressing respect for people in extreme emotional states and for their experiences. Staff members are chosen on the basis of their ability to relate to and be with people in these states in a non-judgmental way. Rather than providing formal treatment sessions, all activities in the home, and the interactions amongst and between staff and residents, provide the therapeutic milieu. The trappings of conventional psychiatric hospitalization and its potentially stigmatizing elements - hierarchy, diagnosis, and psychopharmacology - are de-emphasized. All treatment decisions are arrived at consensually. We will discuss here the historical, theoretical, and research background to Soteria, as well as Soteria homes in Israel, Switzerland and the UK.



Concurrent Treatment of Severe Mental Illness and Active Substance Use

Saturday, 2nd September - 14:30 - Workshop: Substance Use - Maths Building, Room 103 - Workshop - Abstract ID: 130

David Wilson (Private Practice)

Although it is well recognized that many patients with severe mental disorders also abuse substances, there are ongoing debates about the proper way to address the issues that arise in these treatments. Some feel that the treatments are best handled by experts in their respective areas with the possibility that two treatments can be conducted at the same time. Others feel that it is best to postpone the psychotherapeutic treatment until the substance use issues are resolved in substance use treatment. In either of these two approaches, the additional referrals needed may result in the patient being lost from the treatment system. But, it is possible for the psychotherapist to successfully treat both problems together.

In this workshop, we will explore the advantages and issues that arise when treating severe mental illness and substance use together in the same psychotherapy. Four primary issues will be explored. 1. Not all substance use may be revealed to the therapist, either at the outset or when it occurs during the course of the treatment. 2. Patient symptoms from substance use and severe mental disorder are often difficult to differentiate from one another. 3. Treatment may be stalled by patient reluctance to engage with the therapist around the issues of substance use or psychological difficulties. 4. The therapist may feel ill equipped to address substance use with

a patient if the primary training is the treatment of severe mental disorders.

This workshop will systematically explore each of these clinical difficulties and provide examples of how they may be resolved to lead to a successful therapy. Participants are encouraged to bring clinical examples from their own practice to discuss.

§

Making sense of madness and the psychotherapy of madness from a person-centred, process-relational perspective

Saturday, 2nd September - 14:30 - Workshop: Understanding Psychosis and Therapy - CT Hub, G-Flex Room - Workshop - Abstract ID: 53

Ivan Ellingham (University of East Anglia, St Barnabas Counselling Centre)

‘Scientists attempt to interconnect the data in a coherent way, free of internal contradictions. The resulting representation is known as a scientific model’ (Capra & Luisi, 2014). To this point, those who seek to comprehend the data of madness and the data of the psychotherapy of madness have failed to develop such a model. Significant incoherence is the order the day.

In tune with Capra, I maintain that a fundamental reason why such incoherence is the case is because our thinking is too rooted in the dualistic, bifurcatory worldview of Descartes and Newton. There is, though, in process of emergence ‘a new vision of reality based on awareness of the essential interrelatedness and interdependence of all phenomena—physical, biological, social, and cultural’, one that ‘transcends current disciplinary and conceptual boundaries and will be pursued by new institutions’ (Capra, 1982).

Various terms are employed to identify this new vision: Capra prefers holistic or systemic, while I favour process-relational or organismic—terms used to describe the philosophy of Alfred North Whitehead who has done much to specify the nature of this new vision.

My claim is that adoption of a process-relational philosophical perspective will pave the way to a coherent understanding of the nature of madness and of the psychotherapy of madness, involving as they do ‘physical, biological, social, and cultural’ phenomena.

In my workshop, through bodily movement, physical interaction and role play, PowerPoint presentation and discussion, I explicate key process-relational concepts and their use in making sense of the phenomena of madness and the psychotherapy of madness relative to clinical work of Person-Centred psychotherapist Garry Prouty, founder of ‘Pre-Therapy’.



From conception to implementation, the development of Peer-supported Open Dialogue

Sunday, 3rd September - 08:00 - Papers: Open Dialogue - The Guild, Mountford Hall - Papers - Abstract ID: 123

Val Jackson (APOD (Academy of Peer-supported Open Dialogue), DOD (Developing Open Dialogue)), Russell Razzaque (APOD (Academy of Peer-supported Open Dialogue), NE London Foundation NH Trust), Mark Hopfenbeck (APOD (Academy of Peer-supported Open Dialogue), Norwegian University of Science and Technology)

This paper will present the background to the development of the Foundation course in Peer-supported Open Dialogue, Social Network and Relationship skills. Since January 2014 Russell Razzaque, Mark Hopfenbeck and Val Jackson have worked very closely together to create the one year POD course, based on Open Dialogue and Systemic theory. The course is now accredited by AFT, Association of Family Therapy and is a Postgraduate certificate awarded by LSBU, London South Bank University. The third cohort is due to complete in October and since its inception almost 200 students have been trained, including many managers and psychiatrists. A research grant of £2.4 million is expected in December 2016 and a randomised controlled trial comparing POD to treatment as usual is currently being prepared with Professor Steve Pilling taking the lead. Consideration will be given to the contextual factors that have influenced this remarkable development such as the funding crisis within the NHS, the lack of job satisfaction for staff, the growing awareness of the damaging impact of long term use of many psychiatric medications and the strengthening voice of those with lived experience. Alongside these were the international developments particularly in Finland, Europe and the US. But these factors alone do not automatically create change, it also requires passion, dialogue, networking, relationship building and a willingness to work hard.

The presentation will also give a brief overview of the course, plans for the RCT and the long term sustainability of the approach.

Russell, Mark and Val hope to convey that others are also able to embark on their own journeys of change.



The Voices of Silence (Meet the Author Session)

Sunday, 3rd September - 08:00 - Papers: Perspectives on Psychosis - The Guild, McAusland Room - Meet the author - Abstract ID: 371

María Elisa Mitre (Ditem Day Hospital - María Elisa Mitre Foundation), Katherine Walter (Ditem Day Hospital - María Elisa Mitre Foundation), Mariana Fuxman (Ditem Day Hospital - María Elisa Mitre Foundation)

'The Voices of Silence' describes the functioning of a therapeutic community that houses people who suffer. With solid theoretical basis (Multifamily Psychoanalysis), María Elisa Mitre appeals to diverse/different narrative resources to show her clinical practice, transmitting the experience with unique authenticity. Some of the shapes that this invaluable material takes are: transcriptions of therapeutic groups, diaries of patients who reached healing, situations of daily life at the therapeutic community and clinical vignettes.

Due to its accessible language and agile reading, this book is addressed to those ready to question the boundaries between insanity and mental health through their affective experience. Not only psychoanalysts and other experts, but also anybody who once felt the need of being rescued by the genuine look of someone capable of seeing beyond the shell. The aim is to discover the person hidden behind a character that protects the essence of the true self.

§

J.A.S.P.E.R.: Making the Meandering Mentalizations of the Sad, Scared, Mad into Meaningful Multi-layered Manuscripts of the Mind

Sunday, 3rd September - 08:00 - Papers: Psychological Therapy - The Guild, Elizabeth Gidney 1 Room - Papers - Abstract ID: 107

Burton N. Seidler (New Jersey Institute)

Considerable misinformation and mischaracterizations exist of individuals who were sad, scared, or in the throes of madness, but could not speak for themselves and who have been highly stigmatized, set apart from the mainstream, and often mistreated. Ironically, some of the stigmatization has unwittingly emanated from, or has been fostered by well-meaning professionals. In their zeal to make break-throughs, they advanced a host of theories as if they were long-established facts. Accordingly, ADHD, Pediatric bi-polar disorder, and so on, came into being because it was thought that certain kinds of behavior were either neurological and/or biochemical. These diagnostic categories were invented as explanations, but the explanations—through circular reasoning—soon became the justification for the categories themselves. Although the origins of these two diagnoses and many others, were assumed, there was no scientific evidence to show that they were caused by faulty neurology or biochemistry. Therefore, scientific journals needed to be created which would publish solid studies looking into processes giving rise to emotional problems. One such journal is *Psychosis*. It examines the most severe forms of emotional problems. I have created another journal which expands the continuum leading up to and eventuating in psychotic states from a psychoanalytic perspective: *The Journal for the Advancement of Scientific Psychoanalytic Empirical Research (J.A.S.P.E.R.)*. J.A.S.P.E.R. has been created to provide a central warehouse of detailed, systematic qualitative observational data and intensive quantitative analysis of factors contributing to the development of emotional problems; how to alleviate them; the efficacy of psychoanalytic praxis: what works, what does not; what interventions are indicated, and which are contraindicated. J.A.S.P.E.R. is concerned with examining psychoanalytic concepts like the unconscious, transference, countertransference, dream-work, attachment, separation-individuation, castration anxiety, and a number of other psychoanalytic constructs to see if they are, or are not valid.



Stages in the Psychological Resolution of Schizophrenia

Sunday, 3rd September - 08:00 - Papers: Psychological Therapy - The Guild, Elizabeth Gidney 1 Room - Papers - Abstract ID: 153

Gillian Steggle (University College London Alumnus)

This paper describes how psychoanalytic psychotherapy may resolve some cases of schizophrenia and schizoaffective disorder in a series of 7 psychoanalytically understandable therapeutic Stages which explain both the therapist's and the patient's perspectives of the treatment.

Dr Michael Robbins identified these 7 Stages from the therapist's perspective of his schizophrenic patients' progress, which exactly match the phases of Dr Gillian Steggle's schizoaffective patient's recovery, according to the Psychodynamic Pentapointed Cognitive Construct (PPCC) Theory which describes the patient's perspective.

This therapeutic process of making real change happen consists, overall, of the patient initially feeling isolated, miserable and introverted, with poor communication skills; then becoming able to communicate meaningfully with the analyst; then adopting what the analyst says about reality and rejecting previously held false beliefs, attitudes and assumptions; and then gaining personal integration, autonomy and independence, and becoming able to separate from the analyst at therapeutic termination of the treatment.

Psychoanalytic psychotherapy is able to bring about this real change because the analytic environment permits the patient's whole self to partake in the therapeutic process, so their whole mind is mobilized, and, particularly, mobilized in the long term which encourages long term change. Other treatments tend to be short term and do not permit the enduring, long term, fundamental changes in the patient's mind which are made possible by the analytic process.

Not all schizophrenic or schizoaffective patients are suited to psychoanalytic psychotherapy. It is most suitable for those patients who are able to withstand the isolation, loneliness and often pain that it can bring to the surface at different times during a therapy. But if these can be tolerated, the patient's capacity to cope with life may really be changed and enhanced, like the results of other treatments where the focus is on gentle adjustment to reality.



On Being Human: Science and Psychotherapy in "Psychosis"

Sunday, 3rd September - 09:15 - Papers: Biological and Psychosocial - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 415

Brian Koehler (New York University & Columbia University)

Drawing on contemporary research evidence across the scientific domains of genome, epigenome, neurobiology, immunology, microbiome, social-cultural, as well as the more qualitative domains of phenomenology, subjective experience, evolutionary theory, and the author's almost 40 years of psychotherapy experience, a case will be made for the significant role of traumatic stress, self-esteem, shame, dissociation, personal agency, etc., in the dynamic and meaningful processes we call "psychotic states." Relevant issues such as stigma, cultural

and personal countertransferences will be addressed and explored. Finally, references will be made to the recovery literature, including the role of social and psychotherapeutic experience, as well as the recent research calling into question the long-term use of “antipsychotics.”



Split brain Syndrome: A case manager’s intervention

Sunday, 3rd September - 09:15 - Papers: Biological and Psychosocial - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 249

K Pushpa (Early Psychosis Intervention Programme, Institute of Mental Health)

This article presents a case report of the challenges and management plans of a client whose MRI scan presented with partial agenesis of the corpus callosum (CC) also known as a split brain syndrome. The Early Psychosis Intervention Program (EPIP) accepted the client into their service with an initial diagnosis of Attenuated Psychosis Syndrome or a differential of Delusional disorder, given her strong family history of Schizophrenia.

The 33 year old Chinese lady, eldest of 3 children has a tertiary education in Journalism unlike many others with CC agenesis who have difficulty completing their education given their cognitive deficits. She is currently not on any medications as her psychotic symptoms are not prominent and she has been managed through various therapeutic interventions.

She has accused family of emotionally and physically abusing her. Placement of client in a step down facility and accommodation was presented with challenges given her poor relationship with people and her interpersonal conflicts. She has difficulties with higher level thinking such as abstract reasoning and problem solving. She also presents with difficulties in identifying, describing and managing her emotions. Her lack of empathy has led her to make harsh “unfiltered” remarks about others which have affected her social functioning.

A missing Corpus Callosum and the resultant deficits has posed a great challenge in her social skills. Her emotional immaturity, lack of self-awareness of deficits, impaired social competence and deficits in social judgement has required constant implementation of active alternative strategies in her case management. Intensive hand holding to minimise misconstruing of meanings was also employed. It has been a constant work in progress for the Case Manger’s efforts in searching for alternative perspectives in aiding her towards better functioning whilst monitoring the psychotic symptoms.



A Basis in Science for the Subjective Mind in Psychiatry

Sunday, 3rd September - 09:15 - Papers: Biological and Psychosocial - Chadwick Building, Chadwick Lecture Theatre - Papers - Abstract ID: 73

Ronald Abramson (Private Practice)

During much of the twentieth century, psychoanalysis was dominant in psychiatry as the accepted way of understanding and treating mental disorders. In the last decades, dissatisfaction with this subjective and putatively “unscientific” discipline led to the replacement of psychoanalysis by the more “scientific” biological approach to these disorders. This notion of reduction of mental disorders to observable biology is based on a philosophy

of science school called “Logical Positivism” or “Empiricism” which is the idea that one can only speak scientifically about what one can objectively measure. Understanding the human mind has dropped out of psychiatry and replaced by understanding the human brain.

However, the “science” may be more apparent than real. There is a basis to think that re-consideration of the subjective mind may actually be scientific and in fact necessary for the proper understanding of mental disorders. A discipline in philosophy of science underpinning such an idea would be American Pragmatism, which encompasses the objectivity of Logical Positivism but also admits the subjective mind of the scientific observer as a necessary component of scientific data. There are also data from that most scientific discipline, physics, which suggests the necessity of consideration of the subjectivity of those who have mental disorders.

There are experiments in quantum physics that suggest consciousness is a fundamental property of the universe and that the brain may act like an antenna/amplifier system to focus and modulate consciousness to form a subjective human mind. As one example, experiments concerning entangled particles which demonstrate simultaneous movements across great distances seem best explained by their connection through the consciousness of the experimenter. Therefore, “science” supports consideration of the subjective mind as necessary to a complete understanding of mental disorders.

§

How does psychosis influences the aspirations parental carers have for the young adult they care for?

Sunday, 3rd September - 09:15 - Papers: Family - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 233

Esmira Ropaj (University of Liverpool), Peter Taylor (University of Manchester)

Following an experience of mental health problems (e.g., psychosis) individuals go through a process of trying to understand what this experience means for their current and future self (Birchwood, Mason & MacMillan, 1993). This can result in the formation of negative beliefs (e.g., I will never get a job) which have been associated with distress (Acosta, Aguilar, Cejas, & Gracia, 2013). In addition, for some people, experiences like psychosis might affect the goals that matter to them, in that they may appear less achievable. Research indicates that hope and goal setting are important factors in recovery from psychosis, as identified by service users (Law & Morrison, 2014).

The beliefs an individual forms about the personal meaning of their mental health experience will depend on their social context and cultural background, with ideas about mental health held by family being likely to impact on those held by the individual. Given this, and also the importance of hope and goal setting, it would be important to explore how psychosis influences the aspirations parental carers have for their child's future as this may present opportunities for working with parental carers.

The current study aims to explore parental carers experience of caring for a young person with psychosis in terms of the impact this has on the hopes, goals and expectations the carer holds for their child. A total of nine parental caregivers of individuals being supported an early intervention service in the North West of England will be interviewed using semi-structured interview. The transcripts will be analysed using Interpretative Phenomenological Analysis (Smith, 1996). The results of this analysis will be presented in this talk. Preliminary analysis indicates that parental carers are optimistic about their child's future, in spite of the challenges presented by their experiences of psychosis.



Mapping Disrupted Relationships: Fragmentation, Connectedness, and Psychosis in Emerging Adulthood

Sunday, 3rd September - 09:15 - Papers: Family - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 270

Zoe Boden (London South Bank University), Michael Larkin (Aston University)

Strong relationships are a significant source of support for recovery and are well established as being necessary for physical and emotional well-being. However, relationships can also be a source of distress and confusion, particularly in emerging adulthood, a time of critical psychosocial development and flux. The relational context of mental health remains under-researched in general, and this is particularly true for the experiences of young people under the care of early intervention services.

This paper will report on a recent empirical project about the relational lives of younger adults (18-25 years) under the care of an Early Intervention Service in London, UK. This qualitative project has taken a hermeneutic-phenomenological approach in order to learn more about the 'experiential texture' of the key relationships in the young person's life, including those with family, peers and professionals. Participants were interviewed using an innovative 'relational mapping' visual methods approach.

Mostly strikingly, the data indicate how participants struggle to make sense of the paradoxes inherent in their disrupted relational experiences. Thus relational distress forms part of the experience of psychosis per se, and renewed relational connection is – reciprocally – integral to the experience of recovering. Using case examples, we will illustrate participants' particular efforts in negotiating their relational identities. Respondents worked to balance their own needs for care and support, alongside their need to care about and protect others. This intersection of responsibility, reciprocity and a relationally-oriented 'protective isolation' will be explored with specific reference to their disclosures about their distress. We will reflect upon these findings in the context of young people's life stage, their mental health status, and their use of services. Services may benefit from these insights, both by providing a more relationally-attuned response to psychosis, but also through finding ways to better engage with the young person's relational network.



Exploring the delivery of family interventions to people facing recent-onset psychotic symptoms: The experience of navigating the family system

Sunday, 3rd September - 09:15 - Papers: Family - Chadwick Building, Rotbalt Lecture Theatre - Papers - Abstract ID: 329

David Haggarty (Cambridge and Peterborough NHS Foundation Trust), Gerald Burgess (University of Leicester), Jon Crossley (University of Leicester)

A first-episode of psychosis (FEP) is characterized by distress and confusion for families. Family interventions (FIs) consider the family as an important resource to help modulate environmental stress and reduce relapse.

FIs have been difficult to implement in the routine clinical environment. This research explored the lived experience of family workers delivering FIs to people with a FEP and their families. Interpretative Phenomenological Analysis (IPA) was used to analyse the accounts of five participants. These participants were care coordinators in early intervention for psychosis (EIP) services. Themes were developed from individual accounts which were later consolidated across the group. Five superordinate themes were elicited. A) External supports to delivering family work, B) Balancing the care coordinator and family worker roles, C) Barriers to engaging families, D) The internal world of the family worker and E) Family communication and relationships. Participants reported that delivering FIs was daunting and exhausting, but also rewarding. Family work was difficult to integrate into routine clinical work and could be superseded by other work pressures. Many conflicts and dilemmas presented in the course of the work. A number of dilemmas may be overcome by adequate service development and organisation. However, the complexity of working with families resulted in personal dilemmas. These dilemmas related to the concepts of 'neutrality', 'the expert position', 'self-reflexivity', 'safe uncertainty' and working with emotion. Dilemmas related to the complexity of working with families may be addressed by high quality supervision and further training, this is key to the development of the family worker.

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The intersubjective arena of the psychotherapy for psychosis: A phenomenological account of therapists' experiences

Sunday, 3rd September - 09:15 - Papers:Psychodynamic - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 174

Andreas Vassiliou (Middlesex University)

New recovery-oriented literature points to the significance of considering dialogical and interrelational approaches to both the conceptualisation and psychotherapy of psychosis. This literature encompasses a broad spectrum - including phenomenological, integrative, humanistic, psychoanalytic, narrative and cognitive-behavioural approaches. Despite the emphasis on intersubjective processes inherent in the therapeutic process, there has been a tendency to focus on the exploration of clients' processes, while an exploration of therapists' experiences remains somewhat absent. We, therefore, need a more detailed exploration of what this work is like, and how therapists make sense of this work considering this intersubjective turn. This paper discusses findings from a recently completed phenomenological exploration of the experience of therapists working intersubjectively with psychosis.

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A phenomenologic way into narrativity ?

Sunday, 3rd September - 09:15 - Papers:Psychodynamic - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 289

Marie-Cécile Lallement (Lausanne University Hospital (CHUV)), Dag Söderström (Lausanne University Hospital (CHUV))

Stories tell us about enabling ourselves to access to our own subjectivity. Awareness is a decisive event getting man in a position in the world. This facing-yourself positioning, facing the world, and entering the world of

ideas and representations, personifies the individual and marks his identity. Together history and awareness are the basis of the process of subjectivity.

The individual therapy that will be presented is a psychodynamic psychotherapy with a young man diagnosed schizotypal. The therapeutic encounter involves the fields of representations of the two actors of the therapeutic couple. Characterizing the frameworks of thinking is crucial: understanding the representations of the patient, their positioning in the world, understanding the framework of mind of the therapist. It opens the question of subjectivity: how to let the “I” entangled in psychosis emerge, using the conceptual framework of narrativity? The therapist makes himself the spokesperson of the narrativity of the patient who he is deprived of his mutilated history. One can only rely on this induced narrativity to fight against resistance. During therapy, patient and therapist meet a critical transference point centered on the question of **the narrativity of origins** which seems to be a necessary path in psychotherapy with psychosis.

We will explain how phenomenology can help to develop know-how-to-be skills in this encounter with the psychotic patient, in the context of the paradoxical form of transference as in psychosis. **Phenomenologic therapeutic position** suggests a “proto-language” to support the therapeutic space in front of the oddness and the original enigma of psychosis. The patient, bordered by the frame of the mind of the therapist, can make himself the interpreter, hopefully the hermeneut of the meaning of his life.

§

Phenomenological interpretation of psychotic communication

Sunday, 3rd September - 09:15 - Papers:Psychodynamic - Chadwick Building, Barkla Lecture Theatre - Papers - Abstract ID: 105

Sacha Lawrence (Thornford Park Hospital)

This paper is developed from the author’s reflection on working with Teams and Psychotic client whilst observing communication between the two and how it could suffer at times, especially when background information on a client is not available or is very limited (e.g. Acute referrals to Forensic teams).

In medical literature, delusions are nosologically linked to diagnosis of Schizophrenia which forms the way teams view and usually respond to it. Its meaning is not routinely utilised outside the remit of Psychiatric opinions and are rarely seen as a form of expression of complex and difficult material. A lack of ability to recognise that is likely to impair on a good relationship between the team and a patient.

The paper presents the author’s attempt to give such patient a voice by means of Interpretative Phenomenological Analysis (IPA). There are some basic principles of IPA which are deemed to be particularly relevant to Psychosis research, such as IPA’s concern with understanding of lived experience and how those experiences are made sense of; IPA also sees research as a dynamic process aimed at understanding of the participant’s subjective world (Larking et al., 2006).

In this instance, the data was collated from clinical records and was later analysed and interpreted within IPA protocol.

The author argues that delusional content should not be ignored or easily dismissed because of its dis-

jointed appearance. IPA, on the other hand, has potency to inform Psychological Formulation especially in cases where access to resources; analytic knowledge and past history is limited.

The paper is therefore aimed at giving a brief introduction to methodology whilst keeping the main focus on emerging themes. It is based on a specific case example.

§

An Emotional Schema for the Causes of Psychiatric Disorders

Sunday, 3rd September - 09:15 - Papers: Understanding Psychosis - Maths Building, Proudman Lecture Theatre
- Papers - Abstract ID: 173

Stephen Love (Michigan Department of Health and Human Services: Kalamazoo Psychiatric Hospital)

The search for the cause of schizophrenia is one that is as old as when the diagnosis was first proposed by Emil Kraepelin, who believed the disease was biological in nature. Currently, schizophrenia remains “a disease whose mechanisms are totally unknown” (Holden, 2003, p. 333), and more broadly, the disease still has “no validated biomarkers” (Insel and Wang, 2010, p. 1971).

The field of mental health lacks a solid theoretical framework to explain how the mind works in regards to the health/disease continuum, and without this, research will continue to proceed on a trial and error basis (Farrar, 2015). What is primarily missing in the search for the cause of schizophrenia is the inclusion of spontaneous recovery and the failure of the literature to demonstrate the long term efficacy of psychotropic medications. Therefore, it is the purpose of this presentation to develop a theory, based on available literature, which includes explanations for the full data set and offers an ability to predict outcomes to future studies.

This paper hypothesizes that when the full data set (short, medium, and long) for both medicated and non-medicated outcomes is combined with recent findings in neuroscience and epidemiology regarding symptom prevalence in the general population, a schema based in affective neuroscience is best able to explain the outcomes and why certain interventions are successful while others are not. In short, individuals have an emotional capacity that is personally distinct for each separate emotion. When emotionally competent stimuli propel the individual beyond their capacity, pathological symptoms develop. Medication may dull the emotions, thereby bringing them within the management capacity, but the body tends to habituate. Psychosocial interventions tend to either lessen or enlarge the intensity of emotionally competent stimuli. Finally, memory tends to decay over time, thus impacting emotionally competent stimuli.

§

The void as cause of the mind

Sunday, 3rd September - 09:15 - Papers: Understanding Psychosis - Maths Building, Proudman Lecture Theatre
- Papers - Abstract ID: 47

Jos de Kroon (GGZWNB)

A critique on determinism in psychiatry

When we are confronted with severe psychic problems as psychosis, thinking in psychiatry is inclined to use ‘natural’ categories as “psychosis is a dysfunction of the brain”. This tendency is subject to cyclic movements

between ‘natural’ thinking on one hand and ‘cultural’ thinking on the other hand. Psychiatric reality is much more complicated to reduce it to simple categories, one side or the other. A more appropriate model would be one in which the three aspects of human being interact with each other. Following the theory of Jacques Lacan I would choose for the aspects as follows: the Real of the biological part, the Imaginary of perception and the Symbolic of speaking and thinking. These orders are related in a dialectical way. On this point the discourse on causality by Aristotle can help us to understand complex processes in human beings. I will connect the four causalities of Aristotle, *causa materialis*, *causa formalis*, *causa efficiens* and *causa finalis* with the orders of the Real, the Imaginary and the Symbolic. We will start with the material cause where there is a void in the Real what is filled in with symbolic ‘stuff’ (i.e. language) as a final cause. The intermediate steps I will present in this lecture.

§

The “chamber of recollections”: from change to transformation

Sunday, 3rd September - 09:15 - Papers: Understanding Psychosis - Maths Building, Proudman Lecture Theatre
- Papers - Abstract ID: 206

Canio Tedesco (therapeutic community Agorà Salus (South of Rome)), Gaia Esposito (therapeutic community Agorà Salus (South of Rome)), Mirinda Ashley Karshan (Carlo Bo (Urbino)), Matteo Reggio d Aci (therapeutic community Agorà Salus (South of Rome)), Roberto Zucchini (therapeutic community Agorà Salus (South of Rome))

Since the late Seventies the biopsychosocial model developed by G. L. Engel (1977) has become dominant in psychiatry. Although this model has highlighted the importance of a comprehensive approach to the patient, the paper aims to demonstrate that it does not identify the precise etiopathogenesis of mental illness, knowledge of which is fundamental to plan effective treatment, as happens in other medical fields.

For over ten years the Authors have been working with psychotic patients in a therapeutic community located south of Rome. The Authors have combined the far-reaching anglosaxon concept of the therapeutic community with a wholly Italian methodology and theory: the *Teoria della nascita* (Human Birth Theory) developed by the Italian psychiatrist M. Fagioli. This theory constitutes an independent model of psychodynamic psychiatry which allows for the identification of the precise etiopathogenesis of mental illness, thus offering patients greater chances of recovery.

Fagioli identified the “annulment drive” as the main cause of the development of mental illness (1972). Through this dynamic individuals can make what for them are intolerable situations disappear from their unconscious, as if they had never existed. The annulment drive can occur already in the first months of one’s life as a reaction to a caregiver whose lack of affectivity is particularly severe.

The Authors describe their work and clinical results to suggest that real change can occur within the psychiatric patient only if his/her unconscious dynamics actually change, since mental illness is mainly illness of the unconscious. When a positive development takes place due to the therapeutic relationship, the pathological unconscious dynamics of the patient which once occurred become the inanimate objects in the *stanzone dei ricordi* (chamber of recollections) described by Fagioli in his book “La marionetta e il burattino” (The Marionette and the Puppet-1974).



Psychosis: Externalising internally-generated and self-directed threat

Sunday, 3rd September - 09:15 - Papers: Research on Causal Factors - CT Hub, Lecture Theatre C - Papers - Abstract ID: 124

Jamie Murphy (Ulster University), Mark Shevlin (Ulster University), Philip Hyland (National College of Ireland), Ask Elklit (Southern Denmark University), Mogens Nygaard Christoffersen (Danish National Centre for Social Research (SFI)), Richard Bentall (University of Liverpool)

Purpose: Suicidal ideation/behaviour (SIB) and psychosis are two highly associated phenomena. This paper proposes that psychotic experiences (PEs), for some, may be consequential to SIB. More specifically this paper hypothesises that PEs among individuals experiencing SIB may constitute self-preservatory beliefs or experiences that serve to externalise internally generated and self-directed threat. **Methods:** To initiate empirical testing of this hypothesis the current study, using prospective data from a Danish population cohort, first sought to test the temporal occurrence of SIB and PE. Next, using cross-sectional data from two UK epidemiological surveys, the study sought to demonstrate that PEs were more commonly reported by those who experienced SIB and that the strength of the association between PEs and SIB varied according to (i) SIB recency (lifetime/last 12 months) and (ii) SIB severity (suicidal thought/attempt). **Results:** Chi-square comparison tests on the Danish data revealed that SIB was statistically more likely to precede (41.4%) rather than follow PE (20.7%). Multivariate logistic regression analyses of the UK data indicated that individuals who thought about suicide in their lifetime were up to 8 times more likely to experience specific PEs while those who both thought about and attempted suicide in both their lifetime and in the year of assessment were upto 48 times more likely to experience PEs compared to SIB free members of the population. Overall, the probability of PEs increased in relation to SIB recency and severity. **Conclusions:** The findings provide preliminary support for a novel SIB – PE co-occurrence hypothesis.



Distress, impairment and the network of psychotic like experiences

Sunday, 3rd September - 09:15 - Papers: Research on Causal Factors - CT Hub, Lecture Theatre C - Papers - Abstract ID: 368

Jamie Murphy (Ulster University), Orla McBride (Ulster University), Eiko Fried (University of Amsterdam), Mark Shevlin (Ulster University)

It has been proposed that subclinical psychotic-like experiences (PLEs) may causally impact each other over time and engage with one another in patterns of mutual reinforcement and feedback. This subclinical *network* of experiences in turn may facilitate the onset of psychotic disorder. PLEs however are not inherently distressing, nor do they inevitably lead to impairment. The question arises therefore whether non-distressing PLEs, distressing PLEs, or both, meaningfully inform an *extended psychosis phenotype*. The current study first aimed to exploit valuable ordinal data that captured the absence, occurrence and associated impairment of PLEs in the general

population in order to: (i) construct a general population based *severity network* of PLEs; and (ii) to determine which PLEs may be 'central' to the psychosis phenotype at subclinical levels. The study then aimed to partition the available ordinal data into two sets of binary data to test whether an *occurrence network* comprised of PLE data denoting absence (coded 0) and occurrence/impairment (coded 1) mirrored an *impairment network* comprised of binary PLE data denoting absence/occurrence (coded 0) and impairment (coded 1). Networks were constructed using state-of-the-art regularized pairwise Markov Random Fields (PMRF) for both ordinal and binary data. The ordinal PMRF revealed a strongly connected network of 16 PLEs which differed substantially in their centrality values. Nodes denoting paranoia were among the most central in the network. The binary PMRF *impairment* network structure was similar to the *occurrence* network, however the *impairment* network suggested stronger interconnectivity between PLEs.

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When the foundations of life have been upset: an integrated clinical and experimental study with people suffering from exclusion and marginalization.

Sunday, 3rd September - 09:15 - Papers: Research on Causal Factors - CT Hub, Lecture Theatre C - Papers - Abstract ID: 314

Lony Schiltz (Kirchberg Hospital Luxembourg (Teachng Hospital of the University of Heidelberg))

Introduction

People suffering from exclusion and marginalization can present symptoms of identity disruption and prodromic phases of psychotic disorders. They need a psychotherapeutic approach avoiding interfering too abruptly with the defence mechanisms and coping strategies that have been necessary for their physical and psychical survival but are blocking their further evolution.

Objectives

We explore the links between traumatic biographic events since childhood and the functioning of personality at adult age, with clinical subgroups suffering from exclusion and marginalization (total N= 401). Among others, we are testing the traumatogenic hypothesis of borderline functioning and psychosis. Arts psychotherapy combined with verbal elaboration in the cognitive-psychodynamic tradition may be a promising treatment option for heavily traumatized people.

Methods

We present the results of a multi-annual research project based on a mixed-methods approach and combining semi-structured interviews, psychometric questionnaires, projective tests and expressive tests. Original rating scales allowed us using projective and expressive tests as a tool of research, by passing from qualitative analysis to quantification and the use of inferential and multidimensional non parametric statistics. The cross-sectional studies were completed by longitudinal prospective studies exploring the results of arts psychotherapies.

Results

With the help of multidimensional statistics different personality profiles were extruded, linked to the effects of multiple traumata since childhood or to the presence of massive traumata in late adolescence or adulthood interrupting a regular life course. The exploration of the therapeutic process allowed us gaining new insights into the resumption of the interrupted subjectivation process.

Discussion and conclusion

The theoretical discussion is based on the differences between the categorical, dimensional and structural approaches to psychopathology and on recent neuropsychological insights into the effects of repeated stress. The results of the study lead to differentiated treatment options, as well as to promising tracks for future research.

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What are the major obstacles preventing a shift towards a more psycho-social approach to people with distressing psychotic experiences?

Sunday, 3rd September - 09:15 - Symposium: Working for change - CT Hub, Lecture Theatre B - Panels/Symposia - Abstract ID: 106

Gary Sidley (Registered clinical psychologist, freelance writer/trainer), Nicky Hayward (Writer, blogger & mental health activist), Jo Watson (Psychotherapist, trainer & activist), Teri Tivey (Accredited counsellor), Jonathon Slater (Psychotherapist)

Why do bio-medical approaches continue to dominate the way Western societies make sense of psychotic experiences?

There is now a substantial body of evidence demonstrating that construing psychosis as an ‘illness like any other’ is associated with a number of important disadvantages for those seeking help from services. The negative consequences of this doctrine include: more stigma and social exclusion; excessive use of psychotropic medication; passivity and disempowerment; pessimism and low expectation; and a stifling degree of risk aversion. Despite these recognised deficiencies, core service provision for distressed voice hearers and those with unusual beliefs continues to be characterised by a medicate-and-monitor protocol. The slow pace of change towards more humane, person-centred approaches to human suffering demands explanation.

In this symposium, five critical thinkers (all drawn from the ‘Drop the Disorder?’ Facebook group and collectively benefiting from a range of survivor and professional know-how) offer a personal perspective on what each believes to be the fundamental barrier impeding transition to a more normalising, psycho-social approach to psychosis. Specific obstacles highlighted will include:

- a) the disregard of personal experience and overemphasis on ‘scientific’ approaches;
- b) the fundamentally discriminatory nature of the Mental Health Act and its role as a central generator for much that is wrong with Western psychiatry;
- c) coercive conformism: exploring the causation and resolution of health dissonance from the ‘expert’ perspective;
- d) the misuse of power by the vested interests that continue to benefit from the status quo;
- e) diagnosis and disorder, a narrative that works against truly trauma-informed practice.

Following the five pitches –each lasting 10 minutes – the remainder of the session will be opened up to the wider audience to debate both the importance of the identified obstacles and the means by which they might be overcome.



Psychosis - phenomenological and psychoanalytic perspectives

Sunday, 3rd September - 09:15 - Symposium: Psychodynamic - CT Hub, Lecture Theatre A - Panels/Symposia - Abstract ID: 138

Bent Rosenbaum (University of Copenhagen, Department of Psychology and Psychiatric Center Copenhagen), Borut Skodlar (University of Ljubljana), Mads Henriksen (Center for Subjectivity Research)

Psychoanalysis has never been much receptive to the philosophy of phenomenology – and vice versa. The seemingly incompatible relation between psychoanalysis and phenomenology are anchored in several main questions concerning theory and therapy:

- The question of intersubjectivity or the subject-Other field
- The question of development of the self/ego and object-relationship
- The question of thinking and symbolization expressed in the experience of here-and-now related to there-and-then
- The question of listening and intervening as a possible transforming process
- The question of listening in depth to the subjective experience of mine-ness and being an “I”

In spite of these and other differences, we think that in the field of psychosis some co-constructions between psychoanalysis and phenomenology may take place. We shall highlight some possible theoretical and practical shared perspectives.



Counter-transference: a key factor for change

Sunday, 3rd September - 09:15 - Symposium: Psychodynamic - CT Hub, Lecture Theatre D - Panels/Symposia - Abstract ID: 182

Alessandra Calculli (Private Practice), Claudia Bartocci (Gaetano Benedetti Institute)

Claudia Bartocci is going to compare some clinical cases. The overall progress of these cases allows to highlight some important points that distinguish Gaetano Benedetti's theory and its relevance as a contribution from psychotherapy of psychosis to psychoanalysis as a whole:

The counter-transference role in anticipating and promoting the patient's transference and in making a proper diagnosis (able to direct the therapy in order to intervene as early as it is possible and to prevent the chronicity);
The “interpretative action” as a key element to maintain a memory bond able to circumvent and overcome primitive defences;

The role of the “Transitional Subject”;

The dreams: BENEDETTI not only attaches a fundamental role to the manifest content but also ascribes to the dreams a prospective and predictive function;

The enactment as “the fourth Via Regia” to the unconscious.

Alessandra Calculli (an A. Ferro's student) will introduce one of her clinical cases, highlighting counter-transference aspects.

In Ferro's theory the goal of psychotherapy is to help the patient to build "thought tools" and uses everything in the psychoanalytic field as a derivative of awake dreaming activity. This is to give to the patient interpretation digested enough to be used.

The comparison between the cases followed by Benedetti's and Ferro's students will show how the importance given to the analysts' ability in being present with them whole persons, analyzing primarily themselves, gives them the chance to catch the more subtle fluctuations of the psychoanalytic field, promoting a fast transformative process.

In all these cases counter-transference gives to the analyst the opportunity to ally with the "victim within the patient" challenging the persecutor the patient was identified in.

At the same time counter-transference analysis gives to the therapist the chance to know persecutory emotions that the patient cannot bear, being useful in treating severe mentalization disorders.

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Communicube Workshop

Sunday, 3rd September - 09:15 - Workshop: Art and Arts Therapies - CT Hub, G-Flex Room - Workshop - Abstract ID: 23

John Christey-Casson (retired)

The communicube is a three dimensional structure, a multi-purpose communication tool which was invented in 1998 during doctoral research into effective therapy with people who hear voices. It is a method for working with complex multi-dimensional experience, using miniature objects to clarify complex relationships between parts of the self, others and the world. Clients who hear voices and struggle with psychotic experiences have found this method helpful. The communicube provides a containing structure for potentially overwhelming material enabling client and therapist to work safely with potentially disturbing experiences. Since its invention it has been used in individual and group therapy, family work, team building, education and play. Participants in this workshop will have the opportunity to use the method, learn the underlying theory and reflect on practice. All materials will be provided. The prototypes of the invention are now in the collection of the Science Museum, London. At the time of the invention of the communicube Dr. Casson was a member of ISPS and was instrumental in changing the name of the organisation. For more information see: www.communicube.co.uk

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“The Art of Psychiatry: learning to look through a creative lens”

Sunday, 3rd September - 09:15 - Arts and Psychiatry - Maths Building, Forsyth Room - Workshop - Abstract ID: 198

lucy Blake (South London and maudslay), Rosemary Sedgwick (SLAM), Stephen Ginn (UCL/NELFT)

Learning objectives:

- Understanding the relationship between psychiatry and the arts.
- Considering the relevance of creativity in clinical practice.
- Exploring the expression of mental state through artistic mediums.
- Reflecting on the creative workshop and how it may influence future clinical practice.

The workshop consists of four parts.

Introduction (15mins)

The workshop will open with introductions of participants to create an open atmosphere. This will create a space where people feel comfortable sharing and reflecting potentially unfamiliar concepts.

An interactive lecture (30mins)

The lecture will begin with the history of psychiatry and the arts, using examples of well known artists such as Van Gogh and Edvard Munch.

We will then discuss how creativity and mental illness have a complex and often contradictory relationship however remain as involved and relevant as ever in today's clinical practice. Examples will include the recent Bedlam exhibition at the Wellcome collection.

The workshop: "learning to look through a creative lens". (30 mins)

Psychiatry is an innately descriptive speciality where pictures are often painted using words, especially when conveying a mental state.

The practical workshop will thus focus on conveying emotion through a creative medium. Participants will be divided into groups and given a creative piece, for example a painting or poetry excerpt. They will be invited to make their own artwork in response to it. Materials such as paint and construction toys will be provided. Each piece will then be viewed collectively to allow an inclusive discussion on the feelings the work evokes, along with exploring the cues that may be driving the emotional transference.

Reflection (15mins)

The workshop will close with an opportunity for feedback including a discussion on the emotional impact of the workshop, insights gained and what this may mean for personal clinical practice.



Shared Reading (4)

Sunday, 3rd September - 09:15 - Workshop: Shared Reading (Places limited - please sign up at Registration Desk) - The Guild, McAusland Room - Papers - Abstract ID: 474

The Reader (The Reader)

The Reader is an award-winning national charitable social enterprise based in Liverpool which for over a decade has been bringing people together across a range of settings – mental health wards, prisons, schools, libraries and care homes, through the use of *Shared Reading*.

Shared Reading is a simple idea with a powerful impact, which has been demonstrated to improve wellbeing, reduce isolation, build resilience and strengthen communities. By bringing people together in small groups to read a book, short story or poem *aloud*, *Shared Reading* groups create a safe and welcoming space where individual thought and feeling is recognised and valued. Group members can choose to read aloud, share personal reflections or simply listen and in this way form real connections with the literature and with each other. Research from the Centre of Reading, Literature and Society (CRILS) at the University of Liverpool, in conjunction with Mersey Care Mental Health Trust - longstanding partners of The Reader - reveals *Shared Reading* as an effective non-medical intervention that has demonstrable positive impact for both volunteers and group members alike - including those living with dementia. See research findings here on how *Shared Reading* has helped alleviate both psychological and physical pain, as well as highlights on the use of *Shared Reading* here as a treatment for those living with episodes of psychosis, supported by the Guy's and St Thomas Trust. There's more information about The Reader at www.thereader.org and CRILS here <https://www.liverpool.ac.uk/psychology-health-and-society/research/reading-literature-and-society/>.

The workshop will offer chance to participate in and experience a *Shared Reading* group with a trained facilitator. Group facilitators known as 'Reader Leaders' are trained to develop *Shared Reading* within their own communities or workplaces through Read to Lead training courses. Immediately following the conference there will be opportunity to attend a three day Read to Lead training course that will equip you to develop your skills as a Reader Leader and set up your own Shared Reading group. This will run from Monday 4th- Wednesday 6th September in a city centre venue in Liverpool - more information is available on the conference website and bookings can be made through The Reader, learning@thereader.org.uk, 0151 729 2200



Applying recovery-oriented cognitive therapy framework and procedures to energize the therapeutic milieu and promote flourishing

Sunday, 3rd September - 09:15 - Workshop: CBT - The Guild, Elizabeth Gidney 1 Room - Workshop - Abstract ID: 404

Paul Grant (Aaron T. Beck Center, Univeristy of Pennsylvania), Ellen Inverso (Aaron T. Beck Center, Univeristy of Pennsylvania),
Francesca Lewis-Hatheway (Aaron T. Beck Center, Univeristy of Pennsylvania)

This interactive session will illustrate procedures expressly designed to transform inpatient and community-based psychiatric residential facilities in order to promote recovery for the most challenging individuals (those with severe negative symptoms, aggressive behavior, extreme self-injury, constant hallucination, recalcitrant delusions, or profound disorganization). Presenters will initially discuss the basic psychological formulation based on modes – adaptive vs. regressive – to promote understanding of how to develop and foster successful and sustained progress. Using this understanding as a basis, the workshop leaders will demonstrate techniques and policies to energize patient care and the treatment milieu, while overcoming iatrogenic factors endemic to psychiatric residential facilities. The workshop will include an experiential exercise of a recovery-oriented treatment team meeting, methods of integrating the treatment plans into milieu programming, communicating plans across three shifts, and organizing shifts by specific recovery mission. The workshop will also include an experiential exercise to develop milieu programming that contains a variety of social roles, meaningful group action, and a recovery-promoting role for staff. Additional discussion topics will include documenting activities and ways to measure effectiveness of recovery efforts on the milieu.

§

ISPS - for whites only?

Sunday, 3rd September - 09:15 - Workshop: Culture and Ethnicity - The Guild, Mountford Hall - Papers - Abstract ID: 412

Val Jackson (ISPS board member), Ivy Derrick (University of Manchester), Jen Kilyon (Soteria and ISPS board member)

In recent years the involvement of BAME groups (Black, Asian and minority ethnicity) in many organisations has decreased, in part due to the challenging events that have taken place around the world. The latest studies of the experiences of BAME groups involved in mental health services tell us that we still have much to do. There are probably many reasons why BAME groups are under-represented, ranging from ISPS being seen as a white organisation to different understandings of psychosis and what is helpful. By involving people from BAME groups we will be able to have more informed discussions and ideas about the focus of our work. Having been awarded an ISPS grant towards increasing diversity ISPS UK has held several events across England aimed at giving a voice to all regarding their views of mental health services and ISPS. The presentation will describe the outcome of these events and several other ideas aimed at significantly increasing ethnic diversity in all our activities including committee membership, general membership and conference attendees, and to ensure that ISPS UK activities take into account the needs of all ethnic groups.

§

Making a Real Difference. Beyond the Clinical Gaze

Sunday, 3rd September - 11:15 - Keynote: Jacqui Dillon - The Guild, Mountford Hall - Papers - Abstract ID: 460

Jacqui Dillon (Chair of Hearing voices network UK)

Despite the continued hegemony of the biomedical approach to madness and distress, there are profound and meaningful changes happening in the world of mental health, many of which are being led by experts by ex-

perience. By reclaiming our experiences and creating safe spaces to share taboo experiences, many of us have found healing, creative and revolutionary ways to resist the constraining effects of the clinical gaze which one is subject to during and beyond psychiatric treatment. In doing this, we reach new, more accurate, richer understandings and stories about who we are. Instead of being a list of symptoms with side-effects on top, we are people who hear voices and see visions, have unusual thoughts, perceptions, passionate feelings, intense experiences (Dillon & May, 2003). In this talk, Jacqui will share her experiences of working with allies internationally, both experts by experience and experts by profession, to initiate profound changes in the way we understand and respond to extreme human experiences. By questioning the status quo, developing strategies for exploring resistance, exposing the operation of power, and most importantly, in creating healing alternatives, Jacqui will outline how it is possible to try and change the world and have fun in the process.

Jacqui

Posters

Lived experience of psychosis within prison institutional settings

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 69

Andrew Shepherd (University of Manchester)

Epidemiological studies consistently commonly claim high prevalence rates of ‘mental disorder’, including experiences of psychosis, within prison environments. While the methodological limitations of these claims are open to critique, what cannot be denied is that prisons represent sites for considerable psychic distress, including phenomena that could be termed as being psychotic in their nature. The experience of psychosis is informed by the psychological and social environment in which individuals find themselves; prisons therefore represent institutional environments where an understanding of individual psychic distress, and the manner in which it could be supported, is in great demand.

In the current paper I seek to explore in greater detail the lived experience of psychosis within a prison environment. I will propose that an act of ‘emotional labour’ is undertaken by individuals in such environments that requires a finely balanced negotiation of psychological and social understanding in relation to personal experience in the act of constructing of new narrative understandings regarding the sense of personal identity as ‘moral self’, as well as ideas in relation to a ‘hoped for future.’

Building on the above, I will reflect on my own practice to consider the role that ‘professionals’ working in forensic institutions may occupy in relation to the described process of ‘identity work’. The place occupied by various treatment modalities, as well as the institutional environment itself, in supporting this process will be commented upon.

In closing, I want to propose that adequately resourced and supported prison environments can, in some cases, provide a powerfully containing institutional setting that allows individuals to address elements of psychic distress and construct new narrative identities as they move on to an alternative future. The limitations of this argument will be highlighted before a call for further research and greater understanding is made.

Dissociation mediates the relationship between peer victimization and hallucinatory experiences among early adolescents

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 129

Syudo Yamasaki (Tokyo Metropolitan Institute of Medical Sciences), Shuntaro Ando (Tokyo Metropolitan Institute of Medical Sciences), Shinsuke Koike (The University of Tokyo), Satoshi Usami (University of Tsukuba), Kaori Endo (Tokyo Metropolitan Institute of Medical Sciences), Paul French (Greater Manchester West Mental Health NHS Foundation Trust), Tsukasa Sasaki (The University of Tokyo), Toshi Furukawa (Kyoto University), Mariko Hiraiwa-hasegawa (The Graduate University for Advanced Studies), Kiyoto Kasai (The University of Tokyo), Atsushi Nishida (Tokyo Metropolitan Institute of Medical Sciences)

Peer victimization increases the risk of experiencing psychotic symptoms among clinical and general populations, but the mechanism underlying this association remains unclear. Dissociation, which is related to peer victimization and hallucinatory experiences, has been demonstrated as a significant mediator in the relation between childhood victimization and hallucinatory experience among adult patients with psychosis. However, no studies have examined the mediating effect of dissociation in a general early adolescent population. We examined whether dissociation mediates the relationship between peer victimization and hallucinatory experiences among 10-year-old adolescents using a population-based cross-sectional survey of early adolescents and their main parent (Tokyo Early Adolescence Survey; N=4478). We examined the mediating effect of dissociation, as well as external locus of control and depressive symptoms, on the relationship between peer victimization and hallucinatory experiences using path analysis. The model assuming mediation effects indicated good model fit (comparative fit index=.999; root mean square error of approximation=.015). The mediation effect between peer victimization and hallucination via dissociation (standardized indirect effect=.038, $p < .001$) was statistically significant, whereas the mediation effects of depressive symptoms (standardized indirect effect=-.0066, $p = 0.318$) and external locus of control (standardized indirect effect=.0024, $p = 0.321$) were not significant. These results suggest that dissociation is a mediator in the relation between peer victimization and hallucinatory experiences in early adolescence. For appropriate intervention strategies, assessing dissociation and peer victimization as they affect hallucinatory experiences is necessary.

Clinical Interview for Psychotic Disorders (CIPD): Preliminary results on interrater reliability and comparisons with clinician performed diagnosis

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 185

Maria João Martins (University of Coimbra), Paula Castilho (University of Coimbra), Célia Barreto-Carvalho (Azores University), Ana Telma Pereira (University of Coimbra), Ana Pinto (University of Coimbra), Diogo Carreiras (University of Coimbra), Joana Gonçalves (University of Coimbra), Raquel Guiomar (University of Coimbra), Ana Xavier (University of Coimbra), António Macedo (University of Coimbra)

Background: The Clinical Interview for Psychotic Disorders (CIPD) was developed by a multidisciplinary team considering the DSM-5 criteria for psychotic and affective disorders as well as relevant information from leading research in the area of assessment and evaluation of interventions in psychosis. In addition to diagnosis assessment, the CIPD has a clinical valence aiming the evaluation of the psychosocial correlates of symptoms (clinician and patient-rated) and, therefore, it is useful throughout the therapeutic process (e.g., in identifying targets for intervention, assessing change, evaluating the efficacy of psychosocial interventions) (Martins, Carvalho, Castilho, Pereira, & Macedo, 2015).

Aims: This study aims at presenting preliminary evidence of interrater reliability of the CIPD diagnosis and dimensional ratings: conviction (delusions), interference and severity (all psychotic symptoms). Moreover, the diagnosis resulting from the assessment with CIPD will be compared with the previously established psychiatrist's diagnosis.

Methods: This is an ongoing study and the sample is still being collected. Over 30 patients with a diagnosis of a psychotic-spectrum disorder (including schizophrenia, schizoaffective disorder, schizophreniform disorder, substance induced psychosis, mood-related disorders with psychotic features) will be assessed with the CIPD. An independent assessment will be carried out by two experienced clinical psychologists from the research team that will be blind to the working diagnosis given by each patient's psychiatrist.

Results: Our statistical analysis' plan includes: Interclass Correlation Coefficient (single and average measures), Concordance Correlation Coefficient (precision and accuracy) and Weighted Kappa.

Conclusions: It is hypothesized that the CIPD will present adequate interrater and 'clinician versus researcher assessment' reliability. With replication and further study the CIPD has the potential to be a useful measure to: a) aid in the establishment of a diagnosis; b) comprehensively assess symptoms and their psychosocial correlates; and c) to evaluate psychosocial interventions and therapeutic change with people with psychosis.

Key-words: Assessment, Interview, Psychosis, Psychosocial



Using an ICF-based participatory method for supporting goal setting in a CR group

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 186

Tove Lassenius (Helsinki University Hospital, Psychosis clinic)

Cognitive impairment is a core component of schizophrenia negatively affecting occupational performance. Cognitive Remediation (CR) has been developed to improve these deficits.

At Helsinki University Hospital (HUU), Psychiatry Unit CR is practiced in both individual and group settings. The group model used is the Neurocognitive Educational Approach (NEAR). The group is a closed group consisting of 6 members attending 1,5h sessions 2 times a week for a total duration of 10 weeks. Setting individual, meaningful goals linked to everyday functioning prior to the group intervention is a challenge.

The SPIRAL game was developed to support goal setting in mental health rehabilitation. Based on the ICF the game focuses on functioning in daily contexts and can be used as a participatory method for goal setting. A self assessment form is filled out and the different topics are discussed during the game.

Combining the Spiral game to NEAR has proven promising. The game provides a frame of reference from the ICF point of view, while peer support offers discussion based on experience. Members play an active role in setting their own goals based on their needs and interests. The group leader helps specify how specific cognitive functions impact occupational performance in daily activities and how to modify challenges identified in the SPIRAL game into goals. This process contributes to increased awareness concerning both functioning and how CR can support rehabilitation. Linking goals to address specific perceived challenging tasks helps in individualizing the intervention. Linking NEAR to meaningful occupations results in intrinsic motivation enhancing attending sessions, completing homework and ultimately transferring the gained skills to general functioning in everyday settings.



Predictive Factors of Korean Maternal Parenting Stress and 6-Year Longitudinal Trajectories

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 190

Lee Hee-jung (Seoul Social Welfare Graduate University)

The present study investigated maternal parenting stress trajectories in Korean Children Panel Survey using a 6-year latent growth curve model. Four factors-monthly income, maternal depression, infants' negative emotionality, marital conflict-which were from mothers' report examined as the predictors of maternal parenting stress trajectories. Findings were as follows: First, a quadratic latent growth curve was found to characterize the latent growth pattern of maternal parenting stress in our sample, indicating linear change before a decline phase. Second, monthly income, infants' negative emotionality, maternal depression and marital conflict at the first year had relations to the initial level of maternal parenting stress whereas the infants' negative emotional-

ity and maternal depression significantly predicted maternal parenting stress trajectories. These results were discussed with reference to the Korean mental health policy.

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Chief Complaint Oriented Cognitive Behavioural Therapy for Psychosis in conditions of High Security – an Organisational Case Study Proposal

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 212

Jonathon Slater (Psychotherapist)

This poster explores a format for evaluating the efficacy of psychotherapy services for psychosis. A proposal to evaluate, via organisational case analysis, the impact of chief complaint orientated cognitive behavioural therapy for psychosis (C-Co), a high secure (HS) context specific, nurse led mode of CBT for psychosis is offered. The impact on the individual, those close to them and wider society is debilitating and particularly acute when involving harm to others (MIND, 2010). Cognitive Behavioural Psychotherapy for Psychosis (CBTp) offers a widely endorsed and efficacious intervention for patients (NICE, 2014). Although existing research indicates that population and context specific modes of high secure forensic CBTp delivery, such as C-Co, are warranted (Bentall and Haddock, 2000), relatively little is known about the impact of these interventions in HS contexts. Whilst also contributing to the applicant's doctoral studies through the University of Derby, this evaluation study hopes to enhance what is currently known about the application and impact of psychological therapies within HS contexts, particularly with regard to psychosis.

Learning Objectives:

Delegates will learn about:

- The necessity of adopting a pragmatic approach when evaluating the impact of psychotherapies for psychosis
- A proposed pragmatic approach to evaluation using organisational case study

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A meta-analysis of randomized controlled studies of psychotherapy for schizophrenia; Effectiveness on well-being and moderating variables.

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 218

Carmen Valiente (Universidad Complutense de Madrid), Leticia Martinez (Universidad Complutense de Madrid), Regina ESPINOSA (Universidad Camilo José Cela), Juan Nieto (Universidad Complutense de Madrid), Almudena Trucharte (Universidad Camilo José Cela)

It is well established that health is inherently linked with well-being. The World Health Organization recognizes that health is “a state of complete physical, mental and social well-being and not merely the absence of disease...” (WHO, 1948). In schizophrenia spectrum disorders, well-being is a key element in both the process of recovery and relapse (Schennach-Wolff et al., 2010). Previous reviews regarding the effectiveness psychological interventions for psychosis have focused on positive symptoms and general psychopathology (Wykes, et al., 2008; Jauhar et al., 2014). The current meta-analytic study focuses on the effectiveness of psychotherapeutic interventions on well-being for people with schizophrenia and related disorders.

The inclusion criteria for the systematic review is: 1) RCTs of a psychological intervention; 2) Randomization of the study subjects and the presence of a control condition; 3) Interventions for individuals with diagnoses of schizophrenia spectrum disorders (DSM-IV); and 4) At least one outcome measure of well-being or quality of life.

In general, psychotherapy for schizophrenia has a therapeutic effect on well-being in the small range. The moderating effects of the specific characteristics of the interventions, settings and subjects will be examined. Strategies to enhance well-being will be briefly discussed.

§

The effects of a Multi-Family Group Programme targeting individuals with early psychosis and their families in Singapore

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 240

Wilfred Liang (Early Psychosis Intervention Programme, Institute of Mental Health), Helen Lee (Early Psychosis Intervention Programme, Institute of Mental Health), Christopher Loh (COAST Early Intervention Service (Croydon), South London and Maudsley NHS Trust), Mythily Subramaniam (Research department, Institute of Mental Health)

The Early Psychosis Intervention Programme (EPIP) works with individuals aged between 16 to 40 years old, who are suffering from first episode psychosis. Existing research has extensively documented the debilitating effects of psychosis on the lives of sufferers and their families (Schene, Wijngaarden & Koeter, 1998; Barrowclough, Tarrier & Johnston, 1996). EPIP sees the importance of developing the Multiple Family Group Programme (MFGP) to address the impact of psychosis on everyone in the family.

MFGP is an experiential intervention which involves weekly three hour sessions for four consecutive weeks. It enables individuals and families to share how psychosis has affected them, their hopes and dreams, challenges and anticipated obstacles, past coping strategies and management plans for future crises. Families also explore their family-of-origin, strengths and resources.

Two separate focus groups for patients and family members were conducted after two runs to understand participants' experiences of MFGP. The purpose was to explore the effects of MFGP on participants and understand their perspectives of what constitutes a successful MFGP. This was a qualitative study, exploratory in nature with the aim of generating hypotheses. Thematic analysis (Braun & Clarke, 2006) was used to analyse the data. Preliminary results suggest that the multi-family context created a safe environment which promoted mutual learning and support. Participants reported better understanding of psychosis, improved communication and relationships in the family, and appreciated the opportunity to widen their support networks after attending the programme. Participants also suggested taking MFGP out of the therapy room, focusing the intervention on recovery rather than on psychosis, and having more discussions instead of presentations amongst the families.

In conclusion, MFGP had a positive impact on the participants and their families. Future modifications to the MFGP based on participants' recommendations will enable the intervention to better satisfy the needs of users.

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The Social Histories of Hallucinations and Delusions in the Asylum

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 252

Nika Söderlund (University of Gothenburg, Department of Social Work)

Background: 1910-1930 the former asylum in Gothenburg (Gothenburg Hospital) was one of few hospitals in Sweden where patients who could pay for their stay had quite different surroundings within the hospital compared to other patients. The "first-class"-patients often had private nurses, could wear their own clothes etc. If the actual treatment at the hospital varied for the patients from different social classes is not yet known. Experiences of hallucinations and/or delusions, though, were documented as experiences for patients unregarding social class or categories of diagnosis.

The Aim of the Thesis: The starting point of my doctoral thesis is a view regarding experiences of hallucinations and delusions as described phenomena even before they were conceptualised into biomedical mental disease concepts. The main aim is to understand if there, at this time, were different ways of understanding hallucinations and delusions present at the hospital and if that - in that case - related to class and gender had impact on the consequences for the admitted patients.

Methods:

- 1) Through demographical data about the admissions assess the impact of class and gender on diagnosis, duration of hospital stay and readmissions.
- 2) Through Document Analysis study the narratives in committal records for patients experiencing hallucinations and/or delusions relating the narratives to class, gender and life events. I am also interested in the presence of relatives related to class.

Results: (Results can not be presented at this moment. But in time for the conference there will be some preliminary results.)

 §

Implementation of Psycho-educational Multifamily Work

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 257

Åse Karin Sviland (Stavanger University), Anvor Lothe (Stavanger University Hospital)

Authors: Åse Sviland and Anvor Lothe

Background: At the Stavanger University hospital in Norway, we've made determined efforts over the last

decade to integrate family work into the clinical service. We're using the model developed by William McFarlane et al.1995 of multifamily groups.

Even if psychoeducational family work was acknowledged as the same issue as medical treatment, it was difficult to implement family work as a systematic offer to our patients who had a psychotic disease and their families. In 1998 we started with information evenings for patients and families. The first evening we met 40 families, but this was not enough as a treatment measures.

Method:

The family department consists of two full positions. A clinical specialist psychiatric nurse with master degree of health science and a clinical social worker and family therapist. We are responsible for training and supervision of new group leaders, internal and external.

Our primary task is recruitment and organized the psychoeducational multiple family groups for a variety of diagnosis. At any given time we have 20 groups and 40 active group leaders.

Multifamily groups in Stavanger:

Psychotic disease **for adults**

Psychotic disease **for youth aged 13 to 18 years**

Affective disease with psychosis **for adults**

Affective disease with psychosis **for youth aged 13 to 18 years**

Groups for couples were one of the partners have a psychotic disease or bipolar disease

People with Drug addiction

Relatives who are living at home with dementia patients

Conclusion:

We cooperate with the early detection team in TIPS. We have weekly meetings with psychosis department and affective disordersdepartment.

Our experience show the importance of constantly making our health system aware og family work, due to shift in personnel. This secures easy access to our family department for the patients and their families.

§

A web-based survey among staff in a psychiatric hospital about their own experiences beeing caregivers to family members

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 258

Inge Joa (Division of Psychiatry Stavanger University Hospital), Jan Olav Johannessen (Division of Psychiatry Stavanger University Hospital)

The background of the survey was to ascertain the incidence of kin experiences among our colleagues in the Division of Psychiatry, Stavanger University Hospital, Norway. A review of research literature shows that there is little or no research conducted on this topic. We want to investigate further. We used an online survey, among 1414 of our colleagues (employed more than 50% of full time) and with patient contact. We assumed that families are an important resource in the treatment of people with mental disorders. Most of us will probably once or several times in life experience that a close relative or friend get substantial mental health challenges. In this study we examined the prevalence of experiences as caregivers of one or more persons with mental illness. Data for 453/1414 respondents will be presented.

Among key results are that 52% of the respondents report being/or have been a relative to a person with mental illness. We assume that the findings will be important to provide new knowledge about the topic, and that this can provide better services to people who are getting help from mental health services.

§

Does the onset of schizophrenia (EOS and AOS) differentiate cognitive functions after many years of psychosis? Facts and myths.

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 259

Beata Hintze (Maria Grzegorzewska University), Katarzyna Prot-Klinger (Maria Grzegorzewska University, Institute of Group Analysis "Raszta")

Early-onset schizophrenia (EOS) is considered to be more severe form of the disease than the adulthood – onset schizophrenia (AOS). Cognitive dysfunctions impair patient's psychosocial functioning, mostly in EOS. Part of the research showed, that EOS is significantly associated with greater risk of deterioration of cognitive functions than in AOS (McClellan et al. 2004; Rajji et al. 2009). Other studies suggested the same level of cognitive dysfunction in both form of schizophrenia (Biswas et al. 2006; Holmén et al. 2012). Some research reported stabilization of cognitive deficits in the course of schizophrenia (Frangou et al. 2008; Sponheim et al.2010).

The purpose of this research was to assess the cognitive functioning in EOS in comparison with AOS with the same duration of disease (at least ten years) with community-based support system.

The outpatients with paranoid schizophrenia (EOS/AOS) were investigated in their full symptomatic remission. Schizophrenia was diagnosed based on ICD-10 criteria. Most of them were treated with second generation antipsychotics. Psychopathological symptoms were assessed with the PANSS scale and general functioning with the GAF scale. Cognitive functioning was evaluated with WCST, N-back, TMT A&B, VFT, CVLT.

Clinical groups differed significantly between each other: age, education and disability. No differences in all cognitive tests between EOS and AOS group were observed. Significant dysfunctions of various aspects of cognitive functions were found in the EOS and AOS, as compared to the control groups, but in some parts of the tests, individuals with schizophrenia and healthy subjects did not differ.

The results suggest that the EOS and AOS have the same level of cognitive functioning after many years of psychosis. Probably EOS might not be associated with deterioration of cognitive functions but with their stabilization or improvement when long-term integrated therapy is used.

§

Do different types of family intervention : multifamily group (MFG) and single family intervention (SFI) influence satisfaction and remission state ?

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 265

Marlene Buch Pedersen (Psychiatry East , Region Zealand), Hanne-Grethe Lyse (Psychiatry East , Region Zealand), Jens Einar Jansen (Psychiatry Center , Frederiksberg), Signe Dunker Svendsen (Department O Mental Health Center Copenhagen), Ulrik Haahr (Psychiatric Research Unit, Region Zealand), Erik Simonsen (Psychiatric Research Unit, Region Zealand)

Background:

The importance of psychoeducative family intervention in first episode psychosis (FEP) is well-established. Risk of relapse is diminished and patients report satisfaction with treatment including family intervention. Caregivers report less burden and greater satisfaction. Little is known as to which intervention is most helpful and under what conditions.

Aims:

To examine differences in patients' and relatives' satisfaction and differences in remission state, depending on type of family intervention.

Materiel and method:

49 patients and 74 caregivers of the patients were included in an early-psychosis service (OPUS) with an ICD-10 diagnosis of F20-F29 (excl. F21), median age 20 years (18-27 years), in Psychiatry Region Zealand, Denmark. Ninety-six % of the patients were diagnosed with schizophrenia. Inclusion period 1.4.2011 – 31.3.2013.

Half of the families were offered MFG, the other half SFI. At 3 years follow-up satisfaction with family-intervention is evaluated by a Likert scale, from 1 (very unsatisfied) to 7 (very satisfied). Remission state is assessed at 3 years follow-up.

Results:

24.5 % of the patients received SFI, 26.5 % of the patients received MFG and 49 % of the patients received not-manualized family sessions. Two thirds of the patients report high to very high satisfaction with the family intervention. No significant differences between MFG and SFI.

29.7 % of the relatives have received SFI, 23 % MFG and 46.9 % received not- manualized family sessions. Two thirds report high to very high satisfaction; no significant differences between MFG and SFI.

There were no significant differences between patients and relatives satisfaction.

Remission data will be presented at the conference.

Patients Attitude for Using Antipsychotic Medication in the Norwegian Early Intervention in Psychosis, TIPS 2 Study

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 288

Rafal Yeisen (Stavanger University Hospital)

Purpose:

Non-adherence is likely to remain a major public health problem despite treatment advances. Rates of adherence in first episode psychosis patients differ in different studies; between 40- 60% of patients do fully adhere to their treatment. Of those who discontinued their medicine about 40% is due to patient decision. Reasons for non-adherence are not investigated adequately. Studies have addressed the consequences of this issue rather than causes.

The purpose of this study is to investigate which experiential factors that potentially might affect adherence with medication in adults with psychotic disorders.

Materials and Methods:

In a descriptive qualitative sub-study in the ongoing Norwegian Early Intervention in Psychosis, TIPS 2 study, where twenty patients participated in semi-structured interviews 2 years after inclusion. They were still using or had used antipsychotics during the last 2 years. Data were analyzed using interpretative phenomenological analysis.

Results:

This study had elucidated patients' attitude to AP and percept the incentives and barriers that influence adherence. Our study revealed that positive experiences related to the hospital stay, sufficient information at the right time, involvement of patients in decision-making, insight and beneficial effect of AP had a vigorous impacted on adherence. Most participants experienced admission in psychiatric wards as a difficult and protracted process. Many patients retrospectively reported lack of insight (caused by their psychotic condition) at the time of admission, which was seems to cause resistance to hospitalization and reduced the willingness to adhere to AP treatment. When patients are struggling with poor insight in the acute stage of disease, it will become difficult for the psychiatrists to involve them in choosing process, in addition, patients are less susceptible to information in this phase.

Conclusion:

Adherence is an intractable issue and the patient is not alone responsible for jeopardize it; many factors can attribute to cause non-adherence.



Comparison of effectiveness of various psychotherapeutic approaches to first-episode psychosis in terms of recovery: systematic review.

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 299

Barbora Chvatalova (Masaryk University)

An exploratory systematic mixed-methods review was conducted, comparing effectiveness of various psychotherapeutic approaches and psychological factors to first-episode psychosis (FEP) with emphasis on symptomatic and functional recovery. The review builds on state-of-the-art findings in FEP research and critically assesses rationale of existing clinical procedures. A broad search strategy led to identification of 2238 research studies: 33 studies (published from 2000-2016) meeting inclusion criteria were examined in detail. Applied interventions were: cognitive-behavioral therapy (13), group interventions on the basis of family and community psychiatry (8), psychodynamic psychotherapy (5), combination of various interventions within integrated models of care (6) and another type of intervention (1). Mean age of respondents was 24.3 years, males comprised 61%. Effectiveness was assessed within the Three-dimensional model of outcome measurement by Rosenblatt and Attkisson. Included studies most frequently described effectiveness of applied intervention in terms of clinical status (57%), functional status (25%), measures of life satisfaction and fulfillment (15%) and least at measures of safety and welfare (3%). Based on clinical consideration, particular factors of most effective interventions were identified. These factors were organized into table of recovery preconditions, which constitute optimal approach to FEP. The results emphasize indispensability of psychotherapeutic approaches in FEP treatment.



Project SPOLU (“Together”) - Czech psychology and medicine students volunteering in psychiatric institutions

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 317

Barbora Chvatalova (Masaryk University), Jana Muronova (Masaryk University)

Project SPOLU is an innovative platform, linking students of psychology and medicine, psychiatric patients and medical staff in psychiatric facilities across the Czech Republic. Hundreds of volunteers are regularly visiting patients and organizing free-time activities, ranging from one-on-one dialogical meetings to various group activities based on expressive therapies (drama, arts, biblio and music therapy, relaxation, physical activity, cognitive training). Started as a small-scale student initiative in one of the clinics in Brno in fall 2012, SPOLU has so far spread into 4 major cities, covering 13 mental health care institutions.

Our activities help maintain healthy interpersonal relations during hospitalization, serve as a prevention of social withdrawal and relapses, raise chances of forming a patients' self-help group and assist in the

process of recovery. Patients often mention our activities among the most beneficial means of treatment they have received during their hospitalization.

Extremely low-cost nature of our activities help to solve the problem of underfinanced state of Czech psychiatric system. The collaborative concept of Project SPOLU is easily replicable and transferrable into other institutions, cities and countries.

§

Using Psychoeducational Intervention to Enhance Knowledge of Attenuated Psychosis Symptoms and Help Seeking Behaviors among Black Young Adults

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 367

Huijun Li (Florida A & M University), Tanisha Pelham (Florida State Hospital), Jackie Robinson (Florida A & M University)

The lack in knowledge of mental illnesses is of primary concern with regard to help-seeking and treatment outcomes, especially when faced with chronic and severe illnesses such as psychotic disorders. Where mental health knowledge lacks, so does the ability to recognize the signs and symptoms, risk factors, and causes of mental disorders; as well as the appropriate routes of care for these illnesses. Psychotic disorders and attenuated/subclinical psychotic symptoms are often the target of stigma due to the distinctive symptoms, disruptive behavior and perceived dangerousness of both. Furthermore, the social stigma and discrimination historically faced by African Americans in the United States magnifies the disparity in treatment outcomes among this population. The enrollment of minority college students has increased from 15 percent to 33 percent over the past three decades; cases of students with mental illnesses have also increased. It is becoming more important to explore psychosocial intervention strategies geared to promote knowledge of attenuated psychotic symptoms and help-seeking behavior among African Americans young adults. **Method:**The sample consists of 177 students from a Historically Black College and University (HBCU). The participants ranged in age from 18-25. A within group test-retest design was used to conduct the study. The group received a pretest, participated in a psychoeducational workshop on attenuated psychosis syndrome, and a posttest. **Results:**The results suggest that the psychoeducational workshop was effective in enhancing the participants' knowledge of early warning signs of psychosis and improving their help-seeking behavior. Clinical and research implications will be presented.



Multifamily therapy in psychosis – making change happen

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 381

Tiago Duarte (Hospital de Santa Maria), Tiago Ventura Gil (Unidade Local de Saúde da Guarda), Teresa Fialho (Hospital de Santa Maria), Maria João Centeno (Hospital de Santa Maria), Paula Godinho (Hospital de Santa Maria)

Multifamily approaches in psychosis are an integrative cost-effective approach to the person and his family. These approaches have been developed in different parts of the world, as United States of America (Laqueur, 1951; McFarlane, 1995), Argentina (Garcia Badaracco, 2000) and Finland (Jaakko Seikkula, 2004).

At Lisbon, Portugal, the Multifamily Groups' program is working uninterruptedly since 2001 in the Day Hospital of the Neurosciences' Department of Santa Maria's University Hospital. It involves a large group with more than 40 people and is inspired by the Multifamily Psychoanalysis and the British and Portuguese the Groupanalytic model.

The Multifamily Groups's model promotes the relational diagnosis and conditions for an intensive therapy towards a significative change in the family. An enabling environment is created where spontaneous discussions of different subjects take place and directly promote the communication between family members. It constitutes a unique opportunity to promote family evolution, and allows the professionals to analyze not only the underlying family dysfunction but also some hidden psychopathological and personality features of the patient. In this sense a psychotic crisis is a window of opportunity rather than a problem, where patient and family express their thoughts, doubts and feelings.

By enhancing the communication skills within the family, Multifamily Groups allow a space for the expression of family's dynamics towards a therapeutic living experience for all intervenients. Several authors are applying Multifamily Groups in different countries (Argentina, Chile, Brazil, Italy, Belgium, USA, Spain, Switzerland, etc.). We will describe our model and show the changes it is producing in patients, families and hospital admissions.



A Review of Predictors of Responsiveness to CBT for Psychosis

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 406

Ana Elisa Farias de Sousa (McGill University), Mathieu Brodeur (McGill University)

Pharmacological and psychological intervention combined are proved to be more effective for treating psychosis than pharmacological treatment alone. Cognitive Behavioural Therapy has been empirically supported as conjoint treatment providing significant improvement in positive and negatives symptoms, and functional outcomes for psychosis. However, rates of patient's discontinuation in CBTp and occasional lack of improvement in symptom shows it is important to refine the identification of the individual characteristics related to better response to CBTp.

Twenty studies (15 randomized controlled trials, 5 uncontrolled trials) were considered to determine which

characteristics are relevant for a distinctive response to CBTp in people with schizophrenia and other psychotic disorders.

Studies have shown divergences in methodology, focus on different domains and time-points of disease outcome and great heterogeneity in results. While one study pointed out impairment in verbal memory as related to shortage of improvement in symptoms and a greater likelihood to abandon of treatment before completion, the majority of studies did not find neurocognitive functioning to be a predictor of outcome in CBTp. More consistent agreements are related to cognitive flexibility, insight, and clinical awareness. There is strong evidence that great positive symptom severity and less pronounced negative symptoms at baseline, shorter duration of illness, a greater number of hospitalization in the previous five years and pre-therapy coping style can predict better outcome in CBTp, although their significance has varied between studies.

Further study is needed to determine the extent and validity of these predictors in different populations within the scope of psychosis. Nevertheless, professionals can benefit from the gathered knowledge, using these findings to better target CBTp and to focus early stages of intervention on developing patient's abilities such as cognitive flexibility, working memory, coping skills and clinical awareness in order to improve their receptiveness to treatment.

Key words: CBT; predictors; outcomes; psychosis; schizophrenia.

§

Self-Management of Medication, a Participatory Intervention Research in Brazil

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 413

Leticia Renault (Fluminense Federal University), Eduardo Passos (Fluminense Federal University), Christian Sade (Fluminense Federal University), Marcio Loyola De Araujo (Fluminense Federal University), Andre Miranda De Oliveira (Fluminense Federal University)

The project GAM-BR (Self-Management of Medication, *Gestão Autônoma de Medicamentos –Brasil*) is an ongoing participatory intervention research since 2009. In the context of the partnership between Brazil and Canada under the umbrella of ARUC (*Alliance Internationale de Recherche Universités-Communauté*), this multicentric project translated and adapted to the Brazilian reality the “My Self-management Guide” - a Canadian instrument dedicated to enhance the autonomy of users of mental health services in the use of psychopharmaceuticals. In Brazil, the use of psychopharmaceuticals is a blind spot of the Psychiatric Reform. Choices are often imposed on users: sometimes medication is not available, while in other occasions it is the only offered treatment, so that overmedication is not uncommon. These constraints limit the exercise of citizenship, restrict the rights of the users and damage the work in mental health services. The Guide GAM-BR tries to nourish the debate on the theme, favouring the emergence of new strategies to deal with the difficulties. The Brazilian version of this instrument was collectively built by users of public mental health services, their families, workers, and university researchers in heterogeneous research groups. At the same time, these groups allowed exploring and opposing different perspectives on the concrete experience of using psychiatric drugs. This process affected simultaneously the users' experiences, the conduction of work in the mental health services, the managing practices and the academic activities. The adaptation of the Guide showed that its construction could also be a therapeutic work: research and caring were intertwined. The Guide is still in use nowadays. It is employed in the so-called GAM groups, that are very similar with respect to their management and objectives. Therefore,

in the GAM groups everyone is co-responsible for the production of knowledge and for its critical evaluation, leading to more inclusive practices.



Family Support in Psychosis Project (FSiPP), Berkshire Healthcare NHS Foundation Trust

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 431

Amelia Davies (University of Oxford), Claudia Kustner (Berkshire Healthcare NHS Foundation Trust)

Evidence suggests that family interventions are associated with positive outcomes for service users with psychosis, particularly in relation to service user relapse, hospitalisation rates and medication compliance. In addition, psycho-education interventions have been found to improve the experience of caring, quality of life and reduce psychological distress in family members of people diagnosed with a psychotic disorder.

The Family Support in Psychosis Project (FSiPP) has been running in Berkshire Healthcare NHS Foundation Trust since October 2013, when a multi-disciplinary group of staff got together to discuss the feasibility of having an open “rolling” group for families or carers who have a relative admitted to Prospect Park Hospital with an episode of psychosis.

FSiPP is a safe, supportive and psycho-educational group for individuals to discuss, explore and develop ways of helping their relative with psychosis and themselves. The group consists of five sessions, which cover the following themes: Illness, beliefs and meaning; Coping with family stress; Living with diagnosis; Emotions, and Hope.

Findings from a sample of 19 evaluation forms collected across five sessions, from June to November 2016 indicated that 100% of participants reported that their expectations of the group were met and 88% reported their expectations had been met quite a bit or extremely. On a rating scale of 1-10 with regards to importance of the group to the attendees (1= not important, 10=very important), 63% rated the group as being 7 or more. Key themes identified from qualitative feedback were that participants valued peer and professional support, being able to share feelings and coping strategies, the accessibility of information and the benefits of developing a greater understanding of psychosis.

A trainee clinical psychologist is currently carrying out an evaluation of FSiPP to explore the perspectives and experiences of family members or carers who have attended the group.



The Role of Aesthetics in Treating Psychosis

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 432

Marisa Berwald (University of California, Los Angeles)

Language ideologies, a field of linguistic anthropology, looks at the ways in which people’s beliefs about language influence their construction of social worlds. Visual anthropology looks at the ways in which spaces and

places are established aesthetically and how this takes on meaning in public spheres. This poster presentation explores uses of non-verbal representational language in a clinic that treats psychosis. The psychoanalysts at this clinic believe that aesthetics exceed what can be verbally depicted as important, through the creation of non-verbal but language-based representations of human experience. They have intentionally curated a particular atmosphere in the building of the clinic, while giving art practices a central role in treatment. In addition to attending regular psychoanalytic and counseling sessions, clinicians and patients believe that the development of artistic practice is essential for establishing a relationship to the social world. This poster will make a visual display of the ways in which beliefs about non-representational language are reflected in the qualities of the clinic and the artistic practices of its patients. It places presentation of patients' artistic works and photographs of clinical environments alongside data describing beliefs about the role aesthetics plays in treatment processes.

§

Is the BPRS-5 subscale of the psychotic depression assessment scale a reliable screening tool for psychotic depression?: Results from the CRESCEND Study

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 147

Tae-Youn Jun (Yeouido St. Mary's Hospital), Seon-cheol Park (Yong-In Mental Hospital)

Background: The detection of psychotic depression(PD)among patients with depressive disorders is important for both treatment and monitoring.Therefore, in continuation of our previous work, this study

Aimed to test the ability of the five-item BriefPsychiatric Rating Scale (BPRS-5) of the Psychotic Depression Assessment Scale(PDAS)in separating patients with psychotic depression from those with non-psychotic depression(non-PD)and to compare this discriminative validity to that of other item sets.

Methods: A receiver operating characteristicscurve was used to identify the optimal cut-off score of the BPRS-5 subscale forsensitive and specific distinction between PD and non-PD in a sample of 494 patientswith depressive disorders (53 with PD and 441 with non-PD).

Results: Using an optimal cut-off score of 1,the sensitivity and the specificity of the BPRS-5 subscale in detecting PD were71.2% and 87.2%, respectively. The BPRS-5 outperformed other item sets of the PDASand the positive symptom subscale of the BPRS in identifying patients with PD.

Conclusions: TheBPRS-5 subscale can be regardedas a more sensitive screening method for PD compared to other item sets from thePDAS and the BPRS. Hence, from a screening perspective, a positive score on anyof the five symptoms of the BPRS-5 subscale (hallucinatory behavior, unusual thoughtcontent, suspiciousness, blunted affect, and emotional withdrawal) is indicativeof PD, and should lead to more thorough diagnostic assessment.



Factors related to suicidal behavior in patients with bipolar disorder: the effect of mixed features on suicidality

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 146

Tae-Youn Jun (Yeouido St. Mary's Hospital), Hye-Jin Seo (Yeouido St. Mary's Hospital), Hee-Ryung Wang (Yeouido St. Mary's Hospital), Young-sup Woo (Yeouido St. Mary's Hospital), Won-myong Bahk (Yeouido St. Mary's Hospital)

Objectives: The aim of the present study was to investigate various risk factors of suicidal behaviors, including the mixed features specifier, in patients with bipolar disorder.

Methods: We retrospectively reviewed medical charts from 2005 to 2014. A total of 334 patients diagnosed with bipolar disorder using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision were enrolled. Subjects were categorized into two groups according to their history of suicidal behavior and the demographic and clinical characteristics of the groups were compared, including the mixed features specifier. We reevaluated the index episode using Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria and classified subjects into an index episode with mixed features group and an index episode without mixed features group. Logistic regression was performed to evaluate significant risk factors associated with suicidal behavior.

Results: Suicidal behavior had an independent relationship to mixed features at the index episode using DSM-5 criteria [odds ratio (OR)=3.39; 95% confidence interval (CI): 1.57–7.34] and number of previous depressive episodes (OR=1.62; 95% CI: 1.34–1.95) in bipolar patients. The mixed feature specifier was the strongest risk factor for suicidal behavior in the present study.

Conclusions: This study may help clinicians understand potential risk factors and manage bipolar disorders with suicidal behaviors. Clinicians should carefully monitor patients with bipolar disorder who exhibit numerous depressive episodes or mixed features for suicidal behavior.



still alone in her voices - visual poetry from gobscore

Saturday, 2nd September - 12:30 - Poster presentations - The Guild, Stanley Lecture Theatre - Poster - Abstract ID: 498

Sean Burn, Gobscore (gobscore.wixsite.com/alonestill)

still alone in her voices is an evocative & haunting exhibition spiralling out some of our experiences living with psychosis. These posters are photos of twelve large wooden panels covered in layers of charcoal writing - patterns you cannot 'read' from which we've then erased out fragments poetic & political. Surrounded, mostly defined by languages, we also use them to free ourselves. We've been 'reclaiming the languages of lunacy' a while now - psychiatry is privileged storytelling, time our voices are heard. This exhibition premiered thanks to the Recovery College Collectiv Newcastle, toured to Arc Stockton & is going to Adf, Belfast, February 2018. We're currently looking for more venues - can you help?

gobscure : weve spent the past decade 'reclaiming the languages of lunacy', involved in disability arts & part of north-east madstudies collective. numerous short films including finalist in 100years of dada, ica, london, 2016. sound art presented worldwide including *švejk's journeyings*- a response to obscenities of worldwar i thru eyes of 'the good soldier švejk' - launched international artists anti-war exhibition *b-side*, casarsa della delizia, italy, 2016. last solo show - visual poetry, poetry-film, performance & more -*stitching petals to lead*, fokidos 21, athens spring 2017. *nudging meteors*- exhibition / performance / broadside created with arthouse & mental health museum (both wakefield) telling a 'better' story for peoples of the city & beyond launches september 27th

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