17th International Congress for the Psychological Treatments of the Schizophrenias and other Psychoses

BOOK OF ABSTRACTS

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of the Schizophrenias and
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"Psychological Therapies for
Psychoses in the 21st Century
Influencing Brain, Mind
and Society"

ISPS Croatia: 16th School of
Psychotherapy of Psychoses

31st May - 04th June 2011

Dubrovnik, Croatia

Congress Patron

Prof.dr.sc.Ivo Josipović

President of the Republic of Croatia

WELCOME

Dear colleagues and friends,

Welcome to ISPS's 17th International congress for the psychological treatments of the schizophrenias and other psychoses.

Due to the increasing interest in the psychology of the psychoses, ISPS has decided to organise international congresses every two years. That is why we are welcoming you to the wonderful city o Dubrovnik, Croatia, just two years since the last congress, i.e. from May 31 to June 4, 2011.

A HUNDRED YEARS OF THE PSYCHOLOGY OF PSYCHOSIS

Following Emil Kraepelin's (1896) essential breakthrough in classification of psychotic disorders, Eugen Bleuler (1911) understood that deep splits in the functioning of human psyche plays one of the the basic roles in psychotic disorders.

In the year of our congress in Dubrovnik we will celebrate the 100th anniversary of the term "schizophrenia" which has become so present in our everyday life. This is the occasion to put the question – what will we as professionals succeed in creating during the next hundred years?

Through the last half of the 19th century and the whole 20th century many exceptional researchers and illustrious minds were dedicating their professional lives to foster notions about the important elements from biological, psychological and social spectra that could bring about psychotic disturbances. Nevertheless it remain not clear enough what causes difficulties in the psychological and social functioning of patients with psychotic disorder.

Many authors, accepting the biological and cognitive theories, give priority to the disturbance of the thinking process and its content, followed by concomitant difficulties in affectivity, interpersonal relationships, the feeling of the self, will, and psychomotor activity. These difficulties include social disturbances, insufficient self-care, and disruption of the quality of life, which make important reflections on everyday functioning.

Other discuss the influence of early stages of development in the appearance of psychosis. It is proven that some early experiences become impressed in memory. During that development, the interactions with the environment are multiplied and transformed until a certain level of maturity is reached. In this way, the experience of oneself and one's environment is gradually established. Intrapsychic and interpersonal dynamics become progressively filled with both cognitive and affective elements. It is assumed that these processes were disturbed during early developmental phases, and could be improved through comprehensive bio-psycho-social treatments.

MIND IN BRAIN

A century ago Freud was criticised for his convinctions that at the roots of all human psychological functioning there are neurophysiological processes. Due to modern neuroscientific discoveries developed especially in the last three decades, the functioning of the brain and "mind-in-brain" point of view is clarifying many questions. But at least as an inspiration we may ask is "schizophrenia" just a scientific delusion? Many possible answers are waiting for the researchers from biological, psychological and social fields to clarify the question.

MEETING OF MINDS IN DUBROVNIK

Nowadays we have at our disposition many therapeutic approaches that enable persons with psychosis to remain in the stream of everyday life as anybody else. Here we are coming to ISPS in Dubrovnik, professionals from diverse sides of the world, to expose and exchange the experiences and knowledge we use in trying to help people with psychosis, their families and other their human environment.

What would be the best approaches that would bring recovery and empowerment of people functioning on psychotic levels?

We, organisers of this 17th ISPS congress, decided to propose to our colleagues and friends, the topic of PSYCHOLOGICAL THERAPIES FOR PSYCHOSES IN THE 21TH CENTURY – INFLUENCING BRAIN, MIND AND SOCIETY.

It is not by chance that Dubrovnik was chosen as a meeting place in 2011, because of the tradition of the town to serve as a crossroads for world advanced thinking. ISPS Croatia has succeeded to gather every year here in Dubrovnik colleagues who are applying psychological therapies for psychoses in the frame of reference of the comprenhensive bio-psycho-social treatments of people with psychoses. Here we have regular exchange with our neighbouring colleagues from Slovenia, Greece, Italy and other European countries, and receiving guest-lecturers from Boston to Singapore.

DUBROVNIK - A WORLD HERITAGE SITE

We do hope that in Dubrovnik you will find the rich history of a city – an independent republic for more than one thousand years, a World cultural heritage under UNESCO protection, with the warm and elegant atmosphere of a Mediterranean city with its unique charm. The beautiful Dalmatian coast will add to the excitement of the visit. We believe that the Dalmatian gastronomy will please you, as well. And we do hope that many airline connections, as well as highways connecting Dalmatia with the European highways network, as well as ferries from Italy across Adriatic, will facilitate your presence in Dubrovnik. The variety of accommodation possibilities will be at your disposition, too.

Welcome at the Dubrovnik ISPS International congress, May 31 – June 4, 2011.
On behalf of the organising and scientific committees

Ivan Urlić
President of the ISPS Congeress

Slađana Štrkalj-Ivezić
Chair of the Scientific Committee

CONTENTS

PRE-CONGRESS TEACH-AND-TRAIN WORKSHOPS

1. ALISON BRABBAN
„CBT and psychosis - Cognitive Behavioural Therapy for Psychosis: Basics and Beyond“

Cognitive Behavioural Therapy for psychosis has come a long way over the last fifteen years. Although this intervention was only developed in the 1990s, the UK's NICE guideline now recommend that CBT should be offered to everyone with a diagnosis of schizophrenia.The workshop aims to cover basic psychological theory of psychosis and to demonstrate how this has influenced the development of the CBT approach.

By the end of the workshop, participants will have been introduced to:

· Psychological models of delusions and hallucinations
· The CBT model of delusion and hallucinations
· Case formulations of psychosis
· Cognitive interventions for psychosis.

2. DOLORES BRITVIĆ, and TANJA FRANČIŠKOVIĆ
„PTSD and psychosis-diagnostic and treatment dilemma“

In spite of growing evidence of psychic trauma causes brain-function damage, implication of traumatic experience on appearance of psychotic episode is not fully understand.
In our everyday work we were faced with number of patients with PTSD and psychotic features, as well as co morbidity of PTSD and psychosis. The dilemmas start with questions are psychotic features part of psychotic disorder, are they just a part on psychotic continuum, and are there differences between PTSD psychosis and PTSD with psychosis?

In our clinical experience pharmacotherapy and psychotherapy are needed but with overall limited success. In this workshop, through several clinical cases and research results, the influence of different kind of traumatic experience on development of psychotic features and psychosis will be shown as well as some treatment options.

3. JAN OLAV JOHANNESSEN and JORGE L. TIZON
"Psychodynamic understanding and treatment of early psychosis: Phase-specific treatment and early intervention"

The workshop will seek to illustrate some theoretical, technical and practical issues provided by the psychoanalytic/psychodynamic framework for the integrated treatment of patients with early psychosis and "at risk of psychosis". The workshop will focus on both theoretical issues founding the basis for service development (how we understand what psychosis really is also crucial for the way we organise our services), as well as important issues in the individual psychotherapeutic approaches.

Psychoanalysis and psychodynamic psychotherapy are theoretical and technical references used by many community mental health teams on all continents. Among those involved in the psychoses, a part of practicing psychological and psychosocial support are assigned to that frame of reference.

4. DEBRA LAMPSHIRE
“Working effectively with people who hear distressing voices”

This workshop investigates how voices and distressing beliefs can 'take over' a voice-hearers life at different times and provides practical insights and down-to-earth strategies about how to re-gain control and re-integrate with work, family and friends. The content is based on the lived experience of voice hearing and

provides unique insight from the voice hearer's perspective, for people who work with people who experience distressing voices. The value of normalising, focusing, interpretation and evaluation of voice hearing and the explanations the clients have for their voices are discussed. This presentation is appropriate for voice hearers, clinicians, family and all health professionals interested in developing a deeper understanding when working with people who experience distressing voices.

5. MARGREET de PATER and TRUUS VAN DE BRINK „Working with families of persons with a psychosis from the very first crisis"

A psychosis is a disaster for all families, a crisis. Many bad things can happen from then on: family members can be divided, they can be isolated, be overwhelmed by worry and also by hate, especially when they can't find solutions. Family members, including the person with psychotic problems can be a victim of these processes. but a psychosis can also lead to a deeper understanding of each other, and a better contact with ones core-self.

What can a clinician do, to help families and persons with a psychosis to find a way to the second path? Our experience is that being with them from the very first start prevents much harm, and leads to a catch up of stagnating adolescence development. With support of a strong family who can help and also can step back if needed, he or she can take the responsibly for his or her recovery. In this workshop we explain some of our theory on the interaction between development and psychosis. and we tell something about the principles of the Transmural Family Guidance. Participants can exercise in a role-play how to keep the wheel in whirling emotions of an upset family.

Margreet de Pater, Truus van de Brink

6. BENT ROSENBAUM „Psychodynamic approaches to psychoses"

Psychotherapy with persons in psychotic states of mind - psychodynamic viewpoints

Psychoanalytic theories offer many general and detailed views and models concerning the understanding of the pathogenesis and different causes the psychotic states of mind might pursue. However, in all differences we find numerous convergent views even though these may be phrased differently in the different "schools".

First, a psychodynamic version of developmental psychopathology will be presented which also include some neuroscience viewpoints.

Secondly, the developmental points at stake - the grounding difficulties in identity- and symbolformation as they are unfolded in different theories - will be related to principles of psychotherapy.

Thirdly, practical implication for dynamic psychotherapy will be discussed and related to case-presentations

7. SLAĐANA ŠTRKALJ-IVEZIĆ and IVAN URLIĆ 16th ISPS Croatia School of Psychotherapy of Psychoses. Focus on: "Supportive psychodynamic psychotherapy for persons with psychotic disorders" (spoken language Croatian)

In this workshop we will explain the theoretical concept of supportive psychodynamic psychotherapy in individual and group context. Through clinical vignettes we will demonstrate technical principles that include development of the therapeutic relationship and alliance. In that frame of reference the building up of ego strenght will be shown, i.e. the creation of more stable object relations and better reality testing.

Slađana Štrkalj-Ivezić: Psychoeducation between information and psychotherapy

Ivan Urlić: The role of supervision of individual and group psychological diagnostic and therapeutic approach to patients with psychosis

7. SLAĐANA ŠTRKALJ-IVEZIĆ i IVAN URLIĆ – ISPS Hrvatska, 16. Škola psihoterapije psihoza. Fokus: „Suportivna psihodinamska psihoterapija za osobe s psihotičnim poremećajima“.

U radionici ćemo prikazati teorijski koncept suportivne psihodinamske psihoterapije u individualnom i grupnom kontekstu. Putem kliničkih primjera prikazat ćemo tehničke principe rada koji uključuju izgradnju terapijskog odnosa, ostvarenje terapijskog saveza, izgradnju ega putem stvaranja stabilnijih objektnih odnosa i boljeg testiranja stvarnosti.

Slađana Štrkalj-Ivezić: Psihoedukacija između informacije i psihoterapije

Ivan Urlić: Uloga supervizije u individualnom i grupnom dijagnostičkom i terapijskom pristupu pacijentima s psihozom.

PLENARY LECTURES
Titles

May 31, 2011

Approaches to the complexity of psychoses: Facilitating and obstructing factors in society

Norman Sartorius (Switzerland)
„Psychotherapy 2011: The remaining challenges“

Plenary lecture abstract:

The lack of scientific evidence about the effectiveness of psychotherapy has been a major obstacle to its introduction into undergraduate and postgraduate training in medicine and to its wide application in health care. A great number of studies conducted in the recent two decades provided evidence so that the lack of it is no longer an obstacle to its promotion and inclusion into routine care for people with mental and/or physical illness. New challenges, however, have arisen and require an answer. Among them are the need to simplify and shorten the education about psychotherapy; the need to produce brief and clear instruction manuals so as to help those educating health professions; the need to continue research on those forms of psychotherapy evaluated; the need to clarify and cover what psychotherapy can (and should) do and what it cannot (and should not) do; and several others. The presentation will describe these challenges and discuss possible action to overcome them.

Jan Olav Johannessen (Norway),
Co-author *Patrick McGorry (Australia)*
"DSM – 5 and the "Psychosis Risk Syndrome" The need for a broader perspective

Plenary lecture abstract:

It has long been recognised that the need for care in psychiatry substantially precedes the point that a classical diagnosis can be assigned. While we can agree that there is a need to intervene well before severe and more intractable illness and collateral psychosocial damage supervenes, how do we define that the initial clinical stages to guide early intervention? While we welcome the efforts of the DSM V committees to address this question with the proposal of the "psychosis risk syndrome", here we argue the case to expand this model to a phenotypically broad "pluripotential risk syndrome" that indicates a need for care without attempting to define an end-stage syndrome.

June 1, 2011

Comprehensive psychology of psychoses

Alison Brabban (UK)
„CBT for psychosis: Past, Present and Future"

Plenary lecture abstract:

Cognitive Behavioural Therapy for psychosis has come a long way over the last fifteen years. Although this intervention was only developed in the 1990s, the UK's NICE guideline now recommend that CBT should be offered to everyone with a diagnosis of schizophrenia. The workshop aims to cover basic psychological theory of psychosis and to demonstrate how this has influenced the development of the CBT approach. By the end of the workshop, participants will have been introduced to:

- Psychological models of delusions and hallucinations
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- Case formulations of psychosis
- Cognitive interventions for psychosis.

Maurizio Peciccia (Italy)

„The psychological therapies for the psychotic fragmentation“

Plenary lecture abstract:

I will introduce the lecture “Psychological therapies for Psychotic fragmentation”, briefly describing the main psychoanalytical theories of psychotic fragmentation. Then I will present our theory (Peciccia and Benedetti, 1996) of psychotic fragmentation provoked by the splitting of two incompatible states of the self : the Separated Self and the Symbiotic Self; I will compare our model with Gallese’s (2003) theory of the breakdown of “embodied simulation” based on his neurophysiologic research on the mirror neurons.

I will then connect the psychotic fragmentation and the splitting of symbiotic self and separated self to the patient’s impossibility or difficulty to dream, showing, through clinical material, how it is possible to make fragmented people dream. In various therapeutic environments, we create protected areas, initially external to the patient, where he/she can place the split fragments of the Self in order to dream them and string them together in the relationship.

The therapeutic context varies according to seriousness of the patient’s fragmentation.

If his/her speech is not compromised, we use a method conceived by Gaetano Benedetti: psychoanalytical existential psychotherapy. The transitional subject, (Benedetti, 1987) one of the key elements of Benedetti’s psychoanalytical existential psychotherapy, activates in the duality, therapeutic dreams, twin dreams, mirror imagination, that is the weft of dream fabric shared by the patient and by the analyst. Within this inter-subjective common space, the psychic fragments that the patient has expelled outside of himself start to come together.

If his/her speech is compromised, we use a method developed by Gaetano Benedetti and me: progressive mirror drawing. Progressive mirror drawing has much affinity with dreams because it is based on mechanisms of duplication, displacement and condensation. Offering the patient an interpersonal space with images where he/she can draw and dream in pairs, can frees the conscious of the suffering person from the invasion of dreams. By using progressive mirror drawings, the patient and therapist build a shared dream, frame after frame. Along the sequence of pictures, images of symbiosis and separation are compared. In progressive mirror drawing symmetry and asymmetry alternate as well as mirroring and transformation. Every image is the copy of the precedent one slightly modified by displacements and condensation. This creates a succession of images similar to the series of frames of a cinematographic film. Through simple digital programs, progressive mirror drawings are animated and shown to the patient in movement, just as dreams.

If the patient can neither speak nor draw, we use new forms of communication such as amniotic therapy (Donnari, Garis and Peciccia, 2006), animated mirror drawing and video integration. All this innovative therapy for psychotic fragmentation will be presented in detail by my colleagues Mazzeschi, Garis, Maschiella, Donnari and I during the workshop “Dreaming Outside”.

References:

Benedetti, G., 1987: Psychotherapy of Schizophrenia. New York University Press. New York, 1987.

Donnari, S., Garis, M., Peciccia, M., 2006: Warm water dipping group therapy for psychotic patients. Acta Psychiatrica Scandinavica.Supplementum. NO. 431, VOl. 114.

Gallese, V., 2003, The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity. Psychopatology, Vol. 36, No. 4, 171-180, 2003.

Peciccia, M., Benedetti, G., 1996, The splitting between Separate and Symbiotic States of the Self in the Psychodinamic of Schizophrenia. Int. Forum Psychoanal 5: 23-38

June 2, 2011

Trauma, brain, mind and psychosis

Tanja Frančišković and Dolores Britvić (Croatia)
„From trauma through dissociative processes to psychosis“

Plenary lecture abstract:

Dissociation and psychosis between psychodynamics and cognitive perspectives
There are many doubts dealing with relation between dissociation and psychosis. Also, there are confusion in definition and role of dissociation. Is it a process or an outcome? If we are talking about the process, we deal with several theoretical concepts such as: unwilling emotions, encoding and retrieval memory process, selective attention and working memory, oversimulation neural circuits. If we are talking about an outcome we deal with: symptoms of dissociation or psychosis. Traumatic exeprience could causes dissociation as well as psychosis. We argued dissociative- psychotic continuum reather than strict distinction between concepts.

Rune Johansen (Norway)
„The mind in the brain: Verification or new knowledge“

Plenary lecture abstract:

Over the last twenty years we have seen a growing rapprochement between psychotherapeutic theory, psychotherapeutic empirical science and neuroscience. The focus for this connection has been the representation of the mind as an entity which regulates, organizes and modulates energy and processes in the brain. As a psychiatrist and child- and adolescent psychiatrist working with traumatized and deprived children, I will take a clinical point of view in presenting an overview of how new neuroscientific knowledge can interact with psychotherapeutic theory and even support clinical practice. With the basis in theories of neural networks, memory-systems and the mirror-neuron systems I will present examples of how neuroscience may help us evaluate and validate established psychodynamic concepts and broaden our view of basic therapeutic mechanisms. I will in addition give examples of how evolving knowledge of epigenetics may give new light to the old nature – nurture discussion, and how central developmental experiences impacts on both healthy development and on the vulnerability to psychotic disorders. As a summary I will look at how this interaction may have consequences for concrete psychotherapeutic practice, both regarding therapeutic attitude and the necessity of long term interventions to elicit change. Is this new knowledge or is it verification of already established understanding?

June 3, 2011

Psychological therapies for patients with psychosis

Ivan Urlić (Croatia)
„Group psychotherapy for patients with psychosis: A psychodynamic group-analytic approach“

Plenary lecture abstract:

Psychosis occurs as a disabling process in the affective, cognitive and relational aspects of psychic life. The psychological problems are manifested in groups: psychotic disorders/processes are mirrored in the group and by the group. Diagnostic and therapeutic decisions aim to place the very disturbed patient in an appropriate group to optimize the recovery process.

A diagnosis can be veryfied in the group process. After the diagnosis is confirmed, a correlated group treatment plan can produce better results than individual work alone. It is, however, always important to remember that attainable treatment aims should be formulated along with specially tailored group interventions. Then the role of the conductor in such a group and what is expected from the consultant/supervisor can be clarified.

The focus of this lecture is on the nature of the psychotic process present in the group of patients and specific ways of addressing the presenting problems associated with this highly disabling disorder.

The reasons for introducing group methods in therapy will be elaborated through several clinical examples. There are differences and specificities in inpatients and outpatients settings, and the characheristics of the each setting. They will be explained through some clinical vignettes. In that respect the leadership role should be adjusted to the specific needs of patients suffering from psychosis.

Therefore, the psychodynamic (group-analytic) approach should be considered to be the body of concepts stemming from essential psychoanalytic notions and a wealth of long-term clinical experience, subject to appropriate modification when the psychodynamically-oriented group psychotherapy of patients with psychoses is in question.

Manuel Gonzalez de Chavez Menendez (Spain)
„Self-disclosure of psychotic experiences“

Plenary lecture abstract:

The clinicians and therapists who try to help persons with psychotic experiences are often faced with the difficulties that these persons have to communicate their psychotic experiences.
Understanding the dynamics of self-disclosure of the psychotic experiences is a very important feature in the care and understanding of these patients.

The psychosocial perspective of the person as a plural identity, within a continuous process of interactive configuration with the reality they experience, facilitates understanding of the dynamics of self-disclosure both psychotic as well as the non-psychotic experiences of intimacy, its advantages and risks, false self-disclosures, silences, secrets and traumas.

Biographic crises that mean qualitative, negative and painful changes threaten identity in its uniqueness, continuity, autonomy and self-esteem, with hyperreflection and questioning of one's own reality and identity. This identity becomes more vulnerable because of decreased coherence and worse integration of its plurality.
The failure of the strategies and defenses to save the identity may lead to its crisis and collapse. Psychotic crises are identity crises with subidentities fragmentation and predominance of projective mechanisms and cognitive regression.

The subidentities, previously hidden, rejected, introjected and grandiose, acquire a dominant position in the configuration of a new plural identity of the person within the crisis. This person now lives experiences that he or she frequently does not recognize as his/her own and which we, the mental health professionals, have been calling psychotic experiences. Self-disclosure regulates intimacy and identity in each context and interpersonal relationship. The roads that lead persons with experiences and psychotic behaviors, either voluntarily or involuntarily, to a mental health service and to a professional vary greatly and depend on the self-control, occultation or self-disclosure made.

Psychotic experiences usually are painful or they refer us to others that are or that have been painful in the life of the patient. Prior the patient is aware of the subjective character of their psychotic experiences, whether to communicate them or not forms a part of the internal debate of the patient between catharsis, verification and help or disqualification, rejection, diagnoses and stigma.

Self-disclosure is an interpersonal process that also depends on the receptor or confident. It depends on the experiences, voluntary nature, control, risks and expectations of the person with psychotic disorders and on the attitude, empathy, interest and commitment of the confident or therapist.

Self-disclosure adapts to the language, concepts and model of the interviewer or therapist. The biological medical model does not favor it, because it is not interested in the biography of the patient. It only formalize or simplifies the patient's experiences, and thus it also helps the patient to hide them and to mislead the physician. Group psychotherapy favors self-disclosure of the patient by the reciprocity of the group dynamics. However group therapy, as well as other modalities or dynamic models, that make self-disclosure a condition of the therapy and a fundamental therapeutic factor because it helps the patient to clarify, compare and know the multiple aspects of oneself in the biographic continuity and to achieve a more coherent and stable identity, are also not totally free of the occultation of intimacy.

DISCUSSION SLOT:

Advantages and disadvantages of self-disclosure for the psychotic patient.
The therapist and care context: how to facilitate or hinder the self-disclosure of the psychotic patient?
What is the influence of the self-disclosures of the therapist?
How do the different theoretical and therapeutic models affect the self-disclosure of the patients?
What should be done when the psychotic patients hides or defends their intimacy?
What personal, interpersonal and care dynamics distinguish those who disclose or hide their experiences?
Hundreds of patients have written books and articles disclosing their psychotic experiences. What are or have been their motivations? And those of their readers?
Several international journals, among them ”Psychosis,” publish articles with self-disclosures of persons with psychotic disorders. What influence does this have on the professionals who read these journals?

Debra Lampshire (New Zealand)

„Living the dream“

Plenary lecture abstract:

Debra gives a eloquent and lyrical account of her journey and personal experiences, from her times whilst in institutional care though to her current role of working as a experienced based expert at Auckland University and project manager for Auckland District Health Board. Debra speaks of her decline into madness and the lessons, skills and personal resourcefulness she discovered to propel her into creating a life of her own choosing. Debra speaks of her observations and resolutions from her time spent with people marginalised and disenfranchised by society who strive to retain their sense of identity, dignity and personal agency. The journey Debra began all those years ago is embarked upon still, by those entering mental health services. What is the message that service users would like to bring to clinicians what is it that they truly desire and need from the people who choose to work in the field of mental health.

June 4, 2011

The psychology of recovery from psychoses

Larry Davidson (USA)
„Promoting recovery through psychotherapy and other means“

Plenary lecture abstract:

This presentation will focus on what is currently known about processes of recovery from and in psychotic disorders and the role of various interventions in promoting these processes. A central theme of this discussion will be the reconstruction of an enduring and effective sense of self as a social agent and the important role that psychotherapy plays in promoting this central component of recovery. It will be argued, however, that for persons whose illnesses do not readily remit, and who continue to suffer from aspects of psychosis in an ongoing manner, additional interventions are required in order to restore functioning and a meaningful and self-determined life in the community. These interventions extend the scope of practice to natural community settings beyond the office and include psychiatric rehabilitation, peer support, and legal advocacy, among others.

Glenn Roberts (UK)
„The rediscovery of recovery: Open to all“

Plenary lecture abstract:

Over the last 30 years there has been a gathering of interest and sharpening of focus to recenter the guiding purpose of mental health and social care services as supporting the recovery of people who use them and facilitate empowerment and self management. This movement began with the experience and testimony of people who use services which subsequently engaged the enthusiasm and commitment of growing numbers of practitioners, services and professions such that becoming ‘recovery-focused’ has entered progressive international mental health policy. The guiding values of a recovery-based approach are seldom disputed but how that converts to practice and services has major and at times controversial implications, as do issues of ‘ownership’ and authority.

In this lecture I will firstly consider just what we mean by ‘recovery’ and in particular the difference between clinical and personal recovery and therefore how it can be ‘open to all’. I will then review how we have arrived at the present position by retracing some of the strands and streams of interest and commitment. I will then review the present awareness of what a ‘recovery-focused’ service could look like and how it would know if it is working to support people in their recovery. And finally I will review some of the critique of ‘recovery’ and look ahead to some of the challenges and opportunities that constitute the cutting edge of personal, practice and service developments for the future.

It is inherent to taking a recovery approach to be aware and respectful of personal perspectives, culture and context and this will inevitably be a well researched but partial picture offered by a white, British, late middle aged psychiatrist with a life time experience of working in rehabilitation. I shall rely on the audience to look for resonance and translate what I can offer into their local circumstances and also challenge my own ‘culture-bound’ limitations.’

SYMPOSIA - Titles

Wednesday morning (June 01, 2011)

S-01. Chair: ***Bent Rosenbaum***

Bent Rosenbaum: A developmental psychopathology, Psychodynamic models and ethical implications
Susanne Harder: A develolpmental approach to the understanding of disturbed in the mening-making in psychosis
Bent Rosenbaum: Conceptual clarification of basic processes in the psychotic states of pateints with psychosis
Anne Lindhardt: Ethical aspects of psychotherapy of the person with psychosis – overall perspectives and perspectives within the therapeutic setting.

S-02. Chair: ***Vincent Prouve***

Vincent Prouve: A new look at schizophrenia: How patterns of change emerge in the psyche in an attempt to reorganize
Andrew Moskowitz: Schizophrenia and split personality
Christopher Burford: Continuum and continua – traits states, tangles and knots
John Read: „Schizophrenia": An unscientific and damaging construct

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Wednesday afternoon

S-03. ***Bert-Jan Roosenschoon:*** Implementation of illness management and recovery, results of a pilot study (Co-author: ***Margreet de Pater***)

Thursday morning (June 02, 2011)

S-04.Chair: ***Annika Foster:*** Help first: treating young adults with first episode psychosis in the North-Eastern part of Gothenburg, Sweden
Co-chair: ***Annika Ahren Vargas***
(Participants: ***Barbara Bischof, Malin Odenhall Ward, Dražen Verić***)

S-05. Chair: ***Burton N. Seitler***
Burton N. Seitler: Treatment of a youth with brain damage: Implications for advocates of a neurological ethiology of schizophrenia
Charles Heriot-Maitland: Multi-level models of information processing, and their application to psychosis
Nels Langsten: Piaget's contribution to an integrated biopsychosocial theory of psychological development and psychopathology including his critique of psychoanalytic theory
Mike Jackson: Benign psychosis: Implications for the psychological anderstending and treatment of psychotic disorders

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Thursday afternoon

S-06. Chair: ***Marije Tjepkema***
Marije Tjepkema: Introduction of a biopsychosocial model for psychotic patients in a forensic long care hospital (Co-author: ***Eva Irene Regina Bloemers***)
Wouter Kusters: Time without clock. Psychotic temporality in terms of spatiality.
Christopher Burford: The past developing scientific revolution in understandin of the mind.

S-07. Chair: ***Tija Žarković-Palijan:*** Psychodynamic understanding of forensic patients with psychosis (Co- authors: ***Marina Kovač: Sanja Narić***)

S-08. Chair: ***Steven Leicester***
Steven Leicester: Cognitive processing associated with hallucinations in an ultra-high risk 'UHR' group for psychosis
Max Lanzaro: Negative Capability: a poetic-based cognitive resource in early psychosis (Co-authors: ***Peter Okey, Kiran Rasul***)
Michael Moutoussis: An experimental study of the role of defensive avoidance of negative thoughts about the self in paranoia (Co-authors: ***Richard Bentall, Wael El-Deredy***)
Michael Remshard: Coming apart & coming together: The episodic experience of one man's disintegration of self and the story of his reintegration

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Friday morning (June 03, 2011)

S-09. Co-Chairs: ***Ljiljana Moro*** and ***Ivan Urlić:*** Difficulties in the rehabilitation of schizophrenic patients, families, psychiatrists and community
Ljiljana Moro: Group as a container of psychotic anxiety of schizophrenic patients and their families,
Branka Restek-Petrović: The implementation of psychotherapeutic interventions in the rehabilitation of schizophrenic patients,
Slađana Štrkalj-Ivezić: Stigmatized attitude of professionals as an opstacle in treatment of persons with schizophrenia,
Ivan Urlić: Place of supervision in comprehensive community treatment of patients with schizophrenia)

S-10. Chair: ***Burton N. Seitler***
Burton N. Seitler: When is a knife not a knife? When it is a symbolic penis: Analysis of a youth exhiting schizophrenic symptomatology
Margreet de Pater: The relationship between self development and psychosis
Ignazio Ardizzone: Psychotic prodromes, psychotic onsets and adolescence: diagnosis and treatment between brain development. Vulnerability and subjective symptoms
(Co-authors: ***Arianna Marconi, Silvia Pernetti, Nicola Boccianti***)

Friday afternoon

S-11. Chair: ***K. Hoffmann:*** Psychoanalytic Group Psychotherapy with chronic patients – report on several years of containing
(Co-author: ***Sybille Styllos***)

Saturday morning (June 04, 2011)

S-12. Chair: ***Debra Lampshire:*** Service users shaping New Zealand mental health services
(**Co-chair**: ***Ingo Lambrecht***)
Ingo Lambrecht: Service users in cultural spaces
Debra Lampshire: An exchange of gifts: The value of working in partnership with service users
John Read: Why are some mental health professionals scared of partnership with persons that are tyring to help

S-13. Chair: ***Mark Agius:*** Five year outcomes of early intervention services: ervices
(**Co-chair**: ***Tomas Craig***):
Merete Nortdentoft: Five year outcomes in the Opus Early Intervention Study
(Co-authors: ***Mette Bertelsen, Gree Secher, Stephen Austin***)
Tomas Craig: Five year outcomes in the LEO Early Intervention Service
Mark Agius: Five year outcomes in an Early Intervention Service in Luton, Bedfordshire
Yuliya Zaytseva: Five year outcomes in a First Episode of Psychosis Service in Moscow
(Co-authors: ***Y.A. Gurovich, A.B. Shmukler***)

SYMPOSIA - Abstracts

Bent Rosenbaum:
A developmental psychopathology, Psychodynamic models and ethical implications
Susanne Harder:
A develolpmental approach to the understanding of disturbed in the mening-making in psychosis
Bent Rosenbaum:
Conceptual clarification of basic processes in the psychotic states of patoients with psychosis
Anne Lindhardt:
Ethical aspects of psychotherapy of the person with psychosis - overall perspectives and perspectives within the therapeutic setting.

Models of psychodynamic understanding has too often been considered or misunderstood as one-way, lineary causational models, or as models depicting solely psychologically determining factors. We propose the view that developmental psychopathology is a modern concept for perspectives that have been in the basis of psychodynamic understanding, and that this basis by no means can be understood neither lineary nor solely psychologically determined. Our panel will apply knowledge and models from research in intersubjectivity in early mother-infant interaction to the field of psychosis in order to shed more light on the subtle micro-processes involved in the development of intersubjective difficulties and idiosyncratic meaning-making in psychosis. Further it will offer conceptual clarification of concepts like primal repression, foreclosure, thoughts without thinking, loss of basic trust, disturbed attachment and the temporal work of Nachträglichkeit. Psychotherapy will be elucidated from ethical perspectives

Vincent Prouve:
A new look at schizophrenia: How patterns of change emerge in the psyche in an attempt to reorganize

C. G. Jung has worked with E. Bleuler to understand dementia praecox with a new look. It has led to the creation of the heuristic concept of schizophrenia. The entire work of C. G. Jung is based on the integration of the knowledge he has acquired through the work he accomplished in healing his patients suffering from schizophrenia. He has created original concepts like: the dynamic compensation between Conscious and Unconscious, the Self-regulation, the Transcendant function, etc. Other authors have also widely contributed to reopen the understanding of schizophrenia: J. W. Perry, G. Benedetti, ... All of them observe there are creative processes appearing in the heart of the psychotic turmoil and we can rely on them to conduct the therapy. Moreover, with the experiments of the `scientific of the chaos`, like I. Prigogine, we can think chaotic phenomena with a new viewpoint: as an attempt for a system to reorganize itself, as a way, chosen by `nature`, to evolve into an higher level of development. We can consider schizophrenia as a chaotic phenomenon and all the modifications appearing in the Mind-Brain system could be seen as a strategy, chosen by `nature`, to reach a unique goal: the radically reorganization of the individual

Andrew Moskowitz:
Schizophrenia and split personality

On the 100th anniversary of the publication of Eugen Bleuler's Dementia Praecox or the Group of Schizophrenias, his teachings on schizophrenia are reviewed and corrected, and implications for the current revision of the category of schizophrenia, with its ongoing emphasis on psychotic symptoms, drawn. Bleuler's methods are contrasted with Kraepelin's, and four myths about his concept of schizophrenia addressed. We demonstrate that: 1) Bleuler's concept of schizophrenia has close ties to historical and contemporary concepts of dissociation, and as such the public interpretation of schizophrenia as split personality has some historical basis, 2) Bleuler's concept of loosening of associations does not refer narrowly a disorder of thought, but broadly to a core, organically-based psychological deficit which underlies the other symptoms of schizophrenia, 3) the

"4 A's", for association, affect, ambivalence, and autism, do not adequately summarize Bleuler's teachings on schizophrenia, and marginalize the central role of splitting in his conception and 4) Bleuler's ideas were more powerfully influenced by Pierre Janet, particularly with regard to his diagnostic category Psychasthenia, than by Sigmund Freud. We conclude by arguing for a reconsideration of Bleuler's conceptualization of schizophrenia, and for the recognition of the dissociative roots of this most important psychiatric category.

Christopher Burford:
Continuum and continua – traits states, tangles and knots

The ISPS international email discussion group, which I have moderated for 7 years, has increasingly kept abreast of accelerating scientific developments. In the new world there is no mechanistic genetic control of individuals who are either psychotic or not. There are minds connected with one another in innumerably complex ways, even if most of them are not fully conscious, and most people forget their dreams rapidly, This suddenly requires us to unpick what we mean by continua. Following Jim van Os 2001 there has been increased interest in a continuum of traits within a large general population. This is good for normalising and humanising human behaviour. It could also map onto the old therapeutic concept of traits. But at different times individuals (and groups) get stuck as if in a tangle. If suited to the needs of the environment a tangle, an intensification of traits, may be beneficial. Tangles can also be regarded as knots or 'states' requiring help, therapy or even coercive control. These knots feel qualitatively different. Are they really? Can we predict with when a trait will turn into a knot, or a knot dissolve into traits? No. But with increased insight we can have a good intuition, and share that intuition with trusted others.

John Read:
„Schizophrenia": An unscientific and damaging construct

This paper summarises the history of the invention of \'schizophrenia\' and subsequent research showing that is scientifically meaningless (having no reliability or validity) and damaging in practice (supporting a simplistic, reductionistic and pessimistic view of people who experience psychosis). Public perceptions of madness will also be summarised, demonstrating that the public in 16 countries reject the idea that madness is an illness, endorsing instead the view that it is a reaction to adverse life events and circumstances. It is argued that the term should be abandoned, including by ISPS. 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. Read, J. (in press) Does \'schizophrenia exist? Reliability and Validity. In Read, J. et al. (eds). Models of Madness, 2nd edition. London: Routledge.

Annika Foster:
Help first: treating young adults with first episode psychosis in the North-Eastern part of Gothenburg, Sweden
(Co-author: ***Annika Ahren Vargas***)
(Participants: ***Barbara Bischof, Malin Odenhall Ward, Dražen Verić***)

Crisis intervention as early as possible is proved to be one of the most important factors for recovery. A multidisciplinary crisis intervention team in the most diverse part of Sweden's second largest city has adapted a "help first" approach to treating first episode psychosis. The team treats anyone who exhibits psychotic symptoms for the first time, regardless of which diagnosis is ultimately given, and without previous assessment. Instead, differential diagnosis and assessment is carried out alongside the treatment. This approach prevents loss of crucial time. The treatment is based on the patient's own description of the problem and is individually designed. Overall, however, a majority of the patients receive family treatment in one form or another, alongside individual treatment. There is also a focus on the interaction between body and mind. Two physical therapists are part of the team and they provide a wide variety of body-oriented treatment. The crisis intervention team was started 4 years ago and has developed specific skills relating to the population it serves. Many of the patients and their families suffer from social isolation and are economically underprivileged due

to unemployment and segregation. Many are also survivors of war trauma. As for all patients with psychotic symptoms, there is also a high rate of trauma overall. The physical therapy has proved to be very effective in treating traumatized people. Many of these young people have also responded well to group treatment of different kinds, as peer relationships are naturally a big part of their life developmentally. Focusing on the psychosis as crisis and naming it as such, rather than "mental illness", helps reduce or eliminate stigma. Normalizing in this way and treating the crisis first helps keep many of these young people from becoming lifelong patients in psychiatric care.

Burton N.Seitler:

Treatment of a youth with brain damage: Implications for advocates of a neurological aethiology of schizophrenia

INTRODUCTION: This is a case study presentation of an adolescent that I treated, who was born without most of his corpus callosum, a condition known as Agenesis of the Corpus Callosum. Despite his condition, plasticity of the brain allowed for modified psychodynamic psychotherapy to take place. This study has implications for those that contend that schizophrenia is neurologically-based. Even if that were someday shown to be true, this case illustrates the fact that the brain can change itself, as Norman Doidge points out, and that psychotherapy can be instrumental in fostering that change.

Charles Heriot-Maitland:

Multi-level models of information processing, and their application to psychosis

Multi-level models have been developed to illustrate the mind's processing of qualitatively different types of information, and therefore provide a useful tool for exploring the actions and interactions of different processing levels within a single theoretical framework. This presentation will firstly review a selection of multi-level models, and then construct a detailed rationale for applying a multi-level framework to psychosis. The argument will draw on a wide psychosis literature, in the areas of positive symptoms, subjective phenomena, risk factors, and cognitive phenomena. In doing so, the discussion will highlight some limitations of current (single-level) cognitive models of psychosis, and argue that a multi-level framework not only offers enhanced explanatory power, but also facilitates an integration of the evidence accumulated in different areas of psychosis research. Implications of a multi-level approach will be discussed with regards to understanding the 'psychotic-like' experiences of both clinical and non-clinical populations. In particular, the roles of emotional meaning and function of psychotic phenomena will be emphasised, and the clinical therapeutic tenet of normalisation will be encouraged.

Nels Langsten:

Piaget's contribution to an integrated biopsychosocial theory of psychological development and psychopathology including his critique of psychoanalytic theory

This paper dicusses Piaget's contributions to the understanding of early psychological development, including the enigma of how neurological functions become psychological functions. It focuses on chapter seven of „Play, dreams and imitation in childhood" (1945), in which he critiques Freud's views of symbolism, instinct, memory censorship, asociation, the relationship of conscious to unconscious processes and the differentiation of self and other. Piaget presented a concise criticism of elements of Freud's theory that make it too much „a science of the permanent". He suggested that a revision theory would facilitate better understanding of infantile affective experience in both normal and pathological psychological development. Freud's theoretical formulations continue to strongly influence psychodynamic theories and psychotherapy techniques. If Piaget's criticisms are valid Freud's work has unwittingly contributed to an underestimation of the role of experience in n ormaln and abnormal development. The paper conclzudes with a brief discussion of the implications of Piaget's proposed theoretical revisions of current clinical concepts such as identification, projection and transference, and on therapeutic technique in the treatment of psychosis.

Mike Jackson:
Benign psychosis: Implications for the psychological understending and treatment of psychotic disorders

Psychological theories of psychotic disorder are generally framed within continuum models of psychosis. Nevertheless, as models of disorder, they tend to focus on something being wrong: a cognitive deficit, a dysfunctional schema, an attributional bias etc. Paradoxically however, continuum models of psychosis imply that the most common forms of psychotic experience occur in the context of health rather than disorder. Such experiences can be viewed as 'sub-clinical' (still dysfunctional, but not to a clinical level), but they can also be viewed as benign and functional, and on this perspective they are often described as 'spiritual' or 'creative' rather than psychotic experiences. In so far as such benign experiences can be seen as being on the same continuum as psychotic disorders, theoretical explanations depending on the concept of dysfunction may be inappropriate and incomplete. Service users understandably find this pathologising assumption about all of their unusual experience undermining and stigmatising. Drawing on a series of qualitative and quantitative studies of 'benign psychosis', this paper will explore the question of how theoretical accounts of psychotic disorder might be expanded to help us to understand the full range of psychotic experience. The clinical implications of this perspective, in working with both the benign and the disordered aspects of service users' experiences, will be discussed.

Ljiljana Moro:
Difficulties in the rehabilitation of schizophrenic patients, families, psychiatrists and community

Treatment of schizophrenic patients is the most complex therapeutic procedure in psychiatry. The problem of chronicity, the problems of slow recovery and reintegration of patients into community life, ie their re-socialization, difficulties in the healing process. We would like to draw attention to the problems posed by patients themselves, which means how are compliant / noncompliant, by their families to adequately participate in treatment, psychiatrists that indirectly support the community and the stigma which schizophrenics are last on the list of priorities. All this suggests that it is necessary to include all the above factors from the first hospitalization of schizophrenic patients, which means the right to include family, work environment in the healing process and this requires additional medical team's efforts to motivate families to participate actively. This method of treatment of schizophrenic patients includes the whole community and in this use of psychotherapeutic interventions such as patient group psychotherapy group psychotherapy, and especially parents and a variety of psychosocial interventions such as education of patients and their family members about the disease and treatment, learning social and communication skills.

Slađana Štrkalj-Ivezić:
Day rehabilitation center for person with Schizophrenia
Anka Vuković, Kristina Jandrić, Mario Vrdoljak, Slađana Štrkalj Ivezić
Association for mental health promotion and protection, Sunrise, Zagreb

Day Centre for rehabilitation runs by consumer organization Sunrise is implementing rehabilitation program base on recovery and empowerment principles. Aim of the program is increase the capacity for independent life and work of persons with schizophrenia. The program helps users to increase quality of life in the community. The main psychosocial intervention used in rehabilitation program is social skills training. Within this program, independent life skills training, social skills training and vocational training are providing. Program include 50 persons. The evaluation of program by MANSA quality life scales and self esteem scale has shown statistical significant progress in quality of life and self-esteem of persons with schizophrenia who were involved in Program. This presentation include the structure of rehabilitation program and results of evaluation.

Slađana Štrkalj Ivezić, University clinic Vrapce Zagreb, Croatia
Psihosocial rehabilitation: Road to recovery

The goal of psychiatric rehabilitation is to help individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support. Persons with schizophrenia tend to have the same life aspirations as other citizens in their society. They want to recovered and living a satisfying, hopeful, and contributing life even with the limitations caused by illness. The presentation discuss evidence based psychosocial methods such as social skill training, psychoeducation, family work and vocational rehabilitation used in rehabilitation program for people treatead because of schizophrenia. Concept of recovery, empowerment, relation between psychotherapy and rehabilitation is also disscused.

Ivan Urlić:
Place of supervision in comprehensive community treatment of patients with schizophrenia

The author documents his experiences in small and median groups of supervision of conductors and therapeutic teams who are engaged in group psychotherapy with psychotic patients within different institutional frameworks, and discuss dynamics, as well as enlarging of therapeutic possibilities of group psychotherapy of group-analytic orientation for application in these settings. He proposes the possibility that at times the group itself can become supervisor, i.e. that the supervision might be effectuated by the group, under guidance of an experienced conductor.

Christopher Burford:
The fast developing scientific revolution in understanding of the mind

As moderator of the ISPS international email discussion group for the last 7 years, I and other participants have witnessed a veritable scientific revolution. The reductionist hopes of decoding the human genome in 2000 have completely failed. There is no single gene of large effect for schizophrenia or for psychosis, or for suicide. Instead up to 1000 non-specific epigenetic factors increase or decrease qualities in the individual such as sensitivity, which may be better or worse suited to the environment. This calls into question whether \'anti-psychotics\' may at best stabilise a condition in the short term but restrict the individual\'s longer-term ability to recover a sense of balance and motivation. Further the complexity of the non-conscious parts of the mind have taken over from a single gene mechanistically controlling each individual. These are being teased apart by more focused neurological studies but mainly by an explosion of focused psychological research and modern psychodynamic understandings Even initially disabled individuals could recover more socially acceptable forms of balance, rather than face inevitable deterioration into a chronic 'schizophrenia'. The evolution of greater balance may be punctuated by qualitative steps rather than just gradual improvement. The service user may best sense what works for them. The ideas ISPS are increasingly valuable supports for user-led Recovery Movements.

Marije Tjepkema:
Introduction of a biopsychosocial model for psychotic patients in a forensic long care hospital
(Co-author: *Eva Irene Regina Bloemers*)

In the very recent past, treatment for patients with psychotic disorders in our clinic consisted mostly of medication, psycho-education and a structured daily program. Psychotherapy was almost never indicated. In this symposium we present a biopsychosocial model, as it could be used for the treatment of patients with psychotic disorders in a forensic long care hospital. The focus will be on the impact of trauma and life experiences in both psychosis and personality. The interaction between psychosis and personality will be further discussed. In this context the use of aggression is introduced. An overall treatment program is presented as it is being developed in our forensic long care hospital (Dr. Henri van Hoevenkliniek). In this program the emphasis is on the prevention of violence and on establishing optimal quality of life. Treatment is embedded in a supportive climate. Training of our staff in attitude (e.g. low E.E.) and training them in being able to understand this model is a key issue. With this model they will be able to predict and prevent aggression. Next to this

they will understand in what ways their own behaviour can cause or reduce aggression. Also psychotherapy is added, based on the individual biopsychosocial model. We have introduced cognitive therapy for positive symptoms, trauma therapy and aggression reduction programs.

Wouter Kusters:
Time without clock. Psychotic temporality in terms of spatiality

It has often been noted that psychosis may be characterised by deviant experience of time (e.g. Wyllie, 2005). When describing this deviance, usually common sense conceptions of time are taken for granted, and psychotic time is held to be merely a defective way of relating to the reality of time. However, on closer look, it is unclear what this reality of time actually is, and in philosophy time remains one of the most enigmatic concepts, full of paradoxes (e.g. Ricoeur, 1985). In my talk I will argue that both psychotics and non-psychotics have to deal with these paradoxes, and that psychotics only differ from the latter in having less conventional means to deal with them. Based on my own psychotic experience of time and philosophical knowledge of temporality, I will discuss three typical aspects of psychotic temporality; spatiality, eternity and number (cf. Kusters, 2004, forthcoming), which surface in psychosis when calendars and clocks lose their normal significance. By elaborating on these three concepts I hope to add some new perspectives on the essentials of the psychotic world. Implications for therapy may be that mental health workers become more conscious of the time-related intricacies of psychosis. Kusters, W. (2004). Pure Madness; in search of the psychotic experience. Amsterdam: Nieuwezijds. Kusters, W. (forthcoming). Thinking through, breaking through. Fundamentals of the psychotic world. Rotterdam: Lemniscaat. Ricoeur, P. (1985). Time and Narrative. Paris: Editions du Seuils. Wyllie (2005). Lived time and psychopathology. PPP 12.3: 173-185.

Tija Žarković-Palijan:
Psychodynamic understanding of forensic patients with psychosis
(Participants: ***Marina Kovač, Sanja Narić***)

Most experts who deal with the mental health of their clients have chosen that professional field, believing that it would reveal how their clients function in their psychopathology; they have the desire to understand and help, with available therapeutic methods, to cure or at least contribute to their better functioning. In real life, things are often very different - experts generally devote most of their time to patient care and realize that it is difficult or impossible to cure them completely. Since this is a population with pronounced specific psychopathology and sociopathology, working with such patients requires systematic and specialized education, continuous attention, a high level of empathy, but also psychological resistance. Therefore, forensic psychotherapy is a separate and demanding discipline, for which the awareness has yet to be built. Psychotherapy involves the intentional use of the therapeutic relationship in order to achieve maximum benefit for the client. Today there are numerous approaches and methods of psychotherapy and conducting psychological treatment. The general meaning of the term forensic psychotherapy involves the application of psychological therapies in the management and treatment of offenders suffering from mental disorders (McGauley and Humphrey, 2003). Thus, the main area of application of forensic psychotherapy is in psychiatric hospitals and prisons (Kluttig and Hoffmann, 2006). Psychotherapy here generally applies to all psychological therapy approaches (those engaged in studying the language, thoughts, beliefs, behavior and actions) (Adshead, 2001). Mainly used ones are psychodynamic, cognitive and system approaches. However, we can say that in the context of forensic psychiatry, psychodynamic method is dominant (Welldon, 1994), since the very development of this discipline is based on psychoanalytic view. Despite the theory that forensic patients cannot understand the psychoanalytic process, forensic psychotherapy in closed institutions includes much more than individual treatment. Group analysis, as well as any analytical psychotherapy, is more of an emotional than intellectual experience (Klutting and Hoffmann, 2006; Hook, 2001). As the essence of psychotherapy is in the acquisition of control (Xenitidis et al., 2005) there is a distrust in psychotherapy with forensic population, but the literature states that the application of psychodynamic understanding may help in understanding the phenomena, even in psychotic patients (Welldone and Van Velsen, 1997 ; by McGauley, 2002). Due to the pronounced necessity, children and adolescent forensic psychiatry has developed later as a separate and specialized branch of forensic psychiatry. The task of the forensic psychotherapist is assessment and treatment of patients, consulting with colleagues,

supervision of younger colleagues and professional teams, support to staff at the facility and forensic assessment of psychopathology, and for the court, assessment of risk and various capabilities (Adshead, 2001). It can be said that forensic psychotherapy involves four basic types of activities - direct clinical practice (assessment and treatment), supervision, clinical meetings and consultations or institutional supervision (McGauley and Humphrey, 2003).

Burton N. Seitler:

When is a knife not a knife? When it is a symbolic penis: Analysis of a youth exhibiting schizophrenic symptomatology

INTRODUCTION: When Kirk, a 19-year old youth, who was experiencing a schizophrenic reaction, brought a hunting knife precariously close to my person in the early phases of psychotherapy, I spontaneously responded in a way that was both a surprise to me and which serendipitously turned out to be a key to the way therapy needed to be conducted with this young man. I could have reacted to the knife in any number of ways, such as, yelling for help, running, or attempting to take the knife away from the young man. Instead, I managed to simultaneously soothe myself, stay calm, and engage him in conversation about his big, shiny, powerful knife. Ultimately, he was able to give up his knife so that I could look at, and admire it more closely. OBJECTIVES This presentation will trace how Kirk came into treatment with me and how we collaboratively came to understand the meaning of his knife and to respect the singular symbolic importance it held for Kirk in his life and in our ultimate relational interaction.

Margreet de Pater:

The relationship between self development and psychosis

Schizophrenia as an entity does not exist may be, that is a common belief in ISPS. So why not investigate voices and paranoia as distinguished entities? It has been done successfully by researchers like Richard Bentall, but one dimension was forgotten. Many people who experienced psychosis have major difficulties to live together with other people, sometimes based on suspiciousness, but not always. Many have difficulties in experiencing intimacy without loosing identity. So they live in a close relationship with one paren tor completely alone. Using research on normal development and the information of 46 interviesws with clients and family members I will argue that many clients suffer from a stagnated development of the self. Families can be of great help in assisting persons who experienced a psychosis to grow up.

Ignazio Ardizzone:

Psychotic prodromes, psychotic onsets and adolescence: diagnosis and treatment between brain development. Vulnerability and subjective symptoms

(Co-authors: ***Arianna Marconi, Silvia Pernetti, Nicola Boccianti***)

Recently, the developmental model of psychotic onset has been broadened: neuro-anatomical and neurophysiological studies, surveys on the premorbid development, neuroscience researches, as well as contributions of the cognitive, psychodinamic, or other psychiatric approaches enriched substantially this field. On the basis of a plastic integration of theoretical considerations and experimental findings, together with a long-term experience raised from the daily clinical work within in a psychiatric department dedicated to psychopathological onsets in developmental age, authors propose a heuristic and operative model to apply to psychotic onset. Adolescence is considered as the place and time of individual development in which prodromal symptoms characteristically manifest themselves: taking into account the crucial changes of nervous system, mind abilities and physical characteristics occurring during adolescence, this model provides a developmental perspective, in which subjective premorbid vulnerability collide with bio-psycho- social development This encounter determines an altered state of subjectivity which is the primum movens towards transition to psychosis. To perform a therapeutic and preventive intervention, it\'s essential to recognize the subjective characteristics of this condition: such characteristics are well described and captured by the theory of \"basic symptoms\". In an experimental perspective, this theory is applied to adolescents suffering from prodromal symptoms or mani-

festing a psychotic onset. The authors describe case-reports together with results and reflections: subjective symptoms appear to be useful and effective in describing pathological psychosomatic symptoms that arise from the alteration of the special relationship which develops during adolescence between the subject and conscience.Furthermore, this symptomatology represents a target for early intervention.

Klaus Hoffmann:
Psychoanalytic Group Psychotherapy with chronic patients – report on several years of containing
(Co-author: *Sybille Styllos*)

For many years, our hospital has been practising a psychoanalytic and social psychiatric approach in the treatment of psychotic patients. In the 1970s, we started to perform a group psychotherapy for inpatients and continued to see these patients in the same group also after discharge. They always meet in the same room where also tea is offered. It is lead by a group therapist and a nurse – for the last seven years by the same persons. In our view, all mental disturbances are attempts to react on conflicts and traumata. The group confirms that all these symptoms make sense, that disturbed people can start to understand each other and through these experiences also themselves. Listening to others' experiences, being there and containing these often crazy stories creates respect for each other and furthers new developments without endangering the participants' autonomy. These new experiences enable the patients to build new relationships outside the therapeutic setting. The paper presents the last seven-year-

Steven Leicester:
Cognitive processing associated with hallucinations in an ultra-high risk 'UHR' group for psychosis
Max Lanzaro: **Negative Capability: a poetic-based cognitive resource in early psychosis**
(Co-authors: *Peter Okey, Kiran Rasul*)

The "jumping to conclusions" response style has been interpreted as reflecting a data gathering reasoning bias and several studies show that patients with at-risk mental state may present a difficulty in tolerating uncertainty along with impaired working memory. This interestingly was encompassed in Keats\' theory of "negative capability", expressed in his letter to his brother of 21 December 1817: "I mean Negative Capability, that is when man is capable of being in uncertainties, mysteries, doubts without any irritable reaching after fact and reason (..)". Nearly a century ago (whilst Kraepelin was postulating that there is a specific brain pathology underlying the major psychiatric disorders), Keats had the intuition that "sane" people have the ability to accept that not everything can be immediately resolved: "This "being in uncertainty is a place between the mundane, ready reality and the multiple potentials of a more fully understood existence". Negative capability is a state of intentional open-mindedness paralleled in the literary and philosophic stances of other writers. In the 1930s, the American philosopher John Dewey cited Keatsian negative capability as having influenced his philosophical pragmatism, and said of Keats\' letter that \"contains more psychology of productive thought than many treatises". Encouragingly, modern and contemporary research is beginning to address applications of exciting new cognitive theoretical models for psychosis in clinical practice. The aim of this paper is to suggest there should be room for poets' arguments to inform cognitive techniques whose target is the faulty appraisal or interpretation of anomalous experiences and events.

Michael Moutoussis:
An experimental study of the role of defensive avoidance of negative thoughts about the self in paranoia
(Co-authors: ***Richard Bentall, Wael El-Deredy***)

The contention that psychological defensive avoidance contributes to the aetiology of paranoia has a sophisticated clinical-theoretical basis but it has received inadequate empirical attention. We therefore undertook a detailed empirical study to test this contention. We hypothesised that poor-me paranoid patients, those who believe the persecution they perceive is undeserved, would show prominent defensive avoidance. Bad-me patients, who blame themselves for the persecution, might tend to engage in ruminations about negative aspects of the self. Poor-me patients were also expected to show a relatively preserved overt view of the self.

We examined healthy people and patients with serious mental health difficulties with either poor-me, bad-me or little paranoia. Participants were assessed for mood, social desirability, paranoia, perceived deservedness, self-discrepancies (how close they were to their ideals, both in their own eyes and in the eyes of others), questionnaire, clinical and laboratory ratings of defensive avoidance.

It was found that negative thoughts about the self were not excessively avoided by paranoid patients, neither according to laboratory nor according to clinical-psychotherapeutic criteria. In addition, neither paranoid patients in general nor the poor-me subgroup displayed any relative preservation of self-image. Only non-depressed paranoid participants showed relatively normal selfdiscrepancies.

However, both poor-me and bad-me patients showed very low self-reported tolerance
of negative mental contents, consistent with high levels of experiential avoidance.

In conclusion, defensive avoidance of negative aspects of the self may have little role in the aetiology of paranoia even if, in some of its forms, it may ameliorate the self-image.

Michael Remshard:
Coming apart & coming together: The episodic experience of one man's disintegration of self and the story of his reintegration

After the tragic events of September 11th 2001, a younger middle-aged man working in the field of mental health within 15 miles of New York City, while serving people affected by the tragedy experienced a debilitating disintegration of self. Transitory events involving stress, sleep deprivation, social isolation, and medications easily mirrored the symptomatology of an array of 'psychological disorders' including delusions and psychosis. What vasriables in his life set off this disintegration of self? What factors contributet to his reclamation of self? The man sought a wide range of medical and psychological help. Psychotherapeutic experiences do not exclusively take place in the experience of psychotherapy. This case presentation will review how kindness, friendship, aligned with straightforward common-sense talk therapy, the capacity for relationship, love, and serendipity enabled this man to transfor his life, reclain his career, and as a result better help to others now.

Debra Lampshire:
Service users shaping New Zealand mental health services
(Co-author: ***Ingo Lambrecht***)
Ingo Lambrecht:
Service users in cultural spaces
Debra Lampshire:
An exchange of gifts: The value of working in partnership with service users
John Read:
Why are some mental health professionals scared of partnership with persons that are tyring to help

Working in partnership and redefining the role of clients from passive recipients to active participant to their own well-being may require a change in approach from practgitioners expanding on the concepts of the therapeutic relationship to create a symbiotic relationship allows both parties to vacillate roles of teacher and learner. This supports clients taking responsibility for their own lives. By converting a treatment philosophy to a partnership philosophy creates opportunities for practicioners to be guided and informed from the client's experiences. The questions are posed, have practicioners become so enamoured by the theoretical constructs that

the client's lived expeience is deemed interesting but a distraction from the reality of their situation and demonstrating a lack of insight. Many service users from indigenous cultures across the world struggle with mental healts services and the dominant medical discourse, especially in regard to psychosis. The New Zealand mental health service has acknowledged that the indigenous people of New Zealand require a culturally appropriate service. This has not been without long political struggles. The struggles of the Maori mental healt service users continue. New developments will be outlined, and may suggest some learning for those seeking other discursive positions, as well as for those curious about other cultural and treatment options. The professional and personal barriers to mental health staff facilitating more equal, empowering relationships with service users and to involving experience-based experts in the planning and management of services will be discussed.

Mark Agius:

Five year outcomes in an Early Intervention Services in Luton, Bedfordshire

(Co-author: ***Tomas Craig***)

Outcomes of Early Intervention Services for Psychosis have been published in detail in recent years.Here we present and compare four studies in which outcomes of such services have been compared to treatment as usual in standard psychiatric services. We discuss the consequences of these outcomes, including the suggestion that there is a loss of statistical significant difference across several parameters between the outcomes of those treated in Early Intervention Services and those treated in standard care once the patients have been transferred from the specialist service to standard care, and consider the consequences of these findings for service design

Merete Nortdentoft:

Five year outcomes in the Opus Early Intervention Study

(Co-authors: ***Merete Nordentoft, Mette Bertelsen, Nikolai Albert, Pia Jeppesen, Lone Petersen, Anne Thorup, Johan Øhlenschlæger, Phuong Le Quach, Torben Østergaard Christensen, Gertrud Krarup, Per Jørgensen***)

Intensive early treatment for first episode psychosis have shown to be effective. It is unknown if the positive effects are sustainable over time. The aim was to determine long term effects of specialised assertive early intervention programme (OPUS) for first episode psychotic patients. Methods: 547 first-episode psychotic patients were enrolled in a single-blinded randomised clinical trial of two years of a specialised assertive early-intervention programme versus standard treatment. OPUS treatment consisted of ACT with family involvement and social skills training. Follow-up was two, five and ten years. 369 patients were interviewed after two years, 301 after five years and most likely approximately 310 after ten years. All patients were followed for at least five years in the registers. Results: At five-year follow-up, the effect of the treatment seen after two years (psychotic dimension: -0.32 95% CI -0.58 to -0.06, P=0.02, negative dimension: -0.45 95% CI -0.67 to -0.22, P= 0.001) had equalized between treatment groups. A significantly smaller percentage of patients from the experimental group were living in supported housing (4 % vs. 10%, OR 2.3, 95% CI 1.1 to 4.8, P =0.02) and were hospitalized fewer days (mean days 149 vs. 193, mean difference 44, 95% CI 0.15 to 88,12 P= 0.05) during the five-year period. Results of the ten year follow-up will be presented. Conclusions: The OPUS treatment improved clinical outcome after two years, but the effects were not sustainable up to five years after. A difference on supported housing and use of bed days were found after five years in favour of the OPUS treatment.

Tomas Craig:
Five year outcomes in the LEO Early Intervention Service

Background: Early intervention in psychosis, delivered by specialist teams has been shown to improve outcomes over an 18 month period. It is less certain whether these outcomes can be maintained in the longer term especially as care is typically handed over to mainstream services after an initial 2-3 year period. Method: Service contact records of individuals who had participated in a randomised controlled trial of an early intervention service were examined over a 5 year period. Results: Care had been transferred to routine services for all patients by this point. The early advantages of the initial 18-months were no longer evident at 5 years with both intervention and control group showing similar hospitalisation rates and lengths of stay. Conclusion: The involvement of specialist early intervention teams may need to be maintained for a longer period than is currently recommended. Studies are needed to address this hypothesis.

Yuliya Zaytseva:
Five year outcomes in a First Episode of Psychosis Service in Moscow
(Co-authors: ***Y.A. Gurovich, A.B. Shmukler***)

BACKGROUND: A recent innovation in mental health has been the development of First episode clinics (FEC) to give intensive treatment and support to individuals, usually on an \outpatient\ basis, when they first experience a psychotic episode such as schizophrenia. Programs adopted within FEC more frequently cover first 2-3 years which potentially could lead to the omission of the benefit for patients during the critical period of schizophrenia. Objective: To evaluate the effectiveness of the integrated treatment of patients with early psychosis in comparison with care provision in traditional mental health system in 5-year naturalistic setting. Methods: The integrated program in Early Intervention Service (First Episode Clinic (FEC)), established in Moscow Research Institute of Psychiatry in 2000 is based on the following principles: subsequent management of illness after treatment in FPEC is the same as initial treatment with the focus on the continuity of care, utilization of services within the least restrictive approach, primary use of atypical antipsychotics in combination with psychosocial interventions; long-term follow up with individualized case management; family involvement in treatment and rehabilitation process. The study was carried out as prospective, longitudinal investigation of first episode patients within integrated program in FEC (1st group, n=114) and in routine care (2nd group, n=119) during 5-year follow-up. The effectiveness was evaluated in comparison of clinical (rates of relapses and complete remissions, adherence to therapy, setting of the relapse treatment) and social parameters (alterations in social status, social functioning) and in both groups as well as comparative pairwise analysis (33 pairs matched by age, gender, level of education, and type of the onset patients) was performed in order to confirm the overall results. Results: Comparing to the routine care in 5-year follow-up, patients who have been treated in FEC were more compliant with therapy regimen: 48% in the 1st group vs. 12% in the 2nd group. More patients of the 1st group maintained the condition of complete remission (46.5% vs. 36.7%, $p \geq 0.05$). Moreover, during the follow-up period they were more likely to show help-seeking behavior and referred to services during the earlier stages of the exacerbation, therefore the relapse rates were decreased (mean=0.18,SD=0.45 and mean=0.59, SD=0.82, respectively, $p \leq 0.001$) and 70.4% of patients were treated in outpatient settings. Symptomatic control of the illness contributed to social recovery in patients within integrated care. By the 5th year, only 19.3% of the cases of the 1st group were formally recognized as unemployable due to psychiatric disability compared to 41.3% in the 2nd group ($p \leq 0.001$). The results of pairwise analysis reaffirmed the following findings. Moreover, the psychotic symptoms of the first group were controlled within shorter time than in patients treated within routine care (38.96+24.16 days vs. 96.5+62.8 days, $p \leq 0.001$). Conclusions: Long-term treatment of patients with first psychotic episodes in FEC and routine care showed discordant dynamics of clinical and social parameters in 5-year follow-up with their gradual deterioration in traditional care system. This suggests that management of patients after first episode of psychosis via integrated long-term program could have a greater positive impact on the unfavourable course of schizophrenia.

Bert-Jan Roosenschoon:

Implementation of illness management and recovery, results of a pilot study

(Co-author: ***Margreet de Pater***)

INTRODUCTION: Illess management and recovery (IMR) is a standardized curriculum – based psycho-social programm designed to provide persons with severe mental illness information and skills necessary for managin their illness effectively and working toward achieving personal recovery goals. IMR i san evidence based practice in the US (Mueser K.T. et al, 2002 and 2006). A toolkit for implementing is available (www.mentalhealth.samsha.gov). IMR has been adopted and implemented in several countries. In Bavo-Europoort, Rotterdam, The Netherlands, implementation of IMR starte din 2009. We did a pilot-study to evaluate the quality of the implementation of IMR in a group format. This study evaluated the process of implementation to facilitate broader implementation in the future. Aims were to examine which factors promote or hinder successful implementation of IMR, to get indications for effects on clients, to test methods & instruments. As a preparation for a planned RCT methods we did a program-evaluatuion (PE) of one year with one group pre-and-post measurement (6 IMR groups, N=45). Elements of the PE: success of the planned implementation measuring effectiveness of IMR on individual recvery, acquired skills, knowledge, etc. Achieving clients golas – esting methods and instruments: organization and logistics of the study, measurement questionnaires, interviews, acquiring registration in formation, mesasuring fidelity. Results: great difference per group in quality of implementation depending on skills of trainers; drop-out in different stages of implementation differs. Participants were mostly stabilized clients with schizophrenia.Clinicians and clients who finished the program were very positive/satisfied. Clients showed improvements.Although implementation was meant to be with open groups, it were mostly with closed groups. Conclusions: to facilitate program fidelity and to improve outcomes investment in training and supervision of trainers is needed. For broder implementation of IMR in a group format investment in organization of open groups is needed.

WORKSHOPS - Titles

Wednesday morning (June 01, 2011):

W-01. Chair: ***Jan Leijten*** - Breaking with the reality of the ordinary human world, what happens?
Wouter Kusters: Falling masks; The altered sense of other persons in the psychotic world
Ludi van Bouwel: Aberrant salience for excessive projective identification in psychosis
Margreet de Pater: Nowhereland; 21 persons who experienced psychosis what did they say?
Kathleen Lacluyse: ...And how can we bee of any help ...?

W-02. Chair: ***Aldo Špelić*** - New perspectives in psychoanalytic psychotherapy of autism
Aldo Špelić: The genesis of autism in the light of primary narcissism

W-03. Chair: ***Brian Martindale:*** A psychodynamic contribution to caser formulation in people with psychosis
Co-chair: ***Alison Summers:*** A psychodynamic contribution to caser formulation in people with psychosis

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Wednesday afternoon (June 01, 2011.):

W-04. Chair: ***Jeanne Seitler*** - A Noval Approach to understanding the etiology and treatment of psychotic states; A presentation, a workshop, a conversation about paradigms

W-05. Chair: ***Warrick Brewer:*** My client is very difficult to engage and presents significants risk to others!

W-06. Chairs: ***Michael O'Loughlin:*** Subjectivity in schizophrenia: Phenomenological studies of psychosis
Josef Parnas: Rsychosis in schizophrenia
Anna-Karin Neubeck: The prodromal phase of what? A metapsychiatric analysis of the prodromal phase of schizophrenia
Borut Škodlar: On being depressed, despaired, lonely and suicidal in schizophrenia
Mads Henriksen: On being depressed, despaired, lonely and suicidal in schizophrenia

W-07. Chair: ***Brian Koehler:*** The schizophrenias: From DNA to Neighbourhood
Brian Koehler: Auditory hallucinations: Neuroscience, phenomenological, cognitive-behavioral and psychodynamic approaches.
Brian Koehler: Delusions: Neuroscience, phenomenological, cognitive-behavioral and psychodynamic approaches
Brian Koehler: Loneliness in psychosis: an integration of neuroscience and psychodynamic research.

W-08. Chairs: ***Marius Romme, Sandra Escher:*** Psychosis as a personal crisis. The recovery process with people hearing voices.

Thursday morning (June 02, 2011):

W-09. Chair: ***Jane Barrington:*** Trauma informed care: A relational practice
(**Co-chair**: ***Debra Lampshire***)

W-10. Chair: ***Christopher Findlay:*** Healing the heart of trauma in psychosis using EMDR; experiences and insights from a patient and his psychiatrist
(Participants: ***Jahangir Mahmood*** and ***Matthew Williamson***)

W-11. Chair: ***Frauke Schulze-Lutter:*** Subjective disturbances in emerging psychosis
(**Co-chair**: ***Benno Schimmelmann***)
Andrea Raballo: Self-disorders and schizotypy: Underexplored prodromal features?
Danny Koren: Self-disorders as a marker of risk for psychosis: A pilot study of non-psychotic help-seeking adolescents
Petra Walger: Subjective deficit sin adolescents considered at-risk of psychosis
Stephan Ruhrmann: Basic symptom and ultra-high risk criteria in the prediction of first-episode psdychosis

W-27. Chair: ***Bettina Jacobsen:*** First psychosis, Assertive Community treatment and recovery: Using all we know together in one
(**Co-chair**: ***Marguerite Elfring***)
Bettina Jacobsen: Daily work with focus on therapeutic interventions

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Thursday afternoon (June 02, 2011):

W-13.Chair: ***Jorge L. Tizon*** - The value of small area qualitative research - examples from Barcelona, Spain, Delft, Netherlands, and London
Jorge L. Tizon: At risk mental state in a community service for early attention to psychosis in Barcelona, Spain
Margreet de Pater: The effect of social inequality and loneliness on evolving psychosis, what did Moroccan patients and family members tell us?
Christopher Burford: Community service for 500 patients with severe mental illness in a poor area of London: Differences, similarities, unique personal pathways

W-14. Chair: ***Andrew Moskovitz:*** A new model of auditory hallucinations: Understanding and working with voices from an attachment and dissociation perspective
(Participants: ***Dirk Corstens, Eleanor Longde***)

W-15.Chair: ***Claudia Mazzeschi:*** Dreaming outside: Dreamwork and pre-verbal therapies of psychotic fragmentation
(**Co-chair**: ***Maurizio Peciccia***)
Claudia Mazzeschi: Amniotic therapy, an evidence based study
Mariella Garis: Progressive mirror drawing in individual psychotherapy of psychoses
Francesca Maschiella: Progressive mirror drawing in individual psychotherapy of psychoses
Simone Donnari: Video-integration in group therapy of psychoses

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Friday morning (June 03, 2011):

W-16. Chair: ***Ira Steinman:*** Psychiatry and Psychotherapy: The pendulum swings
(**Co-chair**: ***Ron Abramson***)
(Participants: ***Ann Louise Silver, David Garfield***)

W-19. Chair: ***Klaus Hoffmann:*** Psychoanalytic approaches to patients with psychosis havin committed serious crimes

W-28. Chair: ***Jen Kilyon*** - Adapting the soteria model to today's economic and political climate – a community based approach in Northern England
(**Co-chair**: ***Nick Putman***)

Friday afternoon (June 03, 2011):

W-20. Chair: ***Wilfried Ver Eecke:*** Ego-Structuring Psychotherapy. The working phase: from fusion to triangulation
Annika Stenkrantz: Ego-Structuring psychotherapy. Providing pieces for identity formation: A method which develops the patient's thinking, interpersonal relationships and emotional capability
Eva Lingström Eriksson: From psychotic chaos to normal life. Case presentation showing efficacy of ego-structuring psychotherapy by linguistically structuring the patient
Christina Villemoes: Two tools in ego-structuring psychotherapy: the non-polarizing talking style and the „best-pal" relationship

W-21. Chair: ***Debra Lampshire:*** The M.O.D.E.R.N. Voice-hearer: Today's voice hearers informing today's clinicians

W-22. Chair: ***Alan Rosen:*** Beyond early intervention and „Woodshedding": What can be done for those who have persistent symptoms and a protracted recovery over the next 5-10 years?

W-23. Chair: ***Sanja Narić:*** Bibliotherapy – the road to unconscious
(**Co-chair**: ***Tija Žarković-Palijan***)

Saturday morning (June 04, 2011):

W-24. Chair: ***David Wilson:*** The therapeutic alliance in the treatment of psychosis and personality disorders complicated by active substance abuse

W-25. Chair: ***Ira Steinman:*** In depth the development of the self during the intensive psychotherapy of schizophrenia
(**Co-chair**: ***David Garfield***)
(Participant: ***Françoise Davoine***)

W-26. Chair: ***Klaus Lehtinen:*** New develolpments in family interventions.
Grainne Fadden: Integrating models of family intervention
Carina Hakansson: Ordinary life terapy: Experiences in family care.
Joel Kanter: Family consultation with psychotic disorders.

WORKSHOP - Abstracts

Jan Leijten:
Breaking with the reality of the ordinary human world, what happens?

What happenes when a person passes the gate from the reality of ther ordinary human world to a world of things and symbols, where past, present and futrure are no longer distinct? What is going on in the human world at such a moment and how is the psychotic world experienced? Is the psychotic experience an encounter with one's own deeper self is it a nowhere land or i sit something else? And how can we make a bridge between the two wotlds? In the view of W. Kusters, informed by first-hand experience and psychiatric and philosophical expertise, acute psychosis can be characterized as an altered – and alternative – state of 'being-in-the-world', which he will explore from the (psychotic) altered sense of 'other minds', 'other agents' or 'intersubjectivity'. L.van Bouwel cites Bion: the psychotic part of the personality cannot tolerate a painful reality. The patient fails to use his 'dreamworkalpha' to integrate his mental pain into his internal world, and uses fragmentation and evacuation to get rid of these painful elements of his mind. The excessive splitting and projective identification of fragments of his personality into the objects create 'bizarre objects' which contain elements of the painful reality of the patient. M.de Pater tells what 21 persons who experienced psychosis told her about the circumstances they were in before they passed the gate and about their experience of nowhere-land. K.Laclyse explores how caregivers can be of any help, witnessing acure psychosis. Three anchocr points, at different but intertwined levels, are discussed: knowledge (knowing about subjective experience and psychosis); interpersonal aspects ('companion on the road') and a basic, almost humanistic therapeutical attitude.

Wouter Kusters:
Falling masks; The altered sense of other persons in the psychotic world

In my view, informed by both first-hand experience and psychiatric and philosophical expertise, (acute) psychosis can be characterized as an altered – and alternative - state of 'being-in-the-world', which can be explored and described best when starting from the (psychotic) altered sense of time, space, reality, perception / cognition, and 'other minds'.

In this talk I will elaborate on the latter concept: the altered experience and conception of 'other minds' in acute psychosis. How do psychotic persons view, experience and think about others, other minds, or other subjects? I will argue that the psychotic experience of intersubjectivity is shaped by the accidental 'appearance' of other persons in the psychotic field of experience. For example, when a psychotic person's best friend is accidentally wearing a shirt, with the name of the rock band 'Simply Red', he may change in the psychotic world from a close friend into a distant spy from (the red planet) Mars, the former Soviet Union, or the land of love, depending on the context. How can this happen? Next, I will show how and why quasi-'archetypal' images, symbols or patterns are prevalent in psychotic relations to the other (why spies, why Mars, why the Soviet Union?). Last but not least, I will discuss the consequences of psychotic intersubjectivity for the possibilities of communication and interaction between psychotics and non-psychotics.

Ludi van Bouwel:
Aberrant salience for excessive projective identification in psychosis

In 2003 Kapur introduced the concept of 'aberrant salience' for psychosis: he proposed a framework linking biology, phenomenology and pharmacology in schizophrenia. Aberrant salience attribution is defined as aberrant assignment of importance and personal meaning to environmental stimuli such as persons, places and events. The patient tries to interpret these aberrant experiences and constructs a seemingly plausible (to him) account in order to understand the changing situation. This eventually leads to the emergence of psychotic symptoms. According to Kapur a deregulated, hyperdopaminergic state - at the 'brain' level - implies an aberrant assignment of salience to the elements of one's experience - at a 'mind' level. Antipsychotics

'dampen the salience' of these abnormal experiences and permit the resolution of symptoms.
The psychoanalytical thinking of Bion describes a complementary, non biological, mechanism to understand these experiences and provides an alternative solution. In Bions framework the psychotic part of the personality can not tolerate a painful reality. The patient fails to use his 'dreamworkalpha' to integrate his mental pain into his internal world, and uses fragmentation and evacuation to get rid of these painful elements of his mind. The excessive splitting and projective identification of fragments of his personality create 'bizarre objects' which contain elements of the painful reality of the patient. The primary concern in psychotherapy should be to make sense of what is happening during the psychotic breakdown. Therefore it is necessary that the therapist can use his dreamworkalpha to metabolise the mental pain of his patient.

Margreet de Pater:
Nowhere land; 21 persons who experienced psychosis what did they say?

46 family members and persons who experienced a psychosis were interviewed. Questions were asked about their life history, their personal and social circumstances at the start of the psychosis, and about the process of recovery. 21 persons who had a psychotic experience could give information on how they passed the gate and what happened after this. Some were overwhelmed by emotions from the past, some were involved in dangerous acts, some experienced extreme liberty, and some were in love with an unattainable woman. I will argue that they were all alone.

Kathleen Lacluyse:
...And how can we be of any help ...?

Unquestionably, psychotic crisis itself forces to review the borders of what one always presumed to be 'reality' and 'obviousness'. The question thereby arises how professional caregivers can be of any assistance and support. We will discuss 3 anchor points, at different but intertwined levels, presumed to be of critical importance: knowledge, interpersonal aspects and humanistic attitude.

The first anchor point, knowledge, refers to merely 'knowing about' the subjective and qualitative aspects of psychotic crisis. In the context of a predominantly biomedical model of psychosis, one could argue that during their education professionals should become – at least basically- well acquainted with the subjective side of psychotic crisis. With respect to the interpersonal level, the role of the caregiver can be described as 'companion on the road', carefully and patiently listening, putting sometimes just lose words and associations together, solidly carrying emotions of puzzleness, estrangement, fascination or fear, and flexibly bending with a possibly changed time perspective.

On the third level we argue that a certain basic, maybe even humanistic attitude is indispensable. Psychosis can be easily seen as something strange, psychopathological of nature, since it so impressing that it distorts the borders of common reality. Such a dichotomy seems unhelpful, maybe even antitherapeutical, since it dismisses what psychotic crisis actually is: fundamental suffering hidden under seemingly bizarre symptoms.

Aldo Špelić:
New perspectives in psychoanalytic psychotherapy of autism

The aim of this workshop is to present new findings about the psychological genesis of autism and the new perspectives in the psychoanalytic approach to psychotherapy of autism built on these findings that occurred during the eighteen years of psychotherapeutic work with eight autistic children. The starting point of this presentation are the leading psychoanalytic concepts of autism (Mahler, Tustin, Meltzer, Alvarez) in which autism is understood as a result of the failure of development of the early object relations and the emphasis is given to the importance of early trauma coping with the stimuli of the outside world and the failure of mothers to protect children from them. Within these concepts of autism we meet with psychotherapeutic approach in which the emphasis is on the reconstruction of these early traumatic experiences constructed within the first forms of relationship with the autistic child. In these approaches the therapeutic role is passive collection of contents that serve as the basis for interpretation and reconstruction of early traumatic experiences. In this

approach, the least attention is given to the specific construction of a primary relationship with the autistic child and to the development of verbal communication that is necessary in psychoanalytic psychotherapy approach. Just through the recognition of the important role of early narcissistic development, in which the integration of early sensor-motor experiences comes to building primary narcissistic structures necessary for the development of object relations, new perspectives in understanding and psychotherapeutic approach to autism are opened. These new findings in relation to existing psychoanalytic concepts of autism make major changes in psychotherapeutic approach from the tasks of reconstruction early traumatic experience of separation in the psychotherapeutic milieu established primary relationships (traumatic psychotherapeutic model) to the construction of these primary mental structures necessary for coping with the content of separation and construction of object relations (developmental psychotherapeutic model).

Aldo Špelić:

The genesis of autism in the light of primary narcissism

The primary narcissism as a specific period of early child development (Freud, 1910-15) is today a neglected and abandoned concept. The problem of primary narcissism is determined by different definitions of this term with regard to its description and time of occurrence (Laplanche-Pontalis). A special role in that problem have made theorists of British school of object relations putting the meaning of narcissism as opposed to the object relation and in this way put into question the validity of the concept of primary narcissism and its existence. Psychotherapeutic experience with autistic children threw new light on understanding the role of early development in the genesis of autism and particularly on the development of primary (archaic) narcissistic structure in the autistic development. Just a failure in the development of primary narcissistic structures, which represent the basis for the child\'s vitality and activity, has been recognized as basic deficiency in the process of differentiation and the development of object relations of autistic children. By these findings early aspects of narcissistic development were given particular importance in the development of object relations and they gave new emphasis to process of sensor-motor integration (Winnicott) and also the development of primary narcissistic structures (Kohut) especially in the initial phase of psychotherapy of autistic children. Primary narcissism in this paper is understood as an early stage of development in which the initial mental (primary narcissistic) structure are formed. These initial mental structures represent necessary condition for the development of object relations, especially in the developmental experience of \'crisis differentiation\' (Mahler). To that extent the development of primary narcissism and object relations are not perceived as two independent lines of development, but quite the opposite as mutually dependent and intertwined lines of development which has a certificate in results of early child development's investigations (Piaget, Stern, Hobson).

Jeanne Seitler:

A Novel Approach to understanding the aetiology and treatment of psychotic states; A presentation, a workshop, a conversation about paradigms

Psychotic states are viewed not as a physiological aberration needing adjustment through the use of medication, nor a maladjusted pattern of behavior to be extinguished, but instead as a signal that the individual finds himself operating at the perimeter of his current psychological viability. Contrasting with other treatment modalities that focus on symptom remission, this model does not focus on the eradication of symptoms, because the symptom is likely to hold valuable information as to the location and nature of a person's problem in successfully construing him self, others, and the world. The pain experienced with a symptom is viewed as what motivates the client to risk construct reconstruction. It is, therefore, important not to rescue the client from what might be much-needed discomfort. Symptoms and painful emotions will be ameliorated when construct revision is achieved. The intense, often terrifying and disorganizing symptom cluster known as Psychosis can be understood as signaling a crisis in construing at the level of core identity constructs. Psychosis arises when confusion exists in understanding one's self and how to organize novel, overwhelming or invalidating experience. In order to identify the etiology of psychosis for a given person, situational, developmental, and characterological factors must be explored. This model provides a framework and process by which these factors can be conceptualized so that the person who suffers from psychotic states may receive individualized treatment appropriate to his unique psychosis etiology. Objectives -Participants will learn a new, non-biological, integra-

tive model for conceptualizing the etiology of Psychotic States. -Participants will be able to articulate what factors predispose certain individuals, rather than others, to having repeated psychotic episodes. -Participants will learn several techniques for assisting clients with the self-reorganization necessary for the resolution of psychotic states. -Participants will discuss the integration of paradigms this new model embraces.

Andrew Moskovitz:

A new model of auditory hallucinations: Understanding and working with voices from an attachment and dissociation perspective

Auditory hallucinations are not only experienced by persons with psychotic diagnoses, but also by those with other diagnoses and with no mental disorders at all (such as grieving spouses). While this has long been recognized, there is an entrenched clinical belief that voices heard by persons with psychotic disorders differ in significant ways from other voices, typically on the basis of insight and perceived location (through the ears or inside the head). But insight is not a characteristic of hallucinations and perceived location does not distinguish between voice hearing populations. On this and other bases, we (Moskowitz & Corstens, 2007) have argued that all auditory verbal hallucinations are essentially the same – disaggregated (dissociated) or disowned components of the self resulting from trauma, loss or other interpersonal stressors that activate the attachment system. Differences between voice hearers lie primarily in the development/elaboration of the voice (related to dissociative capacity?), the emotional reactions to the voices, the likelihood of developing delusions around them, and the ability or willingness to engage with the voices. In this workshop, the empirical and theoretical bases for this model will be presented, along with a therapeutic approach for working with voices – emphasizing the normalization of voice hearing and the empowerment of voice hearers – that is consistent with it. Dirk Corstens, a Dutch psychiatrist and researcher who has worked closely with Marius Romme and Sandra Escher for many years, will present an overview of 60 voice hearer case-studies from this perspective, with particular focus on an approach to exploring the relationship between life history and voices. Andrew Moskowitz, Professor of Clinical Psychology at Aarhus University, is the lead presenter, and Eleanor Longden, a voice hearer and PhD student at University of Leeds, where she is researching on voice hearing, will also be presenting.

Brian Koehler:

The schizophrenias: From DNA to Neighbourhood

Brian Koehler:

Auditory hallucinations: Neuroscience, phenomenological, cognitive-behavioral and psychodynamic approaches

Brian Koehler:

Delusions: Neuroscience, phenomenological, cognitive-behavioral and psychodynamic approaches

Brian Koehler:

Loneliness in psychosis: an integration of neuroscience and psychodynamic research

This paper will attempt to arrive at a more comprehensive model of auditory hallucinations through an integration of research across neuroscience, phenomenological, cognitive and psychodynamic models.

This paper is an attempt to arrive at a more comprehensive understanding of delusions. Delusions will be described from the perspectives of neuroscience, phenomenology, cognitive-behavioral and psychodynamic theories.

This paper will focus on the role of loneliness and threats to relatedness in the development, course and outcome of psychotic disorders. These subjects will be approached through an integration of neuroscience research and psychodynamic processes.

Frauke Schulze-Lutter:
Subjective disturbances in emerging psychosis
(Co-chair: ***Benno Schimmelmann***)
Andrea Raballo:
Self-disorders and schizotypy: Underexplored prodromal features?
Danny Koren:
Self-disorders as a marker of risk for psychosis: A pilot study of non-psychotic help-seeking adolescents
Petra Walger:
Subjective deficits in adolescents considered at-risk of psychosis
Stephan Ruhrmann:
Basic symptom and ultra-high risk criteria in the prediction of first-episode psdychosis

Subjective disturbances in the prodromal phase of psychoses have already been described in detail by Mayer-Gross in the 1930s. He had wondered why so little use was made of the first self-experienced signs of the emerging disorder and reasoned that they might be neglected for their frequent lack of being directly observable to professionals and/or assumed insignificance. Starting in the 1960s, these early subjective experiences of the beginning psychotic disorder were systematically studied, described by Gerd Huber within the 'basic symptom' concept and operationalized in the Bonn Scale for the Assessment of Basic Symptoms (BSABS). With the rising interest in an early detection of psychosis since the 1990s, subjective disturbances have received increasing attention, particularly cognitive and perceptive basic symptoms as well as self-disorders/anomalous self-experiences. With regard to self-disorders, the first presentation will be on cross-sectional and longitudinal basic symptom profiles of three inpatients groups initially diagnosed with schizophrenia, SZPD or a non-spectrum disorder. Next, the association of anomalous self-experiences and UHR criteria with deficits in social functioning in adolescents seeking help for mental problems in non-specialized clinical settings will be reported. With focus on cognitive-perceptive basic symptoms, a cross-sectional comparison of the 'Structured Interview for Prodromal Syndromes, SIPS' (for the assessment of UHR criteria) and the 'Schizophrenia Proneness Instrument, Child and Youth version, SPI-CY' (for the assessment of basic symptoms) between an adolescent at-risk sample and a non-psychotic, non-at-risk adolescent inpatient sample and healthy adolescent sample respectively will be reported. Finally, the benefits of combining UHR and basic symptom criteria will be evaluated based on two large samples from prospective studies.

F. Schultze-Lutter (chair), ***B.G. Schimmelmann*** (co-chair)
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A. Raballo, J. Parnas

Self-Disorders and Schizotypy: underexplored prodromal features?

Modelling premorbid and prodromal stages of schizophrenia is crucial for understanding the full developmental progression of the illness. Current prodromal risk research has mostly focussed on predicting imminent psychosis by means of attenuated positive symptoms. However, behavioural deviations alone, seems to be insufficient for clinically accurate early recognition and leave unresolved the contribution of two potentially prominent vulnerability indicators: anomalous subjective experiences (self-disorders) and schizotypy.

A sample of 151 consecutively first-admitted patients with psychotic features were assessed with a number of instruments, including the Bonn Scale for the Assessment of Basic Symptoms, and followed up for 5 years. We evaluated the psychopathological profiles of 3 subgroups (Schizophrenia, Schizotypal Personality Disorder, Other mental illness) both cross-sectionally and longitudinally for prediction of diagnostic assignment at follow-up.

Patients with schizotypal disorder scored intermediately between patients with schizophrenia and other diagnoses on major symptom dimensions (positive, negative and disorganised) and exhibited comparable degrees of subtle aberrations of self-disorders to patients with schizophrenia. Transitions into schizophrenia-spectrum conditions were predicted by self-disorders at baseline. A clinically relevant percentage of schizotypal subjects were found compatible with a diagnosis of schizophrenia at re-assessment.

Self-disorders constitute a clinically salient feature of schizophrenia spectrum disorders which might be usefully integrated in current at-risk criteria to improve predictive accuracy. Schizotypy represents a milder (less psychotic) variant of schizophrenia which contribution to the transition to psychosis should be better discerned beyond the diagnostic etiquette, eventually through a dimensional profiling of constitutive traits.

D. Koren, N. Reznik, M. Herman, R. Rozilio, Parnas J.

Self-disorders as a marker of risk for psychosis:
A pilot study of non-psychotic help-seeking adolescents

Anomalies in self-experience (ASE), partly identical to basic symptoms, are considered a core, 'not-yet-psychotic' pathogenetic feature of emerging schizophrenia and its spectrum. This was preliminary studied on 77 non-psychotic help-seeking adolescents.

The main goals were: 1) to estimate the prevalence and nature of ASE among help-seeking, non-psychotic adolescents; and 2) to explore the relationship between ASE and ultra-high risk (UHR) symptoms and deterioration in psychosocial functioning.

ASE assessed with the Examination of Anomalous Self-Experience (EASE). UHR symptoms were assessed with the Prodromal Questionnaire (PQ) and, if above the PQ cut-off for probable UHR state, with the Structured Interview for Prodromal Symptoms (SIPS). Further, deterioration in social and role functioning and overall level of distress was assessed.

A wide range of ASE varying in severity was reported by roughly two thirds of the sample, yet in only less than one quarter (23%) at a clinically meaningful level. This proportion was still smaller than the number of participants (32%) who met UHR criteria. The degree of overlap between the two conditions was moderate (14%) but not significant (chi2= 2.9, df=1, p=.09). An exploratory factor analysis revealed different factors for ASE and UHR symptoms with a modest correlation between the two. Interestingly, deterioration in social functioning loaded stronger on the ASE factor than on the UHR factor.

These preliminary findings suggest that ASE can enrich current early detection models by providing a means of further ''closing in'' on a smaller subgroup of individuals truly at high risk of schizophrenia spectrum disorder.

P. Walger, L. Fux, F. Schultze-Lutter

Subjective deficits in adolescents considered at-risk of psychosis

Basic symptoms (BS) have been suggested as an alternative to UHR criteria in the early detection of psychosis in adults and adolescents. Yet, to account for potential developmental differences in children and adolescents, a special instrument, the Schizophrenia Proneness Instrument – Child & Youth version (SPI-CY) was developed and first evaluated in a clinical sample.

The SPI-CY and SIPS were compared in an adolescent sample (mean age 15.9; SD=1.5 yrs., 61% male) of 20 patients considered at-risk of psychosis for UHR and/or BS criteria, 21 inpatients with non-psychotic disorder and 20 healthy pupils. 65% of the at-risk sample met the attenuated psychotic symptom criterion, 5% reported brief limited intermittent psychotic symptoms, 70% cognitive-perceptive BS and 20% cognitive disturbances; 10% met the state-trait criterion of the ultra-high risk criteria, none of them on its own.

The three groups differed significantly on all subscales of the SPI-CY and SIPS (Kruskal-Wallis, df=2, $p \leq .001$). Pairwise post-hoc comparisons showed highly significantly lower totals of pupils compared to both clinical groups on all subscales (Mann-Whitney, $p \leq .008$), yet, comparisons of the two clinical group revealed that, of the SIPS, only the positive section, but, of the SPI-CY, all subscales had significantly higher totals in the at-risk group (Mann-Whitney, $p \leq .004$).

The SPI-CY appears to be a helpful tool for detecting and assessing BS in the spectrum of psychotic symptoms. While it is well received by the young patients, the predictive abilities of the subscales in different age groups will have to be further explored in longitudinal studies.

S. Ruhrmann, J. Klosterkötter, F. Schultze-Lutter

Basic symptom and ultra-high risk criteria in the prediction of first-episode psychosis

In early detection of psychosis, two approaches are currently mainly followed: the basic symptom (BS) and ultra-high risk (UHR) approach. To examine, if combining the two approaches would increase predictive accuracy, the prognostic value of UHR and BS criteria (cognitive-perceptive BS, COPER; cognitive disturbances, COGDIS) and their combination was explored in two large samples.

Sample I: 245 help-seeking participants of the multi-center, naturalistic field European Prediction of Psychosis Study (EPOS) included by UHR or COGDIS, follow-up period was 18 months. At baseline, 59.6% reported a combination of UHR and COGDIS (A), 30.2% UHR alone (B) and 10.2% COGDIS (C) alone. The overall conversion rate was 19%; the conversion rate in condition A was 21.9%, B 18.0% and C 4.5%.

Sample II: 247 participants of a follow-up study of patients having sought help in the FETZ between 1998 and 2003.At baseline, 13.4% had not met risk criteria, 20.2% only BS (incl. COPER, 4%), 4.5% only UHR, 61.9% both criteria. 87 (35.2%) had converted during the follow-up period of 3.4 (SD=2.2, MD=3.6) years on average, the significantly largest proportion of them had met both UHR and COGDIS at baseline.

In both samples, the combination of UHR and COGDIS outperformed single criteria or UHR and BS criteria alone. The combination of UHR and COGDIS is recommended as inclusion criteria for future early detection study and might serve as a reliable starting point for further risk assessments including also non-specific variables such as functional decline and/or (attenuated) negative symptoms.

Ira Steinman:
Psychiatry and Psychotherapy: The pendulum swings
(Co-chair: ***Ron Abramson***)

Recent decades have seen a change in dominant psychiatric thought from the psychoanalytic/psychodynamic, with an assumption that mental disorders can be best understood and treated by understanding individual psychology, to the biological/psychopharmacological, with an assumption that mental disorders can be best understood and treated by understanding them as brain diseases. This change has been driven by profoundly exciting advances in bio-genetics, neuropharmacology, neurophysiology, and brain imaging technology. This change has also occurred because of a conviction among some leaders that psychoanalytic thinking is unscientific and a poor foundation for a medical specialty. Another reason for this seismic shift in thinking is a sense of devaluation as a medical specialty, that Psychiatry is not viewed as a "real" medical specialty. The current biological reductionism, that all mental disorders are wholly and completely brain disorders, is seen as a remedy for these problems (1). The goal of a re-merger of Psychiatry into Neurology now seems to be in sight (2). The consequence of this is that psychiatric residents are often not trained in the skills required to do psychotherapy or, as clinicians, to get to know their patients well (3). This workshop is based on the theme that reducing Psychiatry to its biological substrate is having unfortunate consequences for clinical practice. There has been the spread of once monthly "medication checks" by medical psychiatrists in the context of "medication backup" of psychologists and social workers who manage the patients. Psychiatrists engaging in this clinical practice cannot possibly know their patients well psychologically (3). . This workshop will address finding a better balance that would inform trainees and practicing psychiatrists about not only the biological dimensions of psychiatric theory and practice but also the psychological and social dimensions.

Ira Steinman:
In depth the development of the self during the intensive psychotherapy of schizophrenia
(Co-chair: ***David Garfiel***)

The Intensive Psychotherapy of schizophrenia and delusional disorders is hardly practiced and rarely taught. Yet such a therapeutic approach may succeed and cure severely disturbed schizophrenic patients. To demonstrate the efficacy of an Intensive Psychotherapy and the attendant changes in the Self, several severely ill schizophrenic patients will be presented in depth. One had been heavily medicated with antipsychotics given ECT, and repeatedly hospitalized for seven years. Diagnosed schizophrenic on psychological testing, the patient has been off antipsychotic medication and free of psychotic thought, hallucinations, delusions and behavior for more than thirty years since engaging with one of us (Steinman) in an Intensive Psychotherapy. Another was considered catatonic schizophrenic, yet functions in the community off all meds. Another came directly from the hospital for the criminally insane, against medical advice. Still another had multiple suicide attempts while pursued by voices; she has been symptom free for more than 20 years. These happy conclusions are the result of an Intensive Psychotherapy of schizophrenia, as made amply clear by David Garfield\'s analytic commentary and historical perspective on these highly successful psychotherapies. This Panel will teach the benefits and the methods of Intensive Psychotherapy, with Steinman presenting the psychotherapy and Garfield and Davoine doing the analytic commentary and exegesis. Our focus will be on the development of the Self during the course of an Intensive Psychotherapy of schizophrenia. Our forthcoming book, when finished, will have the same title as this presentation.

Brian Martindale:
A psychodynamic contribution to case formulation in people with psychosis
(Co-chair: ***Alison Summers***)

Most practitioners now understand psychosis within the stress vulnerability model. Psychodynamic understandings have much to contribute to enrich this model and to understand the particular individual using clues from the personal and developmental history as well as other sources including the psychotic phenomena itself and the practitioner's responses to the patient to develop a formulation that points the way toward the immediate and longer term therapeutic work. This 90 minute workshop will briefly outline a psychodynamic model that contributes to the understanding of psychosis and then, using one or two case examples, will offer a framework for generating a case formulation useful in day to day work.

Sanja Narić:
Bibliotherapy – the road to unconscious
(Co-chair: ***Tija Žarković-Palijan***)

Many psychoanalytic theorists believe that behavior is just a surface characteristic and understanding of behavior requires understanding of the symbolic meaning and the internal operation of the mind (Legault&Boila, 2003). Pearsall (2001) notes that psychoanalysis is a method to treat mental disorders by looking into the communication between the conscious and unconscious parts of the mind, bringing fears and anxieties to the surface. Out of this theory many therapies have derived. One such therapy is bibliotherapy. Bibliotherapy is expressive therapeutic technique. Simply said the purpose of such techniques is that's what is hidden inside gets out'. Russel and Shrodes (1950) define bibliotherapy as a process of dynamic interaction between the personality of the reader and the written materials under the guidance of professional helper. The role of professional helper is essential for dynamic quality of bibliotherapy group – he/she motivates participants, chooses the working material, presents it to the group and provides follow up time for discussion. Process of bibliotherapy group proceeds through several phases: the identification phase (causing a paradoxical feeling of imminent psychological distance, 'is not about me'), projection phase (projection of their own motives and needs into the main character or characters, 'I am not talking about myself, but the character' – which ensures the security of dealing with their own problems and finding solutions in the world of imagination), the phase of catharsis (relief which allows the expression of emotions and their verbalization which reduces tension), and finally the phase of insight and integration (importance of the medium and group because exchange of experience facilitates indirect encounter with oneself). Thus, participating in bibliotherapy a person can identify his/her own underlying unconscious issues, and with the help of counselor consciously analyze them. This allows the guestioning, confrontation, and finally finding a solution or acceptance. The workshop opens up the possibility to actively participate in bibliotherapy group under the professional guidance, and also shows the model applied in the work with a group of forensic psychiatric patients, indicating the possibility of using expressive techniques in forensic-psychiatric treatment.

Marius Romme, Sandra Escher:
Psychosis as a personal crisis. The recovery process with people hearing voices

From our different studies with about 350 voice hearers it has become clear that accepting the hearing voices experience as real is a first and necessary step in the process of recovery from the hinder of hearing voice in patients. It is the only way to build up an effective therapeutic relationship that is required for further steps in the recovery process. The main issue becomes to focus on the voice hearing experience and the social emotional backgrounds of this experience instead of only focusing on the diagnosed illness.

In our latest study, 50 voice hearers who recovered from their distress with their voices where able to take their own lives in their own hands again and became socially well functioning. (published in "living with voices")

It became clear that the main condition for their recovery was not to get rid of their voices but to change their relationship with their voices and to recognize the interaction between the voices characteristics with their often traumatic experiences. This resulted in recognizing that the voices express the voice hearers own distorted emotions as a consequence of what had happened to them in their lives.

In our presentation we will show the ten steps that need to be taken by the voice hearer to recover and become able to cope with their emotions in a more balanced way and therefore also able to function socially adequate.

Warrick Brewer:

My client is very difficult to engage and presents significants risk to others!

Cognitive vulnerability is a key predictor and consequence of mental disorder, including schizophrenia. However, individual styles of cognitive processing and the interaction of emotional experience upon these styles have too often been minimized during the delivery of interventions such as cognitive-behavioral therapy for example. In this workshop, intellectual ability is framed as being a key buffer between genetic/organic risk at one end of a neuro-behavioral spectrum, to environmental risk for psychopathology at the other. Understanding the 'psychology' of cognitive development involves understanding how adolescents learn to be motivated to attend to and process new information, and in turn, how their understanding of their own individual style of learning may impact positively upon their risk for trajectories into psychopathology. In particular, strengths and weaknesses in genetic, cognitive, personality or behavioral features of self identity impact upon information processing and emotional responses. When adolescents fail to develop an organized self account, which otherwise would facilitate a sense of internal control and the ability to regulate self consciousness, a negative feedback loop may be triggered involving increasing emotional distress and dysfunctional schema development; these features are implicated in neurodevelopmental arrest of prefrontal neural processes, thereby increasing the risk for psychopathology. Associated emotion dysregulation then becomes implicated in the emergence of subgroups of young people suffering neurodevelopmental disorders that are the precursors for psychosis such as personality disorders, ADHD and OCD for example. This workshop will rely upon practical principles learned from olfactory (emotional) identification research and clinical management of disengaged, high risk and difficult to treat young people suffering mental illness. A synthesis of key developmental neurological, cognitive and psychological processes that impact upon behavioral function will be delivered.

Marilyn Charles, Michael O'Loughlin:

Subjectivity in schizophrenia: Phenomenological studies of psychosis

In an age of information overload and insufficient resources, one consequence is the increasing move towards 'evidence based research,' that simplifies complex questions so that they can be answered in controlled research trials. Many of the problems plaguing individuals and societies are not so easily answered, however. Such problems require research methods that can take into consideration the complexities of living. Many methods have been found to deal with such complex problems and yet the 'evidence' from such studies tends to be less visible in the public mind than that offered by controlled research trials. Qualitative studies offer a useful counterpoint, helping to flesh out details that may be difficult to discern in quantitative studies. Long-term case studies give important data about the needed working alliance, past traumatic history, and the ability of our patients to develop their inner resources over time. How to use information from everyday therapeutic work with psychotic patients in qualitative follow-up studies is a major challenge. This panel brings together researchers from different settings who each study psychosis from a phenomenological perspective, to share methodologies and problem solving. Josef Parnas, from Denmark, will discuss concepts of delusion, 'reality-testing', and psychosis, as viewed from a clinical-phenomenological perspective. Ann-Karin Neubeck, from Sweden, will discuss patients' experiences of the 'prodromal' phase. Borut Škodlar, from Slovenia, and Mads G. Henriksen, from Denmark, will discuss problems of depression, hopelessness, loneliness, and suicidality in schizophrenia patients. Marilyn Charles and Michael O'Loughlin, from the United States, will discuss relational dilemmas reported by patients designated psychotic, with a particular focus on different relational themes reported by men versus women. We hope that in collaborating with one another, we can jointly support our own efforts and increase the visibility of our work to encourage others who would like to do this type of research.

Jane Barrington:
Trauma informed care: A relational practice

Many users of mental health services experience distressing effects of interpersonal abuse which have compounded over time. These effects of abuse appear pathological in a world which is blind to the abuse, but not to the psychological and behavioural accommodations the person has made in order to survive the abuse. Psychiatric service providers have tended to assume that abuse experiences are additional problems for the person, rather than the central problem (Hodas, 2004). Service users can find the biomedical interpretation of traditional psychiatry limiting and have asked for an end to the pathologising and medicating of the distress of past interpersonal abuse. Instead, service users want providers to ask about abuse and what the service user believes has created their distress (Wells, 2004). Rather than being defined by a psychiatric diagnosis, trauma informed care is based in a relational collaboration between the service user and provider and encourages an ongoing conversation from which an understanding of the connections between abusive experiences, psychiatric symptoms and unhelpful behaviours can emerge. Service users can then develop a personalized understanding of their life history and their ways of being in the world. Trauma informed practice supports the development of a personal narrative, the skills of psychological and emotional self management, resilience and hope. This session explores the relational collaboration which underpins trauma informed practice and its contribution to therapeutic safety and recovery.

Christopher Findlay:
Healing the heart of trauma in psychosis using EMDR; experiences and insights from a patient and his psychiatrist

Psychosis and its aftermath is traumatic. Using EMDR (Eye Movement Desensitisation and Reprocessing) within and established therapeutic relationship we were able to relieve suffering asociated with shame and relationship breakdown directly related to psychotic experience. Further more traumas experienced prior to the development of the psychosis were revealed and explored. EMDR enavled desentisitasion and the ability to accept the self and personal history without shame and a sense of exclusion. This case study will form the basis for further exploration as to the nature of personal wounds and their relationship to the development of psychosis. It is clear that the diagnosis of schizophrenia is shameful and hard to accept as a patient within a medical system. Ways of identifying traumatic sensation in the body and relieving this through EMDR will be described and discussed. Furthermore we will discuss wulnerability factors in childhood experiences which feed in to the later development of a psychotic process. EMDR offers hope in the recovery process. It enables clearer appreciation of the links between childhood trauma and a psychotic process later defined as bipolar disorder rather than schizophrenia. Through the collaborative process of the doctor – patient relatonship we were able to appreciate the identificaion and treatment of trauma in psychosis as a positive and hopeful insight that needs to be contained within hospital and community psychiatric services. The heart of trauma in psychosis can be healed. The application of this approach within early intervention services will also be discussed.

Claudia Mazzeschi:
Dreaming outside: Dream work and pre-verbal therapies of psychotic fragmentation

INTRODUCTION: We present the experimentation of three pre-verbal therapies used with a group of nine chronic psychotic patients: amniotic therapy, progressive mirror drawing and video-integration. The three kinds of therapy refer to the theory of psychotic splitting between symbiotic and separated states of the Self resulting in fragmentation of identity and inability to dream (Peciccia, Benedetti, 1996, 2006). Objectives The therapies experimented offer physical and mental holding while attempting to favour its symbolization. These methods tend to integrate the self, divided between symbiosis and separation, and they aim to reduce the severity of the symptoms. Methods Amniotic therapy (Donnari, Garis and Peciccia, 2006) is a group therapy that takes place in warm water. The operators hold the patients in water, offering them a physical and mental “holding space”. The patients held by the entire group are repeatedly united and separated through bodily shifting and overlapping in the water. Immersed in a state which lies between being awake and sleep, the group experiences a concrete, physical form of dreamwork. Progressive, mirror drawing (Peciccia and

Benedetti, 1989) is based on an exchange of images between patient and therapist. Through dreamwork, graphic scenes, which are the mirror of the transference and the biography of patients, are created. Video-integration connects video-recorded images of amniotic therapy and progressive, mirror drawings through duplication, shifting and condensation. These linked images transform the rich sensorial perceptions of amniotic therapy into holding symbols resulting from the encounters. These symbols are also photograms of a series of personalized films which are edited and shown to patients in order to be "dreamed again" in the inter-personal group space. Conclusions The experimental study has shown clinical improvement correlated to the integration of the divided self and to the progressive symbolization and interiorization of physical and mental holding of patients.

Wilfried Ver Eecke:

Ego-Structuring Psychotherapy. The working phase: from fusion to triangulation

Palle Villemoes developed a method to treat patients suffering from schizophrenia called "ego-structuring psychotherapy." This psychotherapy is based on Lacan's theory that persons suffering from schizophrenia have a defective relationship to language. That defective relationship shows itself in the fact that such patients have difficulties in using properly pronouns and in understanding and using metaphors. Lacan's claim is that such patients have not introduced the Oedipal dimension into their language. Hence, the relationship to other people and also to language is one of fusion with the person they immediately talk to. This attitude is reminiscent of the view of the mother-child relationship as being a dual relationship. In the first phase of ego-structuring psychotherapy, the therapist aims at establishing a working relationship built upon the patients ability to idolize others. This is done by describing objects in the patient's environment which allows the patient to transform sense impressions into objects. In the working phase the therapist helps the patient to describe moments in his past with the purpose of letting the patient create sceneries in which the patient becomes the main character for the therapist. These sceneries form the third in which both the patient and the therapist have an interest. These sceneries become the basis from which the patient is allowed and encouraged to create a historization of himself. The final phase aims at ending the therapy without psychic loss for the patient. In this workshop we aim at clarifying the working phase. Annika Stenkrantz will present the essentials of the theory of ego-structuring. Eva Eriksson will present a case concentrating on the working phase. Christina Villemoes will discuss two techniques of the working phase and Wilfried Ver Eecke will present a philosophical reflection on the reasons for the success of the ego-structuring method

Debra Lampshire:

The M.O.D.E.R.N. Voice-hearer: Today's voice hearers informing today's clinicians

The approach to voice hearing over the years has been varied and largely dominated by the biological model. In New Zealand an advance has been implemented in which services have adopted a group approach facilitated by voice hearers and clinicians combined. This approach has been operating for seven years now and the presentation will summarise the impact and outcomes from this approach. The accumulative wisdom and skills from participants in the group has been collated to present the most pertinent points from voice hearers who have reclaimed their lives back from the torment of voices. The focus is on voice hearers experience their world view and the skills and techniques they have applied to alleviate the negative impact voices have on their everyday lives. Voices hearers have articulated their experiences and determined what has assisted them in coping with intrusive voices. Rather than eliminating voices participants have learnt to co-exist with their voices fostering a relationship of which they felt in command and able to mitigate the worst effects of their voices. Voice hearers have reflected and astutely extracted the significant factors which enable them to "live a life worth living". It is essential for clinicians to be informed by Service User's experiences if they are to assist in liberating rather than contributing to Service Users being stigmatised for their voice hearing experiences. Appealing for clinicians to embrace a therapeutic partnership, learning from the shared knowledge, shared experiences and valuing the contribution of Service User's have defined the forward.

Alan Rosen:

Beyond early intervention and „Wood shedding“: What can be done for those who have persistent symptoms and a protracted recovery over the next 5-10 years?

Aim: To consider how early intervention in psychosis can support a recovery paradigm and recovery oriented extended care repetoire and trajectory. Methods: Significant numbers of those developing a first episode of psychosis are on a path to a persisting and potentially life long condition. Constituting the schizophrenia spectrum disorders, such conditions demand the particular qualities and attitudes inherent within recovery-based practice. This workshop explores some of these qualities and attitudes by examining the tension between a traditional \"clinical\" narrative used by many health providers and a holistic \"human\" narrative of users of services and their families. Results: We consider the evidence for adaptations of an Assertive Community Treatment model of delivery system, as applied to a persistent symptom and protracted recovery phase of some individuals with Early Psychosis. We draw out key features and constructs of recovery practice as they relate to the EI paradigm. These include: phases and staging, woodshedding, turning points, discontinuous improvement models, complexity science, therapeutic optimism, gradualism and narratives of story telling. We also highlight the role of family members and other close supporters and believe their potential contribution requires greater consideration. Conclusions: The early intervention (EI) paradigm can resonate with individuals with an early mental illness and their families and offer a stronghold for person-centred and recovery-based practice where traditional mental health services have sometimes struggled or floundered. Conversely, failure of services to provide such approaches following the early phase of illness for those who still need them, can cause premature disengagement from services, unhelpful giving up or consignment to a maintenance stream, and sometimes disastrous consequences. References: Shiers D, Rosen A, Shiers A, Beyond early intervention: can we adopt alternative narratives like ‘Wood shedding’ as pathways to recovery in schizophrenia? Early intervention in Psychiatry, 3:163-171, 2009. McGorry PD, Nelson B, Goldstone S, Yung R. 2010. Clinical staging: a heuristic and practical strategy for new research and better health and social outcomes for psychotic and related mood disorders. Canadian Journal of Psychiatry 55(8): 486-497

Chair:

Klaus Lehtinen:

New develolpments in family interventions

(Participants: *Grainne Fadden:* **Integrating models of family intervention**)

This symposium will feature clinicians from Sweden, the United Kingdom and the United States who will discuss new developments in family intervention with psychotic disorders. Over the past 30 years, the paradigms for family intervention have dramatically evolved, moving from a family therapy model which viewed the family as a central etiological factor in psychotic disorders to a family psychoeducational model which views families as a key factor in the recovery process. The three presenters in this symposium each approach this topic from different work and personal experiences. Dr Gráinne Fadden (UK) has extensive experience as clinician and trainer and will discuss her experiences integrating family intervention models across the UK’s National Health Service. Ms. Carina Håkansson (Sweden) founded the Family Care Foundation and will present her experience using ordinary family homes as therapeutic environments. Mr. Joel Kanter (USA) will present a family consultation model where he works with families over an extended period and helps them provide family environments which facilitate the recovery process. Information on Presenters: Dr Gráinne Fadden is a Consultant Clinical Psychologist based in Birmingham and Solihull Mental Health Foundation NHS Trust and Director of Meriden, the West Midlands Family Programme. Ms. Carina Håkansson is a social worker and licensed psychotherapy in Gothenburg. Social worker and licenced psychotherapist. She founded the Family Care Foundation in 1987 and has continued her work there as managing director and psychotherapist. She is the author of “Ordinary Life Therapy - Experiences from a Collaborative Systemic Practice” (Taos Press, 2009). Mr. Joel Kanter (Presenter and Organizer) is a licensed clinical social worker in Maryland. His clinical practice involves helping families assist relatives with psychotic disorders. He is the author of “Coping Strategies for Families of the Mentally Ill” and “Clinical Studies in Case Management”.

Bettina Jacobsen:

First psychosis, Assertive Community treatment and recovery: Using all we know together in one

(Co-chair: ***Marguerite Elfring***)

Assertive Community Treatment (ACT), an organisation model, combined with other evidence based practices works for people who experience a first psychosis. From international research we know that this combination results in a higher quality of life, staying in work or school, treatment compliance, less alcohol-abuse and less and shorter hospital admissions as compared to care as usual. Also the model is more cost effective than regular treatment.. In Nijmegen we have developed a recovery oriented model of treatment which combines ACT with evidence based interventions. We have integrated a wide range of psychotherapeutic methods (for example client centred therapeutic approaches, cognitive therapy, group therapy and family therapy) to support clients in managing their symptoms, maintaining their social roles and making steps in their personal recovery. We start our interventions from day one, tailored to the client's desires and wishes. Also we work towards a strong intrinsic motivation of our clients. In the struggle of regaining control over their lives we support and stand by them. The multidisciplinary team all share the same recovery centred attitude. Clients and their family or social network are treated for a period of up to five years if needed in a high frequency and intensity of contact. The five major working tools are: 1. creating a mutual working alliance 2. active contact with client and support network 3. focus on personal recovery 4. focus on work and other social roles 5. symptom treatment (including co-morbidity and somatic treatment) The team has been operating for nearly 5 years and is treating about 100 clients. From the start we have collected data on working alliance, both client and support network, drop-out, hospital admissions, psychiatric symptoms, social functioning and work. The results after four years are promising.

Bettina Jacobsen:

Daily work with focus on therapeutic interventions

Jen Kilyon

Adapting the soteria model to today's economic and political climate – a community based approach in Northern England

(Co-author: ***Nick Putman***)

In this workshop we will describe how a community led group is using the Soteria Critical Elements in conjunction with the Windhorse Principles of Recovery to set up a house in Northern England. We will give an overview of these two models and show how the current economic and political climate has encouraged us to develop this new approach. Our group consists of people who have experienced psychosis, family members and those working in mental health services. We came together through the UK Soteria Network because of a recognition that people experiencing psychosis require a healing community that promotes recovery through respect, compassion and an environment that responds to individual needs. The aim would be to encourage engagement in everyday practical activities to keep a grounding in reality. We believe it is important to provide a real choice for people about taking neuroleptic drugs. We will discuss our plans to start small by renting a house to support one person in an extreme state. We will explain our rationale for this and how we are fundraising, developing a supportive team to help run the project, beginning to select and train volunteers and evaluating our project as we go along. We will also describe some of our ideas for developing more houses in the future to meet different needs as our project grows.

David Wilson:
The therapeutic alliance in the treatment of psychosis and personality disorders complicated by active substance abuse

When practitioners are confronted with difficult clients with active substance abuse problems, the complicated therapeutic challenges presented have the potential to disrupt all aspects of the therapy. Therapists may feel there are few resources available to address the specific patient problems and dilemmas being confronted, but an in-depth understanding of the dynamic relationship between the patient and therapist, the therapeutic alliance, may offer a surprising source of therapeutic understanding and power. This relationship is often taken as a "given" that may receive little attention from the therapist or patient. Yet, scientific studies of treatment outcomes consistently find that this relationship is a robust factor accounting for a substantial portion of the success of any treatment, whatever the orientation of the practitioner or specific diagnostic focus of the therapy. Learning how to strengthen, access and utilize the hidden strength within it can lead to the successful resolution of seemingly intractable patient problems. This workshop will offer participants the opportunity to increase their understanding of the therapeutic alliance and learn techniques applicable to a broad variety of therapies and client populations with particular emphasis upon how the therapeutic relationship may enhance or impede the progress of the therapy. Learning objectives: 1. Identifying and understanding the therapeutic alliance. 2. Balancing patient expectations with therapist and program goals. 3. The alliance in co-occurring disorders. 4. Understanding and responding to complex and discrepant patient communications. 5. Addressing relapses and in-session intoxication. 6. The alliance in the face of anger, aggression, and patient criticism. 7. Self and colleague care: managing feelings of frustration, ineffectiveness and anger. 8. The role and family, friends and 12-step programs.

Klaus Hoffmann: **Psychoanalytic approaches to patients with psychosis having committed serious crimes**

Theoretical and clinical concepts of psychoanalysis are presented in their relevance for forensic psychotherapy including individual psychotherapy, special nursing care, group analysis and the theory and practice of a therapeutic community. Essential concepts of seduction and traumatisation are presented in the language of drive psychology as well as in terms of self psychology and objects relations theory. The criminal act creates the basis of forensic psychotherapy, the aim of which is to prevent a repetition of this or a similar act. This means that not only a certain type of act, namely a criminal act, lies at the heart of forensic psychotherapy, but the concept of action itself. Psychoanalytic concepts stress the unconscious processes around and after the act. These processes are repeated in the everyday life of the therapeutic community and in the specific psychotherapeutic situations. Empirical evaluations are methodologically very difficult as they must investigate multiprofessional settings.

Tom KT Craig: **Five year outcomes in the LEO Early Intervention Service**

BACKGROUND: Early intervention in psychosis, delivered by specialist teams has been shown to improve outcomes over an 18 month period. It is less certain whether these outcomes can be maintained in the longer term especially as care is typically handed over to mainstream services after an initial 2-3 year period. Method: Service contact records of individuals who had participated in a randomised controlled trial of an early intervention service were examined over a 5 year period. Results: Care had been transferred to routine services for all patients by this point. The early advantages of the initial 18-months were no longer evident at 5 years with both intervention and control group showing similar hospitalisation rates and lengths of stay. Conclusion: The involvement of specialist early intervention teams may need to be maintained for a longer period than is currently recommended. Studies are needed to address this hypothesis.

WORKSHOPS WITH FILM AND/OR VIDEO PRESENTATIONS - Titles

Daniel Mackler: New documentary film: „Healing homes: Recovery from psychosis in a family environment“

Tom Cotton: There is a fault in reality: First person accounts of 'schizophrenia' and their implications for treatment. (Co-author: ***Jacqui Dillon***)

Rose McCabe: Communication in schizophrenia (Video recorded consultations)
(Co-authors: ***Ann Steele, Mary Lavelle, Laura Thompson***)

Chan Hee Huh: Tao psychotherapy master's case conference: A fusion of Western psychotherapy and Eastern Tao
(Co-authors: ***Sang Ho Shim, Suk Hun Kang***)

WORKSHOPS WITH FILM AND/OR VIDEO PRESENTATIONS - Abstracts

Daniel Mackler:
New documentary film: „Healing homes: Recovery from psychosis in a family environment“

“Healing Homes,” a new documentary film on recovery from psychosis (directed by Daniel Mackler of “Take These Broken Wings”), chronicles the work of the Family Care Foundation in Gothenburg, Sweden. The Foundation places people who have been failed by mainstream psychiatry in host families -- predominately farm families in the Swedish countryside. Clients live with families for upwards of a year or two and become an integral part of a functioning family system. Staff members provide intensive psychotherapy to clients and intensive supervision to families. The program eschews the use of diagnosis, works within a framework of helping people come off psychiatric medication, and provides their services, which operate within the context of Swedish socialized medicine, for free. The film weaves together interviews with clients, farm families, and staff members to create both a powerful vision of medication-free recovery and a critique of the medical model of psychiatry. In English, 70 minutes.

Tom Cotton:
There is a fault in reality: First person accounts of 'schizophrenia' and their implications for treatment.
(Co-author: ***Jacqui Dillon***)

This presentation explores experiences of the schizophrenia diagnosis in relation to childhood trauma, and considers core conference themes of narrative and first person accounts of psychosis, issues of identity, phenomenology and treatment ethics. These themes are viewed through the lens of There is a Fault in Reality, a documentary film in which three people gave detailed accounts of their experiences of hearing voices and living with a schizophrenia diagnosis. The film (30 minutes duration) will be presented by the film's director, psychotherapist Tom Cotton, and one of the film's subjects, Jacqui Dillon, Chair of the National Hearing Voices Network, England, and a Director of Intervoice, the International Network for Training, Education and Research into Hearing Voices. From the holistic perspective of filmmaker and subject, psychotherapist and voice hearer, Jacqui and Tom will expand on some of the film's findings. One core finding was that the film's subjects experienced voices as manifestations of childhood trauma which had been internalised, split off as a means of psychical survival, and then re-experienced as external and Other in later life. A second core finding was that by engaging with their voices and re-evaluating their content, two of the film's subjects were able to overcome what had previously been described to them by mental health professionals as the disabling 'symptoms' of a life-long 'organic' illness. Jacqui and Tom will explore how these findings raise questions about potential relationships between experience, trauma, memory and narrative on the one hand, and diagnosis, disempowerment and the perception of 'mental illness' on the other. The presentation will conclude with a reflection on how the findings might raise questions about ethics and the treatment of people diagnosed with schizophrenia, and whether the mental health system is an aid, or an obstacle to the potential for recovery.

Rose McCabe:
Communication in schizophrenia (Video recorded consultations)
(Co-authors: **Ann Steele, Mary Lavelle, Laura Thompson**)

This panel will present current research on communication in schizophrenia. It will focus on naturalistic interaction in clinical and nonclinical settings. McCabe will present a multi-centre observational study, which found that communication in outpatient consultations is associated with treatment outcome six months later. Steele will present a cluster randomised controlled trial testing a communication skills intervention to improve communication about psychosis in routine psychiatric care. Thompson will present a study of psychiatrist-patient communication about treatment in video recorded consultations. Finally, Lavelle will present the findings of a 3D motion capture study of nonverbal interpersonal coordination in interaction.

Chan Hee Huh:
Tao psychotherapy master's case conference: A fusion of Western psychotherapy and Eastern Tao
(Co-authors: ***Sang Ho Shim, Suk Hun Kang***)

This master\'s case conference introduces the work of Prof. Rhee Dongshick, founder of Tao Psychotherapy and is built on the premise that if Western depth psychotherapy can free itself from its own conceptual biases from it can more fully resonate with Eastern Tao and thereby be strengthened in its service to patients. Following a brief introduction, participants will view a videotape of the master psychotherapist, Prof. Rhee Dongshick's interview with a schizophrenic patient. At various points the videotape will be interrupted for comments highlighting the patient's subjective nuclear feelings, and the therapist's empathic response, and the therapist's manner of pointing directly at the patient's mind. Participants will then discuss the Tao Psychotherapy interview. The primary objective of the program is for participants to understand the essence of all depth psychotherapy as bringing spring to the patient who is shivering in the frozen land, the very heart of Dr. Rhee's vision as a master of psychotherapy.

FREE COMMUNICATIONS - Titles

Wednesday morning (June 01, 2011)

FC-01. Chair: ***Anne Marie Christensen***

Anne Marie Christensen: Treatment resistance in incident psychosis of adolescence – viewed from a developmental perspective

Majda Grah: The influence of the early intervention programme on the complete family and social functioning in psychotic patients
(Co-authors: ***Branka Restek-Petrović, Nenad Kamerman, Mate Mihanović***)

Jožica Petek: Search for Safety and Trust in the creative psychotherapy group of forensic patients with psychotic disorder

Erik Thys: Neuroscientific aspects of creativity and psychosis
(Co-authors: Bernard Sabbe, Marc De Hert)

Wednesday afternoon

FC-02. Chair: ***Kent Nilsson***

Kent Nilsson: Schizophrenia – a scientific delusion. A personal reflection

Jonas Stalheim: Substance use patterns and mentalization in early psychosis

Coriene ten Kate: Psychotic disorders and mentalization based therapy.
(Co-author: ***Marnix Smit***)

Kent Olofsson: Considerations on the need to „Handle Same Anxiety“ in different arenas for our patients, seen through the concept of „Mentalizing“

Dina Viglin: Object relations in schizophrenia spectrum disorders: assessment and predictive value for symptoms, functioning, and quality of life
(Participant: ***Horesh Netta***), Israel

Katarzyna Lech: Psychotherapeutic impact of the psychical health promotion program for the patients with SMI. HELPS project implementation outcome
(Co-author: ***Katarzyna Prot-Klinger***)

Thursday morning (June 02, 2011)

FC-03. Chair: ***John Read***
John Read: The social causes of psychosis: A research update
Jos de Kroon: The voice of the Other. On (verbal) hallucinations
Renana Elran: Writing psychosis: 100 years of schizophrenia autobiographical narratives

FC-04. Chair: ***Katarzyna Prot-Klinger***
Katarzyna Prot-Klinger: Childhood trauma as a cause of psychotic disorders
(Co-authors: ***Slawomir Murawiec, Marta Scatergood, Malgorzata Sosnowska***)
Rochelle Suri: Traumatic voices: Unfolding the relationship between auditory hallucinations and schizophrenia
Anastassios Koukis: Psychosis and sexual abuse. The role of seduction in women suffering from psychosis and the therapeutic impact of group analysis
Lut de Rijdt: Please, stop the unbornchichenvoices in my head. Psychoanalytic psychotherapy in early psychosis

Thursday afternoon

FC-05. Chair: ***Belinda Mackie***
Belinda Mackie: Institutional models in the psychoanalytic treatment of psychosis
Margit Wallsten: How to recognize and support „Woodshedding"in efficient evidence based services
(Co-author: ***Maria Sundvall***)
Jean-François Dreyfus: Sexual dysfunction impact in a midway house for 18 to 50 year old psychotic patients
Suk-Hun Kang: The Global Development of psychotherapy: An Asian perspective
(Co-author: ***Erik Craig***)

FC-06. Chair: ***Ross White***
Ross White: A pilot randomised trial of acceptance and commitment therapy for psychosis (PACT)
(Co-author: ***Andrew Gumley***)
Branko Kogovšek: Caller with psychosis in mental distress.
(Co-authors: ***Onja Tekavčič Grad, Marjeta Blinc Pesek***)
Maria Grazia Capulli: The therapeutic community „Ripa Grande" in Rome – Italy
(Co-authors: ***Ivana Mazzotti, Marta Scandurra, Giovanna Sagu***)
Ulrik Haahr: Predictors of recovery at 10 year in first episode psychosis.
(Co-authors: ***Erik Simonsen, Svein Friis, Thomas McGlashan***)

FC-07.Chair: ***John Read***
JoAnn Elizabeth Leavey: When youth know about their mental disorder before caregivers do: Youth-identified duration of untreated mental disorder (YIDUMD);
Slobodanka Kezić: Specifics of group dynamics in work with parents of psychotic patients
(Co-author: ***Pero Svrdlin***)
Marjeta Blinc Pesek: Long term gorups of patients with psychosis in partial remission. Attitude toward medication.
(Co-auhors: ***Janja Mihoci, Nada Perovšek Šolinc, Bojana Avguštin Avčin***)
John Read: The pharmaceutrical industry: The need for professions to maintain ethical standards and boundaries.

Friday morning (June 03, 2011)

FC-08. Chair: ***Pieter Jan Roks***
Pieter Jan Roks: Routine outcome measurement (ROM) in an assertive community treatment (ACT) service model for first episode psychotic clients: What are meaningful targets?
(Co-authors: ***Giel Verhaegh, Roza Sjaak***)
Christopher Burford: Medication as a useful but subordinate part of some therapies
Ivan Dimitrijević: Psychotherapeutic aspects of approaching the psychotic in alcoholism
(Co-authors: ***Snežana Svetozarević, Jasmina Barišić***)
Oyvind Watne: Information on psychosis and substance abuse in referalls to outpatient clinics – an intervention for improving the quality of referrals

FC-09. Chair: ***Aleksandra Novaković***
Aleksandra Novaković: Couple therapy: primitive anxieties and defences in ancouple relatonship
Sanja Žanić: Quality of life of patients treated in foster families in the Psychiatric Hospital „Sv Ivan" (Geel model) (Co-authors: ***Ana Marija Bogović, Branka Restek Petrović, Ante Silić, Mate Mihanović***)
Hella Demunter: Vrint-vdip Leuven: need adapted treatment and open dialogue in an early intervention project in Belgium.
(Co-.authors: ***Ludi van Bouwel, Inez Heleven, Kathleen Lacluyse***)
Hergo Covadonga: The Mieres Community Based Mental Health Services. Severe Mental Disorders Program.
(Co-author: ***Ana Esther Sanchez***)

FC-17. Chair: ***Marjeta Blinc Pesek***
Janja Mihoci: The role of psychoterapy in a patients' quest for self-awareness and confidence – a case study.
(Co-author: ***Marjeta Blinc Pesek***)
Mario Pfammatter: The empirical status of cognitive behaviour therapy for psychosis: Controlled efficacy, differential indication and therapeutic factors – a systematic review of meta-analytic findings.
(Co-authors: ***Martin Ulrich, Hans Dieter Brenner***)
Bojana Avguštin Avčin: Long term group for patients with psychosis in partial remission: Evaluation of seven years work.
(Co-authors: ***Nada Perovšek Solinc, Marjeta Blinc Pesek***)

Friday afternoon

FC-10.Chair: ***Ingo Lambrehcht***
Ingo Lambrecht: The Kundalini syndrome: The entanglement of psychosis and spirituality
Wouter Kusters: The ineffable: its psychotzic manifestation and mystic expressions
Sang Ho Shim: Confrontation of Nuclear Feelings in psychotic patient and Zen practitioner
Christopher Burford: Continuum and continua: Traits states, tangles and knots

FC-11. Chair: ***Julie Kipp***
Julie Kipp: Operationalizing recovery implementing PROS in New York
Sanja Martić Biočina: Psychosocial interventions at First psychotic episode department in Psychiatric Hospital Vrapče, Zagreb.
Inge Joa: First episode psychosis, characteristics at inclusion from 3 time periods of early detection strategies for 374 patients
(Co-authors: ***Draženka Ostojić, Perla el Hassan, Daška Brumen***).
Lyn Chua: Obsessive thoughts, rituals & psychosis: understanding psychodynamic issues in psychotherapy with an Asian man.

FC-12. Chair: ***Dubravka Trampuž***
Vlasta Meden Klavora: The history of psychiatry in drawings.
(Co-author: ***Dubravka Trampuž***)
Claudia Bartocci: From the „Compulsive dream of the wake"(G.Benedetti) to the landscape of the dream.
(Co-author: ***Francesca Spadolini***)
Aldenita Matić: Psychosocial Rehabilitation Program in the Department of Psychiatry, University Hospital Dubrava, Zagreb.
(Co-authors: ***V.Filipac, T.Jendričko, A.Borovečki Šimurina, S.Udovičić, I.Marinić, A.Alegić-Karin, T.Peraica, J.Matišin, S.Ekić, S.Esterajher, D.Kozarić-Kovačić***)

Saturday morning (June 04, 2011)

FC-13. Chair: ***Johanes Langeveld***
Johanes Langeveld: A matched-control comparison of 2-year outcome of early onset and adult onset first-episode non affective psychosis
(Co-authors: ***Inge Joa, Stein Opjordsmoen, Jan Olav Johannessen***)
Ieva Povilaitiene: Relatives of the first–episode psychosis patients: The relation between caregiving experience and distress over time
(Co-author: ***Danute Gailiene***)
Ingrid Melle: Quality of life and recovery in psychotic disorders – ten year follow-up study
(Co-authors: ***Ulrik Haahr, Inge Joa, Jan Olav Johannessen***)
Lidija Rumež Bizjak: Long term groups and physical activity of patients with psychosis i partial remission.
(Co-authors: ***Janja Mihoci, Nada Perovšek Šolinc, Bojana Avguštin Avčin***)

FC-14. Chair: ***Ignacio Garcia-Cabeza***
Ignacio Garcia-Cabeza, Andrés Fernández Cuevas: Therapeutic factors in group psychotherapy
(Co-authors: ***Mauricio Ducaju, Esther Chapela, Manuel Gonzales de Chavez***)
Brian Koehler: Psychotherapy of psychoses: The contributions of Gaetano Benedetti
Branka Restek-Petrović: Sexual pairing in psychodynamic group psychotherapy of patients with schizophrenia
(Co-authors: ***Nataša Orešković-Krezler, Vatroslav Prskalo, Mate Mihanović***)
Christopher Burford: Continuum theory statistical over large number or qualitative steps in individuals or small numbers, traits and states

FC-15. Chair: ***Klaus Lehtinen***
Slađana Štrkalj-Ivezić, Vanda Filipac: Involuntary hospital admission and therapeutic alliance – a mission impossible?
Sang-Ho Shim: The Process of Zen practice and western psychotherapy: A fusion of western psychotherapy and eastern tao
Klaus Lehtinen: How should we inform our patients and families
Kristine Klapheck: Subjective experience of psychoses and therapeutic consequences

FC-16. Chair: ***Luisa Brunori***
Luisa Brunori: Money as a therapy
(Co-author: ***Giorgio Magnani***)
Anne Denhov: The components of helping relationship with professionals in psychiatric perspective
(Co-author: ***Alain Topor***)
Jonathan Britmann: Psychotherapy of psychotic patients in community care – Polish experience
Joel Kanter: Clinical case management with psychotic disorders: Intergrating environmental and psychological domains.

FREE COMMUNICATIONS - Abstracts

Anne Marie Christensen:

Treatment resistance in incident psychosis of adolescence – viewed from a developmental perspective

Is there such a thing as treatment resistance in first onset adolescent psychosis? If accepted, what may be the causes of this and how do we get through treatment in a way both acceptable to patients, parents and personnel? Definitions of treatment resistance will be discussed. Three cases involving adolescent girls will be presented and regarded from a developmental perspective high lightening their difficulties. An analysis of psychopathology, treatment and treatment response will be presented. Co morbidity with autism spectrum disorders, depression, eating disorder and anxiety was seen. Psychotic symptoms fluctuated and became more severe at first and persisted until several years later. Due to suicidal behaviour periods of long in-patient treatment in a closed adolescent ward was needed. The girls were all discharged to social institutions for continuing follow-up treatment. The results show that developmental trajectories are important and that focus on these may give new possibilities for treatment of adolescent psychosis.

Majda Grah:

The influence of the early intervention programme on the complete family and social functioning in psychotic patients

(Co-authors: ***Branka Restek-Petrović, Nenad Kamerman, Mate Mihanović***)

As a part of an integrated "First episode intervention program for psychotic disorders" in Psychiatric Hospital, \"Sveti Ivan\", Zagreb group-analytic work with psychotic patients, psychodynamic group psychotherapy for family members and psychoeducation for all involved was conducted. This program is designed for the patients with one or more psychotic episodes in the critical period of the disorder (Birchwood, 2004) together with their family members. The aim of the program is to prevent relapse, and complete clinical and social recovery of the patients. With this approach we have tried to enable the members of the entire families to be partners in the therapeutic process. While participating in the program with the family members we have noted the changes in the dynamics of the family relations that had a positive influence on the stabilization in the clinical state, improvement in social functioning and positive progress in the separation and individuation of the siblings in the family. In this paper we present three families with psychotic patients which were involved in all of the three aspects of the program, characteristics of family dynamics, the vignettes of the therapeutic process of the groups of patients and family members as well as improvements in family and social functioning.

Jožica Petek:

Search for Safety and Trust in the creative psychotherapy group of forensic patients with psychotic disorder

SEARCH for SAFETY and TRUST in the creative psychotherapy group of forensic patients with psychotic disorder This paper presents the four-year experience of therapy in the creative psychotherapy group of 8 forensic patients with severe chronic psychotic disorder. They were admitted on the custodial supervision order and are being treated in the secured ward of the university Psychiatric Hospital in Ljubljana, Slovenia. The group meets once a week for 50 minute sessions. Half of this time is spent for creative work / play with selected natural materials (paper, wood, seeds, stones, leaves, shells, sand, …). The other half of the session is intended for discussion about patients' feelings, memories, associations and interaction resulting from creative work and product observation. Various natural materials are used as a medium by the help of which the group members can express their feelings, thoughts, relationships, projecting their hidden problems and past experiences. The group is facilitated by two therapists who employ the elements of supportive and analytic group therapy. After each group meeting the two therapists provide information about the group members to the therapeutic team. They also attend weekly meetings of the intervison group where difficult cases and difficult feelings of therapists are discussed. By following the important changes occurring at each session, one

can see the relationships between the group members, their relationship with the therapists and their attitude to the group as a whole. During the four year therapeutic process these relationships have been changing from DISTRUST, AGRESSION and CAUTION to GENUINE TRUST and even TENDERNESS and CARE.
Jožica Petek, MA, BA Occ.th., psychotherapist University Psychiatric Hospital Ljubljana Studenec 48, 1000 Ljubljana, Slovenia

Erik Thys:
Neuroscientific aspects of creativity and psychosis
(Co-authors: ***Bernard Sabbe, Marc De Hert***)

Introduction Creativity is an important human characteristic that forms the basis of many achievements of mankind. Since ancient times it is believed that there is a connection between creativity and psychopathology. Since the 1950s, psychological and epidemiological research was done followed by neurological, neuroimaging and genetic research. However, creativity and psychopathology are not easily defined and measured, and an integrated, multidisciplinary outlook on the subject is still missing. o Objectives To present an overview of the current neuroscientific literature on the connection between creativity and psychopathology, especially psychosis. o Aims To provide a basis for a multidisciplinary approach and the search for a better conceptualization and measurement of creativity. o Methods Literature search of relevant, multidisciplinary electronic databases with a focus on neuroscientific publications. o Results Psychometric and psychodiagnostic research supports a connection between creativity and bipolar disorder, schizophrenia and especially schizotypal personality disorder, neuroimaging resaerch is less conclusive and genetic research shows a connection between creativity and psychosis proneness. o Conclusions Although the research is still challenged by methodological limitations, especially with regard to definitions and measurement, a connection between creativity and psychopathology within the bipolar-schizophrenic spectrum is likely. This connection is more convincing when considering partial aspects of creativity and psychopathology. The current literature on creativity and psychopathology also shows a broad spectrum of theories and approaches, which are appealing through their broad vision and diagnostic, anthropological and evolutionary implications.

Jonas Stalheim:
Substance use patterns and mentalization in early psychosis

Clinical experience implies that people with psychosis generally show a diverging substance use pattern compared with other people with dual diagnosis, e g personality-, anxiety- and/or affective disorders. This pattern includes irregularity, lower levels of organization, a less active stance towards getting drugs, and a less elaborated substance use identity. Theoretically, the pattern may be considered as a function of psychological characteristics inherent in psychosis. Here, theories of mentalization and metacognition may be relevant as they can help conceptualize how the individual represents and relates to the drug. Although the substance use pattern often results in lower consumption and hence less complex addiction, it also causes severe social and psychiatric instability. Since substance use is a complicating factor in treatment, there is need for more thorough understanding of interactions between psychiatric illness and substance use for different clinical groups, especially early psychosis where drug use is common. This ongoing study aims at exploring the clinical hypothesis discussed above and establish a deeper psychological understanding of the substance use patterns in psychosis. One group with early psychosis and substance use is compared with an age-matched group with other psychiatric illnesses and substance use. For both groups, aspects of substance use (i e pattern, severity and function), reflective and metacognitive capacities, psychiatric symptoms, and psychosocial functioning is measured. From each group, a number of persons will be recruited for a semi-structured interview focusing on substance use patterns. These interviews will be analysed and aggregated to create a more general model.

Kent Nilsson:

Schizophrenia – a scientic delusion. A personal reflection

- the origin, meaning and function of the concept; - methods for cure: a history of blind ally; - the mistake of presuming a natural scientific explanation; the existential and humanistic aspects of the psychotic state; - the difference between administering and meeting persons; - cure/normality vs understanding/deve- lopment.

Dina Viglin: Object relations in schizophrenia spectrum disorders: assessment and predictive value for symptoms, functioning, and quality of life
(Participant:***Horesh Netta***), Israel

Inconsistency in research findings suggest that biological, genetic and structural models may be insufficient for accounting for the variability in the symptoms associated with schizophrenia spectrum disorders (SSD). Further, these models may be limited in their capacity of explaining individual differences for people suffering from the same disorders on the spectrum. The current study aimed to address the limitations of biological, genetic and structural models by investigating SSD from a psychological perspective and more specifically from object relations theory perspective. In addition, the present study aimed to promote a meaningful dialogue between the worlds of clinical psychology and psychiatry. We attempted to examine whether differences in object relations\' developmental levels and quality are linked with specific symptomatic and functional variations in SSD. Specifically, we examined the role of object relations in predicting severity of the symptoms, level of functioning, and quality of life of individuals suffering from SSD. 85 out-patients who met DSM-IV-TR criteria for SSD, were assessed twice with a 5-months interval between the assessments. In order to evaluate the quality, complexity, and the developmental level of object relations, we used 4 central instruments in the field of object relations\' assessment (Social Cognition and Object Relations Scale, Mutuality of Autonomy Scale, Object Relations Inventory and Differentiation-Relatedness Scale). Results: A series of hierarchical regression analyses revealed that higher developmental level of object relations, as well as more benevolent and complex object relations were linked with lower severity of positive and negative schizophrenic symptoms, and better functioning and quality of life. Additionally, a mediation model supported the hypothesis that the link between object relations and the level of functioning was mediated by individuals\' symptom severity. Our findings supported the hypothesis that the variance in the level of benevolence and development of object relations play a role in the explanation of symptomatic and functional heterogeneity that commonly characterize SSD. The findings suggest that even in these severe mental disorders, in which there is a strong genetic or biological basis, more benevolent and developed representations of interpersonal relations may play an important role in positive prognosis.

Coriene ten Kate:

Psychotic disorders and mentalization based therapy.

(Co-author: ***Marnix Smit***)

In GGZ Rivierduinen we treat personality disorder outpatients with Mentalization Based Treatment (MBT), since 2004. This evidence-based therapy (Fonagy and Bateman, 2001, 2003) works out very good with people suffering from severe personality disorders. As professionals we have a lot of experience with MBT. MBT is a treatment focussed on learning to mentalize. To mentalize is the capacity of having a mind of one's own and holding the other in mind. Without this capacity we are unable to perform well in social interactions, unable to tune in to each other in a way that makes living and/or working together possible. Since the comorbidity of psychosis and personality disorders is high -overall prevalence 39,5 % (Newton et al., 2007)- we propose to start a treatment based on MBT with outpatients suffering with psychosis and with a lot of interactional problems. In February 2010 we started a pilot treatment with outpatients who had had a psychosis in their past and had a lot of interactional problems. We started with 8 patients, in a treatment consisting of group psychotherapy and individual psychotherapy. The psychotherapy was given to improve the patient's capacities to mentalize. The group sessions are held two times a week. Individual psychotherapy is available on demand of the patient. In this congress we want to present a pilot psychotherapy group based on MBT with psychotic patients who have also many problems in interactions with others. Coriene ten Kate, psychotherapist, clinical psychologist Marnix Smit, psychiatrist Both active at Rivierduinen, department GGZ Duin- en Bollenstreek, Voorhout, The Netherlands

Kent Olofsson:

Considerations on the need to „Handle Same Anxiety“ in different areas for our patients, seen through the concept of „Mentalizing“

Successful therapeutic treatment in psychosis and schizophrenia have often been shown to contain components that can be described as separated \"therapeutic arenas\", wich the patient can utilise in parallell, or as I have described in a previous paper to the ISPS Melbourne conference in 2003, that different agents \"Handle Same Anxiety\". This is in contrast to the experience that one psychotherapuetic or psychoanalytic treatment can be enough, and bring sufficient \"holding\". In this paper I want to illuminate how the concept of \"Mentalizing\" might be a tool to deepen our our understanding of how this happens, and might be useful to describe this process.

John Read:

The social causes of psychosis: A research update

This paper summarises the latest research on the social causes of psychosis. These include (often after controlling for family history of ‘schizophrenia’ or psychosis): mother’s health, nutrition and stress during pregnancy; urban birth and urban living; being the product of an unwanted pregnancy; early loss of parents via death or abandonment; separation of parents; witnessing inter-parental violence; dysfunctional parenting (often intergenerational) – particularly affectionless over-control; childhood sexual, physical and emotional abuse; childhood emotional or physical neglect; insecure attachment in childhood; bullying; war trauma; rape or physical assaults as an adult; being a refugee; racist and other forms of discrimination; and heavy marijuana use, especially early in adolescence; and poverty. Clinical and primary prevention impications are identified. Read, J., Bentall, R., Fosse, R. (2009). Time to abandon the bio-bio-bio model of psychosis: Exploring the epigenetic and psychological mechanisms by which adverse life events lead to psychotic symptoms. Epidemiologia e Psichiatria Sociale, 18, 299-310. Read, J. (2010). Can poverty drive you mad? \'Schizophrenia\', socio-economic status and the case for primary prevention. New Zealand Journal of Psychology, in press.

Jos de Kroon:

The voice of the Other. On (verbal) hallucinations

One of the criteria of the diagnosis of schizophrenia or other psychoses is the presence of symptoms as hallucinations and delusions. So they are not only decisive markers for the diagnosis but also important for the purpose of treatment. But do we really know what they are, hallucinations? In this lecture I will emphasise on the phenomenological aspects of the (verbal) hallucinations. A journey through the psychopathological landscape will start with some considerations on perception, and will end with the assumption that a hallucination can be seen as an interpretation of phenomena that are connected with perception. In this light a hallucination can be considered as a perceptual delusion. This vision on disturbances of perception is in line with the structure of the subject as a homo interpretatis. The subject receives the tool of symbolisation, i.e. language, from the Other. But when he is not able to integrate this tool into his existence, he does not create the for human beings necessary gap between word and thing. This pathological constellation is responsible for the mingling of reality and phantasm. The psychotic subject has lost his critical capacity; the fantasy seems to be stronger then the reality testing. The voice of the Other that is heard inside has been projected into the outside world. The events and the sounds that are heard are being interpreted as voices that are addressed to the psychotic. The above mentioned notion about hallucinations has consequences for the psychological treatment of psychotics. We therapists will listen to them with another, sharper ear.

Renana Elran:

Writing psychosis: 100 years of schizophrenia autobiographical narratives

Schizophrenia, which has come to represent the archetype of madness, may appear as old as mankind, but in fact it is a modern psychiatric nosology, approximately one hundred years old. Theoretical and conceptual changes in the understanding and representation of schizophrenia have occurred throughout its short history and may come to be visible by reading psychoanalytic and psychiatric literature. I would like to suggest that autobiographical literature written by people diagnosed as schizophrenics is also a valuable source for acquiring knowledge about the subjective experience of madness and its historic vicissitudes. Method: The research focuses on approximately 15-20 titles that were singled out from a large bibliography of schizophrenia narratives. Key questions: 1. Subjective representation of experience- how is schizophrenia and the subjective experience of illness represented in the literature? 2. Writing – does the autobiographical genre itself change historically? 3. Psychological theory – what are the interrelations between autobiographical literature and contemporary psychological theories of psychosis? Conclusions: Autobiographies written in adjacent time periods occasionally share common illness metaphors, which in turn are connected to a cultural and theoretical \"zeitgeist\". Furthermore, the autobiographical genre has gone through considerable changes that may come to reflect theoretical changes in the understanding of schizophrenia.Through the interrelations between schizophrenia, autobiography, and psychological theory I will discussed historical changes in representations of both illness and self throughout the 20th century.

Katarzyna Prot-Klinger:

Childhood trauma as a cause of psychotic disorders

(Co-authors: ***Slawomir Murawiec, Marta Scatergood, Malgorzata Sosnowska***)

The question of a relationship between childhood traumatic experience and psychosis is rarely discussed. It does not fit well with either the biological paradigm of psychotic disorders or with the PTSD concept as a non-psychotic reaction to traumatic experience. Objective: to present the concept of a relationship between childhood traumatic experience and psychosis through the analysis of the symptoms of schizophrenic patients with a particular emphasis on their traumatic experiences in their formative years. Method: Analysing the case studies of three schizophrenic patients who are all at various stages of psychotherapeutic treatment - a woman who was physically violated, a man who was sexually harassed and a woman who as a child survived the Holocaust. Results: The common characteristics of these patients are: • Presence of dissociative symptoms • Symptoms that are described in PTSD as flash-backs or in the paranoid syndrome concept as pseudo-hallucinations. • Symptoms are chronic. Conclusion: The detection of childhood trauma is essential for diagnosis and treatment of people suffering from psychosis. Patients who are able to make a connection between their childhood trauma and their current symptoms tend to cope better.

Rochelle Suri:

Traumatic voices: Unfolding the relationship between auditory hallucinations and schizophrenia

Upper casetraumatic voices: unfloding therelationship between auditory hallucinations and schizophrenia Introduction: The presentation examines the role of trauma and its relatinship to auditory hallucinations, with a special focus on schizophrenia. This presentation is based on a phenomenological study that bwas conducted on 8 participants who resided in Europe and the United States and who all had the diagnsis of schizophrenia. Aim: to explore and establish a connection between traumatic experiences in an individuasl's life and auditory hallucinations, as expressed in schizophrenia. Met6hodsw: This research utilizes the method of phenomenology that is concerned with attaining the subjective experience of the participant. Based on open-ended interviews, phenomenology seeks to delve deeper into the lived experiences of theparticipants and their understanding of the relationship between trauma and auditory hallucinations in schizophrenia. Conclusion: The results of this study indiates a distanctive relationship between trauma and auditory hallucinations in schizophrenia. Of the 8 participants, 7 reported that there was a relationship between the traumatic experiences in their lives and the auditory hallucinations they experienced.

Anastassios Koukis:

Psychosis and sexual abuse. The role of seduction in women suffering from psychosis and the therapeutic impact of group analysis

Based on the relevant clinical material provided by three women suffering from psychosis, all of whom had followed group-analytic therapy, this paper tries to explore further the link between childhood sexual abuse (CSA) and the later development of psychotic symptoms. It also investigates the impact that the group-analytic group could have on patients' therapeutic evolution. The key finding of the paper is based on the idea that the appearance of psychosis in women (in puberty or adult life) is often associated with CSA, conceived not necessarily as an actual sexual assault (Freud's theory of seduction) but more as a trauma in the female child's sexual development, generally resulting from the strong reactivation of seduction in the form of a primitive unconscious fantasy (following Freud's position after he abandoned his theory of seduction), a reactivation due to a profoundly morbid intra-familial environment. More precisely, such an environment hinders the primal repression of the fantasy of seduction and, by extension, of the primal scene, in such a way that the latter intrudes on reality in the form of delusions and/or hallucinations. The group-analytic group – to the extent that, as the union of the group/mother and conductor/father, it represents the primal scene in its sublimated and ideal form, i.e. as the idea of a non-intrusive, supportive and mature parental couple – could considerably facilitate repression of the primitive fantasies of the primal scene and of seduction in women patients suffering from psychosis, thus reducing their symptoms and favouring their better adaptation to social life.

Lut de Rijdt:

Please, stop the unbornchichenvoices in my head. Psychoanalytic psychotherapy in early psychosis

The paper examines how the developmental breakdown that is inherent in a beginning psychosis, can be reversed partially or completely through psychoanalytic psychotherapy. The specificity of psychopathology in adolescence is discussed, also the fact that a psychotic breakdown is closely knit with the issues of adolescence. The author argues that because it is very difficult to differentiate between a severe adolescent crisis with psychotic symptoms and a structural psychosis, we have to give psychotherapy a chance. In search for the meaning of an early psychosis a developmental perspective is integrated with a Kleinian-Bionian point of view. Important for a psychotherapeutic understanding is the fact that adolescence is responsible for a breaking point in the infantile development because earlier events are loaded with a new, often traumatic meaning, what we call nachträglichkeit. Throughout the paper a lot of attention is given to Bion's thesis that psychosis develops when reality is too painful to be contained. Several clinical examples are used to illustrate that the therapist should not refrain from getting into contact with psychotic elements in the transference and that in the early stages the psychotic symptoms can reveal their meaning and sometimes be given up. For several adolescents, a transition to severe psychotic states can be prevented.

Belinda Mackie:

Institutional models in the psychoanalytic treatment of psychosis

Introduction: An institutional model provides a historical and theoretical framework for considering the complexities of the treatment of psychosis and a way to examine and explain the evolution of institutions to their current community context. Psychoanalysis provides the conceptual foundation for an understanding of the individual, the group and the institution. Objectives: The intention is to highlight some of the fundamental principles that guide the application of psychoanalytic theory and practice in psychiatric institutions. Aim: To identify institutional models that apply psychoanalytic theory to the treatment of psychotic patients in institutions. Methods: Institutions that applied psychoanalysis were selected and compared against the following criterion to assess the institutional model in use: the institutions orientation towards psychoanalysis and psychiatry; the logic of the treatment of psychosis in its institutional application; how the psychoanalytic method is modified or not in its application to the treatment of psychotic patients and the institutions approach to examining itself psychoanalytically. Conclusion: A number of models were identified and explored for their relevance and applicability to the field. They will be discussed in the context of the above criterion.

Margit Wallsten:
How to recognize and support „Wood shedding“ in efficient evidence based services
(Co-author: *Maria Sundvall*)

In a period of increased external pressures on mental health services we want to revitalize the discussion on and knowledge of the phenomenon of “wood shedding”. The concept was introduced by John Strauss in the 80ies, as a description of a long plateau of functioning before improvement in the recovery from psychosis. The phase is often characterized by apathy and withdrawal. Strauss described it as patients’ conscious or unconscious use of regulatory mechanisms in the process of recovery. However, the process is often seen only as negative: Families are frustrated over the length of the period of recovery. Clinicians and therapists, under the pressure from evidence based medicine, question the usefulness of their interventions. Patients worry about their future sickness benefit. It is vital for mental health services to protect the phase of recovery from external pressures and to support the person’s own strategies. Starting from our work in a first episode psychosis team we will describe how we address and validate the subjective experiences of the patient and his or her individual strategies during the recovery phase. We will explore how to make ourselves aware of the subtle changes occurring during the “wood shedding” period, and how to use psychoeducational approaches to support not only the patient but also his or her family and other professionals. We will also present case vignettes illustrating this work.

Jean-François Dreyfus:
Sexual dysfunction impact in a midway house for 18 to 50 year old psychotic patients

Introduction: Normal sexual life is part of psychosis rehabilitation, but little is known on which deficiencies are to be corrected and how. Since 2000, only three published studies have addressed the matter; they stressed hyposexuality as the major difficulty. OBJECTIVES Assess sexual issues in a midway house for adult psychotic men and women inaugurated in 2008 AIM Verify that sexual dysfunction should be taken into account when planning and setting up a rehabilitation unit. METHODS Once people were reassured about their future as residents, a policy of reporting sexual issues was adopted. However, residents and caregivers were reluctant to discuss these topics. A thorough investigation uncovered numerous cases of immaturity, promiscuity and confusion between desires and reality. Residents\' fantasies were investigated, and we gained acces to some of the material, part of which was illegal, gathered on Internet, used to enhance patients\' performances. Some residents were dangerously close to acting–outs, which led us to search for ethically acceptable solutions. Free access to « normal » erotic or pornographic films, was provided which seemed to partly relieve the pressures felt by some residents. However, sexually explicit content was considered offensive by the managing association and DVDs had to be removed. RESULTS Agressive sexual behaviour ensued during the following months in nine residents (30 %) and two were committed back to long–term hospitalisation. CONCLUSION: Caregivers should be trained to be at ease with sexual issues. Unsatisfied sexual needs may result in unacceptable agressive behaviours that may jeopardize rehabilitation.

Suk-Hun Kang:
The Global Development of psychotherapy: An Asian perspective
(Co-author: *Erik Craig*)

In this paper, the author presents an Asian perspective of the world-historical development of psychotherapy with an emphasis, first, on historical encounters between the Eastern Tao and Western psychotherapy and, second, on the Asian assimilation of Western psychotherapy, particularly in India, China Japan, and Korea. Finally, the auther will summarize the promises of Prof. Rhee Dongshick\'s Taopsychotherapy for the future development of global psychotherapy. The core aspects of Taopsychotherapy are \"Nuclear Feelings, purification of mind and compassion (empathy).\" Prof. Rhee does not use theory or technique but only points to the patient\'s mind, to nuclear feelings that, as he puts it underlie \"something stuck in the Chest.\" Eliminating Nuclear Feelings in both the therapist and patient is sine qua non of Taopsychotherapy practice. Rhee claims that Taopsychotehrapy can be applied both in East and West, all over the world as the essence of Western psychoanalysis and psychotherapy and the essence of Eastern Tao are precisely the same. Moreover, Rhee maintains that Taopsychotherapy will be the remedy for the theory- and technique- addicted Western psychotherapy.

Ross White:

A pilot randomised trial of acceptance and commitment therapy for psychosis (PACT)

(Co-author: *Andrew Gumley*)

Introduction: The experience of psychosis can be associated with elevated levels of distress. PACT was a pilot randomised controlled trial of Acceptance and Commitment Therapy (ACT) for psychosis-related distress. ACT is a mindfulness-based psychological therapy that promotes non-judgmental acceptance of present-moment experience. ACT also encourages people to take effective action that is consistent with their values. Methods Twenty-seven participants were randomised in the PACT trial: 14 to ten sessions of ACT and 13 to treatment as usual (TAU). Measures used included the: Hospital Anxiety and Depression Scale, PANSS, idiographic measures of positive symptoms (frequency/believability/distress), the Kentucky Inventory of Mindfulness Skills and the Valued Living Questionnaire. Results At baseline there were no significant differences between the groups on the dependent variables. Three months post-baseline, individuals randomised to ACT (compared to TAU) reported experiencing: significantly less frequent distressing positive symptoms, lower levels of believability in positive symptoms, lower levels of anxiety, and higher levels of mindfulness skills ($p < 0.05$). From baseline to 3 months post-baseline, the ACT group showed significantly greater improvement in mindfulness skills, negative symptoms, and value-consistent behaviour ($p < 0.05$) than did the TAU group. There was also a trend approaching significance suggesting that the ACT group had a greater improvement in depression scores ($p = 0.051$). Conclusions The PACT trial demonstrates the merit and feasibility of conducting a larger trial of ACT for psychosis-related distress. In particular, ACT appears to offer promise in reducing levels of anxiety, depression and negative symptoms in psychosis.

Branko Kogovšek:

Caller with psychosis in mental distress.

(Co-authors: *Onja Tekavčič Grad, Marjeta Blinc Pesek*)

The telephone crisis line has been operating as a part of the University Psychiatric Hospital in Ljubljana, Slovenia for the past 31 years. When we look through the data, we see that among many different callers there are also callers with psychosis. Lately they are becoming the most frequent users of the crisis line. This fact can be explained by the overall availability of the telephones. The average caller with psychosis is a female, about 40 years old, single and on disability pension. The most frequently reported problem is the caller's mental illness and the problems that usually accompany it, such as problems in the family and in relations with other people. It is surprising that callers with psychosis rarely present loneliness as a problem. When talking to the counsellor, these callers are evaluated as sad or even depressed. Callers with psychosis often bond with our service and become its permanent users and state that it means a lot to them to be able to call. Two thirds of them have already attempted suicide and are high risk group for further suicidal behaviour. The counsellors on the crisis line are the additional support to the callers with psychosis who have a regular psychiatric check ups. The counsellors also encourage them to comply with their psychiatrist regularly. These counsellors spent a lot of time with the callers (in times when other services are not available) and prevent a lot of severe crisis and hospitalizations.

Maria Grazia Capulli:

The therapeutic community „Ripa Grande" in Rome – Italy

(Co-authors: *Ivana Mazzotti, Marta Scandurra, Giovanna Sagu*)

The Therapeutic Community "Ripa Grande" in Rome, Italy Capulli MG, Mazzotti I, Scandurra M and Sagù G Public Mental Health Department of RM A - Roma The therapeutic community "Ripa Grande" provides integrated treatment for young patients (18 to 30 years of age) from first psychotic episode to maximum five-years duration psychotic disorders. The therapeutic course may last three to nine months and the Unit links the acute psychotic episode (first or relapse) to enduring territorial therapy. "Ripa Grande" started working in April 2008, the Staff outcoming an eight-year experience of emergency psychiatric ward. The aim is to achieve early clinical intervention on young patients' psychiatric disorders in order to improve psychotic outcome. The staff is composed of four psychiatrists, one rehabilitation technical worker, seven nurses and four

socio-sanitary assistance workers. The principal approach to treatment is professional use of human interaction and psychotherapeutic oriented working to help patients integrate the many dimensions of their lives. The therapy emphasizes intensive psychosocial need-adapted approach and is comprehensive of intensive medical care, psychosocial rehabilitation and enhanced group activity participation as well as great attention to family care felt necessary for understanding psychotic thinking and behaviour within context of patient's life as well as his developmental achievements. The Unit has been taking care of an average of forty patients per year. The first results now analyzed suggest that the intensive therapeutic community care method in "Ripa Grande" may improve young psychotic patient outcome by means of a persistent therapeutic adherence (a first three-years follow-up) and of an enduring social reintegration.

Ulrik Haahr:

Predictors of recovery at 10 year in first episode psychosis.

(Co-authors: ***Erik Simonsen, Svein Friis, Thomas McGlashan***)

Improved methods for defining and determining recovery from first episode psychosis have been developed, but we still lack information about the frequency of recovery and its predictors. Objectives and aims: To estimate the frequency of symptomatic remission and recovery at ten years follow up and its predictors in a large clinical epidemiologic sample of first episode psychosis Methods: Three hundred and one patients (n=301) from Norway and Denmark received standardized treatment and were evaluated at baseline and ten years (n=186). At 10 years recovery was evaluated using the symptomatic remission criteria defined by the remission work group, plus the ability to live independently, work/study full time, and meet friends at least once a week. We explored the power of demographic, premorbid, and baseline data to predict symptomatic remission and recovery. Conclusions: At ten year follow-up 49.7% were in symptomatic remission and 24,3% were in recovery. Patients with symptomatic remission had significantly shorter DUP, less drug abuse and a lower baseline PANSS positive component score. Patients with recovery had lower baseline PANSS negative component scores. In logistic multiple regression analyses baseline level of positive symptoms and DUP were significant predictors of symptomatic remission while baseline level of negative symptoms was significant predictor of recovery.

JoAnn Elizabeth Leavey:

When youth know about their mental disorder before caregivers do: Youth-identified duration of untreated mental disorder (YIDUMD)

Purpose: To report on young people's accounts of retrospective subjective knowledge regarding the age of onset of their mental disorder prior to an official diagnosis and subsequent treatment interventions. Method: Semi-structured interviews were conducted with 49 youth, 22 female and 27 male, aged 16 to 26 living with mental health problems in Canada, USA, and Australia. Results: Some youth self-reported being "aware" of mental problems as early as 4 and 5 years of age, however as a group, youth were not officially diagnosed until between 11 and 24 years of age. Overall, the average youth-identified duration of untreated mental disorder (YIDUMD) was 4.73 years with 5 youth being diagnosed and treated at less than one year from self-identified onset. Conclusion: The complexities of childhood make the accuracy of diagnosing mental disorders at early ages difficult. This research suggests that some youth may have the ability to self-identify mental disturbances at very early ages. Therefore, further research is needed to explore developing screening and assessment tools facilitating the systematic inclusion of child self-report information in clinical interviews.

Slobodanka Kezić:

Specifics of group dynamics in work with parents of psychotic patients

(Co-author: ***Pero Svrdlin***)

We present our six-year experience of the dynamics of the group of parents whose children were suffering from psychotic disorders. In the initial phase the parents try to ventilate changes in the functioning of their ill children, trauma connected with hospital treatment and the difficulties with establishing cooperation in treatment. The interventions were supportive with recognizing the similarity of problems together with other parents reduces the feeling of loneliness. Exchanging of the similar, but yet different, experiences the group members gradually are included in the common goal of group work that was aimed to change the attitude towards the disease (at the first stage we noted negation, then the elaboration of guilt and the grief at the end). By modifications of technique of group analysis, which means that the therapists (co-therapeutic pair) are more active and they encourage members to work more intensively. Sometimes the group dynamics reminiscent this work on the principle of Balint groups, participating in the celebration during important events. Interventions of by therapists are focused on sensitization of the parents in aim to recognize the components of psychological importance of symptoms and to connect symptoms of illness with impaired communication and relations within the family. In this way over time the signs of group cohesion were recognized. The group becomes a transitional, substitute \"husband\" which interpolates the parent-child dyad. After six years of work experiences group dynamics is characterized by a more direct, active and emotionally invested communication between group members. The conditions for the separation are created (as in the older members of the group, and also in their own children), which facilitate them the carrying out the burden of disease and also that despite all difficulties may “survive”.

Marjeta Blinc Pesek:

Long term gorups of patients with psychosis in partial remission. Attitude toward medication.

(Co-aithors: ***Janja Mihoci, Nada Perovšek Šolinc, Bojana Avguštin Avčin***)

Long term group work with outpatients with psychosis who attended groups in the last ten years was evaluated regarding their quality of life, attitude towards medication and their current medication. The aim of the study is exploring the interactions between these factors. Methods: Outpatients with psychosis who attended long term psychotherapeutic groups were evaluated regarding their quality of life and attitude towards medication with self-report questionnaires. A modified, non-structured, psychoanalytic group technique which includes psycho education, cognitive techniques, non-structural conversation and clarifications was used in group therapy. For evaluation purposes Quality of life Brèf and DAI-10 questionnaire along with clinical observation was used. Results: After at least three years of group therapy better control and differentiation of the psychotic symptoms, emotions and improved social functioning were observed. With time we observed more honest and open conversation about symptoms, stigma and real life problems. Several therapeutic group factors are important for improving attitudes towards medication and improving quality of life. We have observed the best outcome for patients who attended the group for three to five years. Discussion Our results show that there is a relevant relationship between the factors we have measured. Many factors influence the attitude towards medication and a group setting is convenient to explore and address them.

John Read:

The pharmaceutrical industry: The need for professions to maintain ethical standards and boundaries.

This paper will document the influence of drug companies over: universities, journals, research funding, professional training, drug regulation authorities, DSM committees and websites. The failure of professions to maintain proper boundaries in order to maintain their scientific integrity and professional ethics will be discussed. The relevance of these issues to organisations like ISPS will also be discussed. Read, J. (2008). Schizophrenia, drug companies and the internet. Social Science & Medicine, 66, 99-109. Sharfstein, S. (2005). Big Pharma and American psychiatry: the good, the bad, and the ugly. Psychiatric News, 40(16), 3-5.

Christopher Burford:

Medication as a useful but subordinate part of some therapies

There is a division between those who see medication as the core of the treatment of psychosis, and those who know little about it, and want to know even less. In weak services medicine is the only therapy. In slightly stronger ones, psychological interventions are merely seen as supplementary to medication. The purpose of this paper is to see the mind and its relationships as the central focus, and to discuss what ways medication or other physical interventions can help. Pre-therapy as a way of engaging with very withdrawn people. Early intervention methods with clients who refuse medication. How to share what little is known about the effects of medication, and which medication. Assisting informed choice. The dopamine theory of salience. The importance of flexible, gentle and frequent response to reward and aversion in Recovery. Different ways of helping sleep or anxiety. Nurse prescribing. Little-known physical methods such as omega 3 fatty acids, and beta blockers. Physical exercise. Quietness. Insights from alternative residential settings such as Soteria.

Ivan Dimitrijević:

Psychotherapeutic aspects of approaching the psychotic in alcoholism

(Co-authors: ***Snežana Svetozarević, Jasmina Barišić***)

Induced psychosis are defined as the mental disorders that are, except for a few conditions, related to chronic alcohol drinking and represent entities of clearly defined symptoms and signs. We think that setting of focus on the psychotherapeutic aspect of approaching psychotic disorders assumes dedicating equal attention to comorbidity states in alcoholism or alcoholism as a comorbidity within disorders which include psychotic manifestations. Alcoholism as a linked condition often occurs within the frame of certain personality disorders and leads to declanching of their psychotic potential. Not rare, it represents a "silent" factor of resistance to the therapy of affective disorders with psychotic manifestations. At a number of individuals with the process forms of psychosis, especially when they are young, it happens as practically first indicator of psychopathological occurrences in personality. Significance of our statement is in the fact that alcoholism, as a component of psychotic disorders, whether of primary or secondary source, carries some particularities into psychotherapeutic approach to psychoses. On the other hand, the very fact of psychotic disorder as a linked condition of alcoholism requires modification of the procedures applied in standard work with the persons that manifest alcohol addiction. In the work, we presented proposals for modifying of psychotherapeutic procedures in both directions – in psychotherapeutic approach to the persons with psychotic disorders and indicators of alcohol dependency, as well as modification of existing techniques of work with the addicted in order to elevate their adequacy for work with the alcoholics with psychotic manifestations. KEY WORDS: alcoholism; psychotic; psychotherapy.

Oyvind Watne:

Information on psychosis and substance abuse in referalls to outpatient clinics – an intervention for improving the quality of referrals

Introduction The incidence of first episode psychosis makes it very uncommon for General practitioners to diagnose a new case. Not considering such pathology might make them overlook symptoms and signs of psychosis. First episode psychosis will often occur in connection with substance abuse. Objectives Ensure that GP's in our catchment area addressed the question of psychosis and/or substance abuse for every patient referred to one of our out-patient clinics. Aims Information on substance use and presence or absence of psychosis in every referral form for our outpatient clinics. Methods We elaborated a rating scale that made us able to assess whether the referral form included information on the presence of psychosis and/or substance abuse. We visited all GP centers in our catchment area with oral and written information on early signs and symptoms of psychosis, and techniques of assessing substance abuse. We assessed 48 referral forms before and 48 referral forms after the intervention. The referral forms where stripped for information on date for referral and thereafter randomized, hence the investigators where not able to identify whether the referral was done before or after the intervention. Conclusions There were no significant change to which extent the general practitioners had assessed the presence of psychosis and substance use before and after the intervention. We realized an ameliorated climate for collaboration between the hospital and the general practitioners in our catchment area, but this intervention did not lead to any significant change in there referral habits.

Aleksandra Novaković:
Couple therapy: primitive anxieties and defences in ancouple relatonship

This paper is a presentation of couple therapy where one partner has a psychotic illness. I will present the dynamics in the couple relationship and how both partners used each other in a destructive way. The experience of the relationship as something hurtful and denigrating was shared. They felt hopeless about the prospect of continuing with the relationship but also about the possibility of separation. Both partners felt stuck in the relationship, imprisoned, and this reflected their individual and shared experience of feeling controlled and helpless. I will present the enactment of some grievances and resentment, and how this was manifested in the depressive and manic experiences in the couple relationship.

Sanja Žanić:
Quality of life of patients treated in foster families in the Psychiatric Hospital „Sv Ivan" (Geel model)
(Co-authors: ***Ana Marija Bogović, Branka Restek Petrović, Ante Silić, Mate Mihanović***)

Introduction: this specific and unique treatment and psychosocial rehabilitation method was introduced in our Hospital in 1963, according to Belgian "Geel model". Treatment is conducted by multidisciplinary team which includes psychiatrist, nurse, occupational therapist and social worker and consists of therapeutic community, family therapy, occupational and work therapy, psychopharmacotherapy, psychoeducation and recreation. Objectives: we indentified goals of this kind of treatment as to increase therapeutic efficacy, upgrade quality of life of psychiatric patients as well as to improve and add to "treatment as usual". Published research as well as our own experience with this kind of treatment indicate that this method is efficient and gives positive results regarding rehabilitation and resocialization of psychiatric patients. Aims: the aim of our research was to examine the impact of this model of treatment on quality of life of patients suffering from schizophrenia. Methods: we included 54 patients diagnosed with F20.0 – F29. All patients were tested with SF-36 questionnaire measuring subjective evaluation of eight different health aspects (physical functioning, limitations due to physical functioning, limitations due to emotional difficulties, social functioning, psychological health, energy/vitality, physical pains and general health). Conclusions: we established baseline and 6 months follow-up values on SF-36 questionnaire with statistically significant improvement in physical functioning and psychological health aspects.

Hella Demunter:
Vrint-vdip leuven: need adapted treatment and open dialogue in an early intervention project in Belgium.
(Co-.authors: ***Ludi van Bouwel, Inez Heleven, Kathleen Lacluyse***)

In January 2009 UPC KUL, campus Kortenberg, started an early intervention project 'VRINT'. This primary outpatient project for a semi-urban population of 550,000 inhabitants is originated from a psychiatric hospital in close cooperation with other psychiatric hospitals, general practitioners, the community mental health centres and the emergency units of general hospitals. Early detection of at risk mental states and early intervention for first episode patients and their families are the aims of the project. Phase specific needs adapted treatment, integrating different psychotherapeutic approaches and continuity of care are the cornerstones of the interdisciplinary teamwork. Psychiatric care, psychotherapy and the practice of assertive community treatment go hand in hand. The project targets clients between fourteen and thirty-five years old and offers needs adapted assessment and treatment for at least five years in a non stigmatising setting. The aim of the presentation is to describe the characteristics of the referred patients in reference to the staging model of McGorry, to describe the clinical course including 'transition to psychosis' and to illustrate the therapeutic interventions offered. The results of two years follow-up will be presented. Preliminary results suggest that patients with an at risk mental state, although generally experiencing less symptoms and functional difficulties than first episode patients, can greatly benefit from psychosocial interventions. Rates of transition to psychosis are lower then expected. Patients with a first episode can be adequately treated in the community given a well-trained interdisciplinary team in close and strong collaboration with the family.

Hergo Covadonga:

The Mieres Community Based Mental Health Services. Severe Mental Disorders Program.

(Co-author: ***Ana Esther Sanchez***)

In this paper, we would like to explain the Community-based mental Health services in a Catchment Area in Mieres-Asturias (Spain) with 70.000 inhabitants. The mental health care is integrated into a network of services with multidisciplinary teams linked with primary care. The Asturias's MH Reform (White Papper 1985) and National Health Service Law (1986) enhanced a Conceptual Model (a policy of deinstitutionalization) as well as a way to organize delivery services. The Strategy for Mental Health Care is based in these principles: Accessibility, Continuity, Coordination, Holistic, Accountability, Equity and Autonomy. The Mieres MH network is a framework of facilities: · 1 Community Mental Health Center for Adult Patients · 1 Community Mental Health Center for Children and Youth People · 1 Outpatient Unit for Drug Problems · 1 Day Center · 1 Inpatient Ward Unit in General Hospital (10 beds) · 1 Sheltered Home · 4 places in Therapeutic Community (shared with other Catchment Area) In term of functions one of the most important programs is the Severe Mental Disorders P. This program is based on a combination of clinical diagnostic criteria (mainly psychotic disorders, bipolar disorders, several mayor depressive and paranoid and borderline personality disorder) and poor outcome and effect on functionating individual family and social integration. This program is delivery for a specific team and related to all Mental Health Services Area.

Ingo Lambrehcht:

The Kundalini syndrome: The entanglement of psychosis and spirituality

This presentation considers a transcultural phenomenon, namely the kundalini syndrome and its relation to psychosis, typically classified under the category of 'religious or spiritual problems\' in the DSMIV-TR. The aim is to bring some discernment to this topic as the kundalini syndrome is often misunderstood as simply being psychosis. The kundalini syndrome is examined in terms of historical Eastern sources, practices and concepts, as well as some Western interpretations. It will be related to the term 'spiritual emergency'. Various psychological studies associated with kundalini are presented, and specific case studies of kundalini syndrome will illuminate causes, symptoms, as well as treatment options. In summary, the aim is to clarify the relation between the kundalini syndrome as a spiritual emergency and psychosis.

Wouter Kusters:

The ineffable: its psychotic manifestation and mystic expressions

It has been noted both by psychiatrists (e.g. Jung) and psychotics (e.g. Custance) that there is a resemblance between psychotic and mystical states or transformations. To argue for such similarities often mystical experiences are put forward that involve visions, voices and other perceptual phenomena (cf. Cangas et al.). In my presentation I will discuss and stress the more mental and conceptual similarities between psychotic and mystic experiences and processes. Therefore I will use texts by Plotinus and Meister Eckhart from the philosophical mystic tradition. I will compare their contemplations and descriptions with reports of cosmic feelings, experiences of union, world negation and world affirmation from my own psychotic experience as well as from authors like Custance, Perceval and Schreber. Finally I will discuss what all this may imply for actual interactions between psychotics and non-psychotics. Cangas, A.J., L.A. Sass, M. Perez-Alvarez (2009). From the Visions of Saint Teresa of Jesus to the Voices of Schizophrenia. Philosophy, Psychiatry and Psychology: 15.3, 39-50. Custance, J. (1952). Wisdom, madness and folly. New York: Pellegrini & Cudahy. Jung, C.G. (1907). The psychology of dementia praecox. Princeton University Press. Kusters, W. (forthcoming). Thinking through, breaking through. Fundamentals of the psychotic world. Rotterdam: Lemniscaat. Perceval, J. (1840). A Narrative of the Treatment Experienced by a Gentleman during a State of Mental Derangement. London: Effingham. Plotinus, Enneads, Translated by MacKenna. http://olldownload.libertyfund.org/Home3/Author.php?recordID=0205. Schreber, D.P. (1903). Denkwürdigkeiten eines Nervenkranken. Berlin: Kadmos. Schürmann, R. (1978). Meister Eckhart; Mystic and Philosopher. Bloomington: Indiana University Press.

Sang Ho Shim:

Confrontation of Nuclear Feelings in psychotic patient and zen practitioner

The word, Nuclear Feelings, is first mentioned by Rhee Dongshick since 1970. He founded Taopsychotherapy through fusion of tao(confucianism, buddhism, taoism) with western psychoanalysis and psychotherapies for 40 years. In western psychoanalysis and psychotherapies, they talk about complex (Jung), central issues, nuclear dynamics, major motivation, nuclear emotional constellation. all these are objective description. However, the term Nuclear Feelings is subjectively felt emotion. This feeling can only be felt by empathy from heart to heart and cannot be transmitted by words. The author illuminates the change of mind in zen practitioner through Ten-oxen-pictures, which illustrates the enlightenment process in zen buddhism, and applies it in psychotic patient as the same way. As a result, confronting Nuclear Feelings is essential to reach fundamental change in the patient\'s and practitioner's minds. Objective: Importance of confronting Nuclear Feelings for fundamental change in patient\'s mind Method : Psychotic patient is compared with zen practitioner Conclusion : Confronting Nuclear Feelings is the key point for fundamental change both in psychotic patient and zen practitioner.

Christopher Burford:

Continuum and continua: Traits states, tangles and knots

The ISPS international email discussion group, which I have moderated for 7 years, has increasingly kept abreast of accelerating scientific developments. In the new world there is no mechanistic genetic control of individuals who are either psychotic or not. There are minds connected with one another in innumerably complex ways, even if most of them are not fully conscious, and most people forget their dreams rapidly, This suddenly requires us to unpick what we mean by continua. Following Jim van Os 2001 there has been increased interest in a continuum of traits within a large general population. This is good for normalising and humanising human behaviour. It could also map onto the old therapeutic concept of traits. But at different times individuals (and groups) get stuck as if in a tangle. If suited to the needs of the environment a tangle, an intensification of traits, may be beneficial. Tangles can also be regarded as knots or ‘states’ requiring help, therapy or even coercive control. These knots feel qualitatively different. Are they really? Can we predict with when a trait will turn into a knot, or a knot dissolve into traits? No. But with increased insight we can have a good intuition, and share that intuition with trusted others.

Julie Kipp:

Operationalizing recovery implementing PROS in New York

Personalized recovery oriented services (PROS) is a type of program overseen by the office of mental health of the state of New York in the bUSA, attempting to put the philosophy of recovery from mental illness into practice. The program mandates that clients identity a life role goal, towards which they will work in evidence based group and individual work. However the program is complicated and difficult to implement. This paper will explore the first year of a PROS program in the Bronx, NY, with attention to the experience of clients making connections to the larger community, while the previous programs at our site emphasized a strong community within the program as an essential factor in treatment and recovery. This tension between outside and inside will be discussed – a supportive community can be difficult to leave, and yet a secure base in necessary in order to engage with the outside world.

Sanja Martić Biočina:

Psychosocial interventions at First psychotic episode department in Psychiatric Hospital Vrapče, Zagreb.

(Co-authors: ***Draženka Ostojić, Perla el Hassan, Daška Brumen***).

First episode department has been organized within Psychiatric Hospital Vrapče, Zagreb, Croatia since 2003. Aim of the department is to treat first episodes separately from chronic patients and to have a place for young people. This ward provide treatment for first episode patients, e.g. psychoeducation, relapse prevention, family work; a lot of activities, like sprt, karaoke, dancing classes, computer games, arts and playing games, like card games, chess etc. Occupational therapist gives training in problem solving techniques, in planning weekends, and social worker provides group therapy with aim to increase insight about disease, about drug abuse problems, to increase compliance etc. Despite very good results of inpatient treatment results diminish upon the time, probably because of lack of outpatient services and many issues, like stigma and unemployment.

Inge Joa:

First episode psychosis, characteristics at inclusion from 3 time periods of early detection strategies for 374 patients

(Co-authors: ***Draženka Ostojić, Perla el Hassan, Daška Brumen***).

Background The TIPS study has since 1997 evaluated the effects of systematic early detection on Duration of Untreated Psychosis (DUP) and First Episode of Psychosis (FEP) . DUP has been successfully reduced and outcomes improved. Systematic early detection combined both low treshold early Detection assessment Teams (DT) and information campaigns (IC). IC consisted of intensive and repeated psychosis education through media, and educational activities. This study focus on the specific contribution of IC, apart from DT. Objectives: To investigate the association between systematic ICs and patient characteristics at study inclusion Method: We compared three cohorts of FEP patients at study inclusion. The first cohort (IC-1) (1997-2000) (N=133) was included during a period with DT and IC, the second (NoIC) (2002-2004) (N= 93) during a period without IC, and the third (IC2) (2005- 2010) (N=148) was included after IC had been reintroduced. The three periods were compared on DUP, PANSS symptoms, GAF, and suicidality. Results: NoIC patients had a median DUP of 15 weeks, compared to 4 and 8 weeks for IC1 and IC2 patients. No-IC patients had higher levels of PANSS positive symptoms, and a significantly lower percentage with low negative scores than IC-patients,. They also showed poorer GAF (Symptom) Scale scores and higher levels of suicidal thoughts and plans. Conclusion: We conclude that IC is a key component in reducing DUP and that it facilitate effective early intervention in FEP. IC might also be vital for reducing symptom levels and suicidality at the start of treatment.

Kristine Klapheck:

Subjective experience of psychoses and therapeutic consequences

In clinical practise, treatment of psychotic disorders still lacks in respect for the significance of subjective experiences and individual needs. Subsequently consumers', carers' and professionals' positions of are often not equally considered. Though the "trialogue movement" demonstrates how everybody can be seen as an expert of their own experience by acknowledging individual differences. After outlining the history of this movement and the development of "Psychosis Seminars", results of a related research project on subjective experience and meaning of psychoses (SUSE-Project) will be presented. Finally a subject oriented alternative to the traditional mental health system, the Scandinavian need adapted treatment model and the "Open Dialogue Approach" will be illustrated. The trialogue movement is closely connected to \"Psychosis seminars\", originally founded in Hamburg. These forums for consumers, family members and mental health professionals allow to discuss individual experiences and to learn from each other. Moreover the trialogue discussion addresses how to recover the anthropological point of view against the dominance of pathological thinking, also addressing structural and political consequences. Referring to the goals of the trialogue movement, a new research project on subjective experience and meaning of psychoses was initiated. Therefore the Subjective Sense in Psychosis (SUSE) Questionnaire was constructed and validated. First results highlight the significance of subjective meaning making in psychoses and support a more biographical psychological orientation

for treatment of psychosis. Within the frame of the need adapted treatment model (Alanen et al.) the systemic approach of open dialogue (Seikkula et al.) has been developed and researched. In this approach respect of each individual involved, support and mutual decision-making concerning all treatment decisions through a process of dialogue, which involves the patient and his social network, are well established. The curriculum for the training of hometreatment teams will be presented. Sharing experiences with similar training projects would be appreciated.

Lyn Chua:

Obsessive thoughts, rituals & psychosis: understanding psychodynamic issues in psychotherapy with an Asian man.

Summary: Interpretation of underlying psychodynamic issues that have occurred in a patient's life is essential in helping the patient understand the context and contents of his psychotic symptoms. Vivid memories of perceived maltreatment and discrimination as a child by a parent may be distorted or exacerbated during a psychotic episode. These psychotic experiences are often intense and distressing. To lessen and help cope with these distressing symptoms, patients may resort to rituals to distract from those haunting and intrusive memories. The consequent all-consuming rituals exhaust the patient and occupy so much of his waking hours that much of the memories are blocked from his consciousness. This paper discusses the psychotherapy with a 24-year-old Chinese man diagnosed with Schizophrenia and severe OCD. Despite being on a combination of medications and cognitive-behaviour therapy over a period of two years, the patient continued to suffer frequent relapses. The auditory hallucinations repeatedly told him he should take revenge on people who have been mean to him otherwise he is a "useless coward"; ideas of reference and paranoia beleaguered him, resulting in violent behaviours and suicidal attempts. Subsequent to these psychotic symptoms, he developed obsessions and compulsive rituals in an attempt to cope with his psychosis. Psychodynamic psychotherapy explored his early childhood experiences of harshness and discrimination and brought to awareness his anger towards his parents, in particular his father. This patient who was brought up in a traditional Chinese family with its emphasis on filial piety had great difficulties expressing overt anger at his father. The therapy provided him a safe and controlled means of doing so while enabling him to understand the meaning of his hallucinations and delusions, and helped him to adopt more effective strategies leading to significant reduction of his distress.

Vlasta Meden Klavora:

The history of psychiatry in drawings.

(Co author: *Dubravka Trampuž*)

The History of Psychiatry in Drawings Vlasta Meden Klavora, Dubravka Trampuž The presentation is aimed to underlie the importance of the artistic expression of patients treated for psychotic disorders. Through a collection of drawings the authors will present the history of psychiatry before the Second World War seen through the eyes from inside the institution. Hinko Smrekar ( ) is a Slovene painter, graphic artist and illustrator. He has been treated for bipolar disorder and has been hospitalized in Graz and Ljubljana. With a penetrating eye he was able to capture the outstanding characteristics of mental disorders he saw in his fellow patients. Through his paintings and drawings we are taken back in time, as if in a time machine, to a period when psychiatry and in particular the treatment of psychosis was still in its early developmental phase.

Claudia Bartocci:

From the „Compulsive dream of the wake“ (G.Benedetti) to the landscape of the dream.

(Co-author: ***Francesca Spadolini***)

In Benedetti conceptualization the analyst decides to take the patient to the supervisor when it becomes possible to move from the imaginary to the symbolic. It will be presented a case in which the phase of \"symbiotic incubation\" lasted years. In the middle of the third, serious, severe delirium, the analyst turns to a supervisor. Who is declaring the treatment impossible! This supervision reverses the sense of helplessness and the analyst, revived by the challenge, is asking to be supervised by Benedetti.The supervisor of the supervisor. The patient, recording everything unconsciously, begins to dream. The first dream recapitulates the themes previously projected outside through the delirium and signals a reversal of the transference relationship. The analyst, a persecutor in the delirium, becomes an ally in the dream. After years of significant progress, while the analyst prepares a \"case report\" for a day of study and supervision on the theme of \"Landscapes of the dream", the patient suddenly begins to paint. She paints landscapes, at first. She paints beautifully. Only after a long time she discovered that during her childhood she was used to paint on the bark of the olive trees. It was very exciting for her to find back those old signs impressed on those century-old trees and the power of an ancient memory that still nowadays is driving her to paint on boards and not on canvas. Supervision role is triggering and giving shape to the potentiality sprouted thanks to the therapeutic symbiosis.

Aldenita Matić:

Psychosocial Rehabilitation Program in the Department of Psychiatry, University Hospital Dubrava, Zagreb.

(Co-authors: ***V.Filipac, T.Jendričko, A.Borovečki Šimurina, S. Udovičić, I.Marinić, A. Alegić-Karin, T.Peraica, J.Matišin, S.Ekić, S.Esterajher, D.Kozarić-Kovačić***)

Over the last few years psychiatric disorders were responsible for 6-7% of the total hospital morbidity in Croatia, with a trend towards increase. They are also responsible for 8% of the total number of specialist examinations performed in Croatia. Furthermore, psychiatric disorders are frequently accompanied by significant disability, unemployment, loss of opportunities, stigmatization and social isolation. The aim of our outpatient psychosocial rehabilitation program (in further text Program) was to encourage patients to become actively involved in their treatment, to have better understanding of themselves and others, to improve their quality of life, provide better integration into the community, and involve families into the treatment process. The Program was designed in accordance with the National Mental Health Strategy for the period between 2011 and 2016, with specific aims of reduction in the number of hospital admissions, quality of life improvement, reduction of stigma and social isolation. Participants are recruited into the Program after (sometimes even during) the period of inpatient treatment at the Dept. of Psychiatry, and/or from our outpatient clinic, regardless of their diagnosis. Participation of the family members is encouraged, considering that mental illness in one of the members profoundly influences family dynamics. The Program is a group based day program, with group serving as a therapeutic medium. The group is open and the duration of treatment is not limited, but suited to individual needs. While involved in the Program the participants still take their prescribed pharmacotherapy, are regularly reviewed by their usual psychiatrists, and, if necessary, hospitalized. The Program is run by the multidisciplinary team of mental health clinicians including psychiatrists, psychologists, psychiatric nurses and special education teacher and includes: group psychotherapy, film therapy, bibliotherapy, social skills therapy, various educational groups, music therapy, computer skills group, stress management group and occupational therapy. Occasionally, other external activities are offered, such as visits to sports events, theatre and similar. Once a month the Therapeutic Community Meeting is held, including all of the patients and therapists. The details of the Program will be presented together with the preliminary outcome measures.

Johanes Langeveld:

A matched-control comparison of 2-year outcome of early onset and adult onset first-episode non affective psychosis

(Co-authors: *Inge Joa, Stein Opjordsmoen, Jan Olav Johannessen*)

Most initial first-episode studies pointed to marked premorbid impairments and a severe course and outcome in Early Onset psychosis (EO, onset before 18 years). The TIPS study (Early Treatment and Intervention of Psychosis) has explored the clinical utility of an early detection and intervention program in reducing the duration of untreated psychosis (DUP) in a population-based catchment area. Objective- This study's aim was to compare 2-year outcome in first-episode non-affective EO psychosis with Adult Onset (AO, onset after 23 years) in a clinical epidemiologic population based cohort. Method- At baseline, based on main diagnosis and gender, all the Early detection (County of Rogaland, Norway) cohorts' EO subjects (n=43) were matched with AO subjects (n=43). Clinical and treatment data were compared at baseline and at 2 year follow-up Results- In both groups, during follow-up the number of patients with a core schizophrenia diagnosis was constant (22 versus 23 patients). No difference in duration of medication between the two groups was found. EO patients received more counselling / psychotherapy and more multifamily therapy. Although EO patients (1) had a significantly longer Duration of Untreated Psychosis, (2) at baseline presented more negative and depressive symptoms and (3) had a longer time to first remission, at follow-up recovery of symptoms and functioning in EO patients was similar compared to AO patients. Conclusion- Our findings suggest a more positive view on outcome in first episode EO psychosis compared to most previous research. (abstract=240) Keywords: First-episode psychosis, Duration of Untreated psychosis, Adolescence, Early onset psychosis

Ieva Povilaitiene:

Relatives of the first–episode psychosis patients: The relation between caregiving experience and distress over time

(Co-author: *Danute Gailiene*)

The aim of this study was to determine which aspects of the caregiving experience are most stressful for the first-episode psychosis patients' relatives and how it changes over time. More specifically, we tried to answer the question which aspects of the caregiving predict better caregivers' distress at different stages of the recovery from the psychosis. METHOD. 30 relatives of the first-episode psychosis patients\' were interviewed during the first 10 days of the patient admission to the hospital, after 3 months and after 9 months. Distress was measured with Hospital Anxiety and Depression Scale. Different aspects of the caregiving experience were measured with Experience of Caregiving Inventory subscales: Difficult behaviors, Negative symptoms, Stigma, Problems with services, Effects on family, Dependency, Sense of loss. Patients' data included socio-demographic characteristics. CONCLUSIONS. Stressfulness of the different aspects of the caregiving experience changes over time. Scores of the Dependency and Problems with services subscales predict better caregivers' distress at the beginning of the first psychosis hospitalization than other aspects of the caregiving experience. Scores of the Stigma subscale predict caregivers distress better at the later recovery stages.

Ingrid Melle:

Quality of life and recovery in psychotic disorders – ten year follow-up study

(Co-authors: *Ulrik Haahr, Inge Joa, Jan Olav Johannessen*)

Subjective quality of life (sQoL) is increasingly recognized as a valid outcome measure in psychotic disorders, but not included in most definitions of recovery. The purpose of the current study is to investigate the relationship between sQoL and other outcome measures after ten years in treatment. Method: The results are based on a prospective longitudinal study of a catchment area patient sample with broad schizophrenia spectrum psychotic disorder (age 16-65, N=301), followed from their first week in treatment and reexamined after 1, 2, 5 and 10 years. Of the original 301 patients, 185 participated in the 10 year follow-up. Patients that did not participate in the 10 year follow-up were significantly less satisfied with life at start of treatment (but not at ant other time points) compared to those who did not. There were no differences between those who participated and those who did not regarding age, gender, positive-, negative or depressive symptoms at pre-

vious follow-ups. Results: There was a small, but significant and stable, improvement in sQoL from start of treatment throughout the 5 year follow-up, with a subsequent fall from 5 to 10 years. There were also different patterns of change on the individual level, as indicated by modest levels of correlation between sQoL at 10 years and at previous time points. While sQoL at baseline mainly was determined by depressive symptoms and pre-treatment factors such as poor premorbid functioning and longer duration of untreated psychosis, sQoL at 10-year follow-up was - as previously found at the 2-year follow-up - independently influenced by current affective symptoms, suicidal symptoms, global functioning and social relations in addition to alcohol use (multiple linear regression analysis). Levels of positive and negative symptom Patients meeting recovery criteria also had higher sQoL in bi-variate analyses, but the association between sQoL and recovery was no longer statistically significant after correction for these factors. Discussion: This implies that sQoL also taps other aspects than those covered by symptomatic and functional indices of recovery and could be an important addition to these measures in evaluating treatment outcomes and course of illness.

Ignacio Garcia-Cabeza, Andrés Fernández Cuevas:

Therapeutic factors in group psychotherapy

(Co-authors: *Mauricio Ducaju, Esther Chapela, Manuel Gonzales de Chavez*)

Group therapy factors are a series of therapeutic action mechanisms that act as change mechanisms and contribute to the therapeutic process. They are inherent to the group interaction or dynamics, are not directly associated to the therapist\'s intervention. They are basic or elemental components of the phenomenon of therapeutic change derived from the group matrix. We present five studies in which we have evaluated the group therapy factors in groups of patients with psychosis, all of them measured with the Yalom Q-sort questionnaire. We have used this questionnaire to define which factors are given the highest value by the patients and to evaluate if differences exist according to group context, patient diagnosis and therapeutic orientation. The first study was conducted in hospitalized patients in which the patients with psychosis were compared with groups of affective patients. The second study compared hospitalized with outpatient psychotic patients. The third one compared outpatients with bipolar disorder and psychosis, the fourth outpatient schizophrenic patients according to their grade of insight and the fifth group compared the evaluation of the patients and therapists in outpatient groups. Therapeutic factors act independently of the diagnoses, theoretical framework and classification. They are an intrinsic element of the group dynamics. In general, the factor given the most importance in patients with severe mental disorders is instillation of hope.

Brian Koehler:

Psychotherapy of psychoses: The contributions of Gaetano Benedetti

This paper will highlight some of the significant contributions of Professor Gaetano Benedetti to psychosis psychotherapy. The following psychotherapeutic concepts will be described: therapeutic symbiosis, the transitional subject, counteridentifications, progressive psychopathology, transforming therapeutic images and the establishment of duality. These concepts will be then related to neuroscience-based concepts of therapeutic action.

Branka Restek-Petrović:

Sexual pairing in pdsychodynamic group psychotherapy of patients with schizophrenia

(Co-authors: *Nataša Orešković-Krezler, Vatroslav Prskalo, Mate Mihanović*)

Sexual paring in group psychodynamic psychotherapy is generally considered a defensive and disturbing conduct that represents an expression of unconscious regressive impulses. Some authors (Grothjan 1977, Nitsun 2006) recognize the positive aspects of this phenomenon, but only if they are contained and worked through within boudaries of mature group. In the group psychotherapy in schizofrenic patients, this phenomenon is rare because these patients due to regressive object relations and their fear of intimacy have the great problems in achieving close and stable relationships. In this paper we present experiences from long-term outpatient psychodynamic group psychotherapy which co-led by two group analysts once a week. We show an

example of this phenomenon in the initial stage of group process where the sexual paring had the function of resistance, and the examples of creating long-lasting emotional relations (one of which was ended by marriage) within the boundaries of long-term group process. By explorating complex relations between pairs within the group enabled other members the possibility of positive identification and also opened problems of intimacy and the pair a constructive social support. At the group-as-a-whole level predescribed dynamics resulted with the strengtened reflecting and observating group function providing potentially reconstructive social process.

Christopher Burford:
Continuum theory statistical over large number or qualitative steps in individuals or small numbers, traits and states

The acceleration of genetic and neurological discoveries is accompanied by an acceleration in psychological studies investigating subgroups of people.

Sang-Ho Shim:
The Process of zen practice and western psychotherapy: A fusion of western psychotherapy and eastern tao

The author will present a spiritual perspective of Tao Psychotherapy, a synthesis of Eastern Tao and Western psychotherapy developed by Professor Rhee Dongshick, from Seoul, Korea. Although embracing the basic principles of Western depth psychotherapies including psychoanalysis, object relations, self psychology, daseinsanalytic and existential psychotherapies, Tao Psychotherapy grounds both its underlying philosophy and its clinical practice in the principles and perspectives of Eastern thought including Confucianism, Buddhism, and contemplative Taoism. He will offer a comparative overview of Tao Psychotherapy and Western Psychotherapy in terms of spiritual perspective with the ten ox pictures which refers to ancient pictorial metaphors illustrating the ten stages of awareness the person goes through to achieve purification of mind. Thus, Tao Psychotherapy meets Western psychotherapy at the ontological, theoretical and practice levels. This dialogue will develop further, leading to the enrichment of each approach to psychotherapy.

Klaus Lehtinen:
How should we inform our patients and families

Psychoeducation is seen as an important part in work with psychotic patients and their families. In its most crude form it has meant telling patient the diagnosis as soon as possible. The Finnish need adapted model is an integrated treatment program for the treatment of psychosis patients in public psychiatric health care. It has evolved during several decades in a process where application of different psychotherapeutic modalities has been linked to thorough prospective qualitative and quantitative research. The essence of the approach can be summarized as an endeavour to find the minimal necessary intervention to reach maximal empowerment of the patient and his family. In this context the question of what and how to tell becomes pertinent. Psychiatry and psychology have a wealth of complex concepts and terminology, difficult to understand even for professionals. Their use has a tendency to mystify, diminish true understanding and self-control. The patient and his nearest need information, but this has to be relevant and need-adapted. The information should be given in every day language to help them recognize, understand and solve their problems.

Slađana Štrkalj-Ivezić, Vanda Filipac:
Involuntary hospital admission and therapeutic alliance – a mission impossible?

During the process of treatment of severely mentally ill persons, particularly those suffering from psychotic disorders, it may be necessary to admit the patient involuntarily to hospital for a period of time. There is a widespread negative view, especially public, of such practices. They are also often considered harmful to therapeutic alliance, especially if the treating clinician/therapist personally recommends involuntary treatment. A brief literature review of this topic will be presented together with case vignettes, where recommendation of involuntary treatment by the therapist/treating clinician improved the therapeutic alliance.

Anne Denhov:
The components of helping relationship with professionals in psyc... perspective
(Co-author: *Alain Topor*)

The quality of the relationship between professional and user is one of the important factors in the recovery process. But more knowledge is needed concerning the components of helping relationships and characteristics of the bhelping professional. Aims: The aim of this study as to explore users experiences of helping relationships with proffessionals. Methods: Thematic analysis of 71 qualitative interviews to explore users experience of helping relationships and their components, in psychiatric care in Sweden. Conclusion: Within the three main categories – interpersonal continuity, emotional climate, social interaction – two core themes were found that described vital components of helping relationships: a non-stigmatizing attitude on the part of the professionals and their willinges to do something beyond established routines. Summary: The focus in psychiatric treatment research needs to be broadened. In addition to research on the outcome of particular methods and interventions, also the common factors need to be investigated, above all, what is the effect of the quality of the relationship between unser and professional. Greater attention needs to be paid as well to how helping respective obstructive relationship in psychiatric service arise, are maintained, or are modified.

Luisa Brunori:
Money as a therapy
(Co-author: *Giorgio Magnani*)

According to Yunus 2006 Nobel peace prize winner model of lending money for the development of individuals, a microcredit experience has been applied to the Psychiatric Unit of Carpi (Modena) Italy. It has been a successful experience that will be presented in this discussion. Something has been already presented in a specialized meeting in Split in 2009 and would like to expose here, further development since then. Some reflections will be proposed also about the need to involve the Community in this practice especially for what concerns professionals and families. A discussion on poverty as a consequence and as a cause for mental disturbance according to OMS epidemiological studies, will be proposed as well.

Jonathan Britmann:
Psychotherapy of psychotic patients in community care – Polish experience

Psychiatric care model in Poland is still concentrated on hospital centered therapy with auxiliary function of coexisting ambulatory care. Mental health system is presently not providing practically any forms of active community care. Due to financial calculation aspects as well as more funds available we may observe that social help network and nongovernmental institutions becomes the major element of the system of community psychiatry. Under such conditions the National Mental Health Program was formulated in the year 2006. Major assumption of this program is transformation of present institutional oriented system of mental health toward community one. It may be considered, if polish psychiatry is ready for such transformation? If the process of moving out of institutional system will be moving on, more and more people, who from the psychological point of view are “deeply disturbed” and from social point of view are “worsen functioning” reveal to be outside the hospitals or permanent help institutions. As experience thought us, and research confirmed the process of chronicization is not only restricted to hospitals but relates also to environment which is not helping the customer in the process of returning to health. As a result we face the question: which type of therapy or influence except the pharmacological we may use in community psychiatry? Despite intensive development of many psychotherapeutical schools in Poland still exist the rigid division between neurotic and psychotic patients. Those who are classified as neurotic receive the \"real\" psychotherapy with drugs being used only as support. Those classified as psychotic patients must \"of course\" receive drugs and possibly attend supportive groups, rehabilitation and psycho-education. Our many years of experience led us to the conclusion that Community Psychiatry is the proper way to provide long term therapy for patients with psychotic experiences. The therapeutic relationship gradually allows their self to be reconstructed. It demands from the therapist a lot of patience and flexibility in the methods chosen. Therapists meet patients in regular sessions as well as in less formal environments. Successful therapy of a patient who \"feels more and understands differently\" [Kępiński] depends on the experience and maturity of the therapists. Very important is also their skills in building an honest relationship and ability to admit to own mistakes.

Janja Mihoci:

The role of psychoterapy in a patients' quest for self-awareness and confidence – a case study.

(Co-author: ***Marjeta Blinc Pesek)***

The studies' focus is on exploring the process of increasing self-knowledge in a 23 year old patient. The psycho therapeutic environment is providing a safe zone for the client to explore feelings and thoughts that could otherwise be unpleasant and anxiety provoking. Case description: At 22 years he was diagnosed and treated for schizophrenia. He is attending group psychotherapy for a year. In June 2010 he started individual counselling regarding his underachievement at university with an assistant psychologist. During the process of therapy the main reason for his lack of performance at university was found to be social anxiety which prevented him to attend lectures and exams. It was hard for him to describe his thoughts and feelings about it. The main focus of the sessions became exploring his mental process, his thoughts and feelings. At the beginning the exploration process was obstructed by his insecurity and a deep inner prohibition to express negative feelings which he was deeply ashamed of. After verbalizing the shame and the experience of safe expression of negative or uncertain feelings he could face his anxieties and gradually overcome them. Discussion As the client is encouraged to explore his intrapsychic territory, recognize and express the negative and uncertain feelings, and separate them from his perception of self, he knows and understands himself better and is in return able to guide his behaviour e.g. deal better in social and school situations.

Mario Pfammatter:

The empirical status of cognitive behaviour therapy for psychosis: Controlled efficacy, differential indication and therapeutic factors – a systematic review of meta-analytic findings.

(Co-authors: ***Martin Ulrich, Hans Dieter Brenner***)

A series of meta-analyses points to the benefits of cognitive behaviour therapy (CBT) in the treatment of psychosis. However, there are considerable differences in its controlled efficacy depending on the targeted treatment goals or the control conditions applied in the efficacy studies. Aims: This raises questions about the differential indication and therapeutic ingredients of CBT for psychosis. Methods: The findings of all meta-analyses published up to 2010 were integrated by transforming the reported effect sizes into a standard effect size measure. Subsequently, moderator analyses were performed regarding different treatment goals and controls. Furthermore, therapeutic components were related to outcome by calculating weighted mean correlation effect sizes to identify the essential therapeutic ingredients. The statistical significance of the effect sizes was determined by computing 95% confidence intervals. Homogeneity tests were applied to examine the consistency of the effects and component-outcome relations. Results: CBT for psychosis has significant effects on persisting positive and negative symptoms, but not on acute positive symptoms. In addition, its value as an early intervention is limited. Moreover, the advantages compared to non-specific supportive therapy are moderate. Component-outcome relations indicate that cognitive restructuring and coping skills training represent key therapeutic factors. However, common factors such as the quality of the therapeutic alliance and the patients' treatment attitudes seem also important for therapeutic change. Conclusions: Therefore, there is a need to intensify the analyses of therapeutic processes such as the establishment of a helpful therapeutic relationship or the enhancement of the treatment motivation of people suffering from psychosis.

Bojana Avguštin Avčin:

Long term group for patients with psychosis in partial remission: Evaluation of seven years work.

(Co-authors: ***Nada Perovšek Solinc, Marjeta Blinc Pesek***)

Seven years of group work for outpatients with psychosis was evaluated. Methods: A small group of 6 to 8 medicated patients run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications has been used. Results: Improved social functioning, more honest and open conversation about symptoms, emotions and real life problems has been observed. Group members have been able to manage transient worsening of their psychosis in an outpatient care. During the termination process members of the group discussed earlier losses in their lives and expressed their feelings during of grief. Several important issues regarding the duration of outpatients group, the inclusion and exclusion criteria arose. Both co-therapists reported different feeling during the termination process. Conclusions: Long term group can act as a containing environment and offer patients with psychosis the corrective emotional experience and has important short and long term effects on quality of life, compliance with treatment, social functioning and stigma reduction. Improved social functioning which is an important goal of a group work help patients in organizing their lives in the outer world. The duration of the group psychotherapy as well as inclusion and exclusion criteria are important factors to think about when starting a group of patients with psychosis. A termination process is an important issue for patients as well as for therapists and should be carefully planned.

Katarzyna Lech:

Psychotherapeutic impact of the psychical health promotion program for the patients with SMI. HELPS project implementation outcome

(Co-author: ***Katarzyna Prot-Klinger***)

The question of a relationship between childhood traumatic experience and psychosis is rarely discussed. It does not fit well with either the biological paradigm of psychotic disorders or with the PTSD concept as a non-psychotic reaction to traumatic experience. Objective: to present the concept of a relationship between childhood traumatic experience and psychosis through the analysis of the symptoms of schizophrenic patients with a particular emphasis on their traumatic experiences in their formative years. Method: Analysing the case studies of three schizophrenic patients who are all at various stages of psychotherapeutic treatment - a woman who was physically violated, a man who was sexually harassed and a woman who as a child survived the Holocaust. Results: The common characteristics of these patients are: • Presence of dissociative symptoms • Symptoms that are described in PTSD as flash-backs or in the paranoid syndrome concept as pseudo-hallucinations. • Symptoms are chronic. Conclusion: The detection of childhood trauma is essential for diagnosis and treatment of people suffering from psychosis. Patients who are able to make a connection between their childhood trauma and their current symptoms tend to cope better.

Lidija Rumež Bizjak:

Long term groups and physical activity of patients with psychosis i partial remission.

(Co-authors: ***Janja Mihoci, Nada Perovšek Šolinc, Bojana Avguštin Avčin***)

Long term group work with outpatients with psychosis who attended groups in the last ten years was evaluated regarding their quality of life and current physical activity. The aim of the study is exploring interactions between these factors. Methods: Outpatients with psychosis who attended long term psychotherapeutic groups were evaluated regarding their quality of life and physical activity with self-report questionnaires. A modified, non-structured, psychoanalytic group technique which includes psycho education, cognitive techniques, non-structural conversation and clarifications was used in group therapy. For evaluation purposes Quality of life Brèf and a self-designed physical activity questionnaire along with clinical observation was used. Results: Several therapeutic group factors are important for improving attitudes towards physical activity and improving quality of life. The physical activity questionnaire gave us some preliminary information on our patients' current physical activity. We explore the power of group therapy to improve patients' attitudes towards physical activity and better physical health. Discussion The results show that there is a relevant correlation between physical activity and quality of life. Therefore treatment in a team setting and a multidisciplinary approach could lead to the best results in this respect.

Pieter Jan Roks:

Routine outcome measurement (ROM) in an assertive community treatment (ACT) service model for first episode psychotic clients: What are meaningful targets.

(Co-authors: ***Giel Verhaegh, Roza Sjaak***)

In 2004 we started the Act-team within the GGzE, the mental health organization in Eindhoven, the fifth largest city in the Netherlands.The Act-team is an early intervention service delvering care to people with frirst episode psychosis during the so called critical period.We wanted to offer evidence based treatment strategies to meet client wishes; to support them in coping with their stressful symptoms, aswell in regaining their social roles. We decided to offer treatment and rehabilitation strategies, in an integrated way, paralel to each other. Before 2004 those strategies were offered separately and sequentially. We use Assertive Community Treatment (ACT) as the organisational model for the service. From the beginning we wanted to measure the effects of used strategies. In 2004 it was quite uncommon to use Routine Outcome Measurement (ROM) in the Netherlands. We decided to do that on a yearly basis. 6-year data will be presented focusing on clinical and social recovery. Whe choose targets set in Early Intervention Services (EIS) in the UK. Although most targets are being met; the meaningfullnes of chosen targets will be discussed.

Joel Kanter:

Clinical case management with psychotic disorders: integrating environmental and psychological domains

Free communication abstract: Clinical case management with psychotic disorders: integrating environmental and psychological domains presenter: joel kanter, msw, maryland usa in contrast to case management approaches which focus solely on environmental concerns, clinical case management recognizes the continuing inteplay between the environmental and psychological domains. It can be defined as a professional intervention that addresses the overall function and maintenance of the patient's physical and social environment toward the goals of facilitating physical survival, recovery from psychosis, personal development and community reintegration (Kanter, 1989). The case management relationship transpires in the community and can be differentiated from traditional psychotherapy by the worker's active engagement with environmental provision. This impacts both transference and countertransference responses. The theoretical framework for this approach has been developed by donald and clare winnicott in their work on developing and sustaining facilitating environments through the work of "management" (Kanter, 1990). In this presentation, the presenter will outline the key elements of clinical case management and illustrate this intervention with a brief case vignette. References: Kanter, J. (1990). Community-based management of psychotic clients: the contributions of d.W. And clare winnicott. Clinical social work journal, 18, 23-41. Kanter, J. (2010). Clinical case management. In "theory and practice of clinical social work" (2nd edition), J. Brandell (ed.), Columbia university press.

POSTERS - Title

P-01. ***Alessandra Solida:*** Evolution of Basic Symptoms in a psychotherapeutic process: could psychoanalysis and phenomenology be helpful?
(Participants: ***Franziska Gamma, Philippe Conus***), Switzerland

P-02. ***Anamarija Bogović:*** Parental bonding and attachment styles in the population o0f schizophrenic patients included in „First Episode Intervention Program"
(Participants: ***Branka Restek-Petrović, Majda Grah, Mate Mihanović***), Croatia

P-03. ***Anamaria Bogović***: Defense mechanisms and insight in the population of young psychotic patients included in „First Episode Intervention Program"
(Participants: ***Branka Restek-Petrović, Majda Grah, Mate Mihanović***), Croatia

P-04. ***Anne Opsal:*** Substance abuse predicts involuntary hospitalization in first-episode psychosis: A 2-year follow-up,
(Participants: ***Thomas Clausen, Tor Kjetil Larsen***), Norway

P-05. ***Annika Söderlund***: Integrated in-and-outpatient care: an alternative to standard acute psychiatric care, Sweden

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(Participant: ***Stefan Ruhrmann***), Switzerland

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(Participants: ***Fritz Renner, Joachim Klosterkoetter, Stefan Ruhrmann***), Switzerland

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(Participants: ***Chantal Michel, Noemi Schaffner, Benno G. Schimmelmann***), Switzerland

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P-31. ***Loys Ligate:*** How do we educate our youth about the risks of using marijuanna. Canada

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P-33. ***Manuel Tettamanti:*** Young adults experiencing a first episode psychosis: which integration of psychosocial factors in our therapeutic intervention? (Participants: ***Katharina Auberjonois, Philippe Rey-Bellet, Marco Merlo C.G.,Severine Bessero, Maryse Badan Bâ***), Switzerland

P-35. ***Mark Andrews:*** Young people, psychosis and cannabis. Myths or facts? (Participant: Noel Mc-Grath), UK

P -34. ***Aase Sviland:*** Family focused treatment in the prevention of psychosis (POP) 2011-2013 study (Participants: ***Anne Fjeld, Lothe Anvor, Momrak Torunn Rismark, Saetre Kornelie RØSSEBØ***).

P-36. ***Merete Hustoft:*** A quality lifestyle and somatic health approach - Helse Vest RHF 2009-2011
(Participants: Brit Egeland, Kirstin Nærland, Jarle Haukalid), Norway

P-39. ***Nuria Esteve:*** Treatment adherence in patients with delusional disorder in relation to clinical and cognitive factors
(Participants: ***Covadonga Martinez Diaz-Caneja , Elena Merida,Enrique De Portugal Y Fernandez del Rivero***), Spain

P-40. ***Pawel Bronwski:*** Home care services – The basic instrument of social support for the mentally ill in Poland

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(Participants: ***Kim Weeks, Claire McQuade, Debasis Das***), UK

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(Participants: ***Hans Arild Nesvaag, Inge Joa, Jan Olav Johasmmessen***), Norway

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(Participants: ***Manuel Tettamanti, Marco Merlo***), Switzerland

P-44. ***Trond Grønnestad:*** Information campaigns for early intervention in prodromal states: A focus group study
(Participants: ***Inge Joa, Sveinung Dybvig, Jon Anders Rennan***), Norway

P-46. ***Vladimir Grošić:*** The role of psychoeducation in the complete treatment of psychotic patients in the early stage of their illness
(Participants: ***Sven Molnar, Branka Restek-Petrović, Mate Mihanović***), Croatia

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(Participants: ***Sanja Narić, Tija Žarković Palijan, Dražen Kovačević***), Croatia

POSTERS - Abstracts

Alessandra Solida:

Evolution of Basic Symptoms in a psychotherapeutic process: could psychoanalysis and phenomenology be helpful?

(Participants: ***Franziska Gamma, Philippe Conus)***, Switzerland

INTRODUCTION Psychotherapy for psychosis early prodromes is a matter of debate. Early prodromes involve subtle, subjective modifications of patient self-experience, in the form of Basic Symptoms (BS), considered as initial expression of psychotic vulnerability. BS are associated to significant distress and they must be actively explored by clinicians, being often hidden under nonspecific complaints. Psychotherapy interventions addressing BS specifically need to be developed. OBJECTIVES /AIMS To explore change in BS through the psycho-dynamically and phenomenologically oriented psychotherapeutic treatment of a young prodromal patient. METHODS A young man seeking help for anxiety and deterioration in school performance was assessed by the Schizophrenia Proneness Instrument, Adult version (SPI-A), to detect BS at baseline and after 2 years of treatment. Intervention consisted of weekly psychodynamic psychotherapy sessions with a focus on bionian concepts (such as development of –function) and on model of intersubjectivity. RESULTS At baseline the patient presented many distressing BS (including: impairment to discriminate between phantasy and true memory, thought pressure and perception disturbances); at the end of 2-years psychotherapy, most BS decreased and some ceased, with a better psychosocial outcome. CONCLUSIONS BS represent an early expression of something "going wrong" in self-perception in at-risk states for psychosis. The case we describe suggests that "transformation" of BS through the psychotherapeutic process could be also related to changes in Self-experience, due to the "intersubjectivity" operating in psychotherapy. Bionian theory and phenomenological model of Self-disturbance in psychosis vulnerability seem to provide a helpful theoretical framework to understand the psychotherapy process with such patients.

Anamarija Bogović:

Parental bonding and attachment styles in the population o0f schizophrenic patients included in „First Episode Intervention Program"

(Participants: ***Branka Restek-Petrović, Majda Grah, Mate Mihanović***), Croatia

Some authors emphasized the central role of the relationship between parent and child for normal development. Recent studies have shown that early parental bonding may play an important role either as a risk or protection factor for the development of psychiatric symptoms in adulthood. Studies have shown that schizophrenic patients report a greater chance of exposure to „affectionless control"parental bonding compared to control groups. Studies also suggest higher level of insecure attachment, and dismissing attachment in particular, in samples with psychosis compared to controls. The aim of this paper was to establish parental bonding and attachment styles and investigate their influence on self-esteem in the population of young schizophrenic patients. For this purpose the patients included in the Early intervention program for the psychotic patients in Psychiatric hospital „Sveti Ivan" fulfilled the Parental Bonding Instrument (PBI), Relationship Questionnaire (RC) and Rosenberg Self-Esteem Scale. Results have shown that the patients mostly consider parental bonding style as affectionless control which is consistent with previous researches, different attachment style was equally represented and higher self-esteem was more noted in secure attachment and in optimal parental bonding.

Anamaria Bogović:

Defense mechanisms and insight in the population of young psychotic patients included in „First Episode Intervention Program“

(Participants: ***Branka Restek-Petrović, Majda Grah, Mate Mihanović***), Croatia

Defense mechanisms are psychological strategies that people use throughout life to maintain a state of balance. They become pathological when their use leads to maladaptive behavior and harmful effects on own personality. The patients in therapy use defense mechanisms to resist recognition of unconscious impulses and protect the fragile ego structure from disintegration. They use a variety of mechanisms from primitive to mature with a different frequency of utilization. In patients with psychotic disorders frequently are utilized immature defense mechanisms. The influence of psychodynamic group psychotherapy leads to more adequate overall functioning and use of more mature defense mechanisms. The aim of this study was to determinate the frequency of utilization of a particular defense mechanisms in young patients which suffer from psychotic disorders who were included in the group psychodynamic psychotherapy in the framework of the “First episode intervention Program for psychotic disorders” in Psychiatric Hospital “Sveti Ivan”, Zagreb in correlation to insight. For this purpose, we examined the frequency of use of the following mechanisms: negation, projection, regression, displacement, reactive formation, repression, intellectualization and compensation and the insight as well depending on the duration of group psychodynamic psychotherapy. Patients filled in Life Style Questionnaire (Kellerman) and Insight Scale (Birchwood et al, 1994).

Anne Opsal:

Substance abuse predicts involuntary hospitalization in first-episode psychosis: A 2-year follow-up

(Participants: ***Thomas Clausen, Tor Kjetil Larsen***), Norway

Abstract Objective: To investigate whether substance abuse (alcohol or illegal drugs) in patients with First-Episode Psychosis (FEP) influenced treatment outcomes such as involuntary hospitalization during follow-up. Method: FEP patients (N = 103) with consecutive admissions to a comprehensive early psychosis program were included and followed for 2 years. Assessment measures were the Positive and Negative Syndrome Scale (PANSS), Global Assessment of Functioning (GAF), and the Clinician Rating Scale (for substance abuse). Results: Twenty-four percent of patients abused either alcohol or drugs at baseline. The dropout rate at 2 years was the same for substance abusers as for non-abusers. Substance use was not reduced over the 2-year period. At 2- year follow-up, 72% of substance abusers and 31% of non-abusers had experienced at least one occasion of involuntary hospitalization. Patients with substance abuse had significantly higher risk for involuntary hospitalization during follow-up (OR 5.1). Conclusion: To adequately treat patients with FEP, clinicians must emphasize treatment of the substance abuse disorder, as well as the psychotic illness. Patients with defined comorbid substance use disorders and FEP are likely to have poorer treatment response than those with psychosis alone.

Annika Söderlund: **Integrated in-and-outpatient care: an alternative to standard acute psychiatric care, Sweden**

Background/ The Idea of Integrated In- and Outpatient Care Integrated in- and outpatient care-units for patients in psychotic crisis have been established at Sahlgrenska University Hospital, Göteborg in Sweden. This model of integrated in- and outpatient care was created to avoid interruption in the therapeutic relationship. In these units, six beds for inpatient care are physically situated in the out-patient care facility. The aim of the multi-disciplinary team is to provide person-centered care to long-term patients as well as patients with first-episode psychosis. This model of care has been evaluated. The Evaluation How the model was perceived by patients, staff and collaborating care providers was of essential concern in the evaluation. This question together with an examination of symptoms, psychosocial functioning, global functioning, quality of life and helping alliance were focused. In-patients in the integrated in- and outpatient-units, during one year, were included in the study and the measure points were at admission, discharge, and at 3 and 12 months after discharge. Results Patients, staff and collaborating care providers reported a great satisfaction with the model. Patients and staff from the Social Services reported a good accessibility within the model. The patients reported increased safety and staff accessibility during in-patient care compared to traditional psychiatric wards. Continuity and helping alliance were regarded as satisfactory by the patients concerning the out-patient treatment. All outcomes improved at discharge and 3-months follow-up. Outcomes concerning symptoms and psychosocial functioning improved significantly between admission and one year follow up.

Anvor Lothe:
How can we increase the quality of our work with the families of our patients?
(Participant: ***Aase Sviland***), Norway

Background: During the last twenty years Stavanger University Hospital, Norway has focused on improving the quality of family interventions. Families have often reported lack of support from the treatment system. The Ministry of Health and Care Service published in 2009 guideline for rights for families of patients. Objective: Do the families get good enough information and support? If not, we wanted to make guidelines for the health professionals providing information about families' rights for information when their member is in the hospital: Aim: "The families of 90 % of patients must be contacted" Method: We used the Plan-Do-Study-Act (PDSA) Worksheet to help four units in Division of Psychiatry (September 2009 to May 2010) documenting a test of change, based on the model learned from Norwegian Medical Association (1). The inpatient units made one checklist with selected criteria, and the outpatient unit made its own. Result and conclusion: 3 of 4 units finished the project with Plan-Do-Study-Act Worksheet. Each unit evaluated from a randomised selection 20 baseline patients in October 2009 and 20 patients after the interventions in May 2010. Result showed a significant change. The variation in how the families were contacted was reduced. The families reported better cooperation with the units and they got better general information. The professionals became more secure in meeting and cooperating with families. 1) www.legeforeningen.no, Institute for Healthcare (www.ihi.org)

Aase Sviland:
Family focused treatment in the prevention of psychosis (POP) 2011-2013 study

Family Focused Treatment in the Prevention Of Psychosis (POP) 2011 – 2013 study Autors: Åse Sviland, Anne Fjeld, Anvor Lothe, Torunn Risdal Momrak, Gro Steenson, Kornelie Røssebø Sætre og Kitty Tarang Lunde. Objective: The project will be arranged in three sites in a clinical hospital setting; Stavanger University Hospital, Health Fonna and Health Sørlandet, Norway. The family work will be based on a psychoeducational based family intervention. In order to prepare the intervention the family workers will be organized around a project leader and local key family leaders in each site. Before the project start, the family workers will receive training in the FFT-PY manual s in May 2011 in Stavanger by Mary O`Brien, UCLA. The family workers will have to receive monthly supervision by qualified supervisors. Method: Family intervention will consist of 18 sessions over a 6 months period. The key elements in the intervention are psychoeducation, communication training and problem solving. In an earlier intervention study with adolescents at high risk for developing psychosis Mary O`Brien (2007) found that participants evaluated the psycho educative family works to be very useful. The families who participated in the intervention felt taken care of in and between meetings. They also believed that young people made good progress both in relation to psychotic symptoms and features. Conclution : The FFT-PY intervention in the POP project will be more toughly described in a poster at the conference. References: Miklowitz, EL George, DO Taylor, (2007)

Audun Wigestrand:
A seamless service model for First episode psychosis (FEP): focus on patient satisfaction (Participants: ***Hasse Alexander Ørbjo, Monica Hugsted, Jan Olav Johannessen***), Norway

Since august 2009 the inpatient ward A3 at Stavanger University hospital, Division of Psychiatry has been a unit for first-psychosis episodes, as part of a seamless continuity based treatment system for FEP, including substance induced psychosis. Objective: Does this service model increase our patients' satisfaction with the treatment? Method: We have monitored patients' perceptions and experiences with a rating-form based on staff's observations. This "Continuity form" monitors symptoms, psychosocial function and medication during the patients' stay in the ward. Each patient is also asked to answer a form measuring the satisfaction with the treatment provided at the end of their stay. Patients are allocated at raendom to two groups; one group to fill out the form, the other not. Results: The evaluation period is from 010110 till 311211. Our hypothesis is that those patients who participate by filling in this form of self observation will be more satisfied with their stay, as measured by the "Continuity form". Conclusion: So far (nov 2010) 20 patients has filled in the form. Preliminary results will be presented.

Børge Tjessem:
Social Skills Training (SST):
(Participant: ***Eldrid Helgerud)***, Norway

Objectives: Social skill training is a group based treatment program where the patients can improve their social skills. Through a systematic and structured method they will learn how to interact better with others. (1) Method: Each skill is practiced through various learning activities: * Theory * Role-play * Practical exercises * Problem solving * Homework * Repetition Our courses are based upon CBT where coping, competence and control are essential. The basic communication course, where patients learn how to start, keep and end a social conversation in a friendly manner. They also learn about verbal and non-verbal communication and how to interpret ones own and others signals to improve contifente in social settings. We also have a course that teaches psychotic patients how to understand and cope with their symptoms. The patients are helped to identify and cope with their "early warning" signs and long term symptoms. Results: Since 2001, 20 SST groups have been established in our ward. Each group content 6-8 patients and the total number of patients that have been treated with SST in our ward are nearly 160. We arranged an internal evaluation in 2008 among 32 patients having psychotic symptoms, answering the same questions before and after treatment in our SST-group. We found that 50% of these patients reported significant symptom reduction after six months. This supports the results of Hogarty's (1986) research on similar groups. 1. Liberman, Schizofrenia Bulletin, 2000

Branka Restek Petrović:

Changes in object relations in the long-.term psychodynamic group psychotherapy of young psychotic patients.

(Participants: *Nina Mayer, Vatroslav Prskalo, Mate Mihanović*), Croatia

It is well known that psychotic patients suffer from severe disturbances of interpersonal relations which limit their capacity for communication, intimacy and participation in the social matrix (Schermer i Pines, 1999). In interpersonal relationships they manifest strong dependency, fear of regression, self-annihilation, possible loss of control and boundaries, distrust and fear of abandonment as a result of resurfacing of incapsulated bad object (Klein,1977). One of the key goals of psychodynamic group psychotherapy with psychotic patients is to achieve greater maturity and integration of internal structures, the separation of the self from the object and the restructuring of primitive defence mechanisms. The aim of this study was to determinate the influence of group psychodynamic psychotherapy on the dimensions of the object relations. The patients that we have studied were suffering from psychotic disorders and they were included in group psychodynamic psychotherapy within the frame of "First episode intervention Program for psychotic patients" in Psychiatric Hospital "Sveti Ivan", Zagreb. They filled in the Test of object relations (Žvelc, 2000) which measures six dimensions of interpersonal relations: symbiotic merging, separation anxiety, narcissism, egocentricity, fear of engulfment and social isolation. The results that after two and a half year of participation in a group psychodynamic psychotherapy demonstrated reduction in all dimensions, meanwhile in the dimension of symbiotic merging decrease was statistically significant.

Enrique De Portugal Y Fernandez del Rivero:

Prevalence of premorbid personality disorder and its influence on clinical correlates of delusional disorder

(Participants: *Nuria Esteve, Nuria Roman, Covadonga Martinez Diaz-Caneja*) Spain

Objectives: The main aims of this study were to investigate the presence of premorbid personality disorder (PPD) and to evaluate its relation to clinical correlates of delusional disorder (DD). Material and methods: Eighty-six outpatients, SCID I-confirmed, DD patients (DSM-IV) were evaluated for premorbid Personality Disorder (PD) using the Standardized Assessment of Personality (SAP). The Positive and Negative Symptom Scale (PANSS), the Global Assessment of Functioning (GAF) scale, a socio-demographic-clinical questionnaire and a neuropsychological battery were also completed. Results: Sixty-four percent of the subjects had at least one premorbid PD, the most common being paranoid PD (38.4%), followed by schizoid PD (12.8%). The presence of PPD was significantly associated with higher scores in psychopathology (in particular, with negative and affective symptoms), explaining 17% of the total variance. Specifically, paranoid PPD was significantly associated with a higher frequency of females, insidious onset and chronic course and tactile hallucinations. Schizoid PD was significantly associated with a higher frequency of acute onset and phasic course, non-prominent auditory hallucinations and with higher scores on the negative symptomatic dimension. Schizotypal PD was significantly associated with a higher frequency of males, earlier age at onset, non-prominent auditory hallucinations and with the persecutory subtype. Obsessive PD was significantly associated with a higher frequency of an insidious onset, somatic delusions and higher scores in the affective dimension. Finally, avoidant PD was significantly associated with a higher frequency of olfactory hallucinations and reference delusions. Conclusion: Our results reveal that premorbid personality is a relevant phenomenon in DD because of its high prevalence and its influence on clinical correlates of DD.

Eduard Pavlović:

Growing and developing of educational group of schizophrenic patients with regard to titles of their nominated themes.

(Participants: ***Ana Zwingl Mikler, Paula Jovanović, Mira Jurčević***), Croatia

Education is a relatively permanent and progressive change of an individual behavior whose is the result of the previously individual activity.The aim of this research is to list and analyze titles of nominated themes in one educational group of schizophrenic patients during one certain period. Titles of themes in the educational group were nominated by their own schizophrenic patients whose were included in the reduced program of Daily hospital for psychoses at Psychiatric Clinic in Rijeka from the autumn 2008 to the autumn 2010. Titles were sorted in certain groups regarding defined pieces of the period such as half years i.e. semesters. Results were pointed out in absolute numbers as one table and were analysed by the descriptive method. Results show that psychiatric i.e. psychological themes and ecological i.e. natural scientific themes were dominated during the attended period of 5 half years i.e. 5 semesters. In the first twain half years i.e. semesters psychiatric i.e. psychological themes were 11 of 38 all. In the last twain half years i.e. semesters ecological i.e. natural scientific themes were 18 of all. In the middle half year i.e. semester historic or historic personalities\' dedicated themes were dominated (4 of 12 all). To conclude is that this educational group of schizophrenic patients got on with regard to titles of theirs nominated themes. In the first piece of the attended period they were interested in them intimately themes and in the last piece of the attended period they were interested in the world known themes. Their interest in the middle period could be understood as \" one regression before the taking off\".

Else-Marie Løberg:

Does auditory hallucinations in acute psychosis reflect stable auditory attention impairments seen also in a more stabilished clinical phase?

(Participants: ***Erik Johnsen, Hugo Jørgensen, Kenneth Hugdahl***), Norway

Introduction: Previous studies from our research group have shown that patients with schizophrenia who experience frequent auditory hallucinations (AH) fail to control verbal auditory attention. We do not know, however, whether this is an effect of ongoing AH, or a more stable vulnerability also present when AH are diminished by treatment. Aims: The aim of this study was to follow patients with acute psychosis with and without frequent AH, and test their auditory attention in a more stabilised clinical phase three months later. Methods: Fifty patients (35 males and 15 females) with acute psychosis were included, examined when admitted to an acute ward and tested with a dichotic listening test 3 months later. In this test, competing consonant-vowel syllables are presented to both ears. Auditory attention is assessed by including instructions about focusing on each ear, and an attention index is calculated. The patients were divided into a frequent (n = 33) and non-frequent (n = 17) AH group based on their score on the Positive and Negative Syndrome Scale item hallucinatory behaviour (≥ 4 and ≤ 3, respectively). Results: A significant interaction emerged between AH group and the Attention index, mainly due to an inability of the frequent AH group to significantly change their auditory attention as opposed to the non-frequent AH group. Conclusions: AH in an acute psychotic state influence auditory attention 3 months later, possibly reflecting stable auditory attention impairments. This has psycho-educational implications, since attributing AH to auditory attention vulnerability may decrease anxiety and psychotic interpretations.

Frauke Schultze-Lutter:

The early detection of psychosis from the perspective of child and adolescent psychiatry

(Participants: ***Paolo Fiori Naastro, Franz Resch, Benno Schimmelmann***), Switzerland

To fight the devastating consequences of psychosis, early detection and treatment of persons at-risk of developing psychosis is currently regarded a promising strategy. Two at-risk approaches have been developed on mainly adult samples: (1) the 'ultra high risk' (UHR) and (2) the 'basic symptom' criteria. Although psychoses frequently start in adolescence, it has rarely been studied they can be transferred to children and adolescents. From the few studies on pure child and adolescent samples regard to UHR-criteria, there is indication of some attenuated psychotic symptoms being potentially non-specific in adolescents and brief limited intermittent symptoms being difficult to clinically classify in children when observable behavioural correlates are missing. For basic symptoms, preliminary results in adolescent samples indicate that, similar to results in adult populations, cognitive basic symptoms may be promising candidates for at-risk criteria. Yet, as some developmental peculiarities in children have to be considered in the assessment of basic symptoms, a child and youth version of the 'Schizophrenia Proneness Instrument' (SPI-CY) has been developed. However, only a samall pilot study has hitherto systematically examined the clinical validity and predictive value of at-risk its use in children and adolescents. Thus, research is needed to examine if current at-risk criteria have to be tailored to the special needs of children and adolescents. If a 'Prodromal Risk Syndrome for Psychosis' is included in DSM-V, it will be indispensable to highlight that its suitability for children and adolescents is not yet known.

Frauke Schultze-Lutter:

Prevalence and burden of at-risk criteria of psychosis and help-seeking behaviour – a population survey – pathway-to-care

(Participants: ***Chantal Michel, Noemi Schaffner, Benno Schimmelmann***), Switzerland

Help-seeking and adequate treatment for mental disorder, and especially first-episode psychosis, is often delayed. To overcome this unfortunate situation, it is fundamental to uncover barriers in help-seeking and delays in health systems on population level. The aim of this pilot study was therefore to examine (non-)help-seeking for mental problems in the general population. The sample consisted of randomly selected residents of the Canton Bern (age 16-35) years. Exclusion criteria were (i) life-time diagnosis of psychosis and (ii) insufficient language skills. 60 persons (70.5%) participated in the telephone interview, 2 met exclusion criteria. Help-seeking was assessed with a modified version of the WHO pathway-to-care questionnaire. In the M.I.N.I. 36 persons (62.1%) reported current, psychiatric symptoms of at least subthreshold intensity ("yes" to screening questions) but no current or past help-seeking. Sixteen persons (26.6%) reported help-seeking for mental problems, including three (5%) with subthreshold expressions of symptoms considered at-risk indicators for first-episode psychosis, .i.e., subthreshold attenuated psychotic symptoms (APS). Average number of contacts reported by the 16 help-seekers was 1.7 (1 - 6), half of them first contacted a psychiatrist/psychologist, a quarter a general practitioner, and further other medical and other persons. Main reasons for seeking help were depressive mood (50%) and familial problems (18.75%). Main reasons for delays in help-seeking were lack of perceived seriousness of symptoms, hope for spontaneous remission, ignorance of adequate contact points and fear of discrimination/stigmatization. In line with earlier findings, the majority of persons experiencing mental problems do not or only with considerable delay seek help – not least because they do not know where to turn to or whether their symptoms require professional help or not. This illustrates the necessity to raise the awareness of mental problems and their treatment and to encourage searching professional help earlier for diagnostic clarification and for prevention of exacerbation of problems.

Frauke Schultze-Lutter:

Prevalence and burden of at-risk criteria of psychosis and help-seeking behaviour – a population survey – attitudes

(Participants: ***Chantal Michel, Noemi Schaffner, Benno Schimmelmann***), Switzerland

The aim of this study was to assess these three domains of attitudes in a general population sample of the Canton Bern and to examine possible associations. The enrolment sample comprised 85 persons. 60 persons (70.5%) participated in the phone interview, two of them met exclusion criteria. Questionnaires on attitudes towards both mental disorders and mental health care system comprised ten statements to which the degree of agreement is measured on a 5-point Likert scale, totals ranging from 10=’very negative attitude’ to 50=’very positive attitude’. A third questionnaire according to the WMH-CIDI Part II on attitudes towards the effectiveness of help-seeking for mental problems was used. The attitudes towards mental disorders (M=30.52, SD=5.06, Md=30) as well as towards the mental health care systems (M=29.24, SD=3.82, Md=29) were slightly negative, whereas the expected effectiveness of help-seeking for mental problems (M=2.59, SD=0.77, Md=3) ranged between ‘somewhat’ and ’considerable‘. The three domains of attitudes showed no significant correlations (r=.04 - .22). Additionally, no significant group difference was found between help-seekers (n=16; those reporting any kind of help-seeking for any kind of mental problem) and non-help-seekers (n=42; those never having sought help for any mental problem) on these three types of attitudes (U=289.50 - 316.00, p=.42 - .70). While public attitudes towards persons with mental disorders and mental health professionals/institutions were slightly negative, yet unrelated to each other, the perceived effectiveness of psychiatric treatment of severe mental disorders was rather positive and also unrelated to other domains of attitudes.

Frauke Schultze-Lutter:

'Prodromal Risk Syndrome for First Psychosis’ or ‘Psychosis-Spectrum Disorder’: a conceptual and ethical cost-benefit analysis

(Participant: ***Stefan Ruhrmann***), Switzerland

For two decades, indicated prevention of psychosis prior to first episode has been increasingly focussed in psychosis research. In the wake of first promising results, the introduction of a ‘Prodromal Risk Syndrome for First Psychosis’ or ‘Attenuated Psychotic Symptoms Syndrome’ based on the ‘attenuated psychotic symptom’ (APS) criterion of the ‘ultra-high risk’ (UHR) criteria into DSM-5 – and, more recently, into ICD-11 – was suggested. It has since become topic to heated debates mainly focussing on its predictive accuracy. In light of two recent large studies, however, a ‘Psychosis-Spectrum Disorder’ based on APS and the ‘cognitive disturbances’ (COGDIS) criterion of the basic symptom approach has recently been alternatively proposed. While both approaches would facilitate preventive research, their cost-benefit ratio from a conceptual level of evidence-based medicine as well as from an ethical point of view clearly differs. Relating to aspects of validation of psychopathological significance of categories, consistency with current diagnostic structures, outcome measures, development of evidence-based and/or FDA/EMEA approved treatments, dependency on conceptualisations of psychosis, coercion, beneficence, nonmaleficence, autonomy, patient’s right to dignity and fairness, both approaches will be compared. It will be argued, that the ‘Psychosis-Spectrum Disorder’ approach offers the same advantages of the ‚Prodromal Risk Syndrome for First Psychosis’ approach, while avoiding most of its disadvantages, including the high number of false-positive predictions and the expectation of a negative outcome.

Frauke Schultze-Lutter:

The role of personality disorder and accentuation in the conversion to psychosis

(Participants: ***Karen Winkler, Joachim Klosterkoetter, Stefan Ruhrmann***), Switzerland

In psychosis, personality disorders (PD) are known to influence presentation and outcome. In the early detection of psychosis attenuated psychotic symptoms (APS), which phenomenologically resemble schizotypal symptoms but differ in course (newly occurred vs. enduring pattern of inner experience and behavior), are the most frequently reported symptomatic criterion in risk samples. Further, schizotypal PD in combination with a significant decline in psychosocial functioning is one of two risk factors of the UHR state-trait criterion. Thus, the role of PDs and personality accentuations (PAs) according to DSM-IV in conversion to psychosis in an at-risk of psychosis (AR) sample was examined. PDs and PAs were assessed by a self-rating questionnaire at baseline and compared between criteria-, gender- and age-matched at-risk patients with (AR-P, n=50) and without conversion to psychosis (AR-NP, n=50). The number of patients with at least any one DSM-IV PD did not differ between those with and without conversion (50% vs. 46%). In both groups, most patients reported any Cluster B PD and fewest any Cluster A PD. Only for Cluster A PD, a statistical trend showed towards a higher frequency in converters (20% vs. 8%). In AR-P, a higher expression of schizoid (U=872.5, p=0.006) and schizotypal PA (U=959.5, p=0.043) showed. And in stepwise logistic regression analysis, schizoid PA was selected as the sole albeit weak predictor of conversion (OR=1.685; 95%CI: 1.134/2.504). Surprisingly, cluster A PDs were the least frequent PDs in both at-risk samples, yet significantly cumulating in the 'true prodromal' group of converters. The main role in this was not played – as expected – by schizotypal PA but by schizoid PA, which was unrelated to the prodromal state at intake. The deficient social skills and integration that shows in the more severe schizoid PA is in line with genetic high-risk studies. These had repeatedly shown premorbid social deficits in children of schizophrenia parents. Thus our findings, support the important protective role that good social functioning and skills might play in psychosis prevention.

Frauke Schultze-Lutter:

At-Risk Criteria of Psychosis: Reliability between Interviewers and Interview Modes

(Participants: ***Chantal Michel, Marcel Siegwart, Benno Schimmelmann***), Switzerland

In the early detection of psychosis, two at-risk approaches are currently mainly followed: (i) the 'ultra high risk' (UHR) criteria of an imminent risk including attenuated psychotic symptoms (APS), brief limited intermittent psychotic symptoms (BLIPS) and a combination of a genetic risk factor and a recent persistent significant decline in functioning and (ii) the basic symptom criteria 'cognitive-perceptive basic symptoms' (COPER) and 'cognitive disturbances' (COGDIS). In the prospective evaluation of at-risk criteria and early intervention strategies, particularly when spanning a larger time period, however, a re-evaluation in a face-to-face interview is not always possible; thus, frequently, both face-to-face and telephone interviews are carried out. While the validity of telephone-assessed data in comparison to a face-to-face interview has already been shown for a variety of mental disorders and problems, the reliability of telephone assessments of symptomatic at-risk criteria as well as exclusion and transition criteria (past or current psychosis) has not yet been shown. We examined the interrater reliability and the reliability of telephone interviews in comparison with face-to-face interviews. The study was conducted on 31 psychiatric in- and outpatients as well as 16 non-clinical subjects. The two interviewers (clinical psychologists) were blind to each other's results and subjects' clinical status. To account for the order of interview modes and interviewer effects, both sequence of interviewer and interview mode were varied in a counterbalanced, 2×2 cross-over design. One week was chosen as the lag time between interviews to reduce memory effects while avoiding effects due to significant changes in psychopathology. The interrater reliability for the four symptomatic at-risk criteria (COPER, COGDIS, APS and BLIPS) showed good to excellent interrater reliability (K=.632-1.0). Further, both interviewers led to an agreement for the presence of the 22 at-risk symptoms between 60% and 100%. With regard to the presence of the four symptomatic at-risk, K-values also showed good to excellent reliability of telephone assessments. Further, both interview modes led to comparable results with an agreement for the presence of the 22 at-risk symptoms between 80% and 100%. The interrater reliability is sufficient following training of the instruments. Further, the results indicate that the use of telephone interviews to collect data on at-risk criteria is justified.

Frauke Schultze-Lutter:
Are psychotic-like experiences a valid estimate of attenuated psychotic symptoms
(Participants: ***Fritz Renner, Joachim Klosterkoetter, Stefan Ruhrmann***), Switzerland

In the general population high prevalence rates of 'psychotic-like experiences' (PLEs) were reported that were also argued a measure of 'attenuated psychotic symptoms' (APS). Yet, the applied assessments had not been designed to assess APS, and thus, the correlation between PLEs and APS was studied. Psychotic symptoms (PS) and APS were assessed with the 'Structured Interview for Prodromal Syndromes'. PLEs were assessed with 'Peter's Delusion Inventory' and the revised 'Launay-Slade Hallucination Scale' in 71 persons seeking help at an early recognition service, FETZ (59% without psychosis or at-risk status according to ultra-high risk or basic symptom criteria). In clinical interviews, at least any one APS and/or PS was found in 24 (33.8%) patients, while in the questionnaires, all but one patient (98.6%) reported PLEs when simple agreement was rated. This number decreased to 51.4% when a certain level of agreement, distress, preoccupation and conviction was required. Yet, even if these additional qualifiers were accounted for, the explained common variance of self-ratined PLEs and clinically assessed PS and/or APS did not exceed 20%. Further, it was even lower between PLEs and APS than it was between PLEs and PS. PLEs cannot be considered as a valid approximation of PS or APS as defined in early detection research even if additional qualifiers are used. Thus self-report scales of PLEs do not appear to be a valid screening tool for an increased risk of psychosis in terms of APS in the general population. Additionally, the prevalence of APS in the general population cannot be deduced from epidemiological studies of PLEs but warrants dedicated studies, in which at-risk symptoms are assessed equally to their clinical evaluation.

Frauke Schultze-Lutter:
Prevalence of at-risk criteria of psychosis and help-seeking behaviour – a population survey pilot
(Participants: ***Chantal Michel, Noemi Schaffner, Benno G. Schimmelmann***), Switzerland

In early detection of psychosis, two complementary approaches are mainly followed: (i) the 'ultra high risk' (UHR) criteria of an imminent risk including attenuated psychotic symptoms (APS), brief limited intermittent psychotic symptoms (BLIPS) and a combination of a genetic risk factor and a recent persistent significant decline in functioning and (ii) the basic symptom criteria 'cognitive-perceptive basic symptoms' (COPER) and 'cognitive disturbances' (COGDIS) that partially overlap but delineate risk of different imminence. However, based on epidemiological studies that have reported much higher prevalence and annual incidence rates of psychotic-like symptoms (PLEs) in the general population than the clinical phenotype of psychotic disorders, the clinical validity of at-risk criteria had been questioned. Yet, PLEs do not equal at-risk criteria and seem to be more common. The aim of this pilot study was to assess the prevalence of at-risk criteria in the general population in clinical interviews conducted by mental health professionals. The sample consisted of randomly selected residents of the Canton Bern (age 16-35) years. Exclusion criteria were (i) life-time diagnosis of psychosis and (ii) insufficient language skills. 60 persons (70.5%) participated in the telephone interview, 2 met exclusion criteria. At-risk symptoms were assessed using the (i) Schizophrenia Prediction Instrument, Adult version and (ii) the Structured Interview for Prodromal Syndromes. Only one person (1.2%) fulfilled the attenuated psychotic symptoms (APS) criterion according to SIPS, none the transient psychotic symptom criterion. Furthermore, 8 persons reported APS relevant symptoms but did not meet the time, frequency and severity criteria for APS. Nobody fulfilled at-risk criteria according to the basic symptom concept, although 8 persons reported relevant basic symptoms but at an insufficient frequency or as lacking change. Thus, altogether 12 persons (14.1%) had sub-threshold at-risk criteria for psychoses. At-risk criteria are not as common as PLEs reported in epidemiological studies, and thus might be able to delineate a clinically relevant psychopathological state. These results, however, have to be confirmed in a larger sample.

Frauke Schultze-Lutter:

Subjective deficits in an adolescent general population sample

(Participants: ***H. Meng, Eginhart Koch, Benno G. Schimmelmann***), Switzerland

Basic symptoms (BS) are defined as subtle, subclinical subjective disturbances in drive, stress tolerance, affect, thinking, speech, perception and motor action that are not observable to others and are used complementary to ultra-high risk criteria in order to predict psychosis; and a subset of cognitive and perceptive BS have been suggested as predictive of psychosis. The prevalence of BS in a representative adolescent general population sample (GPS; N=96) was investigated and compared with patients with early onset psychosis (EOP; N=83) and non-psychotic psychiatric disorders (NP; N=137). Subjects (age 10-20) were assessed for presence of BS with the 'Bonn Scale for the Assessment of Basic Symptoms' (BSABS). Prevalence of 'at least any 1 BS' as well as BS criteria and their mean number were compared across groups. Logistic regression was used to predict group membership by the 4 BSABS categories. The prevalence of 'at least any 1 BS' was 30.2% in GPS, 81.0% in NP and 96.5% in EOP. Correct classification of EOP compared to GPS was high (94.0%) and lower compared to NP (78.6%). Cognitive BS discriminated EOP best from GPS and NP, while GPS was best discriminated from NP by disturbances of stress tolerance and affect. In GPS, the at-risk criterion 'Cognitive-Perceptive BS' was met by 8%, 'Cognitive Disturbances' by only 3%. Overall, adolescents from the general population reported basic symptoms significantly less frequently than adolescents with psychotic or non-psychotic disorders. Thereby, cognitive and perceptive basic symptoms discriminated best between the two clinical samples. BS in general are not infrequent in GPS, yet to a lesser degree than in EOP and NP. Therefore, the use of 'any 1 BS' as a screening criterion for youth at risk of developing psychosis is not recommended in the general population or in unselected psychiatrically ill adolescents, as it would likely lead to high rates of false-positive predictions. Yet, especially cognitive BS may be valuable criteria in 'at risk' studies in adolescents.

Frauke Schultze-Lutter:

Subjective disturbances in the early detection of psychoses

(Participant: ***Stefan Ruhrmann***), Switzerland

Ultra-high risk (UHR) criteria whose assessment is predominately based on the perception of others are commonly used in the early detection of first-episode psychosis. This approach, however, is increasingly complemented by one that is based on the patient's self-perception, i.e., the basic symptom concept. Basic symptoms (BS) are subtle, subjectively experienced subclinical disturbances in a variety of domains. From a first prospective study, two at-risk criteria were developed, the 'Cognitive-Perceptive Basic Symptoms, COPER' and the 'Cognitive Disturbances, COGDIS' that, since then, have served as sole and/or additional intake criteria to UHR criteria in several early detection and intervention studies. Several studies on help-seeking samples have supported the psychosis-predictive value of the two basic symptom criteria, and particularly of COGDIS, irrespective of the presence of UHR criteria. Further, in a retrospective study of first-episode psychosis inpatients, COPER was highly sensitive – being reported by 80% – even more than APS with a rate of 74%; 64% reported both APS and COPER. For basic symptoms, prospective studies in children and adolescents have only begun. Yet, cross-sectional studies indicate that, similar to results in adult populations, cognitive basic symptoms are infrequent in adolescents from the general population and may be promising candidates for at-risk criteria. Further, dimensional analyses point towards some developmental peculiarities in children that will have to be considered in the assessment of basic symptoms. Based on dimensional analyses, the Schizophrenia Proneness Instrument for the quantitative assessment of basic symptoms had been developed in an adult (SPI-A) and a child and youth version (SPI-CY) to account for age-related peculiarities and to allow the integration of parent's reports in the assessment of basic symptoms in children while maintaining the emphasis on the subjective character of basic symptoms. Acknowledgement: SPI-A and SPI-CY can be ordered at http://www.fioriti.it/english.php

Frauke Schultze-Lutter:
The dimensional structure of basic symptoms in early-onset psychosis indicates special needs in the early detection of younger adolescents
(Participants: *Eginhart Koch, Franz Resch, Benno Schimmelmann*), Switzerland

Dimensional analyses of basic symptoms in adult samples revealed a rather robust six-dimensional structure across different stages of the illness, i.e., between prodromal and frankly psychotic, yet non-chronic states. This structure even remained largely unchanged when basic symptom assessment was switched from a binary assessment of presence to an ordinal assessment of severity. Thus its stability was tested in early-onset psychosis (EOP). After the remission of frank psychotic symptoms, a sample of 32 inpatients with first-episode EOP (66% male, mean age 16) had been assessed for the presence of basic symptoms within the months preceding their admission using the Bonn Scale for the Assessment of Basic Symptoms (BSABS). Using confirmatory Faceted Smallest Space Analysis, a nonparametric multi-dimensional scaling approach, the dimensional structure of basic symptoms was tested. Showing an insufficient separation index of only .25, the dimensional structure of adult samples could not be replicated in the EOP sample. Further analysis of the EOP data revealed a four-dimensional structure based on 49 items of the BSABS (separation index of .957): 'adynamia', 'perception disturbances', 'neuroticism' and 'thought and motor disturbances'. Contrary to findings on adult samples, dynamic and affective disturbances appeared to play a more important role as indicated by their centre position in this adolescent sample. Subjective deficits seem to cluster differently in children and adolescents compared to adults with a psychotic disorder. Modelled on the Schizophrenia Proneness Instrument, Adult version, the 4 dimensions were therefore used to develop an instrument for the quantitative rating of basic symptoms fitted to younger age groups, the 'Schizophrenia Proneness Instrument, Child and Youth version' (SPI-CY; http://www.fioriti.it/english.php). It also allows the inclusion of parents' reports, although maintaining its focus on the self-perception of the patient.

Hrvoje Marković:
Possession or psychosis?
(Participant: *Mara Tripković*), Croatia

Today\'s psychiatry does not refer symptoms of possession to any specific category, but usually classifies this as some kind of psychotic disturbance of thought. Being possessed by demons or evil spirits is one of the oldest ways of explaining bodily and mental disorders. In our culture still meet people that are \"thrown into it, curses, and those who feel\" demon possessed \". This article presents a case of outpatient treated person, description of symptoms with psychotic elements of the archaic notion of "possession". The patient had recurrent symptoms of \"possession\" that are repeated in a regular cycle and duration. Disturbances have occurred every 8 years, on the same date (May 20) and lasted for 2 weeks. Displayed symptoms suggesting the difficulties of interpretation of the clinical state of psychotic symptoms in psychiatric practice, as well as the difficulty of defining mental disorders with current psychiatric classification.

Charlie Heriot-Maitland:

A qualitative comparasion of psychotic-like phenomena in clinical and non-clinical population. London.UK

Objectives To explore the nature and context of psychotic-like phenomena in clinical (C) and non-clinical (NC) participants, and to investigate whether the factors involved with triggering a psychotic-like 'out-of-the-ordinary' experience (OOE) can be distinguished from those determining its clinical consequences. Design and methods Qualitative data were collected by semi-structured interviews, and analysed using Interpretative Phenomenological Analysis (IPA). 12 participants, who reported OOEs starting in the last five years, were split into C and NC groups depending on whether they were involved with mental health services as a result of their experiences. Inter-group comparisons of emergent themes were made. Results Inter-group similarities were found in the triggers and subjective nature of experiences, with clearer group differences in the inter-personal and background personal contexts, and how the experiences were incorporated into their lives. In particular, the inter-personal theme of validation was identified as important in distinguishing the clinical consequences of OOEs. Conclusions It is not the OOE itself that determines the development of a clinical condition, but rather the wider personal and interpersonal contexts which influence how this experience is subsequently integrated. Theoretical implications for the refinement of psychosis models are outlined, and clinical implications for the validation and normalisation of psychotic-like phenomena are proposed.

Hustoft Kjetil:

Involuntary admission in 20 acute psychiatric emergency units in Norway – who are they?

(Participant: ***Larsen Tor Ketil***) Norway

The Multi-centre study of Acute Psychiatry studied 3326 cases of acute psychiatric admission in 20 sites in Norway representing about 75 percent of acute psychiatric units in Norway during 2005-2006. Fifty-six percent of the population had a voluntary admission, 28 % on involuntary observation and 16 % involuntary admission. We found that involuntary patients admitted were more often older, men, non-Norwegian, and single and had lower level of education. Involuntary patients came more often during evening and nights, were followed by police, had no care for children, on retirement pension or unknown income source. Involuntary patients were less referred from their general practitioner, fewer referral source knew the patient, did not want admission. They had less previous contact with psychiatric services, and did not so often have paid work. Fewer of them were on sick pay compared to voluntary patients.

Jacques Thonney:

Sexual and physical abuse in early psychosis patients: elements suggesting the need for a specific psychotherapeutic approach

(Participants: ***Mehdi Gholam-Rezaee, Philippe Conus***), Switzerland

Introduction: Considering recent epidemiological results pointing an association between trauma and psychosis, we aim to describe how physical and/or sexual abuse during childhood or adolescence may have clinical repercussions in the early phase of psychotic disorders, and raise the matter of specific treatment. Sample: 154 male and female patients aged between 18 and 35 who presented their first psychotic episode and were subsequently integrated into a specialized early psychosis program. Methodology: 1. Retrospective follow-up, made at the start of treatment, to determine the prevalence. 2. Prospective follow-up (18 months), to determine whether there are specificities in the clinical evolution. Results : 23.4% of patients had been abused, of which 46.5% were male. First episode psychosis patients who have been exposed to abuse are at higher suicide risk than non-abused (23.8% vs 10%, p=0.037), are nearly 2 years older at the beginning of treatment (p=0.034), and have a different recovery pattern. The clinical evolution between the two groups showed some psychopathological differences, abused patients displaying a poorer outcome in terms of disorientation and self-preoccupation. Conclusion: Among young patients presenting a first psychosis episode, those who were physically or sexually abused have specific clinical features and prognosis, pointing the challenge to define more appropriate approaches. Treatments should combine pharmacotherapy and psychotherapy aiming to treat and understand psychotic symptoms (such as hallucinations and delusions) according to the overlap between psychotic and traumatic reminiscences.

Juan Carlos Irurzun:

Care of young people with psychosis in a generalist mental health centre

(Participant: *Martin Leire*) Spain

Introduction-aim: The purpose of this communication is to present the mission, method of assessment, psychosocial interventions and preliminary results of a specific program for the care of young people with psychosis within a generalist mental health centre. Objectives: to provide to people aged 16 to 35, at risk or suffering from any kind of psychotic episode, with a care based on the principles of early inervention and assertive community treatment. Methods: comprehensive assessment of the needs of the patients and their families, psychopathology, functioning, quality of life and satisfaction with services as well as shared care management and evidence based psychosocial interventions are provided according to the stage of their illness. Results: we will present the results of the first two years of functioning in which we have concentrated on incident cases. A preliminary analysis shows a high proportion of people from non european ethnic origin and beginning treatment late in the evolution of their illness; more than half of the subjects are working or studying. Conclusions: given the current tendency to set up specialised teams for the care of people with severe mental disorders, we claim that generalist community psychiatric services have to evolve and develop to provide continuity and quality of care to young people experiencing a psychotic illness.

Loys Ligate:

How do we educate our youth about the risks of using marijuanna

Canada

1st Step is an early psychosis intervention program in Southwestern Ontario Canada serving a population of 750,000. Our clients' ages are between 15-25 years of age. Around 70% of our clients have used marijuana on a regular basis prior to their first psychotic episode and many choose to continue to use after their first episode. Clients continue to use as it relaxes them and helps them sleep. The Masttricht University group have found that the risk of developing psychosis increases with the frequency of use of marijuana, the onset of use before age 14, living in an urban setting and having been exposed to trauma. Continued use of marijuana after a psychotic episode increases the risk of developing further psychotic episodes. It is estimated that 10% of people who use marijuana will develop a psychosis. Marijuana is an independent risk factor for the development of schizophrenia a chronic illness affecting social and occupational function and mortality. Canadians are huge consumers of marijuana and our youth are at an increased risk for developing psychosis and schizophrenia. Despite this finding many people think that marijuana is a safe drug and should be legalized. How do we educate our youth and their families both in our program and in our community? We asked clients who use/used marijuana to participate in focus groups in order to learn more about marijuana, how they buy it, use it, why they use it, how it makes them feel, and the role it played and continues to play in their psychosis. We also conducted an extensive literature review. A booklet on Marijuana "SO WHAT'S THE BIG DEAL "as an educational tool was written as a result. We had clients, staff, and family give us feedback on the booklet through focus groups. Although they felt that the booklet was accurate and informative they thought that 'YOUTH" and in particular our clients wouldn't read beyond the first page. In order to reach youth and to make the material user friendly we created a pamphlet that is "hip and "cool" called "What's Whacked about Mary". We plan to use both the booklet and the pamphlet as educational tools within our program and our community. We will also attempt to track whether the materials have any affect on reducing the use of marijuana in our program.

Majda Grah:

Self-esteem, loneliness, and defense mechanisms of the family members included in „first episode intervention program for psychotic disorder“

(Participants: ***Branka Restek-Petrović, Anamarija Bogović, Nenad Kamerman***), Croatia

Influence of family dynamics in the course of psychotic disorders in patient's family members is well known for many years. Family therapy reduces the impact of strong expression of emotions which is known to increase with the duration of illness. The former is the consequence of the complex interpersonal dynamics of all family members. The Program of early intervention for first episodes of psychotic disorders, which is carried out in Psychiatric Hospital \'\'Sveti Ivan\" applies psychodynamic group psychotherapy for the family members included on the basis of their motivation for change and introspective capacity. During the development of the group dynamic process intrapsychic and interpersonal conflicts within the family are demonstrated revealing the feelings of guilt, low self-esteem and loneliness and with more regressive defense mechanisms. In this paper, the aim was to investigate whether the therapeutic process leads to changes in self-esteem and loneliness in members, and whether it comes to the use of mature defense mechanisms. For this purpose in the commence of psychodynamic group psychotherapy and after 18 months we applied Rosenberg Self-Esteem Scale, UCLA Loneliness Scale (short version) and Life Style Questionnaire (Kellerman). The results showed that there was a statistically significant increase in self-esteem, statistically significant decrease in loneliness and also statistically significant decrease in the use of defense mechanisms other than repression.

Manuel Tettamanti:

Young adults experiencing a first episode psychosis: which integration of psychosocial factors in our therapeutic intervention?

(Participants: ***Katharina Auberjonois, Philippe Rey-Bellet, Marco Merlo C.G., Severine Bessero, Maryse Badan Bâ***), Switzerland

Exact knowledge about the help-seeking pathways of patients is central in order to provide early intervention and, thus, supply specialized and focused health care (e.g. Platz et al., 2006). Previous studies show that psychosocial factors and family characteristics are essential to understand the kind of care pathways of young adults (e.g. Compton et al., 2008; Corcoran et al., 2007). In this study we explore psychosocial and family characteristics of young adults who were seeking help in two different care units of the Geneva University Hospitals. A sample of subjects hospitalized within JADE Program (JP), mainly not voluntarily and after a first episode psychosis (n = 60), were compared to young adults voluntarily involved in a Program for Family Therapy (PFT) (n = 30). An evaluation of their psychiatric symptoms was done and information about their psychosocial and family characteristics were also collected and compared. Preliminary results show that, contrary to the entry in PFT, the frequent role of school nurse along the helpseeking pathways of young adults leading to JP. We also observed a significantly higher proportion of men within JP, especially for not voluntarily hospitalization. Moreover, patients with a first episode psychosis show a lower rate of professional/formation activity as compared to those in PFT. We conclude that patients with a first episode psychosis encounter marked psychosocial difficulties, linked to the labeling of an identified patient, that need to be integrated in our therapeutic interventions. In this perspective, supported employment/formation programs are useful complements to family intervention.

Mark Andrews:
Young people, psychosis and cannabis. Myths or facts?
(Participant: *Noel McGrath*), UK

There is recognition that services do not appropriately or adequately deal with individuals who have co-existing problems with substance use and mental health issues. This could then be associated with under-achievement in education, employment/training and relationships. Addington and Addington (2007) suggest that more than half of first episode service users present with a substance use problem and that cannabis and alcohol are the most common substances. Spencer et al (2002) propose that an additional motive for using cannabis whilst experiencing psychosis is to alleviate positive symptoms and unwanted side effects from medication. The National Service Framework for Mental Health (NSF) (Department of Health 1999), Mental Health Policy Implementation Guide (MHPIG) (Department of Health 2001) and the nice Guidelines (NICE 2002) acknowledge the need for improved services for people with dual diagnosis. The MHPIG wrote the Dual Diagnosis Good Practice Guide (2002) which specifies that adequate numbers of staff, including those in early intervention must be suitably trained to work with people with dual diagnosis needs. "Clinicians and those involved in planning healthy policy have a responsibility to positively encourage any interventions likely to reduce the use of cannabis, particularly in vulnerable populations" (Semple et al 2005 p193). The gap between the current evidence and theory and the knowledge base and practice of professionals prompted the rationale for this work-based learning project.

Merete Hustoft:
A quality lifestyle and somatic health approach - Helse Vest RHF 2009-2011
(Participants: *Brit Egeland, Kirstin Nærland, Jarle Haukalid*) Norway

Invididuals suffering from severe mental disorders have a 10-20% shorter longevity than the general population. The aim of this article i to propose a qualitaty lifestyle- and somatic health approach for treatment of in-care patients aged 18-30 diagnosed with schizofrenia and/or dual disorders with a GAF score ranging from 25 to 50. Treatment duration is between 6 months to 2 years and consists of courses (e.g. quit smoking and nutrition) and daily physical activities (e.g. sports, hiking) set during standard working hours to improve mental and physical well-being. The therapeutic environment emphasizes social support and encouragement, stability and predictability, practical orientation, and apparent treatment programs. The article concludes that at lifestyle- and somatic health approach have important implications for in-care patients and discusses how methods of intervention can be developed, assessment, and applied in in-care patient settings. The article provides a case-study.

Nuria Esteve:
Treatment adherence in patients with delusional disorder in relation to clinical and cognitive factors
(Participants: *Covadonga Martinez Diaz-Caneja, Elena Merida, Enrique De Portugal Y Fernandez del Rivero*), Spain

Objectives: To evaluate the level of adherence to antipsychotic medication in delusional disorder (DD) and to identify the clinical, neurocognitive and psychopharmacological factors associated to lack of adherence to pharmacological treatment. Material and methods: A cross-sectional study of eighty-six, SCID-I-confirmed DD outpatients (DSM-IV) was conducted. Treatment adherence was assessed with the BTAS. Personality was evaluated with the SAP, the type of delusional ideation and hallucinations were assessed with Module B of SCID-I and DD subtypes following the DSM-IV criteria. The intensity of the delusional ideation, insight, positive and negative symptoms were assessed with PANSS-P1, PANSS-PG12, PANSS-P y PANSS-N, respectively and depression intensity with the MADRS. A neuropsychological battery comprised of premorbid IQ, attention, verbal memory and executive function measures was also administered. Psychosocial support was assessed with the SS-SDI. The type and dose of antipsychotic medication was also evaluated. Bi/multivariate statistical techniques were employed to analyze the data (logistic regression). Results: 37.2 % of the patients

had no adherence to antipsychotic medication. Somatic subtype, olfactory hallucinations, delusion intensity, insight, positive symptoms and poor psychosocial support were associated bivariately with non-adherence. After logistic regression, lack of insight and somatic subtype were the only factors statistically associated to lack of adherence to medication. Conclusion: Lack of adherence to treatment is a very common clinical phenomenon in DD which is strongly influenced by poor insight and the presence of the somatic subtype of DD.

Pawel Bronwski:

Home care servuces – the basic instrument of social support for the mentally ill in Poland

(Participant: ***Maryla Sawicka***), Poland

The purpose of this study is to evaluate the functioning of Home Care Services - the basic instrument of support for the mentally ill in Poland. It was examined how participation in the program of Home Care Services affects the social networks of people suffering of schizophrenia. Data were collected using a Sociodemographic Questionnaire, Maps and Neighborhood Questionnaire and Social Support Inventory. 103 ill people with schizophrenia, from three districts of Warsaw took part in this study. Of these, 56.2% were women and 43.8% men. Twelve of them 11.4% were married, and the others (88%) single. All suffered with their ailments for an average of 22 years, the average age of onset being 29 years. The average number of hours of home services per month was 15.5 and the people examined were in the program for an average of 59 months. The people included in the Home Care Services Program have weak and not very efficient social networks, whose central places are occupied by professional therapists who provide the most important support functions. Their social networks include no other natural source of support, such as neighbors or friends. The program of home care services significantly strengthens the social networks of individual subjects, thus demonstrating its usefulness.

Punita Grover:

Individual placement and support in an early psychsis service

(Participants: ***Kim Weeks, Claire McQuade, Debasis Das***), UK

Psychosis Intervention and Early Recovery (PIER) service provides a specialised service to those aged 14-35, experiencing their first episode of psychosis, residing in Leicestershire in the United Kingdom. The service offers vocational rehabilitation using Individual Placement and Support (IPS) model. IPS is considered an effective way of helping people with severe enduring mental health problems into mainstream employment. Aims and Objective – To evaluate outcome of vocational intervention delivered through IPS model in PIER. To identify variables associated with successful outcomes. Method – Retrospective case note review analysis was undertaken to obtain data of all the 78 patients (23 females & 55 males) referred and accepted for intervention by IPS workers from January 2009 till December 2010. Results – Median age was 25 years. 46% succeeded in finding employment or education of choice. Females (65%) were more successful than males (36.3%). Other positive factors associated with finding employment and education were having additional qualifications to school leaving examination (55%), previous employment(48%), no/less than a year gap between previous job and seeking further employment (75%), not on state benefits(80%), and having no identifiable barriers(61%). 45% of patients with diagnosis of schizophrenia were successful compared to 75% with affective disorder (75%). Being concordant with treatment (62%), less than 3 years of contact (53%) and no admissions to mental health service (50%) was associated with favorable outcomes. Conclusions- We have identified certain patient characteristics associated with successful outcome in vocational rehabilitation of patients with early psychosis, using IPS model, in our service.

Robert Leon Jorgensen:

Moving the early detection services to a municipality youth health - and leisure centre. Is it possible detecting mental illness earlier?

(Participants: ***Hans Arild Nesvaag, Inge Joa, Jan Olav Johasmmessen***) Norway

Background: Results from the TIPS study in Stavanger, (1997-2000) showed that an early detection team and information campaigns can significantly reduce the Duration of Untreated Psychosis (DUP). Objective: To offer early detection (ED) services to adolescent/young adults between 15-20 years in a municipality health- and leisure-centre for youth. The following services are offered: - Youth health centre with school nurses and GP's. - Social workers working with troubled youth. - Metropolis which is a music- and cultural club. - K46 which is a low threshold services to young people with drug dependencies. Method: Presence of ED at the health- and leisure-centre on Wednesday's between 3 p.m. and 5 p.m. Offering potential patients and referral agents mental health disorder screening and psychosis assessment. Advertisements in local newspapers and at every high school in Stavanger and at www.tips-info.com Patients will be investigated during the follow up period in respect to possible diagnosis, and magnitude of treatment services provided. Results: The ED presence has been operating since medium May 2010. So this is an ongoing study. A comparison of all contacts in the age group 15-20 in the Stavanger region between May 2009-October 2009 and the same period in 2010 will be carried out. Conclusion: The final results of the study will be presented in the poster presentation

Séverine Bessero:

Relating properities of social network to patient satisfaction in first episode psychosis: an exploratory stud

(Participants: ***Manuel Tettamanti, Marco Merlo***), Switzerland

Social relations contribute essentially to health and quality of life. Previous studies have focused on social network properties in first episode psychosis (Horan et al., 2006; Thorup et al., 2006) suggesting that social network disturbances often exist by the time of first hospitalization. Moreover, they showed that small social network size is related to long DUP, poor premorbid adjustment and higher severity of negative symptoms. Participants are young adults (18 to 25), hospitalized for a first episode psychosis in our inpatient unit (JADE). Our quantitative analysis showed a close link between type of relations to social network (e.g. valence) and rate of change in symptoms severity during hospitalization (Tettamanti et al., 2010). We now extend our research focusing on social network properties (e.g. size, density) covering the 6-month period prior to hospitalization, as well as on participants' satisfaction concerning these properties. We use a semi-structured assessment procedure modelled on Desmarais's (1982) and Sluzki's (1993) social network support assessment procedure. In addition, we examine the links between social network properties and sociodemographic characteristics, social functioning using the GAF and changes in symptoms during the hospitalization using the BPRS-24; both administered at the beginning and at the end of hospitalization. Our preliminary results concerning social network properties show small size, higher proportion of family members than friends and high density, thus corroborating those of past studies. Results regarding the link between social network properties and participants' satisfaction as well as clinical characteristics will be presented in our poster.

Trond Grønnestad:

Information campaigns for early intervention in prodromal states: A focus group study

(Participants: ***Inge Joa, Sveinung Dybvig, Jon Anders Rennan***) Norway

Information campaigns for early intervention, Prodromal states , a focus group study Objekctives: This is a qualitative study that aims to provide knowledge about young people understand and benefit from information campaigns whose aim is to detect early signs of mental illness. We will examine the factors that help to increase youth knowledge and recognition of early signs prodromal states. An important element of the survey is to find out how young people seeking knowledge, how a future information campaign should look like and what the campaign should include of information. Method: Three target groups vas recruited to focus group interviews. One group consisting of young people aged 16-19 years, one group of teachers in high school and one group from the association Mental Health youth. Focus group interview will be conducted November 2010. Results: The focus group interviews will be interpreted in the spring of 2011 and the results will be ready for ISPS Conference, 2011.

Vladimir Grošić:

The role of psychoeducation in the complete treatment of psychotic patients in the early stage of their illness

(Participants: ***Sven Molnar, Branka Restek-Petrović, Mate Mihanović***), Croatia

In our hospital we provide complete therapeutical program \"First episode intervention Program for psychotic disorders\" with the purpose to help and support the patients who suffer from psychotic disorders in the early stage of their illness and to their familiy members also. Program consists of a few but well detailed therapeutical activities: -Psychoeducation (which informe patients and their family members about causes, clinical presentation, treatment and early detection of signs and symptoms that indicate worsening of their illness) -Psychodinamic group psychotherapy for the patients -Groups aimed for family psychotherapy (conducted in a way to get a better insight and to analize various relationships within the families that may have influenced the coures of a illness and the process of treatment) A specific quality of this programme is in a collaboration of a group psychotherapy approach conducted by group analysts and psychoeducation lead by cognitive-behavioral therapists. All therapists who are involved in the programme have been supervised monthly by professionals. The aim of psychoeducational programme is to change negative personal attitudes, beliefs and behaviours related to the illness, and in this way to improve the quality of life of our patients and their families. The intention of this presentation is to evaluate the efficacy of treatment and rehabilitation in patients that have been involved in both: psychoeducation and pharmacotherapy during the program. We applied two questionnaires which measure self-esteem (Rosenberg Self-Esteem Scale) and loneliness (UCLA Loneliness Scale - short version).

Tihana Tolić:

Psychodynamic understanding of forensic patients with psychosis

This case report shows a patient who is in treatment due to the attempt to murder his own father. The estimation of the forensic psychiatric assessment showed that the patient was suffering from paranoid schizophrenia. A treatment program was made and it consisted of pharmacotherapy, socio therapy, psychotherapy and family therapy. Once a certain level of compliance and remission had been reached the patient was included in group psychotherapy of psychoses (analytical orientation group psychotherapy). During treatment patient never went to therapeutic home visits. After four years of group psychotherapy, the patient was able to say that he does not want to go home because he was afraid that he might kill his father. After that, he still didn\'t visit home, but his functioning is no longer on the psychotic level.

EXHIBITIONS

Nicolas Nowack:
"Portraits of a town Salzwedel`s human face". Therapeutic results of a group photography project
(Participants: ***Bianka Tonn, Volker Thomas***), Germany

Introduction: Psychiatric patients are often isolated because they avoid – due to illness-related anxiety – social contacts. Or they face rejection from the general public. Objective: Funded by the EU and a German federal ministry, this photo project set out to investigate how it might help. Methods: All patients who applied voluntarily were included. They had to ask residents for permission to take photos and conduct interviews with them. Participants knew they would be accompanied by psychiatric staff and have the support of the group and written questions, but that they were to approach people, usually strangers, including the mayoress. Thousands of photos were shot, 500 selected for the exhibitions. The therapy group (N=10) and a control group (N=9, chosen at random from other patients in the network) were examined before and immediately after the project and three months later. Each time SCL-90-R and FLZ were completed and a record made of participants' remarks and sociodemographic variables. Results: All participants completed the project and found it "a lot of fun". There were no statistically significant improvements but a tendency towards improvement was noted. Social insecurity, anxiety and psychic burden decreased; satisfaction with life increased. Conclusions: Probably, only patients with a keen interest in photography and the public's reaction participated in the project. Some said it was encouraging to know they were in a group. Besides its therapeutic effects, this photo project and the resulting exhibitions are helping to increase public acceptance of mentally ill people, break down barriers and counteract prejudices.

Evelien Bruijn:
Phenomenology, subjectivity, identity, self and psychotic crises: The importance of the relationship in the treatment of psychosis from a new perspective + exhibition of 12 photos: WAANZIN – LUDILO – MADNESS,
(Participant: ***Caroline Grijsen***), The Nederlands

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