ABSTRACTS
PRESENTATIONS
POSTERS
LECTURES
WORKSHOPS

PL – plenary lecture / wykład plenarny
W – workshop / warsztat
OP – oral paper / prezentacja
S – symposium / sympozjum
PD – panel discussion / panel syskusyjny

Abstracts / streszczenia (EN)

THURSDAY 22 AUGUST 2013 – 16:30 – 17:00

PL 01
Inaugural lecture / wykład inauguracyjny

Individuals fallen ill with schizophrenic psychoses - the least understood persons in our world.

Yrjö O. Alanen
Emeritus Professor of psychiatry at the University of Turku, Finland

Why this still is true? Because most often these patients are not encountered as individuals met with serious life problems but as victims of an illness we have to subjugate. Besides ambitious hopes of brain researches, this also reflects the wish to repress views dealing with the part played by interpersonal relationships because of the anxiety they are prone go bring about – something which is very understandable especially for the part of people with which the patients were grown up.
With this background, an integrative survey of the multiform factors participating in the development of these psychoses is presented. It is emphasized that many apparently absurd psychotic expressions will become more understandable through understanding the regression of the patient's world of experiences to a concretized level. The author's experiences as both individual and family therapy with these patients and their family members are then shortly described. Here, a genuine empathy, acquired through familiarity with life histories of both the patient and his/her parents, is of basic importance. At the end, the beginning of the need-adapted treatment of these disorders, developed in Finland by the author and his co-workers, will be described.

FRIDAY 23 AUGUST 2013 – 8:30 – 10:00

02
Social Dreaming

The term Social Dreaming has a double meaning. First, it refers to a way of thinking about dreams which differs from the traditional psychoanalytical view point. The dream is seen as a resource for understanding the social context of the dreamer's life, and not a manifestation of their individual problems. Second, it is the name given to a specific situation created in order to study the social implications of dreams: Social Dreaming Matrix (SDM).
The author of this method is Gordon Lawrence, a British organization consultant connected to Tavistock Institute. In the 1980s he sought a way to reach unconscious content related to living in a given society – a method he named Social Dreaming Matrix. Ever since, SDM sessions have been becoming increasingly popular as an element of conferences in those organizations whose center of interest is psychical or social life.
During a Social Dreaming Matrix session the participants share their dreams with each other. Those accounts serve as basis for an inquiry into hidden, unconscious traits of the social environment – institutions, organizations, and society in general. Thanks to free associations and the analytical work of the conductors, and participants patterns of emotions and thought present in every social relation are brought to light.

W 03
Rose of Leary, a theoretical framework with practical Implications to work together with clients, family and all people around them.

Bettina Jacobsen, Marguerite Elfrink
Team Assertive community Treatment first psychosis
Academic Center of Psychiatry, Pro Persona
Nijmegen, The Netherlands

In psychiatry field there is a need of cooperation between patients and therapists, family and surrounding people and all cooperation partners in hospital and society.
When people interact with each other, on the one hand there is an aspect of power and influence, or lack thereof, and on the other an aspect of personal distance or closeness.
In 1957 Leary developed a model to allow relationships between people to be mapped: the so--called „Leary's Rose". This model can be helpful in obtaining a greater insight into relationship levels.
To work with Leary's rose create insight in the position of people who need tot work together and can give handcraft to change the relationship to work together more effective.
In this workshop people are trained in chancing their relationship to work together.

W 04
Hallucinations Focused Integrative Treatment (HIT): Techniques and interventions

Jack Jenner
Associate Professor of Community Psychiatry (em.)
University of Groningen, The Netherlands

Consultant
Jenner Consult
Member of the Dutch Psychiatric Association
Honorary director of the Dutch HIT Network
Member of the International Working Group on Voice Hearing in Children

Peter Phalen
Research Assistant
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The lifetime prevalence of auditory verbal hallucinations in psychiatric disorders is very high. Due in part to low rates of compliance, the efficacy of antipsychotic medication and Cognitive Behavior Therapy (CBT) is below 50%, and family therapy is not popular worldwide. Hence, another method is warranted. Dr. Jenner has developed an approach called Hallucination focused Integrative Treatment (HIT) that appears promising.

In one randomized controlled trial, HIT was shown to be significantly more effective than Treatment as Usual in reducing subjective burden of voice hearing ($p<.05$), the PANSS subscales for hallucinations (NNT = 2), depression, general psychopathology, disorganization of thought and total score (NNTs = 3 to 5), quality of life ($p<.05$) and social functioning (NNTs = 6 to 7). These results persisted over time. Noncompliance and dropout rates were 9% after treatment and 16%

at follow-up. On a 5-point scale of satisfaction, over 80% of patients and their relatives scored 4 and 5. Mean standardized improvement was greater than that of CBT (-1.0 vs. -0.35). HIT is an integrative treatment that incorporates especially effective elements of motivational interviewing, medication, CBT, coping training, psychoeducation, family therapy and outreach/crisis intervention. The course illustrates the various techniques and interventions used.

W 05
Psychodynamic therapy, evidence and early intervention

Bent Rosenbaum
University of Copenhagen and Psychiatric Centre
Copenhagen, Denmark

Alison Summers
Lancashire Care NHS Foundation Trust
Chorley, England

In many countries, psychodynamic therapy is only rarely on offer to clients with early psychosis. This is at least in part because there is no good evidence from randomized controlled trials to support it. At the same time we know that excellent results can be obtained by services that offer psychodynamic therapy as a possible treatment option (Seikkula et al 2011; Rosenbaum et al 2012).

In the absence of RCT evidence, we believe that we should take into account the other forms of evidence that exist. We suggest that an evidence-based approach, respect for patient choice, and theoretical arguments all support making psychodynamic therapy available as a treatment option in early intervention services. Working with the available evidence also means adapting to individual needs, both in selecting people for therapy, and in the process of the therapy, for example using supportive elements as needed.

In this workshop, we will briefly review the evidence for psychodynamic therapies in psychosis, and consider evidence from related fields of study, particularly work on attachment to think about what psychodynamic therapy might have to offer in Early Intervention Services and when. We will discuss the application of these ideas in a detailed individual case example.

References
Rosenbaum B et al. (2012). Psychodynamic psychothearpy vs treatment as usual for first-episode psychosis: two years outcome. Psychiatry: Interpersonal and Biological Processes 75(4),331–341.

Seikkula J, Alakare B, Aaltonen J (2011). The comprehensive open-dialogue approach in Western Lapland: II Long-term stability of acute psychosis outcomes in advanced community care. Psychosis,192-204.

W 06
GROUP SUPERVISION OF GROUP PSYCHOTHERAPY WITH PSYCHOTIC PATIENTS

Ivan Urlić
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Help for helpers has been recognized as one of the essential requirements in psychotherapeutic approach to schizophrenic and otherwise psychotic patients. The two types of group supervision, of individual psychotherapists and of the therapeutic teams reveled as an appropriate method to foster the understanding of underlying dinamics noz only in groups, but among team members, too. That means that the transferential – countertransferential issues, institutional dynamics and various other interferences had the possibility to be recognized and analyzed noz only by the supervisior – conductor of the supervision group, but the whole group. The transcultural aspects in supervisory process are adding new possibilities of confronting many cultural similarities and dissimilarities influencing the professional attitudes and understandings of healing processes.

In theis presentation the author exposes his experiences in small and median groups of suervision of conductors and therapeutic teams that are dealing with group psychotherapy with psychotic patients within institutional framework, and discuss dynamics, as well as enlarging of therapeutic possibilities of group psychotherapy of group-analytic orientation for application in these settings.

OP 07
Interpersonal traumas and separation in first episode psychosis: Preliminary results.

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University of Copenhagen, Denmark

Background: People with first episode psychosis (FEP) seem to have experienced more interpersonal traumas in their child- and adulthood than the background population (Varese F. et al 2012), but the extent of traumas is yet to be established.

Objective: To obtain the prevalence of experienced interpersonal traumas and separation from parental figures in patients with FEP.

Method: 120 patients with FEP, ICD-10 F20-F29, will be assessed as they enter OPUS treatment--program in Region Zealand, Denmark. The Childhood Trauma Questionnaire obtains sexual, physical and emotional abuse and physical and emotional neglect. A translated, shortened version of The Childhood Experience of Care and Abuse Questionnaire (CECA.Q) obtains separation from parental figures.
Results: The prevalence of any moderate-to-severe interpersonal traumas before age 19 is 85%. The prevalence of emotional abuse is 65%, sexual abuse 40%, physical abuse 45%, physical neglect 64% and emotional neglect 52%. The prevalence of separation from a parental figure before age 18 is 56% and 22% was institutionalized before age 18.

Conclusions: Most patients with FEP seem to have experienced moderate-to-severe trauma in their child- and or adulthood. It indicates the need for clinicians and researchers to further explore the role of such experiences for people with psychosis.

OP 08
The Relation between Trauma, Clinical Factors and 10 years follow-up in First-episode Psychosis: Results from the TIPS Study

Ulrik Haahr UH; Larsen TK ; Simonsen E; Rund BR; Joa I; Melle I; Rossberg JI; Johannessen JO; Trauelsen AM; Vaglum P; Opjordsmoen S; Friis S; McGlashan TH .

Background: Interpersonal traumas appear to be prevalent in first episode psychotic disorders with reported frequencies as high as 52% - 88% when including any kind of trauma and this may have implications for the course and outcome.

Objective: To estimate the relations between previous trauma and clinical characteristics at first treatment contact and 10 year outcome in a large, clinical epidemiologic cohort.

Material and Methods: 191 of 301 patients were interviewed with the Freyd-Goldberg Trauma Survey at 5 year follow-up, and 148 of these patients completed 10 years follow-up.
Results: Approximately one third % had experienced close interpersonal trauma before the age of 18. These patients had a significantly longer duration of untreated psychosis (Mann-Whitney test, Z=-2,598, p=0,009) and time to remission (Mann-Whitney test, Z=-2,670, p=0,008) compared to those without such trauma. However there was no significant difference between the groups concerning remission or recovery at 10 year follow-up.

Conclusion: The study confirms that early traumas are frequent in first-episode psychosis. Close interpersonal traumas of any kind before the age of 18 were associated with a longer duration of untreated psychosis which may be related to a longer time to remission.

OP 09
Object Relations in Schizophrenia Spectrum Disorders: Assessment and Predictive Value

Dina Viglin
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Brill Mental Health Center, Tel-Aviv, Israel

This study aimed to explore schizophrenia spectrum disorders (SSD) from a psychological perspective of object relations theory, and to further our understanding of individual differences. We examined the role of object relations in predicting severity of symptoms, level of functioning, and quality of life of 85 out-patients who met DSM-IV-TR criteria for SSD. Patients were assessed twice with a 5-months interval. In order to evaluate the quality, complexity, and the developmental level of object relations, we used 3 central instruments of object relations' assessment: Social Cognition and Object Relations Scale (SCORS; Westen, Lohr, Silk, & Kerber, 1990), Object Relations Inventory (ORI; Blatt, Chevron, Quinlan, Shaffer & Wein, 1992), and Mutuality of Autonomy Scale (MOA; Urist, 1977).
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 seve-

rity of positive and negative schizophrenic symptoms, and better functioning and quality of life. Additionally, a mediation model confirmed that the link between object relations and the level of functioning was mediated by individuals' symptom severity.
Our findings showed that interpersonal differences in object relations' developmental levels and quality contributed to the explanation of symptomatic and functional heterogeneity that commonly characterize SSD. We suggest that even in severe mental disorders, more benevolent and developed representations of interpersonal relations may play an important role in positive prognosis.

OP 10
Trauma informed care: A relational practice.

Debra Lampshire and Jane Barrington

In a trauma informed approach to mental health care, trauma is viewed not as a single discrete event but as an understanding that interpersonal abuses and injustices can create defining experiences which shape the core of a person's identity and ways of being. Trauma informed care is more than a checklist of things to do or not do in therapy, rather it based in a relational collaboration between the service user and the therapist. A stable, holding relationship is painstakingly co--constructed, within which it becomes safe for service users to assemble a narrative which makes meaning of their ways of being and acting in the world. The relationship enables a conversation from which an understanding of the connections between abusive and traumatic experiences, psychiatric symptoms and apparently unhelpful behaviours can emerge and where emotional self-management and resilience can be built. Service users come to see the power and wisdom of their defences and coping strategies and to believe that they can make changes in their lives. In a previous conversation Debra and Jane explored the unspoken tensions and terrors that exist for both the service user and therapist when meeting and forming an intention to work together to resolve past trauma. This session continues that conversation and explores what happens next: testing the integrity, resilience and commitment of the therapist and forging a therapeutic space tender enough for the unspeakable to be spoken yet robust enough to withstand the unleashing of intense pain and rage. Being with, witnessing, and honouring a service user's experiences of abuse and its traumatic effects supports the emergence of a narrative account of survival and recovery.

FRIDAY 23 AUGUST 2013 – 10:15 – 11:15

PL 11
More Simply Human: On the Universality of Madness.

Nancy McWilliams
Psychologist, teaches at the Graduate School of Applied & Professional Psychology at Rutgers, the State University of New Jersey, USA

Implicit models and metaphors inevitably frame the terms of public conversations. Throughout history, madness has been implicitly conceptualized in two divergent ways: categorically, as a discrete process, and dimensionally, as an exacerbation of universal vulnerabilities of the self. The former implies that some of us are sane while others are afflicted with madness; the latter suggests that we are all both sane and crazy, and that under adverse circumstances, anyone can go mad. Both conceptualizations capture elements of the lived experience of psychosis, but they

have different ramifications. Categorical notions of psychosis (e.g., the ancient idea of demon-possession or the contemporary "disease of schizophrenia") have been recurrently attractive, perhaps partly because they relieve sufferers and their love objects of blame. But the more disquieting notion that we all have the potential for madness (Terence's "Nothing human is alien to me" or Sullivan's "We are all more simply human than otherwise") may in fact offer more realistic hope for the amelioration of psychotic anguish. Dr. McWilliams will explore sociocultural implications of these alternative implicit paradigms, emphasizing unintended consequences of the currently dominant categorical model. She will offer evidence supporting a dimensional formulation of psychotic suffering and will discuss some implications for psychotherapy of such a conceptual preference.

FRIDAY 23 AUGUST 2013 – 11:15 – 12:00

PL 12
„Schizofrenia" - social constructionist reflections.

Bogdan de Barbaro
Professor of psychiatry at the Jagiellonian University, Krakow, Poland

Schizofrenia jest najczęściej traktowana jako problem o charakterze medycznym. Tymczasem perspektywa konstrukcjonizmu społecznego oraz jej kluczowe tezy dotyczące konstytutywnej mocy języka, niedostępności prawdy czy wielowersyjności świata rzucają dodatkowe światło zarówno na teorie dotyczące schizofrenii jak i na zagadnienia terapeutyczne.
Szczególne znaczenie dla praktyki terapeutycznej mają takie kategorie jak dyskurs dominujący, dialogiczność, „myślenie słabe", narracyjność, irrewerencja czy zaciekawienie. Autor omawia te pojęcia odwołując się do przykładów klinicznych z własnej praktyki oraz przedstawia dylematy, wynikające ze zderzenia paradygmatu medycznego z psychologicznym.

FRIDAY 23 AUGUST 2013 – 12:30 – 14:00

W 13
Mental Health Center - Community Psychiatry Team
Institute of Psychiatry and Neurology, Warsaw, Poland.

Author: Marta Scattergood, MA
Institute of Psychiatry and Neurology, Warsaw, Poland.

"Psychosis Seminar: Trialog"

Psychosis Seminars are not teaching seminars. They are forums to allow a dialogue between consumers, family members and health care professionals – known as a trialog.
Psychosis Seminars provide an innovative opportunity for all groups to meet in a neutral forum and share their perspectives without any formal responsibilities. Communication and collaboration between all three groups is often difficult because of different perspectives, interests and terminologies. These difficulties can make all three groups feel equally misunderstood, disappointed and isolated. Against this background it seems that Psychosis Seminars are providing an unconventional form of dialogue between the three groups.
The seminars have been established mainly in German speaking countries and the first Psychosis Seminar was organized in 1990, in Hamburg. The first Polish Seminar took place in Warsaw in 2007

and since then has been organized every month in various polish cities.
This workshop will be conducted in Polish language and will have three parts: a presentation of six years experience of polish Psychosis Seminars followed by fragments of a training movie and finishing with a discussion.

W 14
Phase-specific Trauma Interventions in the Treatment of Psychosis.

Pamela R. Fuller, Ph.D.,
Clinical Psychologist
Evanston, United States of America

Workshop Summary:
The high rates of traumatic events and Posttraumatic Stress Disorder (PTSD) in individuals who experience psychosis have prompted an increasing emphasis on incorporating trauma treatment into comprehensive care for psychosis. Yet, despite heightened awareness of the need, limited information has been provided detailing an effective, strategic approach for trauma-based therapy tailored to different phases of psychosis. Mental health professionals tend to see themselves as either experts in psychosis or in trauma treatment; however, the significant relationship between psychosis and trauma necessitates that mental health professionals have knowledge of and facility in interventions for both problems. This workshop will discuss the potential role of trauma as a cause, correlate, or consequence of psychosis and explore similarities between trauma responses (including dissociation) and psychosis. A conceptual framework of three phases of psychosis, using the Surviving, Existing, or Living (SEL) Model, will be described for guiding the type and timing of trauma interventions based on the person's immediate status and capabilities. Case examples will be used to illustrate phase-specific, trauma-sensitive treatment for individuals with psychosis.

Learning Objectives:
1) Participants in this workshop will be able to describe two potential relationships between trauma and psychosis.
2) Participants in this workshop will be able to list three similarities between psychosis and trauma responses.
3) Participants in this workshop will be able to describe three, phase-specific trauma-sensitive interventions for individuals experiencing psychosis.

S 15
Preventing danger, by a meeting between a psychotic person, therapist and the family.

Margreet de Pater en Truus van den Brink
Netherlands

Psychotic rage exists. Denying this leads to more stigmatization not less. What we can do is humanize it, making it less strange, define it as a part of human experience. Rage can be a reaction on humiliation on loneliness for instance. Rage in a void is dangerous however; when people are so far away that they are no more than pictures in a computer game, no more than subjects in an ideology or a delusion than murder can happen. This is the same for an airplane pilot flying above a Vietnamese village, a politician studying at his desk This can happen with an isolated person living alone in a psychotic world. So the most effective antidote for rage deranging in murder is

the human encounter. So what to do in case of a father who phones and says: 'You know I'm worried a little bit. My son is not psychotic now, he loves shooting at a shooting club. Now he bought a semiautomatic weapon and want to store this in his room?' Participants can experiment in a role play

W 16
The role of Assertive Community Treatment Service in the local Community Care system for mentally ill people in Poland

Maria Załuska[2] Krystyna Żaryn[1] , Urszula Zaniewska Chłopik[1]
Zespół Leczenia Środowiskowego Szpital Bielański w Warszawie[1]
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The community psychiatric care in Poland consists of two parts separately financed and organized in two systems: the health care system, and in the social welfare system. The main task of mental health units (stationary, half stationary , ambulatory) is diagnosis, treatment (pharmacotherapy and psychotherapy) and rehabilitation of mentally ill persons. The psychiatric community care units in the social help system (day centers, home services, protected accommodation) are supplying social support, support in every day activity, psychosocial rehabilitation and vocational training for seriously mentally ill persons living in the community.
The Assertive Community Treatment Services are the mental health units supplying both health benefits and social support for chronically and recurrently mentally ill persons. Its role complementary or alternative to other social help units and mental health services in the local psychiatric community care system is to discuss and define . Some data from the analyze of 3 years functioning of ACT service in Bielany Warsaw in the light of the assessment of its patients functioning, needs and use of other services will be cited – as the introduction to the discussion.

OP 17
Madness in Sacred Spaces: Some Considerations.

Ingo Lambrecht
Manawanui Mental Health Services
Auckland, New Zealand

Abstract:
Working at a Maori Mental Health Service in Auckland, New Zealand provides rich opportunities to work with people whose culture provides a model of health that is more integrative and complex than the Western medical model of care. In this presentation the aim will be to address some of the clinical and cultural considerations that emerge when working with severe and painful expressions of madness and cultural expressions of spirituality. Clinical vignettes will offer a range of thoughts in regards to integrating sacred practices and treatment of madness. ,

OP 18
The Change of Mind in the Healing Process.

Sangho Shim
Open Mind Psychiatric Clinic
Dae Jeon, Korea

Hyunsuk Kim
Maum and Maum Psychiatric Clinic
Incheon, Korea

The authors have an idea that psychodynamic psychotherapy, Tao Psychotherapy, Zen practice and Confucian practice have the same healing processes in a person's mind. Psychotic person also have the same process but they have much more difficulty to change than normal or neurotic person. So psychotic person needs more speciality, effort, and time to change his mind. The change of mind itself is needed to recovery. It means personality change. And affect change has important and main position. Without mind change recovery will be transient and more dependent on the environment. At first the willingness trying to change his mind should be motivated and the person should start to look into his mind. Warm influence is required to change a person's mind. Unconditional respect, accurate empathy, congruence of Rogers' are an illustration. When change comes about, negative feelings appear first. This period is very hard and need great endurance as self exploration. It means inner struggling of mind. After negative feelings come out and are resolved, positive feelings appear. The process of purification of feelings is the changing and healing process of mind. They reviewed literatures of Rogers' in psychotherapy, Tao Psychotherapy, Ten Oxen Pictures in Zen practice, 49th gwae of I Ching in Confucianism to understand the mind change of healing process.

OP 19
Empowering through entrepreneurship leads to long lasting recovery.

Ishita Sanyal
India

Introduction:
Of all persons with disabilities, those with a serious mental illness face the highest degree of stigmatization in the workplace, and the greatest barriers to employment worldwide.
For people living with mental illness, work can be a critical factor that helps promote health, recovery, and social inclusion .Even after treatment if the recovered person remains confined in his own house because of lack of opportunities available in the society the chances of relapses become frequent & may lead to frequent hospitalization as well as desertion of MI person by the family.

Aims and Objectives:
1) Meaningful engagement of the stakeholders
2) Economic Empowerment
3) Social Inclusion

Methodology:
We have organized three groups-a controlled group of people who are employed for over one

year, 2nd group of people who are not engaged another controlled group who are in entrepreneurship activities for a period of over one year.

Results:
32% of people who have joined jobs are often stressed leading to desire to leave the job & 15% have left the job & are in search of new jobs.
People without any regular activity often complain about increase in their symptoms, irritation & frustration. Relapse is there.
People who are working as entrepreneurs are doing the work in their suitable time & getting paid according to the quantity & quality of their jobs.

Conclusion:
Entrepreneurship is leading to
1. Economic freedom
2. Meaningful engagement
3. Social Inclusion &.Bring back the lost smiles in their faces

OP 20
Psychological methods of psychosis therapy-developmental branch of Russian psychiatry.

Babin S.M., Sluchevsky S.F.*, Limankin O.V.* *, Koryukin A.M.* ** *
*North-Western State Medical University named after I.I. Mechnikov**
*The St. Petersburg city psychiatric hospital No. 1 named after P.P Kaschenko * **
Autonomous non-profit organization „Propsi" (Stavropol) * **

One of the main directions of development of modern Russian psychiatry is implementation of psychosocial therapy (PST) into the practice. However, in spite of the fact that questions PST are constantly present at conferences agenda, there is a number of publications, there are still too much problems of integration of PST into the Russian psychiatry. So far there is no professional consensus about a place and PST role in psychiatry; there is no accurate regulation of the PST forms; programs of postgraduate training of specialists are poorly developed; actually the opinion of patients and members of their families isn't taking into consideration. So the implementation of PST in Russia are depends on rather private initiative of number of professionals, instead of complete system management approach.
At the same time there is a huge necessity not only for discussion of PST problems, but also for acceptance of practical experience In Russian psychiatric community. So the «Russian association of the PST centers» was created in 2011 inside of the Russian Psychiatric Society. This was a historical step of organization of Russian-speaking group ISPS in which the integration of experts from Minsk (Belarus), Stavropol, St. Petersburg, Obninsk, Moscow, Orenburg (Russia), represented various spheres of mental health service: in and out-patient service, specialized psychological centers, private practice, scientific institutions.
We will be grateful to any kind of assistance of all who can be interested in this topic and we hope for future cooperation.

OP 21
NOWE PODEJŚCIE W LECZENIU PSYCHOZ.

Jerzy Olas
Dr nauk med.
Poland

Terminem psychozy określa się w psychiatrii zaburzenia psychiczne, w których stan umysłu chorego ma silnie zakłócony odbiór rzeczywistości oraz wszelkich informacji społecznych z otoczenia tzw. deficyt sfery poznania społecznego. Etiologia psychoz jest wieloczynnikowa (model „podatności i stresu" zakładający, że o podatności na psychozę decydują czynniki biologiczne, procesy psychologiczne i uwarunkowania środowiskowe),w związku z czym skuteczne leczenie tego typu zaburzeń również musi być zintegrowane i łączyć ze sobą zarówno metody farmakologiczne jak i psychoterapeutyczne i socjoterapeutyczne.
Nadrzędnym celem terapii jest zapobieganie nawrotom fazy ostrej choroby oraz powrót chorego do jego społecznego mikrosystemu (rodziny, pracy), co nie jest możliwe w przypadku osób, u których występują zaburzenia sfery poznania społecznego. Powyższe wskazuje na konieczność zastosowania u chorych oprócz farmakoterapii również psychoterapii (terapia poznawczo-behawioralna) i rehabilitacji psychologicznej (poznawczej i funkcjonowania społecznego).
Terapia poznawczo-behawioralna (TPB) ma na celu zmniejszenie stresu i niepełnosprawności spowodowanej przez objawy psychotyczne, zmniejszenie zaburzeń emocjonalnych oraz pomoc w takim rozumieniu psychozy, które pomoże pacjentowi aktywnie zmniejszać ryzyko nawrotów zaburzeń i przeciwdziałać powstawaniu deficytów w społecznym funkcjonowaniu. Wysoką skuteczność TPB odnotowano w leczeniu chronicznych zaburzeń psychotycznych oraz w przypadku psychoz pojawiających się w podeszłym wieku a także w przypadku pacjentów opornych na farmakoterapię.
Nowy kierunek psychiatrii - psychiatria środowiskowa podejmuje próbę stworzenia terapeutycznej wspólnoty w mikrośrodowisku chorego (oddziaływania psychospołeczne oraz psychoedukacja rodzin), co wg badań prowadzi do pozytywnych zmian w zakresie społecznych umiejętności chorych i podniesienia poziomu ich życia społecznego, a w konsekwencji ogranicza ilość nawrotów i rehospitalizacji stacjonarnych.

OP 22
Delusional disorders or delusional experiences?: Rethinking psychopathology of the psychosis.

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Artigue, J.[a]
Quijada, Y. [a,c]
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Objective:
Help reframe psychopathology and the role played by psychosocial risk factors in psychosis. To do so, we start from our study population on DD (delusional disorders).
Methods:
A cross-sectional study, by neighborhood, of all cases recorded between 1982 and 2000 in the electronic Case Registry of two Barcelona districts (103,615 inhabitants).
Results:
1) 21,536 mental health case records, which means a great accessibility of that MH Unit. 209 fulfilled the DD definition: prevalence of 0,20%, much higher than the prevalence reported by other, mainly hospital-based, studies.
2) The DD case prevalence was significantly greater the neighborhood characterized by an overload of psychosocial risk factors.
3) People with DD in these at-risk environments have higher fecundity and fertility than the general population of Barcelona and Catalonia.

Conclusions
1) All this has to think of specific psychosocial and early care of these patients and their families.
2) Consequently, conceptual and technical boundaries must be identified between DD and "delusional experiences" (DE).
3) Probably, we may also have to accept a more unified concept of psychosis that admits to a continuum between psychosis with major distortions of self ("schizophrenia") and psychoses with lesser impact on the self.

OP 23

The Italian experience revisited: promoting and protecting old and new users' rights in a changing professional, social and economic scenario.

Luigi Ferrannini
Italy

Giuseppe Tibaldi
Italy

In the early years after closing mental hospitals, the main characteristics of the "real world" mental health services were the following: 1. Multi-professional teams able to offer multi-dimensional interventions, aimed at meeting the full range of needs of every person with a severe disorder; 2. Integrative strategies in the long term treatment of psychotic experiences; 3. "community tenure" as a guiding principle for most of the professionals' activities.
During the last 15 years, this framework changed, under the pressure of many determinants (inside and outside the mental health domain): a changing profile of new users' groups; new educational paths for the professionals (more influenced by biological or cognitive approaches); decrease of mental health budgets with merging of smaller organizational units into larger ones; multiple and conflicting models for everyday clinical practice (evidence-based, collaborative, stepped, balanced, recovery-oriented, …)
What should be learned, or suggested?
1. "Austerity need not lead to retrenchment in the welfare state. Indeed, the opposite may be

necessary." (Sir Michael Marmot, 2011 Fair Society, Healthy Lives)

2. The shift from a community actively involved in the promotion of the rights of the disabled people to a community focused on individual and economic needs had a relevant impact on the social inclusion process (competition instead of co-operation for work, housing, money; competition within the mental health departments between "severe" and "minor" disorders)
3. Policies for ensuring equity, accessibility, long-term support in the community, integrative approaches for users (as well as for services) are changing, but homogeneity among Regions is decreasing rather than increasing. Users', families' and professionals' organizations maintain their support to the original "Reform Law" (1978), but do not share common objectives about the future scenarios.

OP 24

Psychodynamic understanding of stigma of schizophrenia and its implication on treatment

Slađana Štrkalj Ivezić
University Psychiatric Hospital
Vrapče, Croatia

Stigma of mental illness, especially of schizophrenia is a obstacle to recovery. Vicious cycle of stigma consequences include low self esteem, internalized stigma, discrimination, increase of severity of symptoms, non adherence to therapy , disability and lack of adequate mental health services. Stigma mechanism of action is less known, than the vicious cycle of its consequences. Understanding of stigma and self stigma mechanism of action is presented bases on psychodynamic theory. This theory especially highlight the vicious cycle of stigma within the treatment process. Persons with psychoses is seen by majority members of society as incompetence, danger and as week personality. Stereotype of mental illness is internalised through the process of growing up for majority members of the society. It serves a universal psychological and social functions. The role of stereotype in relation to self formation , self worth , self esteem and internalized stigma is discussed. In order to prevent negative consequence of stereotype acceptance, rejection of stereotype as relevant for patient is needed from patient as well as from the treatment staff .

OP 25

SOME CHARACTERISTICS OF GROUP PSYCHOTHERAPEUTIC PROCESS ACCORDING TO THE PHASE OF THE DISEASE IN PSYCHOTIC PATIENTS.

Branka Restek-Petrović, Nataša Orešković-Krezler, Nina Mayer, Majda Grah, Vatroslav Prskalo, Anamarija Bogović
Psychiatric Hospital „Sveti Ivan", Private psychiatric practice

ORAL PRESENTATION FOR SYMPOSIA GROUP PSYCHODYNAMIC PSYCHOTHERAPY OF PSYCHOSES (Slađana Štrkalj Ivezić, Ivan Urlić)

Conceptualization and understanding of psychosis as a disorder with various stages of development that require different therapeutic approaches and techniques depending on whether it is about premorbid condition, the first (or first episodes) or chronic progress of the disease, yield a new perspective to the long-term psychotherapeutic group treatment and more optimistic attitude towards it.

Our aim is to present the characteristics of the content and the process together with techniques in group psychotherapy of psychotic patients at the onset of the disease, after the first psychotic episodes during the critical period of the first five-years of the disease, and in groups of patients with chronic and recurring psychotic disease without impairments of personality, and also the patients who suffer from chronic psychotic conditions with residual productive symptomatology with significant impairments in terms of social functioning. We will present some examples of group work with these patients.

OP 26
Psychodynamic group psychotherapy in a local self-help home.

Szymon Szumiał
Local self-help home Minsk Mazowiecki, Poland

The aim of the paper is to present long-term psychotherapeutic group treatment conducted in a local self-help home which is a day care center for people suffering from mental illness. Local self-help homes are part of social care network and conduct nonmedical community based therapeutic programs. The paper will show the process of psychodynamic group therapy that takes place in a therapeutic community environment. Possible interactions and reinforcement between the group and the community will be discussed. Obstacles and potentials of the setting will be presented.
The group is semi-open and has been set up in 2003. Over nine years of experience gives an opportunity to present subsequent phases in growth of the group. The paper will also show how progress of the group leads to recovery of individual person and how each group member contributes to the group capabilities.
The presentation will contain excerpts from the group sessions which will serve as examples.

OP 27
In search for meaning – analytic group therapy of psychotic patients.

Katarzyna Prot-Klinger
Warsaw, Poland

In my presentation I would like to discuss the work of an analytic therapeutic group consisted of psychotic patients. A majority of the participants had previously attended psychoeducational group sessions where they had learned how to recognize psychotic symptoms and regard them as "alien". In the analytic group they found a space where they could discuss their psychotic experiences in the context of their current life situations trying to understand the constellation of their psychotic decompensation. They could find similarities in the circumstances of their psychotic outbreak – rejection of sexual impulses considered to be "dirty", and retrieval of their experiences from earlier developmental stages frequently associated with abuse in this sphere.
Group work will be illustrated by case stories of two patients - a woman and a man.
Work on the meaning of a symptom is of particular importance to psychotic patients since in their experience so far symptoms have been often regarded as "madness", making them feel deeply ashamed and stigmatized. Including symptoms into the framework of human experience and attempting to understand their contents is a new and most important experience.

FRIDAY 23 AUGUST 2013 – 15:30 – 17:00

W 28
Intensive Home Treatment (IHT) in the Netherlands:
an alternative to hospital admission for people suffering from (first) psychosis and schizophrenia.

Truus van den Brink
psychiatrist, speciality psychosis
Regional Institute for Community
Mental Health RIAGG Amersfoort en Omstreken, Amersfoort, Netherlands,

Co-authors:
Dorien van de Ven
community psychiatric nurse and health scientist

Marjolein van Kampen
community psychiatric nurse and trainee nurse practitione

Abstract
Intensive Home Treatment (IHT) teams respond rapidly to people experiencing mental health crises and offer an alternative to hospital admission. The IHT method is adapted from the Crisis Resolution and Home Treatment in England and is implemented since november 2012 by RIAGG Amersfoort, a community mental health institute in the Netherlands.
The goal of IHT is to prevent hospital admission or facilitate early discharge from an acute ward. A psychiatric admission is often stigmatizing and traumatizing for the psychotic patient and his family. IHT is crisis care at home and prevents the disadvantages of psychiatric admission. IHT means (twice) daily home visits by a multi-disciplinary team of mental health professionals. Treatment consists of medication, counseling, practical help and support for relatives. Family involvement is an absolute condition.The team is available 24 hours a day, during a limited period of 6 weeks. IHT continues until the crisis has resolved and the patient is transferred to further care.
In this workshop we will share our experiences with the IHT model. We will inform you about data from literature, method and process and effectiveness of the model from the perspective of the mental health professional, and (most importantly) from patient and family perspective.

W 29
Understand, accept, help - a family experiencing the psychosis of a relative

mgr Mateusz Glinowiecki
Uniwersytet Warszawski Instytut Stosowanych Nauk Społecznych
„Integracja" Stowarzyszenie Rodzin i Przyjaciół Osób z Zaburzeniami Psychicznymi

The very first touch with psychosis of close relative puts whole family in chaos and huge doubt about nearest future. Feelings that becomes superior in that time are sadness, helplessness and despair. Normally in that kind of situation family longs to restore the balance which is a very hard to achieve task without any support. According to the system theory person with psychosis is not the only one who suffers, every single member of the family included is also in danger. Analogous situation refers to recovery process. Here, the family aspect, is priceless and hard to replace. Relations, good communication, appropriate way to deal with the patient are one of many helpful

elements which are crucial for the recovery process.
Attention is being put on feelings that accompany family in time of their first clash with the illness, when health status is being exacerbated which leads to hospital treatment, slow recovery process, rehabilitation, or final recovery after the treatment. Most important aspects in that time are : relations between patient-family, communication with the patient, solving conflicts, motivate, activize and quick reactions when condition of the patients is being disrupted or get worse. Those are only few of many aspects that are crucial meanwhile recovery process, in which family is irreplaceable. Participants of the workshop will be provided with certain space to exchange with eachother their experiences and creating together a group of support for each and every one of them.

PD 30
Exploring the Essence of Stigma, Panel Discussion

Margreet de Pater
Netherlands

Carina Håkansson, Jen Kilyon , Jan Verhaegh, Debra Lampshire, Ann Silver, Brian Martindale
Persons with a psychiatric diagnoses are often stigmatized. They can be excluded from work, have economic challenges and are marginalized in society. There is a large movement now of people with a diagnosis who come forward bravely and present themselves as human beings first with a mind and will of their own.
What can professionals, as partners in care, do to assist them? Lip service is not sufficient, professionals must be proactive. The participants of the forum will discuss items like:
The professional language. Is it effective or can it be frightening or degrading?
How can professionals talk about psychiatric problems in such a way that it is understandable for lay people and clear that problems are connected with the lives of people experiencing mental health issues?
How can we together discuss the more frightening side of psychosis? People experiencing psychosis can scare other people. They can be very angry and evoke deep fears in the people who surround them. It is important that professionals discuss these concerns openly, including fears of their own.

W 31
Verbal de-escalation of the agitated patient in the emergency setting

Janet S. Richmond, MSW
Boston Veterans Affairs Healthcare System, Boston, Massachusetts
McLean Hospital, Belmont Massachusetts; Mount Auburn Hospital, Cambridge, Massachusetts
Tufts University School of Medicine, Boston, Massachusetts, USA

Agitation is a common presentation in the emergency department, and is an acute behavioral emergency requiring immediate intervention. Agitation may present on a continuum ranging from anxiety up to and including violence.

This workshop will address techniques of verbal de-escalation that the emergency clinician can quickly learn and implement as an alternative to seclusion and restraint. Ultimately, successful verbal de-escalation empowers the patient and improves staff morale and patient adherence, because it utilizes a non-coercive, patient-centered approach. Verbal de-escalation enhances the

doctor-patient relationship, while seclusion and restraint require more staff and takes more time to implement, and reinforces to the patient that the only way to resolve conflict is through physical means.
The offering of medication can be considered part of verbal de-escalation, and methods of introducing the subject of taking medication can be done in increments.
Strategies on assessing and engaging verbally with agitated patients will be discussed, including offering of medications. These recommendations are in part based on the author's clinical experience and a consensus panel of emergency psychiatry clinicians (American Association for Emergency Psychiatry-AAEP), Project BETA-Best Practices and Evaluation and Treatment of Agitation

OP 32
Psychological Services for Psychosis: Bangladesh Scenario.

Helal Uddin Ahmed[1], Tanjina Hossain[2], Atiqul Haq Majumder[1], Niaz Mohammad Khan[1], Nafia Farzana Chowdhury[3], M M Jalal Uddin[1], Md. Faruq Alam[1], Md. Golam Rabbani[4]

1. National Institute of Mental Health, Dhaka, Bangladesh
2. BIRDEM Hospital, Dhaka, Bangladesh
3. Bangabandhu Sheikh Mujib Medical University, Dhaka, Bangladesh
4. President, Bangladesh Association of Psychiatrists, Bangladesh

Bangladesh is a South East Asian Country with a population of 160 million. The World Health Organization supported survey in Bangladesh estimates that 16.1% adults and 18.4% children are suffering from mental disorders. Among them 1.1% have psychosis. Against these, the treatment gap is 84%. The Psychiatric service system has not been developed fully. Only 192 psychiatrists, 26 clinical psychologists serve the whole nation and only 817 psychiatric beds are allocated in public hospitals. There is a lack of psychological support for the ill people. A study revealed that 76% patient with psychosis have received psychological services at tertiary care (Specialized) hospital but at the field level, rural area only 21% patient have offered for such services, because the lack of manpower. But, the central health care system is trying to mitigate this problem by giving training to field level health providers.
There are 13000 community clinics, 582 sub district hospitals and 64 district hospitals throughout the country. In each center has a web camera, an internet connection and a cellular phone of the part of e-health system of Bangladesh. By using this modified telemedicine system psychological services are delivering some sub districts as pilot basis. Basic training for field level general physicians on psychological services are going on.
This service delivery process may serve as a model for countries where psychological services for psychosis are not well developed due to low resource.

OP 33
Psychotechnology: Scope and future challenges in mental health care.

Dushad Ram
JSS Medical College
JSS University Mysore, Karnataka, India.

Kishor Rao
JSS Medical College
JSS University Mysore, Karnataka, India.

The World Health Organization (WHO) estimated that more than 450 million individuals who are living worldwide (Lifetime prevalence ranging from 12.2% to 48.6%) suffer from neuropsychiatric disorders in their lifetime and there is a wide treatment gap which requires immediate attention to deal with this predicament . The traditional mental health care system that utilizes trained personnel to deliver the care is currently inadequate to meet the demand. Adopting psychotechnology in mental health care is the need of the hour. New technology is now a part of everyday life in significant proportion of general population. In the field of medical science, technology is playing a great role in ascertaining etiopathogenesis, diagnosis and management of various medical conditions.Use of technology in mental health (Psychotechnology) is slowly emerging and is lagging behind the other medical fields in adopting it (Pincus HA, 2007). It is proposed that the future of mental health care will be technology based (Isaac Marks, 2004) in order to meet the changing life style, attitude toward mental problem and the needs of the society. This is high time to sensitize more and more mental health professional regularly about scope and challenges of psychotechnology.

OP 34
PRAGMATIC PSYCHOTHERAPY FOR PSYCHOSIS.

Leif Jonny Mandelid
Norway

Since 1990 the Norwegian government has funded a nationwide two year educational program in psychotherapy with psychosis, organized by SEPREP. With roots in relational perspectives from the psychodynamic tradition it developed into a pragmatic approach including what seems to work in a modern clinic: An overarching recovery-perspective from consumer-experiences; specific cognitive and narrative techniques aimed at understanding and mastering psychotic symptoms and constructing an acceptable sense of personal identity. This is conceived as mediated through establishment of safe attachment to others, dialogue and a communicable sense of reality. Reality is constructed as the achievement of common sense symbolized as a structured language. 156 therapists of diverse professions and conceptualizations have joined the program. We feel that this approach will further dialogue among clinicians and make a better basis for individualizing treatment to match the patients` personal goals, kind of psychosis and stage of illness. What works across different approaches is more valued than finding a superior technique fitting all. Clinical experience and meta-studies indicate that it might be reasonable to base psychotherapy on common factors rather than rivalizing on which specific approach will prove superior. Pragmatism enhances both individualization of treatment and professional teamwork.

OP 35
Does history repeat itself?
Anders Behring Breivik, Norway, 2011, Pierre Marie Rivière, Calvados, France, 1835.

Chairman:
Peter Handest MD, Ph.D
Psychiatric centre of Ballerup, Maglevaenget 2, 2750 Ballerup, DK

Speakers :
Urfer-Parnas Annick MD, Ph.D:
What can vi learn from the case of Pierre Marie Rivière (Michel Foucault et al)?
Petrov Igor, MD

Milting Kristine, MD:
Anders Behring Breivik's life indtil 2006.

Sjælland René, MD:
A reading and a presentation of Anders Behring Breivik's legal expertise number two.

Nilsson Lars, MD:
A reading and a presentation of Anders Behring Breivik's legal expertise number one.
Discussion
Psychiatric Centre of Hvidovre, Broendbyoestervej 160, 2605 Broendby, DK

The purpose of the symposium is to discuss how a selection and interpretation of biographic and psychopathological information may influence the final diagnosis in the context of forensic evaluation. Moreover we will have focus on psychopathology through a phenomenological approach, emphasizing the Gestalt of the case presentation and not only counting of independent symptoms and signs.
We will present "the portraits" of P.M. Rivière as described in "Pierre Marie Rivière having slaughtered my mother, my sister, my brother…A case of parricide in the 19th century" (Michel Foucault and al) and the legal and psychiatric aspects of the case of Anders Breivik. These two men have in common being young, having committed cruel acts and having written manifestos, explaining meticulously the reasons for and the planning of their actions.
Both men were examined by several psychiatrists (Rivière, among others, by the famous Esquirol), who arrived at different diagnostic conclusions. Foucault et al write about a "selective reading ("grille de lecture"), a subconsciously pre-patterned selection and interpretation of available "data", influenced by socio-cultural context, various prejudices, experience, knowledge and conceptual sophistication. All such influences make neutral and objective conclusions difficult.

OP 36
Coordinated care provides improved quality care for patients suffering from psychosis

Helene Wolf
Psychiatric clinic in Sölvesborg
Landstinget Blekinge, Sweden

The purpose of this presentation is to discuss results from a qualitative interview study conducted in 2011. Participants were 16 patients with a psychotic disorder undergoing treatment at the adult psychiatric clinic in Kristianstad (Region Skåne). With an action research strategy and through active patient participation we wanted to create a deeper understanding for how patients experience cooperation with the psychosis team. More specifically we wanted to explore how patients experienced the establishment of a specialized psychosis team in 2009 and how patients perceive that the work of the team could be improved. The research process thus included cooperation and exchange between all participants. The empirical material consisted of sixteen semi-structured patient interviews which were transcribed and analyzed. Central findings of the study are that patients appreciate the new team based context and find an increased coordination of care very helpful. Patients also greatly appreciate psychotherapeutic interventions and underline the importance of ongoing development of psychological treatments of psychosis. The relationship with the therapist is described as crucial for rehabilitation, but also sometimes as very demanding. Further more patients point at the need for improving their situation during hospitalization and support of their socioeconomic situation.

OP 37
Distress and metacogntive beliefs in caregivers of persons with first-episode psychosis.

Jens Einar Jansen
Early Psychosis Intervention Center
Psychiatry East, Region Zealand, Denmark and Department of Psychology, University of Copenhagen, Denmark

Co-authors: Haahr, UH., Harder, S., Lyse, HG., Pedersen, MB., Trauelsen, AM. & Simonsen, E.

Background: Caregivers of persons with psychosis often report distress and negative caregiver experiences. This has been associated with high levels of expressed emotion (EE), a well-established predictor of relapse in the patients. However, most studies have involved more chronic patients and little is known about what psychological factors are involved.

Objective: To determine the prevalence of reported caregiver distress and negative experiences in a first-episode sample, and examine whether caregivers' maladaptive metacognitive beliefs relate to this.

Method: We gathered reports from 54 relatives of persons with first-episode psychosis using Metacognitive Questionnaire (MCQ-30), General health Questionnaire (GHQ-30) and Experience of Caregiver Inventory (ECI).

Results: Mean GHQ-30 scores were 33,22 (SD 17,04), and Mean ECI scores were 81,11 (SD 28,80). Forty-eight percent of the caregivers scored above 'caseness' level, suggesting a recognisable psychological problem. Pearson correlations showed associations between maladaptive metacognitive beliefs (MCQ-30) and negative caregiver experience (ECI) (0.614, $P<.01$) and between MCQ-30 and GHQ-30 (.393, $P<.01$).

Conclusion: Caregivers of first-episode psychosis present with considerable degree of distress. Data seem to support our hypothesis that maladaptive metacognitive beliefs are related to distress and reports of negative experience. There are clinical implications in terms of implementing metacognitive-focused interventions in family work.

OP 38
Early Intervention Programs for Psychosis: A Proposal for Improving Outcomes.

Bitya Friedman, Pesach Lichtenberg
Psychiatric Department, Herzog Hospital
Jerusalem, Israel

Psychotic illnesses present an immense burden to the individual and to society. They cause great emotional suffering, debilitation, and typically have a deteriorating course. The past decades have witnessed a shift towards a medical model of mental health and disease which has led to the extensive use of antipsychotic medications without markedly affecting the ultimate course and prognosis.
Recently there has been extensive interest and investment in early intervention strategies, with the hope of changing the trajectories of psychotic illness. Programs such as OPUS in Scandinavia and LEO in the UK have featured ambitious multi-disciplinary interventions aimed at the

individual's cognitive and social functioning and family support, as well psychotropic medication. However, results in studies comparing the effectiveness of these specialized treatments to standard care have been disappointing for most long-term outcome measures.
We suggest that a possible failure of these early intervention programs has been the adoption of a medical-model, disease-centered orientation, which neglects the subjectivity of the individual and negates the possibility of seeking meaning in the psychosis.
We are developing in Israel an early intervention program which will draw on elements of the Soteria model in the hope of improving outcomes.

OP 39
Child abuse and its consequences: high risk mental states, psychotic functioning and suicide attempts in adolescence. Diagnostic and Therapeutic implications in a Day Hospital for Adolescents

Mark Dangerfield
Fundació Vidal i Barraquer
Barcelona, Spain

After four years of activity our data indicate that 85% of all patients attended (N=130) meet at least one criterion for inclusion in childhood adversities (Varese et al., 2012). Focusing on the patients who had suffered sexual abuse, only 24% had been detected prior to admission to our Day Hospital (part-time intensive therapeutic service), while 76% of abuses were detected during admission.
We studied the latter group of patients, finding suicide attempts in 54% of cases, compared to 0% of suicide attempts in sexual abuse cases that were detected prior to admission, i.e. those cases where abuse was detected and appropriate protective and therapeutic measures were taken. A 30% of cases belonging to this same group (abuse undetected until admission) presented high risk mental states, 8% a psychotic disorder and 8% a dissocial disorder.
Studying all cases with suicide attempts, we found that 47% had been sexually abused, 20% suffered psychological abuse and parental neglect and 27% parental neglect.
From these observations, we are working on a research program to identify risk and protective factors against psychopathological consequences of childhood adversities, especially child abuse. We will present our research program and how it has influenced our diagnostic and psychotherapeutic processes.

OP 40
Attachment styles as mediators of the occurrence of hallucinations, delusions and depression in the wake of adverse childhood experiences.

Katarzyna Sitko[1], Richard P. Bentall[1], Mark Shevlin[2], William Sellwood[1]

[1]*Institute of Psychology, Health and Society, University of Liverpool, Liverpool, UK*
[2]*School of Psychology, University of Ulster, Londonderry, UK*

The past decade has generated consistent evidence that childhood adversity is associated with psychosis in adulthood. There is some evidence of specific associations between childhood sexual abuse and hallucinations, and disruption of attachment relations and paranoia. Data from the National Comorbidity Survey were used to estimate the direct effects between adverse childhood

experiences and psychotic symptoms in adulthood, and to assess the role of current attachment styles in mediating these associations. The direct effects showed specific associations between sexual abuse and hallucinations, and between neglect and paranoid beliefs when co-occurring symptoms were controlled for. The mediating effects showed full mediation between neglect and paranoia via anxious and avoidant attachment. There was no mediating effect of attachment style between sexual molestation and hallucinations; however there was partial mediation between rape and hallucinations via anxious attachment. A number of more difficult to interpret indirect effects were also detected. These results are broadly consistent with current psychological theories about the mechanisms underlying hallucinations and paranoia. However, the observed indirect effects also suggest that more complex pathways involving attachment may also link adversity to symptoms. The findings highlight the importance of addressing childhood experiences and attachment processes in clinical interventions for patients with psychosis.

OP 41
"You're Killing Me:" Sexual Abuse of a 9 year old Exhibiting Psychotic Syptomatology Symbolically Expressed and Revealed by a Chess Game

Burton Norman Seitler Ph.D.
New Jersey Institute
Ridgewood, NY 07450, USA

When I began treating Sam, a 9 year-old, exhibiting psychotic symptoms, in child psychoanalytic psychotherapy, he rarely spoke. All he did was play Chess. Was Sam's taciturn demeanor due to shyness, limited verbal abilities, or the stultifying aftermath of trauma? During one of many seemingly „innocent" games of Chess, Sam happened to make a bold move, to which I admiringly remarked, „What a move, you're killing me." His reaction permanently altered the trajectory of treatment. Not long afterward, Sam no longer needed to play Chess and regained his voice. It was then that he began to discuss certain things for the first time. What he said was cloaked in symbolic and indirect references, suggesting that there were things about which he still could not speak. I proceeded with patience, and eventually Sam was able to disclose how a sexual predator was victimizing him.

This paper will discuss the meaning of Chess as a means of symbolically expressing an ongoing trauma and its value in non-verbally and safely communicating Sam's desperate need for understanding and his urgent plea for help.

OP 42
What I Have Learned From Long-Term Relational Psychosis Psychotherapy and Social Neuroscience Research: Challenges and Therapeutic Efficacy.

Brian Koehler
PhD
New York University, USA

Our hearts are educated by the suffering of the other. Our hearts cannot be educated by ourselves. Empathy and identification for the suffering of the other was a cornerstone of the psychotherapeutic approach to psychosis of ISPS co-founder Gaetano Bennedetti. Empathy for the suffering other is particularly challenging when that other is inducing a great deal of suffering psychobiologically in oneself. We can choose to enter into the mystery of the suffering of ourselves and

the other person. The human condition is characterized by fragility, vulnerability and suffering. Entering into this suffering nonmasochistically is a way of illuminating HS Sullivan's truism that 'we are all more simply human than otherwise.' Whether we adopt the framework of Winnicott's surviving maximum destructiveness, living through the cycles of disruption-repair identified by developmental research, Gaetano Benedetti's identification with the traumatic catastrophes which have been
experienced by the patient in order for the latter to make counter-identifications with the therapist, sooner or later in indepth psychotherapy, as pointed out by Freud, Jung, Searles and many other psychoanalysts, patient and therapist will become problems for each other. Sullivan quipped 'God spare me from any nalysis that goes well.' This paper will focus on the 'not going well,' impasses, mutual feelings of despair and therapeutic nihilism. From this emerges authentic hope. The author will present his experience in orking with a large number of persons diagnosed with psychotic and borderline disorders in long-term relational psychosis psychotherapy, particularly the challenges and difficulties involved as well as the opportunities for therapeutic action and efficacy. The dialectic between object need and self-safety when the cohesion of the self is endangered by the very presence/distance of other persons is understood to be a primary factor in psychotic symptomatology. Persecutory delusions, in this model, are understood to be both a defense gainst danger emerging from the other as well as a way of maintaining some connection to the other. Relational psychosis psychotherapy will be described, as will relevant research in affective and social neuroscience, including research on the dynamic social genome and epigenome. An integration of third person euroscience and first person subjectivity and phenomenology will be attempted along the lines of therapeutic efficacy.

FRIDAY 23 AUGUST 2013 – 17:30 – 19:00

OP 43
Open Dialogue in the Treatment of Psychosis.

Dr. Werner Schütze
Psychiatrist, Family Therapist
Berlin Germany

The „Open Dialogue" Approach for the Treatment of Psychosis has its roots in the works of Tom Andersen, Norway and Jaakko Seikkula, Finland who together with other members of the International Network for the Treatment of Psychosis , who went on to further develop what was known to be the Need Adapted Treatment, which had been set up by Y. Alanen in Turku in the late 70ties of 20th century. The Reflecting Processes and a special stance or method of not knowing, understanding life as something very dialogical and the importance of every voice to be heard, form the core of this approach, which has been used in Tornio, Western Lapland successfully for more than 25 years now, and is now spreading in many other places. Lecture and workshop will help deepen the understanding of the effectiveness of the approach.

Dr. Werner Schütze: Vita
Child- and Youth Psychiatrist, psychotherapist, family therapist, head of a psychiatric department at a general hospital, implementing open dialogue in a german catchment area.

W 44
GAETANO BENEDETTI'S ORIGINAL THEORETICAL AND CLINICAL APPROACH TO THE PSYCHOTHERAPY OF SCHIZOPHRENIA

Marco Conci MD
German and Italian Psychoanalytic Society, Munich, Germany

Summary : More than 20 years ago Peciccia joined Benedetti (with Mueller, the founder of I.S.P.S., in 1956) in the further articulation of his original approach to the psychotherapy of schizophrenia. Both former supervisees of Benedetti at the Milan A.S.P., Conci and Bartocci collaborate with Peciccia in the further elaboration and promotion of Benedetti's original contribution. If the reconceptualization of schizophrenia in terms of the split between Separate and Symbiotic States of the Self stimulated the creation of important bridges with a whole series of psychoanalytic (Searles, Ogden, Bolognini) and empirical (Stern, Gallese) perspectives, Peciccia's Progessive Mirror Drawing allowed us to extend our approach to all those schizophrenic patients who are not reachable on a verbal level.

Speakers : Claudia Bartocci, PhD, Verona, Italy
Maurizio Peciccia, MD, University of Perugia, Italy

W 45
Failure in/of Psychotherapy.

Anja Lehmann PhD
Clinical Psychologist
Charité University Medicine, St Hedwig Hospital
Clinic for Psychiatry and Psychotherapy, Berlin, Germany

Ronald Abramson MD, DLFAPA
(Distinguished Life Fellow of the American Psychiatric Association)
Associate Clinical Professor of Psychiatry, Tufts University School of Medicine
Wayland, Massachusetts, USA

Harold J. Bursztajn MD
Associate Clinical Professor of Psychiatry
Co-founder, Program in Psychiatry and the Law
BIDMC Psychiatry of Harvard Medical School
President of the American Unit of the UNESCO Bioethics Chair.

Recognition, acknowledgment, and acceptance of limitations is partly what psychotherapy is all about and if we could face our own coping mechanism of dealing with limitations and failures we might understand something about what our patients are going through.
We like to propose the idea of creating a room where we can explore our limitations and look at the possibilities of failure.
With a short lead-in from the workshop leaders, the workshop will hopefully lead to a discussion group, adressing questions like:

What is considered a failure when it comes to psychotherapy?
Psychotherapy being a highly individualized process – how is it possible to learn from failures?

How do we deal with failure - on an individual level and on an institutional level?
How do we monitor possible side effects of psychotherapy?
Is there such a thing as contra-indication for psychotherapy?

Participant will be invoked to contribute with own examples.

OP 46
Psychotherapeutically oriented community treatment program (CTP) for people suffering from schizophrenia in Cracow.

Andrzej Cechnicki
[1] *Department of Community Psychiatry, Collegium Medicum Jagiellonian University, Cracow, Poland*

Additional speakers/author's: **Anna Bielańska[2], Aneta Kalisz[3], Łukasz Cichocki[1], Piotr Błądziński[1], Danuta Łopalewska[4], Igor Hanuszkiewicz[2], Józef Bogacz[2]**

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[4] *Day Rehabilitation Center, University Hospital, Cracow, Poland*

This paper originated with Cracow Schizophrenia Research Group

A psychotherapeutically oriented CTP, inspired by ideas of Antoni Kępiński, has been running for people suffering from schizophrenia for the last 35 years at the Department of Community Psychiatry of the Jagiellonian University, in cooperation with professionals, users' and families' NGOs in Krakow. The recovery-oriented program is implemented by one team at networked centers in Krakow (day treatment centers, family therapy unit, therapeutic hostels, occupational workshops, social firms "Cogito Hotels", etc.). It is based on a shared concept of the illness and praxis of its treatment: a stable relationship between the patient and the therapist, including group and family therapy and psychoeducation and along with an individual "need oriented" program. After an inpatient unit the patients continue individual and group therapy at a Day Treatment Center, then in outpatient care: in a conjoint family group, a discussion group, a theatre group, an art group. One general aim is to support individual activity leading to different kind of employment. Additionally the patients take part in joint activities; Three Associations - Users', Families' and Professionals' - spread the idea of open psychiatry through education and TV productions, lectures at symposiums, by editing a joint journal titled "FOR US" and by running anti-stigma campaigns. Psychotherapy, education, problem solving and "acting together" awake motivation and insight and open the way to recovery and empowerment.

OP 47
The story of Rose – a way to recovery.

Anna Bielańska
Association for the Development of Community Psychiatry and Care Cracow, Poland

This paper originated with Cracow Schizophrenia Research Group
This presentation covers the story of a person with diagnosis of schizophrenia and her long way

to recovery. The author analyses the process of recovery in the context of participation of that patient in various forms of therapy and rehabilitation, with special emphasis on 1/ therapeutic relation and 2/ the meaning of therapeutic relation in the context of the patient's participation in therapeutic theatre. The description of this therapeutic relation, appearance of transference and countertransference, focuses mainly on the development of her identification with the role of a woman. The author also describes the many years' work with the body, emotions and relations in the theatre group. This group, by creation of a specific kind of a therapeutic community focused on a joint task of preparation of a performance, develops a safe environment, in which the patient could confront her yearnings and fears that prevented her from fulfilling them. This part of the presentation is accompanied with a 3-minute film with excerpts from Shakespeare's "Midsummer Night's Dream" performance. A short overview of results of Krakow-based studies concerning possibilities of recovery in a comprehensive, integrated model of community psychiatry closes the presentation.

OP 48

Personal experiences of therapists in conducting a long-term group meetings for psychotic patients.

Aneta Kalisz
Day Treatment Center
University Hospital, Cracow, Poland

Additional speakers: **Monika Romańczyk, Anna Stasik-Kozicka**
Association for the Development of Community Psychiatry and Care
Cracow, Poland

This paper originated with Cracow Schizophrenia Research Group

In this report, the authors attempt to describe specificity of the long-term group meetings they conduct for students who have had psychotic crises. This specificity will be addressed in terms of therapists' emotions that accompany them during group process, their reflections concerning goals, motivations, benefits and hardships that are inherent in participation in such a group, both for patients and for therapists. This presentation also includes a reflection concerning the precisely determined beginning and end of group process, with special emphasis on the issues pertaining to conclusion of group psychotherapy. The role and meanings behind parting with the group will be discussed, as well as problems, feelings and reflections which are specific for this group of patients. In this report, the experience of being part of such a specific group will be considered as an element of a broader therapeutic context, which is a community treatment system for people with diagnosis of a non-affective psychosis in Kraków.

OP 49
THE THEME OF SEPARATION IN FAMILY THERAPY OF PEOPLE WITH EXPERIENCE OF PSYCHOSIS.

Józef Bogacz
Association for the Development of Community Psychiatry and Care
Cracow, Poland

Additional speaker: **Katarzyna Susz**
Association for the Development of Community Psychiatry and Care Cracow, Poland
This paper originated with Cracow Schizophrenia Research Group

Here we intend to offer our reflections on working with the families of psychiatric outpatients with experience of psychosis. These families are invited to consultations that help to capture the context of events and experiences that preceded or occurred in parallel with the treatment of one of their members. Conversations of this nature often help to soften what previously existed in the family narrative as a sharp boundary between "normal" and pathological, between the healthy family and its sick member. After the initial consultation, if the family expresses an interest, the meetings can continue as family therapy. One of the most frequent motives for starting therapy is difficulty with the family member experiencing the psychosis distancing themselves from their family of origin. These difficulties occur on both sides – the parents and the adult child. The occurrence of the psychosis tends to bring about the suspension of this issue. The stagnation that ensues also has its price: the parents are burdened with the necessity of shouldering the responsibility for their adult child, and the children by the lack of autonomy and impossibility of taking decisions affecting their own lives. The thoughts around this subject will be illustrated with examples from therapy.

OP 50
Psychotherapeutic Treatment Of Schizophrenia In Reference To Psychosocial Approach/ Factors. A Comparative Study

Dr. Reena Jain
Dept. of Psychology
Kristu Jayanti College , Bangalore, India

Present study aims to explore the impact of psychosocial intervention for schizophrenia compare to biological intervention. The study is conducted at Ashalya NGO for mentally challenged people in Bangalore for one year. Four schizophrenic patients were taken for the study and psychosocial interventions were used for their treatment. These patients were in the hospital since last 4 years on biological treatment before coming to this NGO. They all were undifferentiated type of schizophrenic. For psychosocial treatment an appropriate environment that encourage socialization, participation in group and self care is build up and maintained in this NGO. These patients were dealt with lots of care, love, encouragement, engagement and interaction. The patients were daily observed. Their time table was formed for full day. Which involved all the activities like personal care, physical exercise, vocational exercise, group activities, personal interaction etc. The results of the study shows that socialization helped them in self control and belongingness. Engagement helped them in self care and vocational skills. Personal interaction of the therapist helped the patients in speech organization. Love and care helped them in controlling violent behavior. Encouragement made them more organized in their daily routine. It is concluded from this study that

psychosocial approach is more effective than biological interventions alone for the treatment of schizophrenia.
Keywords: Psychosocial Approach, Schizophrenia, Socialization, Engagement, Personal Interaction

OP 51
Outcomes of Integrative Psychotherapy for Psychosis.

Lewis Mehl-Madrona
Union Institute & University
Brattleboro, VT, USA

Barbara Mainguy
Coyote Institute
Brattleboro, VT, USA

People who are diagnosed with psychosis are rarely primarily treated with social interventions (including psychotherapy) in the United States. We report the outcomes of a series of 51 patients whose primary intervention was psychosocial. We used an integrated combination of community support through healing circles and talking circles, physical support (exercise, hunting, walking, yoga, martial arts), narrative-style psychotherapy (integrating open dialogue, dialogical therapy, and indigenous practices), nutritional support, and spiritual support. People's stories were analyzed using the methods of modified grounded theory and narrative inquiry. Chi square analysis was conducted regarding the symptom severity of people's most severe presenting symptoms. Of the 51 individuals, 38 were able to manage psychosis and to pass through it without the use of medication or with medication on contact with the author that was slowly titrated to zero. Another 9 managed very well on low dose medications. Three individuals required higher levels of medication and one became progressively worse despite all efforts and was eventually hospitalized in the State Hospital. The overall cost-benefit is very favorable to society, except that little insurance covered the services provided in the USA and most of the services were provided by the senior author without compensation.

OP 52
Zeeland Grounds.

Rita de Rijke
Netherlands

Zeeland Grounds is a small organization, born from the need of families to care for their members with psychiatric problems.
There are now a number of established residential locations where each client has its own apartment. There is a joint meeting room, with a homely atmosphere, where they can eat, or take coffee.
There is also care and housing for mothers with psychiatric illness with children. Even clients who are refractory and normally may need to stay on a long stay ward of a psychiatric hospital, are welcome.
Care consists of counseling, treatment and daily activities. The emphasis is not on the disease but on the person. Leading is what the person wants. Whishes are quite common, ranging from a cup of coffee on terrace, a film voucher for theater, a concert or a trip to the beach. Holidays are

important, people go accompanied by staff members to the sun and the snow.
The excellent individual attention for the client makes that people here like to be in care, staff find it a fine organization and family can entrust their child to care. Clients can live forever in Zeeland grounds if they wish, so it is a real home.

OP 53
Replacement of a psychiatrist centred pharmaceutical biological medical model by a patient centred on recovery oriented multi-disciplinary model.

Jan Verhaegh
Valkenburg aan de Geul
Netherlands

In this PowerPoint presentation I argue for the replacement of a psychiatrist centred pharmaceutical biological model by a patient centred on recovery oriented multi –disciplinary model.
I start with the description of the psychiatrist-oriented model.
Than I give an argumentation about the weakness of this model and why it sometimes (often) damages than it heals.
After this argumentation I give a description of the patient centred model.
I speak out of the position of a representative of the user/survivor-movement and as a philosopher of psychiatry.
Jan Verhaegh

Eu-gei project
European Network users Survivors Psychiatry.

OP 54
Power and Privilege: Psychiatry's Monopoly on Human Distress

Dr Vanessa Beavan
Australia

Abstract: Psychiatry has a history of oversimplifying human distress via medical classification systems that diagnose as pathological what many lay people consider normal, or at least, understandable responses to extreme adversity. Mounting research evidence strongly supports the aetiological roles of psychological and social factors in the development of mental health troubles, including psychosis. Further, people who experience significant mental health troubles tend to find psychosocial models more useful than biological models to understanding and managing their problems. More specifically, research into lived experience highlights four key concepts significant to understanding psychosis and psychotic-like experiences: Meaningfulness of symptoms, Trauma and loss, Spirituality, and Hope and recovery. This presentation explores these concepts, and then goes on to identify some possible reasons why Psychiatry downplays, and at times totally ignores, such useful information when developing etiological models and treatment interventions.

OP 56
Un-diagnosing mental illness in the process of helping.

Richard Lakeman
Southern Cross University
Lismore, NSW, Australia

Mary Emeleus
James Cook University
Cairns, QLD, Australia

A diagnosis of a mental illness is a powerful symbol of both the authority of the person making the diagnosis and of the presumed nature of the person's experience. The traditional ideal of medical practice is to undertake an assessment and arrive at the correct diagnosis which in turn determines the right treatment. Diagnosis may sometimes be an impediment to understanding the person, the nature of their problems and determining the best approach to care. Regardless of the validity or utility of diagnosis health care systems often require the rapid conferral of a diagnosis and help is often conditional on a diagnosis being given. Service users frequently present to helping agencies with a diagnosis of mental illness having been already made and this can colour the therapeutic encounter and raise expectations about what needs to be done. This paper discusses the therapeutic potential and practical problems of 'un-diagnosing' mental illness in the context of providing care to people with complex presentations. It also illustrates how a process of developing a shared formulation can in itself be a therapeutic process. Rather than being the starting point for care and treatment, the process of developing a formulation is both the destination and journey.

OP 57
The Significance of Common Factors and Specific Therapeutic Ingredients of Psychological Therapy for Psychosis - a Systematic Review.

Pfammatter Mario, Junghan Ulrich Martin & Tschacher Wolfgang
University Hospital of Psychiatry and Psychotherapy
Department of Psychotherapy, Bern, Switzerland

A series of meta-analyses points to the benefits of different psychological therapy approaches in the treatment of psychosis such as psycho-educational family interventions, cognitive behaviour therapy for psychosis, social skills training or cognitive remediation. However, the advantages of these evidence-based specific psychological interventions as compared to non-specific supportive controls are moderate. This challenges the validity of the presumed specific therapeutic ingredients and raises questions about the significance of common therapeutic factors in the psychological treatment of psychosis.
To analyse the therapeutic significance of specific therapeutic components and common factors in psychological therapy for psychosis all efficacy studies with component control designs were identified by systematic electronic searches. Subsequently, moderator analyses of the standardized weighted effect sizes differences between psychological therapies with different single therapeutic components were performed. The effect size differences were integrated by transforming them into weighted mean point-biserial correlations between single therapeutic components and outcome variables.
The findings indicate that specific therapeutic components such as psycho-education, cognitive

restructuring or skills training represent key therapeutic ingredients of evidence-based psychological therapy for psychosis. However, also common factors such as a positive therapeutic relationship, changing expectations for self-efficacy or successful mastery efforts are associated with positive outcomes.
Compared to unspecific psychological support the benefits of specific psychological therapy approaches are less distinctive. Thus, there is a need to dismantle the actual therapeutically active components and to promote their targeted implementation in psychological therapy of people with psychosis.

OP 58
Patients require paranoia-groups.

Annika Söderlund
M MSSc, Social Worker
Sweden

Kerstin af Ekenstam
R N (Reg Nurse)
Sweden

Arthur Dörr
Head of the unit (Psykosvård Nordost)
Sweden

Background: At a psychosis-unit of integrated in- and outpatient care Romme & Eschers questionnaire for voice-hearers has been used in the treatment for years. Out of a growing need voice--hearing-groups for the out-patients started in 2010. A recurrent theme in the groups was a lack of possibilities to share experiences as in-patient. A weakly group about self-help strategies was provided for in-patients.

Objective: The main objective was to give a possibility to share similar experiences and consequences with others. Occurring themes were; first time hearing voices, the fear of madness, good & bad aspects of the voices, paranoia, links between paranoia, hallucinations and delusions. Most of the patients assessed that they perceived the group sessions as meaningful and that they felt less alone after participating. Since paranoia is a major problem to more patients we decided to offer specific paranoia-groups.

Conclusion: Providing both voice-hearing-groups and paranoia-groups within psychiatric health care can be a way to further inclusion of people. It is important to remember though, that a great flexibility is needed in offering these groups. It can be a big step to enter a group and share with others. Endurance is required in the organisation.

OP 59
Correction of symbiotic experience in group psychotherapy for patients with schizophrenia.

Slađana Štrkalj Ivezić
University psychiatric hospital Vrapče
Zagreb ,Croatia

Ivan Urlić
School of Medicine
Split, Croatia

There is an agreement that very early disturbances in symbiotic phase may play a major part in the susceptibility to psychosis in adolescent or adult life. The good symbiotic experience in therapy has been connected with better treatment outcome. The group provides sufficient setting for activation and correction of disturbed development of object relations . Primitive transference in the group involve the group as a whole being unconsciously perceived as an early mother imago. The group can represent good mother image, as well as the hostile, attacking, bad mother image. The group as a whole like the responsive mother changes to accommodate the projected elements. Severity of illness, phase of illness , course of illness and ego strengths are connected with selection criteria for insight oriented group psychotherapy. We present clinical illustrations for correction of symbiotic experience in long term group psychotherapy bases on modification group analytic psychotherapy – psychodynamic reconstructive approach. We discuss the capacity for use group as good symbiotic object as an important selection criteria for insight oriented group psychotherapy. The patients with very strong symbiotic needs, who exclusively demand the gratification of symbiotic transference are not good candidates for group analytic work.

OP 60

The Neuroscience of Relational Trauma, Dissociation, Social Isolation and Loneliness: Relational Psychosis Psychotherapy and Therapeutic Action-A Neuropsychoanalytic Model of Psychotic Disorders.

Brian Koehler PhD
New York University, USA

Eisenberg (2004) cautioned our field to steer between the brainless psychiatry of the past and the mindless psychiatry of the present. This presentation will attempt to integrate the "science of the day," i.e., neuroscience, with the "science of the night," i.e., the thoroughly inter/personal inter/subjective. Cichetti (2010), from a developmental psychopathology perspective, emphasized that the abnormalities in the broad
domains of genetics, neurobiology, cognition, emotion and interpersonal relationships in severe mental disorders do not exist in isolation. He encouraged researchers to strive to comprehend the interrelationships between the biological, psychological and social in these disorders. This paper will attempt to integrate research and clinical findings across the complex domains of brain, mind/self and culture. Over the past
decade, psychoanalysts have accelerated their attempts to relate the third-person findings of neurobiology and cognitive, affective, and social neuroscience with the second- and first-person observations within the psychoanalytic setting. The relatively new field of neuropsychoanalysis has inspired many in the field to articulate the relevance of neuroscience to the psychoanalyst. A neuropsychoanalytic model will be presented on the psychoses after a brief review of contemporary research in genetics and epigenetics (the "social genome"), neurobiology, social neuroscience and epidemiology. A developmental traumatology review of the effects of relational--interpersonal traumas, e.g., neglect, unavailability, social defeat and social
isolation/loneliness, on the brain and person will be presented. A case will then be made for the central psychobiological threat of unrelatedness and profound, often shameful loneliness in the expressions of the psychoses at all levels, especially the epigenetic, neurobiological, psychosocial and phenomenological. The role of dissociation as a mediator between developmental trau-

mas and psychotic symptomatology will be explored. Relational psychosis psychotherapy will be discussed along with its theoretical and clinical foundations, as a person-specific psychosocial therapy for the psychoses. Clinical and theoretical influences, such as the psychoanalytic work of Gaetano Benedetti, Otto Will, Harold Searles, Philip Bromberg, Sheldon Bach, Barbro Sandin, Dan Stern and the Boston Process change Study Group, will be described. Some clinical material, illustrating relational psychosis psychotherapy, will be presented.

OP 61
The need for psychotherapist to relate to neurobiological context of schizophrenia.

Slawomir Murawiec
Warsaw, Poland

Psychotherapists who work with patients with the diagnosis of schizophrenia must face some fundamental questions about mutual relationships between what is the mind, what is the brain, what is psychological versus biological, what is the role of pharmacotherapy versus psychotherapy in schizophrenia. The most easy way to deal with those problems is to operate on the ground of one theory, cognitive-behavioral, psychodynamic or other.
In the context of biological data about schizophrenia(s) psychotherapists may put them away from minds, have problems to understand them and in many occasions have problems to integrate new biological findings with data existing in their minds. First of what is needed in that situation is the theoretical framework with the capacity that can contain many aspects of mind--brain. One of this possible frameworks is neuropsychoanalysis. Particular value have theories and findings about schizophrenia (psychoses) that can be integrated with existing psychological theories and clinical practice. In the field of schizophrenia that is for example theory of psychosis as a state aberrant salience or research on abnormal neural oscillations and lack of neural synchrony in this disorder.

OP 62
THE PHENOMENOLOGY AND ETIOLOGY OF DREAMING IN PSYCHOSIS. A NEURO-PSYCHOANALYTIC PERSPECTIVE.

Anastassios Koukis
ISPS Hellas
Athens, Greece

Freud initially believed that dreaming, which he conceived as a neurotic symptom, primordially was a psychotic process, although later he argued that patients suffering from psychoses lack the ability to dream properly because of their absolute regression to an archaic narcissism without object. Extending Freud's views to include a Kleinian perspective, Bion asserted that unless patients with psychoses are in psychoanalysis, they have difficulties to dream because they have introjected the mothering object as a "dead" object. Following a group-analytic perspective, Foulkes maintained that dreaming is by nature a narcissistic/psychotic product which can only become a healthy process when it is shared as communication within the group and is regenerated in the form of a group dream. In this paper we investigate this controversial issue by exploring the neuronal presuppositions of dreaming, which neither Freud or Bion nor Foulkes had studied. The investigation will revolve around issues such as whether or not neuronal correlates of dreams exist, especially of psychotic dreams, and whether they support an individualistic/psychoanalytic or social/group-analytic function in their interrelations with cognitive and psychological correlates in the brain.

SATURDAY 24 AUGUST 2013 – 8:30 – 10:00

W 63
Laboratorium Psychoedukacji presents: „Psychodynamic psychotherapy of psychotic patients", with supervision by prof. Nancy McWilliams.

Marta Scattergood
MA
Laboratorium Psychoedukacji
Warsaw, Poland

The workshop will be in the form of a supervision during which psychotherapists working with the Warsaw based psychotherapy center „Laboratorium Psychoedukacji" will present their work with psychotic patients. This will show an understanding of the psychotic world in terms of psychodynamic theories.

The supervision, led by Prof. Nancy McWilliams, will give an opportunity to discuss the dilemmas that arise with such patients. Looking for answers to questions such as therapeutic neutrality, setting or projective identification for a better understanding of the patient.
This workshop will be conducted in English.

W 64
"Proximity and Distance", a study of the development of psychotherapeutic treatment-relationship with psychotic individuals, based in an outreach treatment environment, perspectives from continental phenomenology and attachment theory.

Petter Lohne, Nicolay Nørbech, Inge Duedahl

We will discuss how cooperation develops in treatment with persons with schizophrenia or other serious psychotic disorder also diagnosed with drug-dependence. The workshop is based on a study of 6 relationships developed over a 2-4 years period. Phenomenologicaly based interviews with patients and therapists and attachment-interviews with patients have been conducted and coded. Point of departure is a psychoanalytical basis ("History beyond Trauma", by Francoise Davoine and Jean-Max Gaudilliere).

Our preliminary five categories are "Proximity and Distance", "Immediacy or presence", "Expectancy, therapists' responsibility for establishing relationship", "Simplicity and mirroring, meaning avoidance of professional jargon and therapist contribution through mirroring", and "Dialogue between patient and therapist about their experiences".

Adult Attachment Interview illustrates difficult dilemmas the therapeutic environment confront; how and when to "take on responsibility", tolerance of uncertainty on behalf of the therapist and the ability of the therapeutic environment to live with extreme self destructive behaviour in patients' lives.

Given a treatment environment with knowledge and competence and a certain autonomy, positive results are gained.

W 65
What People with Intellectual Disabilities Can Teach Us About Psychosis.

Adam K. Fuller
Ph.D., Clinical Psychologist
Mountain Regional Services, Inc., Evanston, Wyoming, USA

In many societies, people with intellectual disabilities are among the most disadvantaged, underserved, and socially alienated groups. In the United States, demographic data indicate that rates of trauma, psychosis, and other mental health problems are significantly higher than those found in the general population. And yet, mental disorders in people with intellectual disabilities are often overlooked or misattributed to cognitive limitations. In many cases, treatment is confined to behavioral and pharmacologic interventions without consideration of psychotherapy or the psychosocial context in which the problems developed. This workshop will discuss the conceptualization and treatment of psychosis in people with intellectual disabilities. Vivid case examples will be used to illustrate processes of the mind, development of symptoms, motivations for behavior, defense mechanisms, and other strategies for managing tension and coping with trauma that are ultimately common to all people but manifested with crystalline clarity in people with intellectual disabilities. Psychoanalytic concepts provide the framework for discussion of specific psychotherapy techniques that can facilitate dramatic therapeutic gains and relief from distressing psychosis in this group of people who so frequently demonstrate courage and resiliency in the face of overwhelming hardship, prejudice, abuse and social rejection.

W 66
Reality and Psychosis.

Brian Martindale
Psychiatrist and Psychoanalyst
Newcastle, UK

In this workshop, I discuss a psychodynamic way of thinking about psychosis focussing on the relationship of the person to aspects of their subjectivity.
In essence this model suggests that psychosis or psychotic phenomena occur when a new subjectivity is created to try and replace a too painful subjective reality. In this way we are like our patients as we are all capable of and do resort to psychotic coping mechanisms.
This way of thinking about psychosis helps understand why there is such a plethora of psychotic phenomena at individual, family and cultural level. It is when attempts to create a new reality are unsuccessful that people may seek help or are brought for help.
I will be mentioning some of the multiple realities we encounter in ourselves that can be subject to psychotic processes such as hatred of our bodies, our thoughts, memories, conscience, people, let alone states like dependence, time, gravity and so on. The list is endless and that is the point.
After a presentation there will time for discussion and digestion.

OP 67
Understanding positive and negative symptoms of schizophrenia in terms of difficulty in mentalization and the use of metaphors, and relevant therapeutic intervention.

Bruria Shifron, M.A.
Ronit Krenge, M.A.

Einat Shafrir BenYatah, M.A.
Anat Heler, M.A.
Israel

The authentic state of the inner world of individuals with schizophrenia is often revealed during psychotic episodes in the form of hallucinations and delusions. These individuals have difficulty distinguishing between their inner, metaphorical world and the external world with which they need to cope (Blatt & Wild, 1976). They express their inner world metaphorically, but the expression loses its metaphorical intent, and is confused with reality (Siegelman, 1990).
We indicate two central conflicts encountered by patients with schizophrenia: one is a conflict between symbiotic fantasies and the threat of being incorporated (Segal, 1964; Winnicott, 1971); and the other is a conflict between fantasies of grandeur and a sense of worthlessness (Meissner, 1986). We explain Delusions of grandeur and symbiosis as a result of the collapse of distance between metaphoric expression and external reality. The negative symptoms of schizophrenia are explained as resulting from lack of access to the individual's inner world, which is caused by the dread aroused by the psychotic experience and the defensive need to block it. These defense mechanisms inhibit the dialogue with the inner world.
Therapeutic studio known „Gesher Lakesher" is presented. The studio, a unit in the Mental Health center of the „Ziv" Medical center, in Zefat, Israel employs an innovative method of therapy aimed at addressing these patients' difficulty to mentalize and use metaphors. Practicing the use of metaphors in expressing authentic experiences, verbally and through artistic creation, promotes separation between the internal experience and the external reality; exercises and increases the ability to make conscious choices; encourages and enhances experience of independence, ability and self-worth. The effectiveness of the therapy offered by the studio in preventing deterioration and recidivism of hospitalization is evaluated.

OP 68
AFFECT REGULATION AND SUBSTANCE USE IN PSYCHOSIS.

Stålheim, Jonas
Sahlgrenska University Hospital
University of Gothenburg, Sweden

The high prevalence of substance related problems in persons with psychosis is commonly explained by different aspects of "self-medication". Research suggests this rather concerns an alleviation of non-specific distress than attempts to medicate specific symptoms. However, there is a need for a more nuanced understanding of motives for substance use in this group, even within the domain of self-medication. This presentation is based on two empirical studies and proposes a theoretical framework for substance use in psychosis focusing mainly on mentalization and affect regulation. The empirical material consists of one quantitative and one qualitative study. The quantitative study was a comparison of substance use patterns, and ways of relating to substance use, between persons with psychosis and persons with other mental health problems. The qualitative study was based on 12 interviews where the participants were asked to reflect over themselves in relation to life history, mental health, relationships and substance use. Interview analysis focused on interactions between affect regulation and substance use. Results indicate that the functions of mentalization and affect regulation play important parts in both development of and recovery from substance use problems in persons with psychosis, and perhaps more fundamentally so than the psychiatric illness itself.

S 69
REVISTING H.S. SULLIVAN'S (1892-1949) PIONEER CONTRIBUTION TO THE PSYCHOTHERAPY OF SCHIZOPHRENIA

Marco Conci
MD
German and Italian Psychoanalytic Society, Munich, Germany

Summary : In 1962 Perry collected the papers written by H.S. Sullivan in the 1920s on the psychotherapy of schizophrenia in the anthology Schizophrenia as a Human Process. In reviewing them, Laing (1963) wrote that „most of the work that Sullivan's vision demanded is still not done". After having been the editor of the Italian edition of the book (Milan 1993), Conci wrote the book Sullivan Revisited - Life and Work (second American edition 2012), in which he also showed the contemporary relevance of Sullivan's work with schizophrenic patients - for example in terms of the effectiveness of intensive individual and team work with them. How much contemporary psychiatry could profit from revisiting Sullivan's legacy will be the topic of this Symposium.

Speakers : Brian Koehler, PhD, New York, USA
Henri Lothane, MD, New York, USA
Ann-Louise Silver, MD, Washington, DC, USA

OP 70
Diagnosed with psychosis: experiences of diagnostic labels and psychiatric care

Jennifer Strand & Anne Denhov
Sweden

The aim of this study was to investigate how persons diagnosed with psychosis experience treatment as well as their diagnostic labels. Data consisted of transcripts from 12 open ended interviews with persons diagnosed with psychosis. Analyses showed that all interviews were encompassed with fear of recurrent psychotic symptoms. This fear was the governing factor for how the participants complied with psychiatry, e.g. taking prescribed medication, despite negative side effects. The participants also described a general lack of knowledge regarding the overall aim with treatment. However, the fear of recurrence of symptoms made the participants stay in care even when it was experienced as not helpful. Furthermore, the participants described feelings of powerlessness as well as strategies for coping with their diagnostic label of psychosis, e.g. to avoid talking about the diagnosis.
In conclusion, results shows that fear of recurrence of symptoms make patients follow treatment, even when the benefits are not clearly perceived. Patient's compliance needs to be governed by awareness and perceived benefits of treatment, rather than fear. Moreover, there is a need to be careful regarding how a diagnosis of psychosis is presented to prevent that patients feel powerless and lose faith in the possibility to recover.

OP 71
Self stigma reduction in psycho-education group therapy

Slađana Štrkalj Ivezić
University psychiatric hospital Vrapče
Zagreb Croatia

Psycho-education reduces relapses, readmission rate, duration of hospital stay, and encourage treatment adherence. Pure educational approach does not improve insight into the illness. On the other hand it can increase risk for depression. According to current knowledge of stigma an obstacle to recovery, the purpose of psycho-education is also to provide participants with the knowledge about stereotype of mental illness and help them in better coping with social stigma and self stigma. Emotional topics should also be included such as isolation, guilt , shame, suicidal thoughts, self esteem, hopeless, dealing with loss, anxiety, depression , anger and emotional blunting. Basic principles should include recovery and empowerment. Work with insight should be followed by empowerment. So, it seems that if we want to improve insight into illness and reduce negative consequences of stigma the psychotherapeutic approach should be integrate together with education approach. The comprehensive group psycho-educational programme with didactic and psychotherapeutic elements in approaching complex problem of insight into illness and reduction of self stigma will be presented.

OP 72

Psychodynamic understanding of stigma of schizophrenia and its implication on treatment

Slađana Štrkalj Ivezić,
University psychiatric hospital Vrapče, Croatia

Stigma of mental illness, especially of schizophrenia is a obstacle to recovery. Vicious cycle of stigma consequences include low self esteem, internalized stigma, discrimination, increase of severity of symptoms, non adherence to therapy , disability and lack of adequate mental health services. Stigma mechanism of action is less known, than the vicious cycle of its consequences. Understanding of stigma and self stigma mechanism of action is presented bases on psychodynamic theory. This theory especially highlight the vicious cycle of stigma within the treatment process. Persons with psychoses is seen by majority members of society as incompetence, danger and as week personality. Stereotype of mental illness is internalised through the process of growing up for majority members of the society. It serves a universal psychological and social functions. The role of stereotype in relation to self formation , self worth , self esteem and internalized stigma is discussed. In order to prevent negative consequence of stereotype acceptance, rejection of stereotype as relevant for patient is needed from patient as well as from the treatment staff .

OP 73

HIGH SCHOOL STUDENTS' MENTAL HEALTH LITERACY AND ATTITUDES TO TREATMENT; POSSIBLE EFFECTS OF AN NORWEGIAN EARLY DETECTION CAMPAIGN AND A PSYCHOEDUCATIVE CURRICULUM.

Kristin Hatloey[1], Inge Joa[1,2], Ella Idsoe[2], Thormod Idsoe[2], Jan Olav Johannessen[1,2], Johannes Langeveld[1];
[1]*Stavanger University Hospital,*
[2]*University of Stavanger*

Background: Adolescence is a critical period for developing mental health disorders including psychosis, and undertreatment in this age-group may indicate the need to increase young people's attitudes and knowledge about severe mental health symptoms in order to seek proper help. In Norway some counties had different interventions that may have affected these issues.

Aim: We wanted to compare student's mental health literacy and attitudes towards treatment in two counties with different exposure to: (1) an extensive early intervention of psychosis program, (2) a five hours classroom based education curriculum on mental health literacy. .
Methods: Ten high schools were selected. Response rate was 96,4% (n=1384). Students filled in internet based questionnaires.
Results: The early intervention program and the psycho-educational curriculum demonstrated positive effects on the students' attitudes towards mental health treatment and a reduction of the degree to which stigmatizing hampered their help seeking behavior. Such effects were not found on the students' mental health literacy.
Conclusion: The positive effect of early intervention programs and psycho-educative curricula on health seeking behavior in adolescents with mental problems seems more related to changes in attitude towards mental health problems and mental health treatment than to improved mental health literacy.

OP 74

Panic attacks, trauma and psychosis: Combining rational emotive, interpersonal and psychodynamic therapies - A case review of treatment strategies over a long-term psychotherapy relationship.

Michael E. Remshard
Individual, Couples & Family Therapy
Remshard Training & Consulting & Community College of Philadelphia, Pennsylvania, USA

This is a case presentation of a 42 year old father that I treated. The man walked into my office stating he was happily married and employed. His problem was debilitating panic attacks. The client explained he felt that he was having a heart attack with anxiety related to an unknown anticipated horror. With a clean bill of health and unsuccessful sessions focused on exploring the vague horror and ameliorating the panic attacks, his anxiety escalated. One day I observed, "I am not sure I am helping, is there something that you are not telling me?" The client burst into anger, yelling that his life was a lie. He emphatically stated he could kill his children, himself, and that I would be shamed. What did I do? I addressed his threat with compassion and concern. The client acknowledged a fear that he was losing his mind. I began to gently unravel his story of sexual trauma. He confused impulses to protect his children from his sexual trauma with killing them. This case will delve into how different treatment strategies combining rational emotive, psychodynamic, and interpersonal therapies enabled this man to reclaim his life and survive his fear of annihilation.

OP 75

An exploration of whether psychotherapy is helpful or not for those who have received a diagnosis of schizophrenia.

Tom Cotton
Research Centre for Therapeutic Education
Department of Psychology
Roehampton University, London

The presentation summarises a 4 year psychotherapy doctorate study, in which Moustakas' (1990) Heuristic method was used to explore in detail the experiences of 8 participants who had received a schizophrenia diagnosis, and whether psychotherapy was helpful or not.

The majority of participants felt strongly that psychotherapy had been an important part of their recovery. However, certain approaches to psychotherapy, particularly where it was manualised, rigid, or delivered by an inexperienced practitioner, were felt to be unhelpful. Most helpful was the quality of the psychotherapy relationship, primarily where human authenticity, trust, responsiveness, transparency, and respect for participants' experiences were felt. An important feature of helpful therapy was feeling able to explore the meaning of 'schizophrenic symptomatology' in relation to traumatic experiences such as childhood sexual abuse, neglect and bullying. Conversely, focussing on 'symptoms' and their reduction was felt to be unhelpful.

The findings seem to contradict NICE 2010 guidelines which state that the types of psychotherapy where experiences can be explored by both patient and therapist are not recommended. Significantly, the majority of participants felt that the focus on diagnosis was unhelpful, and recovery often involved having to work against mental health services and the treatments offered by them.

OP 76
Psychoses blanches and the interpretation of dreams: oneiric activity as prospect of a better diagnostic and therapeutic approach.

Giorgini Luca – Roma, Italy, Montanaro Dori - Roma, Italy, Padrevecchi Francesca
– Roma Italy. (co-authors)

Santomauro Sandra (co-author and presenter)
– Rieti, Italy

Psychoses blanches are pauci-symptomatic forms of schizophrenia in which manifest behaviour and the cognitive sphere remain generally unaffected, and which therefore pose particular diagnostic and therapeutic difficulties.

In order to overcome such difficulties, the paper proposes, on the basis of case reports, an evaluation of dream analysis as well as the affective area.

Oneiric activity in these patients may initially be reduced or absent, but if it appears, it can constitute a positive prognostic sign as it shows an increased capacity to react to the therapeutic relationship.

Moreover, the patient can, through the images of his dreams, express the difficulties he experiences in interpersonal relationships, which reveals the seriousness of his psychic dysfunctions.

Through dream interpretation, the therapist is able to give the patient a more accurate idea of his current psychic condition while explaining that it is the result of biographic experiences and does not merely reflect a biologically constituted reality.
As such, it might be susceptible to transformation.

SATURDAY 24 AUGUST 2013 – 10:30 – 11:15

PL 77
Can't you hear what I'm not saying? Symptoms as the language of overwhelming emotions.

Arnhild Lauveng
Psychologist at the Kongsvinger Psychiatric Centre, Norway

Symptoms are only symptoms of something. Often we tend to perceive symptoms of psychosis as exactly that – symptoms of a disease. But symptoms can also be perceived as symptoms of a life – experiences, emotions, thoughts that are too overwhelming or forbidden to the person that it is possible to express them in simple words. And so they are disguised, just like dreams. The meaning is still possible to find – but only if we're looking for it. And often, we don't, but instead use our time to classify the symptoms of a disease. Instead of searching for the story of a life.
For about ten years, when I was young, I lived my life as a "schizophrenic". I had several admissions, used a lot of medication, and had very painful and life threatening symptoms. Today I am a Qualified Consultant Psychologist, in clinical community psychology, have worked with patients for several years, and am now working on a PhD. And I'm not psychotic and not on medications. In my lecture, I will discuss symptoms as a form of language, telling us important stories from a life. And I will illustrate this with examples from my own life – telling about the "absurd symptoms of psychosis", that, in fact, were not meaningless at all – but really the road signs that finally told me the way I had to go to recover my health and sanity.

SATURDAY 24 AUGUST 2013 – 11:15 – 12:00

PL 78
Social Causes of Psychosis: From heresy to certainty.

Professor John Read
Institute of Psychology, Health and Society, University of Liverpool

This lecture will briefly describe the history of research into the social causes of psychosis. At the turn of the century it was still considered, by some, almost heresy to argue, for instance, that child abuse could play a role in the etiology of psychosis. Today, hardly a week goes by without the publication of yet another paper demonstrating this to be a certainty. Meanwhile it has become clear that previous claims of a genetic predisposition were wildly exaggerated.
The recent resurgence of research in this field has demonstrated that many adversities, usually in combination, have a causal role in psychosis, including: poverty, urban living, isolation/loneliness, neglect and abuse (emotional, physical and sexual) in childhood, bullying, parental loss, war trauma, rape and physical assault in adulthood, and discrimination.
Meanwhile surveys all over the world reveal that the public (including 'patients' and their families) continues to place far more emphasis on psycho-social causes than bio-genetic factors, and prefers talking therapies to drugs or ECT.
The psychological processes currently being researched to understand the relationships between childhood adversities and the 'symptoms' of psychosis include: attachment, dissociation, cognitive distortions and psychodynamic defences. The Traumagenic Neurodevelopmental model integrates biological process by highlighting the similarities between structural and functional changes in the brains of traumatised children and those identified in the brains of adults labelled 'schizophrenic'.

The implications for treatment, and for primary prevention, are profound.
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SATURDAY 24 AUGUST 2013 – 12:30 – 14:00

OP 79

Pietro : the story of a cure. Art therapy, social therapy and sensory-motor integration therapy.

Simone Donnari (Author),
Istituto Gaetano Benedetti, Perugia, Italy

Maurizio Peciccia (co-author)
Istituto Gaetano Benedetti

Fabiana Manco (co-author)
Istituto Gaetano Benedetti, Assisi, Italy

Summary:
The aim of the symposium is to show integrative arts psychotherapy approach in the therapeutic journey of Pietro, a young patient who had been diagnosed as a borderline
Content
Pietro is 24 years old, at the age of months had febrile seizure. (The last episode was at 20 years old). His parents are divorced and he grew up with the aunt. He had problem of social integration with subsequent social isolation. He used to spend hours in front of the computer. Following two psychotic episodes he started the psychotherapy. During the integrative arts psychotherapy he showed passion and profound engagement with art mediums. In addition he showed great talent for drawing.
During her therapeutic journey, Pietro had different treatments: art therapy, group psychotherapy, social therapy and sensory-motor integration therapy.
Group psychotherapy with progressive mirror drawings is then combined with amniotic therapy. A series of progressive mirror drawings have been animated through a different video technique called "video integration" that leads to an "animated mirror drawing".

OP 80
Using the Creative Arts as Psychotherapy for Psychosis and for Teaching Psychology Graduate students about Psychosis and its Therapies.

Barbara Mainguy
Coyote Institute
Brattleboro, VT, USA

Lewis Mehl-Madrona
Union Institute & University
Brattleboro, VT, USA

Creative arts therapies, particularly drama therapy techniques, are useful in the psychotherapy of psychosis and as for teaching clinical students about psychosis by including them in the group with individuals diagnosed with psychosis. Each voice can be represented by a mask (sometimes including costume) and the voices and their interactions with the person who has them can be enacted for the person diagnosed with psychosis to view. By participating in these enactments, people develop first-hand experience of the experience of psychosis. These voices can be put to puppets, to stuffed animals, and to other objects to help people manage their voices better. Student participation in this process leads to an improved understanding of the psychotic experience, and also improved conceptualization for how to be helpful therapeutically to people diagnosed with psychosis. We present students' and patients' observations on their participation in such drama therapies and how it changed their understanding of what it is like to be psychotic and of their psychosis, respectfully. We observe that enactment with objects in the physical world seems to bind the terror and anxiety often associated with psychosis in such a way as to reduce it to levels that can be managed in psychotherapy.

OP 81
Developing alternate narratives of psychosis, employing the art-gallery as a resource for recovery.

Kate O'Brien
Canterbury Christ Church University
Kent, UK

Dr Susannah Colbert
Oxleas NHS Foundation Trust
London, UK

The studies investigated the use of two gallery-based art-making interventions to facilitate reflective experiences and promote recovery, enhance psychological wellbeing and increase social inclusion. The researchers worked with the Dulwich Picture Gallery in South-East London. Participants had experienced severe and enduring mental health problems.

The studies sought to develop links between viewing art, art-making and narrative. A narrative approach focused on how meaning is created within experience. Changes in an individual's sense of their own story: such as a tragic story being reconsidered in terms of strength and hope, suggested the transformational nature of stories to develop alternative narratives of psychosis. Concepts from the field of art were drawn upon to modify the stigmatising dominant narrative of

psychosis. The importance of cultural and social representations to the development of personal meaning in the experience of psychosis was apparent in the stories told by participants. Recovery and wellbeing were also depicted, mainly through achievement and enjoyment.

The studies both sought to investigate the usefulness of the interventions in promoting wellbeing and recovery principles. Effective partnership working between NHS services and a gallery to overcome barriers to accessing the arts for people experiencing psychosis was also explored.

OP 82
Music.

Trisha Ready
USA

This presentation will focus on the use of self-selected music on a portable I-Pod stereo system for patients experiencing psychosis as a means of helping patients tolerate the stress of being in a hospital. This writer has been facilitating psychodynamic music-based groups with patients on the acute unit of a psychiatric hospital for the past 3 years. She has also focused individually with patients on the use of music as a means of therapeutic connection, expression and containment. This therapeutic resonance, or linking, is similar to attachment/attunement dynamics between infant and caregiver, with the overarching concept of music serving as a kind of auxiliary mother. The work of such psychological theorists as Winnicott, Beebe, Trevarthen, and Bion will be explored, along with work of ethnomusicologists, psycho-biologists and neurobiologists who posit that music is our first language, and that the urge to socially bond is historically our first urge toward music. Vignettes from individual and group sessions featuring patients using self-selected music to help manage voices, tolerate distress, and express affect will be presented. We will also explore how implicit memories may be more accessible through music than speech, such as with patients who have experienced early, and ineffable childhood trauma.

OP 83
Catching the Voices of Patients and Families.

Margrit Wallsten
Sweden

In Sweden psychological, psychiatric and psychosocial interventions for people with psychosis and their families are given within the context of the local mental health services. The experiences of one part of the care probably affect the others. The authors have used different ways of examining how people with psychosis and their families experience care. What do they appreciate the most and what are the changes asked for?

Ewertzon Mats, Ersta Sköndal University College, Stockholm, Sweden: "Exploring the family members´ experiences of the psychiatric health-care professionals approach toward them and the degree of alienation they feel in relation to care of their relative via the Family Involvement and Alienation Questionnaire (FIAQ)"

Sundvall Maria, The Transcultural Centre, Stockholm, Sweden.
„Exploring the perspective of patients and families with migrant background. The Cultural Formulation Interview as a tool."

Wallsten Margit, The Mental Health Services, Mälarsjukhuset, Eskilstuna, Sweden. "Embracing the experiences by patients and family members regarding in- and outpatient care using semi-structured interviews."

Mattson Maria, Northern Stockholm Psychiatry, Stockholm, Sweden. "A step by step model transforming feedback from patients and family members into concrete changes at local mental health services."

OP 84
THE CHANGES IN SELF-STIGMATIZATION DURING THE PSYCHODYNAMIC GROUP PSYCHOTHERAPY OF PSYCHOTIC PATIENTS.

Branka Restek-Petrović, Nataša Orešković-Krezler, Davor Bodor, Vatroslav Prskalo, Majda Grah, Nina Mayer, Mate Mihanović
Psychiatric hospital „Sveti Ivan" Zagreb
Private psychiatric practice, Zagreb

TIP: ORAL PRESENTATION FOR SYMPOSIA GROUP PSYCHODYNAMIC PSYCHOTHERAPY OF PSYCHOSES (Slađana Štrkalj Ivezić, Ivan Urlić)

Stigmatization and self-stigmatization are very frequent topics in the psychdynamic group psychotherapy of psychotic patients. At the beginning of the group process patients often verbalize their experiences of shame, low self esteem, social avoidance and rejection due to stigma of mentall illness. Stigmatization and self stigmatization are present outside the group but also in the group process.
In the long term group psychotherapy where good communication, interaction and participation, as well as the group matrix is gradually established the topic of stigmatization and the manner of addressing and treating this problem change. With the acceptance of illness and the treatment, the self-esteem changes for the better and the patients are more able to reject the social stereotype and achieve full recovery.
In this paper we will present the examples how the group treates the problem of stigma at the beginning of the group process and how it is addressed in the developed long term group process.

OP 85
Components of psychodynamic psychotherapy for psychosis
A Delphi study

Dr. Swapna Kongara
ISPS UK Psychodynamics and Psychosis research group
Preston, UK

Aim: To investigate the extent to which experts agree about essential elements of contemporary psychodynamic therapy for psychosis, when practised in outpatient settings in publicly funded services.

Method:
In stage 1, elements identified as possibly pertinent to psychodynamic therapy in psychosis extracted from relevant sources were formulated as a set of statements by the study group.
In stage 2, these statements are forwarded via electronic links to eligible participants (experts).

Participants are requested to rate each statement on a Likert scale, according to how relevant they think each element is. Results are analyzed to obtain percentage of agreement for each statement. According to pre-agreed percentage criteria, statements are selected for inclusion, exclusion or rerating.
In stage 3, statements selected for rerating are forwarded to the participants for rerating. Results are analyzed to reselect statements for inclusion or exclusion in order to attain a final set of statements with a high degree of expert consensus about components of psychodynamic therapy for psychosis, along with increased understanding of the extent of consensus amongst practitioners with expertise in this.
Presentation: The presentation will describe the 3 stage Delphi study and the preliminary outcomes.

OP 86
Resistance to verbalizing delusional content and fantasies in a short-term group.

Kaja Medved
Nada Perovšek Šolinc, Marjeta Blinc Pesek
Psychiatric Clinic Rudnik
Ljubljana, Slovenia

Clinical material of a fortnightly, short-term group of patients with psychosis has been analysed and will be presented. The group is run in co-therapy. A modified, non-structured, psychoanalytic technique (free-floating discussion, cognitive techniques and clarifications) is being used. After two drop-outs, this group currently has six members; one of them is close to termination and two of them joined the group recently, therefore a firm group matrix has not been formed yet. One of the most important and consistent topics during sessions is how to prevent a psychotic relapse. By opinion of most members this can be achieved by controlling their emotions, thoughts and aggressive behaviour. Most of them are afraid of their own fantasies and delusions and are having difficulties to differentiate between fantasies and psychotic experience. In our presentation we have analysed the therapeutic process and members' coping strategies. There are different ways of resistance to verbalizing delusional content and fantasies with patients who are not yet in a full remission of psychosis. Strong resistance increases anxiety in the group.

SATURDAY 24 AUGUST 2013 – 15:30 – 17:00

W 87
Working with Clients Diagnosed with Severe Mental Illness: Learning to see the World through Both a Psychotic and Non-psychotic Lense.

Diana Semmelhack
PsyD, ABPP, Associate Professor
Midwestern University, Downers Grove, Illinois
United States of America

Co-Author:
Larry Ende
PhD
Private Practice, Evanston, Illinois
United States of America
There are limited opportunities for many graduate students and clinical professionals to be expo-

sed to experiences that develop what Bion (1962) would refer to as a binocular view (the ability to perceive reality through both a psychotic and non-psychotic lense). We believe that group-as-a--whole work (based on the Tavistock Method) can be utilized as a training vehicle for fostering the development of this ability in students and professionals alike. The experience of recognizing the humanness of the psychotic process and one's vulnerability to it enhances one's capacity to treat those individuals. Qualitative data obtained from use of the model in the training of graduate students as well as professionals in a clinical setting strongly supports this hypothesis. This workshop includes didactic, demonstration and discussion components. At the end of the session participants will be able to: 1) describe what is meant by binocular vision and how it can benefit students and professionals in the treatment of severely mentally ill consumers; 2) discuss how the group-as-a-whole model can facilitate the capacity to better understand psychotic and non--psychotic experience; 3) apply knowledge acquired through the workshop to the treatment of current clients in the field.

Theoretical Foundations for the Workshop:

This presentation is based on preliminary empirically supported and evidence based treatment of severely mentally ill institutionalized adults utilizing the "group-as-a-whole" method of working with groups (or the method of working with groups in the "Tavistock" tradition) (Semmelhack, Ende & Hazell, 2013). This group is greatly underserved and stigmatized with few practitioners utilizing psychodynamic/analytic group work to treat them. We have found the methodology (group-as-a-whole) to be extremely adaptable with beneficial effects in a wide array of client populations. Our work focuses on using the Tavistock method to treat clients with severe mental illness in a county jail, nursing homes, group homes, and a psychiatric hospital setting with positive and published peer reviewed results. Most recently, we have recognized the value of training students and professionals alike in better understanding the psychotic process which frequently emerges in the group. While our observations of the learning of graduate and professionals facilitating groups with psychotic individuals is qualitative at this time our observations suggest a increased understanding of psychotic and non-psychotic experience and the development (in some individuals) of a binocular vision (Bion, 1962). This increased understanding of how severely mentally ill individuals view the world and the „humanness" of their experience can greatly enhance treatment and reduce stigma.

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W 88
Workshop
creative+mindfulness: enhancing therapeutic awareness through applied mindfulness and creative practice.

Swift, Benjamin and Hopley, Andrea
Mental Illness Fellowship of South Australia, Adelaide, Australia

It is understood that both mindfulness and creative practice separately support processes of recovery from psychosis. Each brings something of unique value and yet can be seen to constitute two facets of the same underlying capacity. Mindfulness practice can enhance creativity and creative practice in turn can deepen and enrich mindfulness practice. This insight has applications for therapeutic endeavours of all types, and is particularly powerful with those who are recovering from psychosis.
Integrating ineffable non-ordinary experiences (such as psychosis) requires an ability to navigate the tension between seemingly incompatible states of knowing and not-knowing. The ability to be at once in touch with various knowledge systems and yet unfettered by the constraints of any singular system is essential for the endeavour of allowing new meanings to be discovered in a co--creative endeavour such as therapy. This capacity can be developed through a particular application of mindfulness and creative engagement in which a person brings their physical, emotional and cognitive aspects into a single integrated action/awareness.
This workshop provides an introductory experience of mindfulness based creative practice training (creative+mindfulness) through a series of simple exercises. In this way, we explore the synergetic relationship between artistic practice and mindfulness, with the benefit of enhancing one's capacity to access this type of awareness in therapeutic endeavours.

W 89
Understanding Psychosis as an Attempt at Transformation: Integrating Perspectives on Trauma, Spirituality and Creativity.

Ron Unger
therapist at Center for Family Development
USA

Summary: The goal is to increase participant understanding of how psychosis can arise from a dangerous kind of creative and spiritual experimentation that attempts to resolve problems that preceded the psychosis, and participant knowledge of ways to utilize that understanding to facilitate effective treatment aimed at possible transformation and recovery.
While psychosis is commonly understood as something going wrong, and while treatment approaches usually attempt simply to stop that process, this workshop explores how psychosis may result from attempts to resolve problems that preceded the psychosis. In this view, psychosis may be initiated by a dangerous type of experimentation or creative process, where people consciously or unconsciously try out new ways of seeing, believing and behaving to address dilemmas caused by stressful or traumatic experiences, dilemmas they were unable to master using tools provided by their family and culture. Psychosis can deepen when this process of experimentation inadvertently leads to errors in beliefs, perceptions and behavior, resulting in more trauma and distress, and then more misguided responses by self and others, in an increasingly severe vicious circle. There remains however the possibility that with informed assistance that facilitates continued experimentation rather than suppression of experimentation, both the original difficulties and difficulties resulting from mistaken attempts at solutions can be resolved in ways that lead to personal and possibly even cultural renewal and health.

OP 90
Writing Narratives of Psychosis as a Way of Healing.

Renana Elran
Abarbanel Mental Health Center
Bat-Yam, Israel
Winner of David Feinsilver Award

Writing narratives describing the lived experience of psychosis may have a therapeutic significance for people suffering from schizophrenia. The narratives in general are a part of the written history of schizophrenia, and each narrative in itself may be seen as an active effort to write the story of the self at a time of madness. Many autobiographical narratives written about psychosis describe a process of coping and recovery, but the narratives are not merely retrospective descriptions of healing. Rather, they contribute to the working through and processing of the psychotic experience and assist in the fusion of the psychic rupture in the self and her/his life story. Based on clinical understandings that point to the concreteness of psychotic thought, to attacks on thought processes and meaning-making, and to the collapse of the symbolic function and narrative ability, one can shed some light on the effort needed to create an autobiographical narrative. By adopting a clinical point of view I suggest that one can see narrative writing as a reversal of psychosis. The retrospective narration offers powerful subjective metaphors of madness and expresses an attempt to organize and give symbolic meaning to concrete experiences, thus creating a space for thought and reflection and aiding recovery.

OP 91
Promoting personal accounts as "good interpersonal practice" in mental health services.

Giuseppe Tibaldi
Italy

Personal accounts have been growing over the last 20 years, but they are still considered a rather unusual outcome of psychotherapies and integrated treatment strategies (adopted by the community mental health services) .
These narratives have a potential impact at different levels: 1. on the educational/training one, for all professionals involved in the field (specifically, those involved in psychotherapeutic interventions); 2. on the users and caregivers, who are starting their treatment paths (who need long-lasting support and hope); 3. on the organizational level, in order to reducing/closing the gap between professionals' standards and users' needs (usual ways for measuring satisfaction are useful, but not personal); 4. as a tool for assessing main achievements during a therapeutic relationship.
How to cultivate this kind of skill among professionals and users (in order to transform it into a good interpersonal practice)?
1. collecting personal accounts through specific local/national initiatives (an Italian experience);
2. developing shared educational initiatives (for professionals and users) with experts in auto-biographical writings;
3. developing (with the "experts by experience") a good practice format for the final phases of a therapeutic relationship (in individual or group settings).

OP 92
Storytelling as Building Narrative Capacity for People diagnosed with Psychosis.

Barbara Mainguy
Coyote Institute, Brattleboro, VT, USA

Lewis Mehl-Madrona
Union Institute & University, Brattleboro, VT, USA

Indigenous cultures recognize the healing power of "telling our story". Australian aboriginal people speak of "deep listening", which means to provide someone with the healing power implicit in their truly being heard. Jacque Lacan spoke of this listening without interpretation or judgment as the greatest gift person could give. Telling our stories, whether oral or written, can be powerfully healing. We consider how storytelling, as performance and as personal healing journey can affect the experience of psychosis. We present case examples from our clinical practice of teaching clients diagnosed with psychosis how to progressively shape their stories into more coherent and competent narratives. We use traditional cultural stories as a template for how stories are told and as providing a personal experience of the healing power of story as repositories of wisdom for the modern age. The characters of these stories teach us about ourselves and our relationships. Particular plots are repetitive in our lives and in our cultures. We present evidence to support the idea that these activities develop frontal lobe connectivity in the mesial storytelling circuitry, and particularly connections in the medial prefrontal cortex and of it with other areas, such as the precuneus, cingulate cortex, and elsewhere.

OP 93
PSYCHOTHERAPEUTIC WORK WITH THE FAMILY – AN INDISPENSABLE PART OF EARLY INTERVENTIONS IN PSYCHOTIC DISORDERS.

Majda Grah, Slobodanka Kezić, Pero Svrdlin, Silvana Jelavić, Nino Mimica, Nenad Kamerman, Branka Restek-Petrović, Mate Mihanović
Psychiatric hospital „Sveti Ivan", Zagreb

TIP: ORAL PRESENTATION FOR SYMPOSIA GROUP PSYCHODYNAMIC PSYCHOTHERAPY OF PSYCHOSES (Slađana Štrkalj Ivezić, Ivan Urlić)
Specific course of psychotic disorders, long-term treatment and difficulties with maintaining patients in the overall therapeutic process, requires family sensitization to raise awareness of the need for overall participation and specific approach to the treatment of psychotic disorders. Based on the experience of group analysts from „Sveti Ivan" Psychiatric hospital in the treatment of patients who are suffering from psychotic disorders, along with findings obtained in literature, we have started with the early intervention at a „critical period" of the disease. In order to reduce the incidence of future relapses and aiming to improve the quality of our patients and their families lives, we included family members of patients who are suffering from psychotic disorders in psychodynamic group psychotherapy. It was carried out within the framework of the Early Intervention's Program for the first episodes of psychotic disorders. Involving the family members in the therapeutic process gradually resulted with changes in attitudes toward the affected family member, thus creating an atmosphere of acceptance and understanding with better ability to react to the signs of the disease and the possibility of timely relapse prevention. We are going to present examples from psychotherapeutic process of family members of patients with psychotic disorders.

OP 94
Barriers and successes in implementing psychoeducational family work for patients with first episode psychosis (OPUS) in a Region of Denmark.

Hanne-Grethe Lyse
Early Psychosis Intervention Center
Psychiatry East, Region Zealand, Denmark.
Co-authors: Haahr U; Pedersen MB; Jansen JE; Søgaard U; Simonsen E.

Background: Since 2008 a comprehensive treatment program including psychoeducative family work has been implemented for patients (OPUS) with first-episode psychosis in Region Zealand, Denmark. The family work contained first family meeting, 3 joining sessions and systematic family work during one year.
Objective: To evaluate experiences from the implementation of psychoeducative multifamily groups (MFG) and single family intervention (SFI).
Method: One hundred and seventy-six patients were included during the last two years, 32 did not accept, not relevant or not yet involved. Eighty-seven families were offered MFG, 57 SFI. The treatment carried out by 18 trained clinicians was manualized and supervised.
Results: First family-meeting was accomplished by 81.8% of the families, 1.7% was planned. Joining sessions was accomplished by 81.9% of the families, 1.4% was planned; 9,1% did not accept or not relevant; 7,6% not yet offered. Systematic family work was started in 25.4% of the families, planned in 20.3%; 12.7% not accepted or not relevant, and in 41.5 % it was not accomplished yet.
Conclusion: Engaging the families in the initial phase was successful, but subsequently systematic work with the families required too many resources. Barriers were found, due to factors in patients, families, clinicians and organization.

OP 95
An investigation into the effectiveness and experience of attending an Acceptance and Commitment Therapy group for relatives of clients with psychosis.

Karolina Wutke
Coventry University and University of Warwick
Coventry and Warwickshire NHS Trust
UK

Tom Barker
Worcestershire NHS Health and Care Trust

Tom Patterson
Coventry University, Coventry and Warwickshire NHS Trust

Jo Kucharska
Coventry University, Coventry and Warwickshire NHS Trust

This study aimed to investigate efficacy and experience of attending Acceptance and Commitment Therapy (ACT) group intervention for carers of clients with psychosis. This was a pilot intervention and no study to date has investigated an ACT group with this population. Due to its preliminary nature, the study employed a mixed method design to investigate not only changes in outcome measures, but also to get a more in-depth understanding of how such a group can

make a difference to experience of caring and carers' distress. 9 carers participated in an 8-week programme and completed pre- and post- measures of burden of care, coping, general health status and psychological flexibility. They were subsequently interviewed using semi-structured interviews. The qualitative data was analysed using Interpretative Phenomenological Analysis, whereas ANOVA was employed for quantitative analysis.

OP 96
Experiences of sexuality told by three male patients with psychosis: A pilot study.

Anders Elmingfeldt, Jennifer Strand & Inga Tidefors
Sweden

Abstract: In this pilot study, three male patients with a diagnosis of psychosis were interviewed about their experiences of sexuality. The interviews were analysed according to thematic analysis. The men expressed difficulties in maintaining boundaries between real life and imagination when love of a woman was present. Furthermore, difficulties combining the role of a patient within psychiatry with the image of masculinity came through. The men expressed a strong wish for the opportunity to talk about sexuality in a meaningful and respectful way; however, there seemed to be a neglect on the part of the health care system to address issues about sexuality. If silence regarding sexuality becomes established in clinical settings, it is hard for concerned individuals to raise the topic.

OP 97
Psychosis as a transitory existential and spiritual crisis.

Stupak Radosław
Jagiellonian University, Institute of Psychology
Cracow, Poland

According to the dominant biomedical paradigm schizophrenia is a chronic brain disease resulting from a chemical imbalance of neurotransmitters. This overly simplistic, reductionist and dehumanizing understanding of the condition took over scientific and social discourse about psychosis and schizophrenia, despite the fact that it may not only be ineffective but also harmful. Instead, I would like to turn attention to the possibility of framing psychosis and/or schizophrenia in terms of an existential and spiritual crisis, especially regarding the concept of spiritual emergence/ spiritual emergency. This understanding of psychosis is related to the works of transpersonal psychologists, some antipsychiatrists, critical psychiatrists, and finally psychodynamic theoreticians inspired by Carl Jung. It is also evident in the works of a Polish psychiatrist and philosopher Kazimierz Dąbrowski. Thanks to this theoretical framework the seemingly impossible to understand symptoms of psychosis can be viewed as a symbolic, yet logical, manifestations of internal conflicts and external situations. I will also present results of studies showing that a more humane approach to those affected by psychosis, and regarding them as human beings affected by problems of existential, spiritual or psychological and social nature that we all share, can lead to better treatment results than strictly biomedical approach.

OP 98
Mindful therapy for recovery from psychosis: discovering meaning through engaging the ineffable.

Swift, Benjamin
Mental Illness Fellowship of South Australia, Adelaide, Australia

One of the challenges that psychosis presents is that of navigating the destabilising relationship one has to issues of knowing and not-knowing. Often those who have navigated psychosis encounter paradoxical situations in which they experience a profound core knowingness coming into conflict with doubt about that experience's validity. This doubt tends to be reinforced by the predominant medical discourse that constructs psychosis only in terms of sickness and dysfunction. This precipitates or intensifies an ongoing conflict between a person's internal knowingness and the knowledge of "reality" as defined by the predominant medical and clinical discourses. Doubt serves to fuel anxiety, which in turn enhances one's vulnerability to psychosis.
Drawing on several psychological models, this paper sets out a therapeutic approach that navigates the knowing/not-knowing paradox through the use of mindful therapy. This therapy necessitates that therapists cultivate a personal "not-knowing space" which is held in tension with their various knowledge systems (which can then be drawn on as usefulness dictates). The benefit of this approach lies in the space it provides for the therapy collaborator (aka "client", "patient") to unfold their own meaning at the leading edge of the "not-knowing space" through a co-creative dialogue of discovery.

OP 99
Psychosis as one aspect of non-ordinary experience:
broadening the scope of meaning-making from a social constructionist perspective

Swift, Benjamin
Mental Illness Fellowship of South Australia, Adelaide, Australia

Non-ordinary or transliminal experiences can include both psychotic and spiritual elements. Mystics can undergo what looks like psychosis and psychosis often includes religious and spiritual themes. From Theresa of Avila's visions to Gautama Buddha's encounter with Mara, people across history have traversed distressing and destabilising experiences as part of their journeys to greater understanding. How service providers respond to those in the midst of a psycho-spiritual crisis can influence the trajectory of the meaning-making process in significant ways. Historically we have responded in terms of psychopathology, thus constraining the range of possibilities for making sense of such experiences, limiting meaning-making to discourses of sickness and dysfunction. The impact of this approach has been to invalidate a person's experience, cultivating self-doubt and setting oneself against oneself. This paper is informed by a social constructionist perspective and explores psychologically oriented frames of meaning-making that allow both spiritual and psychotic understandings. It also examines how personal and contextual factors influence the form that transliminal experiences tend to take and in doing so, glean implications for therapeutic approaches to recovery.

SUNDAY 25 AUGUST 2013 – 8:30 – 10:00

OP 100
Let's awaken hope to facilitate recovery.

Regina Bisikiewicz
the president of the foundation

Aleksandra Kożuszek
EX-IN program coach

„Polski Instytut Otwartego Dialogu (Polish Institute for Open Dialogue)" Foundation Wrocław, Poland

It is our desire that every person experiencing difficulty with respect to mental health could HOPE for RECOVERY. To that end, the current health care system, largely based on hospitalization, isolation, stigmatization, trauma and fear of future should be replaced with a new approach, that is, FACILITATION OF RECOVERY.
Based on the experience of patients and their families we can earnestly say that there is a vast need for the creation of an environment in which persons with mental disorders, assisted by professionals, families and social network, will be able to:
- gain faith that recovery is possible
- gain motivation to recover using their own resources
- have long term support in the process of recovery and reconstruction of social relations
- undertake important social roles (education, employment, associations, family)
- have the possibility to be treated effectively in crisis situations, with the inclusion of the family and social network
- be hospitalized in small specialized facilities during the most difficult periods.

The lecture will present the activities undertaken by a group of Wrocław families since January 2011 in order to contribute to the fulfillment of the desires of thousands of Polish families today.

It is our desire that every person experiencing difficulty with respect to mental health could HOPE for RECOVERY. To that end, the current health care system, largely based on hospitalization, isolation, stigmatization, trauma and fear of future should be replaced with a new approach, that is, FACILITATION OF RECOVERY.
The workshop will be an opportunity to present the initiative of Wrocław families in detail and share the experience they have gained in fortifying the process of recovery. The aim of the workshop is to inspire the participants with the conviction that by the cooperation of many organizations and circles (including international ones) we can generate a significant CHANGE in the attitudes to mental illness. Let's awaken HOPE that recovery is possible!
The schedule of the workshop – group work on the following themes:
1. TODAY – the situation of the patients and their families
2. TOMORROW – what are our needs and desires?
3. SOLUTIONS - the example of the Wrocław families' initiative

W 101
The Cannabis Project.

Jon Carroll
Community Psychiatric Nurse
USA

Mark Andrews
CBT Therapist
USA

The Cannabis Project has been developed by the STEP Team as a resource for engaging and working with young people in a first episode of psychosis.
At inception this was as a result of an academic course and a special interest (JC).
STEP colleagues benefited from having this resource and expertise within the service.
The project was further developed to become a psycho-education resource which was presented to groups of young people in various settings (local colleges, Universities, focus groups, youth organisations as well as groups of professionals working with young people).
Current plans for the project centre on devising a service user engagement tool.
This would include more service user feedback and developing the data collected as a resource for young people and professionals alike.
The Workshop will provide the opportunity for us to present our ideas and gather feedback to shape the development of this initiative.

The workshop will cover the following themes:
• Audio visual presentation of the `Myths and Facts` about cannabis.
• Time for discussion and feedback.
• Update of the project. (Practice development and service user involvement).
• Audio visual presentation `Harm reduction in cannabis use`.
• Examples of service user feedback.
• Summing up/discussion.

OP 102
Integrating North American Indigenous Practice with Dialogical Self Therapy in the Psychotherapy of Psychosis

Lewis Mehl-Madrona
Union Institute & University
Brattleboro, VT, USA

Barbara Mainguy
Coyote Institute
Brattleboro, VT, USA

The world's indigenous cultures have experience managing altered states of consciousness, produced intentionally through ceremony with or without substances or occurring without volitional seeking. North America is no exception. Practical methods exist for the management of what psychiatry calls psychosis. These approaches grant full ontological status to the worlds visited during psychosis and to the beings encountered there. The task is to bring the person back to the

ordinary world with their visions and potential teachings intact. In this world view, these visitors to other dimensions often journey on our behalf and to gain important information for us, and are therefore, to be honored and supported to the completion of their task. This approach is highly compatible with the dialogical self-theory and therapy of Hermans and Hermans-Knopka and the open dialogue approach of the Finnish Psychosis Group. We present this approach and demonstrate how one interacts with a client from this framework (through role play and/or video clips), including dialogue with a voice, using imagery to put form to the source of the voice, the use of community and techniques from psychodrama (or North American sacred dramatic ritual) to better manage a troubling voice or vision.

W 103
Is Dissociation at the heart of most psychoses?

Brian Martindale
Newcastle, UK

Andrew Moskowitz
Aarhus, Denmark

It is now well established that many people who acquire psychotic diagnoses, also meet the criteria for a dissociative disorder, including dissociative identity disorder.
In this workshop we will discuss and debate whether the concepts of dissociation and splitting are relevant to understanding a wide range of phenomena encountered in psychosis.
Brian Martindale, a psychoanalyst, will be discussing these possibilities with Andrew Moskowitz, an expert in dissociation.
The format of the workshop will be that BM will present a small series of cases to AM for his reflections. BM will clarify what aspects of mind he thinks are being dissociated and point out the unconscious processes that these aspects have been subject to that disguise the dissociation, such as projection, displacement, condensation, hallucinatory wish fulfilment and so on (as in dreams). The workshop delegates will be encouraged to contribute.

OP 104
Seven years of Early Detection & Early Intervention in Helsinki University Central Hospital in Finland: What have we learned from the JERI-model?

Granö Niklas, Karjalainen Marjaana, Edlund Virve, Saari Erkki, Itkonen Arja, Anto Jukka, Tuomi Iida, Lidström Mirva, Carpen Eeva, Roine Mikko
Helsinki University Central Hospital, Department of Psychiatry, Jorvi Hospital
Espoo, Finland

Jorvi Early psychosis Recognition and Intervention (JERI)-team at Helsinki University Central Hospital, Finland, is an early detection (ED) and early intervention (EI) team for adolescents at risk for psychosis. Team members work together with community co-workers, as social workers, nurses and GPs. The JERI-team meets with adolescents at ages between 12-22 at school or at home together with their parents and community co-worker, who has taken the contact at the team for a reason of an unclear or undiagnostised mental health problem. The main purpose of team is to assess adolescents by proper instruments and meet the client and family together with community co-worker(s) to find a way to reduce stress and support the client in overall functioning. Results show that 1. adolescents catched by JERI ED-model do not differ by different geographical areas

by symptom severity, suggesting that the ED modl can be replicated on different areas. 2. Adolescents at risk for psychosis have more psychiatric symptoms than other helpseeking adolescents. 3. During JERI-intervention symptoms are reducing and functioning and Quality of Life is improving. Previous findings suggest that both ED and positive tendency for symptom development are possible to reach by this type of ED & EI model.

OP 105
A psychological and communitarian perspective of early attention to psychoses.

Jorge L. Tizón,
Former EAPPP director & Ramon Llull University Professor

Artigue, J.
Former EAPPP member, Universy Institut for Mental Health, Ramon Llul University, Barcelona, Spain

Gobern, M.
*Former EAPPP member, Catalunya Official College o*f Nurses

Oriol, A.
Former EAPPP member, Fundació Sant Pere Claver

A psychological and communitarian perspective of early attention to psychoses.

Summary

Objectives
To shown the therapeutic particularities and the first results of the EAPPP (Early Detection & Care Equipment for Patients with Risk of Psychosis), Barcelona, Spain.

Setting & Methods
We expose our system for detection of FEP and ARMS subjects in the community and
we present the principles of our treatment model: the TIANC (Comprehensive treatment adapted to the needs of the patient and family in the community). It consists of a combination of 16 therapeutic and care techniques.

Results
The implementation of such equipment, devices and strategies can get advance early detection and treatment, in both „First Episode" (FE: incidence around 1,1/10.000) and „At Risk Mental State" (of psychosis) subjects (ARMS: incidence 2,4-2,7 / 10.000). We have added a third profile: the HVC (Highly Vulnerable Children). Incidence around 1,2 / 10.000 in the general population (about 6 / 10.000 of the child population).

Conclusions
These patients mostly accept treatment and developing well. A percentage of between 10 and 30 percent, depending on the year samples, progress to clinical psychosis, but most do not.

In five years, EAPPP could prove significant declines in the use of psychotropic medication (between 1/3 and 2/3) and hospital admissions (down 25%).

OP 106
Heartwood Abstract

Laura Burke
Canada

Heartwood is an exercise in Self-Revelatory Performance, a type of drama therapy wherein a person undergoes a sometimes painful, deep and meaningful excavation of a difficult aspect of their lives. Although the process is intentionally one of healing for the performer, the audience too is affected and motivated to look inward due to the immediate relationship with the actor in this process. Both actor and audience come to blend the roles of those who are inciting transformation, and those who are being transformed.

Using this process, Laura Burke sets out to transform her relationship to her mental health history in the context of her Master's research, using a heuristic research model.

The self-revelatory play that emerges is the story of Laura Burke's descent into - and recovery from - mental illness. It begins with the metaphor of the tree – the kind of tree that grows inside and throughout a person's psyche, the kind that can be pruned, but that one can never fully escape. This play is about learning to live with this representation of our pasts, and everything we have to carry with us along the way.

The story begins with a discussion of this tree, and about the moment Laura first notices its presence in her life at aged fifteen, and then with how it evolves over time. Laura moves through anorexia and depression until she finds the theatre, at which point she discovers how to channel and to keep the tree at bay and to even employ it's dark elements through performance, and by playing roles that super-cede her own suffering.

Then out of nowhere: psychosis. Laura is thrown into the deep end. Gradually, she begins to climb out of these depths through the use of humor, and through the discovery that giving back to others is exactly how she will recover, and how she will reinstate meaning in her life.

Laura then moves into peer support work, and eventually into graduate school for drama therapy. She encounters others: colleagues, clients who inspire her to keep working at changing the way people view mental illness. Laura eventually meets those who doubt that she ever experienced psychosis, because of their antiquated views about recovery (or the absence of belief in recovery). At this point she realizes that she has actually accepted and has reframed all of her psychiatric labels, including the label of schizophrenia: "And I begin to claim that tree as my own, but not as a possession I am afraid to let go of, but like a tattoo of an ex-lover I must wear forever and make peace with." Laura does this not just for the validation of her own suffering, but for the acknowledgement of the ongoing struggles that others she comes into contact with will face, and as a beacon of hope for those who may not be encouraged to see beyond the limits of the medical model.

The play finishes with the realization that the arts are not only the way that Laura can survive her own suffering, but a way in which she can break down the walls between individuals and communities, to dare to have compassion for others who struggle, and to inspire others to open their hearts through the act of witnessing and sharing in the creative process. The tree then becomes the raw materials Laura uses to build a life for herself, and the life-giving wisdom that informs her roles as community activist and mental health clinician. This play is conversational, dramatic, and filled with a quirky humor, inviting the audience to experience one person's path towards transformation and beyond.

OP 107
Calamity and Character Development

Harold Bursztajn
USA

The Lodz Ghetto (1940-1944), created for the enslavement, starvation and transit to extermination of Jews during the German occupation of Poland, offers a crucible of how character may develop and manifest itself in the context of massive psychic trauma. While the transgenerational transmission of guilt and other forms of suffering is well described in the literature, the heritage of resilience is little studied. The clinician author's parent's experiences in the Lodz ghetto resistance will be used as a starting point for understanding how patients and their caregivers, both professional and family, can react and develop in the face of the helplessness, hopelessness and horror. Examples from the clinician's own forty years of practice experience as a psychiatrist, psychoanalyst and forensic psychiatrist will be used.

OP 108
"I have a song that irritates people": Obsessive Compulsive symptoms as a grotesque mirror of family and society.

Kafumann Tali.
The Summit Psychosocial institute of Rehabilitation
Jerusalem, Israel

Severe obsessive-compulsive symptoms sometimes serve as a grotesque mirror of family and society. The counterpart of this phenomenon is separation anxiety that hinders a rebellion that exists in a normative second individuation process of adolescence.
The anxious child grows into adolescence and meets parents' and society's deficiencies. He feels like protesting, yet is anxious to loose the parents or others. As a consequence he furiously clings to values, ideology, or morals that he openly disdains. The best way to do that might be by becoming the director and the actor that show the surroundings, as a client of mine phrased it: "Just look where your principles can lead" - a theater of grotesque. The director seems intelligent, potentially capable of humor; the actor, on the other hand, presents suffering, and indeed suffers, which is the tragic part of the scene.
In a therapeutic community for adolescents, familial patterns and previous group encounters (school; youth movements) are reconstructed again and again. Thus, this grotesque theater soon comes into play, offering a stage for working through parts of this vicious circle.

OP 109
The importance, for correct treatment, of being able to support the stress that comes with the presence of someone who hears voices.

Irene van de Giessen
Netherlands

My talk will deal with the question what would have been the influence on my personal recovery process, had my therapist:
• known the difference between an extreme form of dissociation and a psychosis.
• known that the etiology of the voices someone hears is important to make a diagnosis.

- known that his devastating prediction of my future, based on his diagnosis of schizophrenia, did not in any way contribute to the idea that I might recover.
- known that denying someone treatment on account of the diagnosis of schizophrenia does not do justice to the possibilities psychotherapists in my view have to treat people who hear voices.

Irene van de Giessen, Spuistraat 15, 4381 HN Vlissingen (Flushing), tel. 06-22889296
Position:
- Owner of the Convalescent Talent Agency
- Expert by experience employed at the Admiraal de Ruyter Hospital in Flushing

Irene has long term experience with compulsory admissions and separation in the psychiatric system. She took antipsychotics for almost twenty years. After having quit this medication she was told a year later that she suffers from an auto-immune disease.

OP 110
Paranoia – a backup system in the service of survival.

Sverker Belin
Sverker Belin AB
Borlänge, Sweden

There are people who are considered fairly "normal" through periods of their lives, but who still host a "silent" paranoid part or system in their personality. In more mentally stable periods of life this system is "sleeping" and plays a subordinated role. The paranoid system seems to serve as a backup system and is used to handle overwhelming (and life threatening) anxiety in periods of crises. The emotional overload activates primitive defense mechanisms and as a result the ability to check reality with both feelings and intellect gets lost. At this point the paranoid system of interpretation offers an opportunity to grasp meaning, "understand", predict and take measures. A case will be presented.

OP 111
AUTISM AND PSYCHOSIS.

Ronald Abramson
MD
Wayland, USA

Autism Spectrum Disorders (ASD) are minor forms of autism where the chief problems are those of meaningful communication between the individual (subject) and other human beings and the ability to maintain emotionally meaningful relationships between the subject and others. The subject is condemned to live a lonely existence behind a communicative wall within which he builds a system of relationships which operate according to his own notion of the way he thinks relationships operate.
Here I will present a case of a young man who has ASD who has progressed to having devaluing auditory hallucinations and delusions of dangerous men who threaten him. His reality testing for these phenomena varies.
Accepted treatments for ASD and psychoses generally involve psychopharmacology and cognitive and behavioral psychotherapy. I have been seeing this subject for outpatient psychodynamic psychotherapy and psychopharmacology and he has also had beneficial short term group psychotherapy in an inpatient setting. My operating hypothesis has been that his inability to

connect on an emotional level with others has rendered him incapable of reality testing and, therefore, vulnerable to developing a psychosis. I will review literature on this subject and will approach the question of whether the therapeutic aim of helping him connect is realistic.

OP 112
Psychosis as a state of mind.

Jos de Kroon
MD, PhD, GGZ WNB, department of psychosis
AA Halsteren, The Netherlands

As all good things, you can divide the world in 3 parts; the dead material, the living material and the processes that you can't see, but are working nevertheless. Let's call this third world the psychic matter. This division has strong resemblance with the 3 worlds of Karl Popper. In his model the third world was quite mystic and was surrounded by many notes of interrogation. Just in this third world are we, workers in this mental matter, interested, especially in the connection of this third world with the two others.
Psychosis puts us in a position that we must think about the meaning and structure of this third world, because nothing is self-evident anymore. In a psychotic state everything is unsettled, everything is in the air. It concerns not only our relation with the others and the things around us, but also the relation with our selfs.
In this lecture I will give you an impression of what these 3 worlds links up and what happens in psychotic states. Perhaps we can also shed some light on what can done in therapeutic interventions concerning this matter.

OP 113
Psychiatrists who work with the unconscious of psychotic patients. History and method of the "Roman Approach".

Annelore Homberg
Università "Gabriele d'Annunzio" Chieti-Pescara
Facoltà Scienze della Formazione, Italy

Partecipants:
Manuela Petrucci, Kliniken Christophsbad, Göppingen, Germany
Roberta Pompei, Department of Mental Health ASL RMC, Rome, Italy

Psychiatrists who work with the unconscious of psychotic patients. History and method of the "Roman Approach"
Homberg Annelore, Petrucci Manuela, Pompei Roberta

In central Italy, over the last twenty-five years the formation of a substantial and vital group of psychiatrists and psychologists interested in psychodynamic therapy of psychoses has taken place. This paper describes the history and evolution of the "Roman Approach" and the development of the journal Il sogno della farfalla over the last twenty years. Currently about 170 psychiatrists and psychologists are members of this group. The paper describes the vast population of patients diagnosed as psychotic (according to ICD criteria), which is undergoing individual and group therapies carried out by these therapists who work in Public Health Service and private settings.
Moreover, mention is made of the theoretical leanings underpinning this work, namely Massi-

mo Fagioli's Birth theory, and the methodology derived from it. It focuses on the unconscious relationship that the patient establishes with the therapist. In the case of psychotic patients, this relationship is characterized by specific and intense forms of "psychic violence", detectable only if the psychiatrist tries to understand relational dynamics as they appear in the patients' dreams.

OP 114
Anna S: the story of a cure. Art therapy, psychoanalytic psychotherapy, sensory-motor therapy.

Maurizio Peciccia
Donnari Simone (co-author), Garis Mariella (co-author), Maschiella Francesca (co-author)
Istituto Gaetano Benedetti, Dipartimento di Scienze Umane e della Formazione
Università di Perugia, Italy

Anna is a 52 year old woman, who was born on a Mediterranean island. At the age of 20, with the complicity of her family members, Anna locked herself in a room for 10 years.
At the age of 30 she was „discovered" by a colleague and began a lengthy treatment that lasted over 20 years.
Anna feared the physical closeness of others and did not speak; initially we could only communicate with her through the exchanging of drawings.
Over the years, she has been able to open up and communicate her dramatic story: for years she was been sexually abused, had a baby and was forced to abort the child conceived from the violence.
During her therapeutic journey, Anna has received various treatments: art therapy, analytic psychotherapy, group therapy, social therapy and sensory-motor integration therapy.
Through the story of Anna's cure, we will illustrate the integrated use of these therapies. The first speaker will present Anna's biography and her psychotherapy. The second speaker will present the work of art therapy and group therapy which Anna attended. The third speaker will present the therapy pioneered by Anna and based on the principle of sensory-motor integration.

SUNDAY 25 AUGUST 2013 – 10:30 – 11:15

PL 115
How crazy is crazy: dramatology and dream psychology in treating psychosis.

Henry Zvi Lothane
MD, Clinical Professor of Psychiatry
Mount Sinai School of Medicine
Office address: 1435 Lexington Avenue
New York, NY 10128, USA

Action and interaction, emotion and feeling, thought and language play a central role in the lives of individuals, families, and society, spanning the continuum between everyday life and disorder. Heretofore narratology has been the main medium for portraying action and interaction and little was written about the dramatic approach to life, disorder, and therapy. Since lived life is primarily drama: action and interaction, intention and influence, events and encounters, the author has proposed the method of dramatology, a new emphasis and synthesis, to complete narratology. Dramatic encounters are the primary facts of life secondarily convertible into first person or third person narratives. While a story describes, drama enacts. The center of drama is direct

communication and expression of emotion: through body gesture and face, and with the spoken word. Dramatology is in consensus with the psychosocial approach to psychosis: it explicates the dramatic nature of such psychological formations of psychosis as delusion and hallucination. Dramatology also spells out the dramatic aspects of psychotherapy of the psychoses. Central in Freud's dynamic method were dramatization in fantasy: the ability to experience images in dreams, daydreams, hallucinations; and dramatization in act, the ability to act out, to enact communications in body gesture and facial expression and in emotions. The author suggests that what Freud called psychic reality should be renamed emotional reality. The traditional conceptions of psychosis have been monadic, as in the systems of Kraepelin or Jaspers. In contrast, Sullivan established a dyadic and interpersonal approach to psychosis. The goal of dramatology is to promote an interpersonal psychiatry and an interpersonal psychoanalysis psychoanalysis.

SUNDAY 25 AUGUST 2013 – 12:30 – 14:00

OP 116
Session title: Maintenance of recovery from in schizophrenia: subjective assessment of the therapeutic factors from the patient's perspective.

1. Agnieszka Bukowska, Marek Jezowit, Julita Giers, Krzysztof Mikulski, Piotr Tarkowski
(Warsaw),
Maintenance of recovery from in schizophrenia: subjective assessment of the therapeutic factors from the patient's perspective

2. Dorota Wypich, Barbara Banaś, Marcin Szuba
(Kraków),
Way of recovery

3. Panel discussion:
Chairman: dr hab. Andrzej Cechnicki, Prof. Andrzej Kokoszka
Agnieszka Bukowska, Narek Jezowit, Julita Giers, Krzysztof Mikulski, Piotr Trakowski, Dorota Wypich, Barbara Banaś, Marcin Szuba
Why some patients cannot overcome schizophrenia..?

Way of recovery

Dorota Wypich
Stowarzyszenie "Otwórzcie Drzwi", Kraków

Additional speakers: Barbara Banaś, Marcin Szuba, Stowarzyszenie "Otwórzcie Drzwi", Kraków

Authors-i.e. persons with psychiatric illness experience, they share their reflection with others about things which can help in the process of recovery. Their three individual histories of overcoming illness were summarised to one common story for all of them. They described how by educating students, teenagers, colleagues, and psychiatrists, their process of recovery was improved. Authors showed what had helped them in healing process in different stages of the illness: from their first episode to a stage when together with specialists were teaching about schizophrenia. They used to educate in the team of three; psychiatrist or psychologist plus two persons who had experienced psychosis. They tell about that educational project from their personal perspective and about what values gained they by the teaching others. Especially they emphasize multipli-

city of their stories with the deepening reflection on themself, and the value of feedback from people participating in the training.
This kind of activity gave them sense of fulfilling of the social mission, what enriches their self--esteem. They emphasises also the interpersonal aspect – by listening each other, their deeper known themselves, what strengthening the connection between them. Moreover, multiple comments of the persons who co-teach with them, enable them to better understanding themselves. This specific way of education, strengthening their recovery process.

W 117
Social network, life satisfaction and generalized sense of efficacy in the patients in Assertive Community Treatment in Warsaw

Maria Załuska[2], Krystyna Żaryn[1], Artur Sofuł[1], Jan Brykalski[2], Urszula Zaniewska-Chłopik[1], Irmina Sadowska[1], Justyna Celmer, Agnieszka Orzechowska[1], Edyta Pilipczuk[1]

Zespół Leczenia Środowiskowego Szpital Bielański w Warszawie[1]
IV Klinika Psychiatrii Instytut Psychiatrii i Neurologii w Warszawie[2]

Introduction: The scope of assertive community treatment ACT in psychotic illnesses includes health benefits and psychosocial support - aiming on reduction of symptom, and strengthening the recovery.
Aim: The assessment of the generalized self efficacy sense (GSES) in the psychiatric patients in the ACT service and its relationship to symptoms level, amount of the individual social network, life satisfaction and the duration of care.
Method: in the 31 patients in the ACT in Warsaw (87% with schizophrenia, 13% with affective disorders) - the level of GSES, and its correlation with the number of persons in individual social network, life satisfaction, symptoms level, and the duration of care was measured.
Results: the GSES was correlated positively with total QOL score and the number of other patients being included in the individual social networks, but negatively with the anxiety and depressive symptoms. The longer was the ACT duration, the greater was the number of other patients being included in the individual social networks.
Conclusions: The GSES could be an indicator of recovery connected with life satisfaction and mutual social contacts of psychotic patients. More attention should be paid to the anxiety and depressive symptoms in ACT. The ACT supports effectively the patients mutual contacts.

OP 118
Are You Being Served?

Debra Lampshire EBE
ISPS Executive committee member
New Zealand

A call to all who identify as Experienced based experts, service users, consumers etc.
A forum will be held to explore how ISPS as an organization can meet the needs of service-users in an effective way. How can ISPS improve SU participation and attract new members. What areas would people like to see included in future conferences/discussions/seminars/research? What would ISPS need to do to been viewed as an organization that is relevant to Service Users? What would be the best way to incorporate the expertise of those who experience mental distress?
The floor will be open for any topics put forward by those attending.

W 119
The benefits and challenges of ResearchNet, a mixed group of service users and professionals working as colleagues to co-design mental health services.

Dr Hannah Green
Clinical Psychologist and ResearchNet Bexley Facilitator
Bexley Recovery Team
Bexleyheath Centre, Bexleyheath, Kent, UK

Additional Speakers:
Neil Springham
Head of Arts Therapies and ResearchNet lead
Oxleas NHS Foundation Trust

Dr Susannah Colbert
Clinical Psychologist, ResearchNet Oxleas NHS Foundation Trust

ResearchNet is a mixed group of service users, carers, volunteers and professionals interested in researching mental health and mental health services. We have conducted research into stigma, inpatient services, organised public events and conferences. Service users bring their expertise regarding mental health difficulties and service use. Professionals bring their expertise of research methods. Together we design and carry out research. Whilst there may be considerable anger towards services and how people have been treated, we do not allow this to tear us apart. We channel this anger into our research, leading to improvements. In ResearchNet professionals and service users are colleagues, working alongside each other. This subverts the "them" and "us" divide inherent in societies' prejudice regarding people who experience psychosis. This change in relationship between professionals and service users facilitates a shift in the service users' identity, from passive recipient of services to being actively involved in their own, and others', recovery. We, as professionals, have similarly experienced a shift towards seeing people's strengths and challenging ourselves to produce high quality research. This workshop will address the benefits of co-design for mental health services alongside individual recovery, and will discuss some of the challenges inherent in such innovative work.

OP 120
Symptom severity in patients with schizophrenia linked with nonverbal synchrony

Wolfgang Tschacher, Fabian Ramseyer and Zeno Kupper
Department of Psychotherapy
University Hospital of Psychiatry, University of Bern
Bern, Switzerland

Disordered communication is a core problem in schizophrenia patients' everyday functioning. Our research has shown that measures of nonverbal behavior can be used to evaluate psychotherapy process. We also found that the amount of movement during social interaction and the structure of actigraphic timeseries of schizophrenia patients were closely related to symptom profiles. In psychotherapy, the quality of interaction was embodied in the degree of nonverbal synchrony suggesting that beyond the mere amount of movement, the degree of synchrony between patients and normal interactants may vary with patients' symptoms and social cognition. Nonverbal synchrony was assessed objectively using an automated video-analysis algorithm (Motion Energy

Analysis, MEA). We analyzed 378 role-play scenes involving 27 stabilized outpatients diagnosed with paranoid-type schizophrenia. Lower nonverbal synchrony was associated with symptoms (negative symptoms, conceptual disorganization, lack of insight), patients' verbal memory and self-evaluation of competence. Results suggested that nonverbal synchrony can be an objective and sensitive indicator of the severity of patients' problems. Social synchronization is an important, usually unattended, capacity that regulates social interaction and expresses the satisfaction with social exchange. Its analysis may provide valuable insights in the specific relationships between symptoms and social cognition and produce targets for behavioral interventions.

OP 121
Factors of the Comprehensive Assessment of At Risk Mental States and clinical status of youth at ultra high risk of psychosis: DEPTh clinical trial baseline characteristics.

Helen J. Stain, Kylie Crittenden, Sean A. Halpin, Mike Startup, Amanda Baker, Sandra Bucci & Ulrich Schall

Introduction: The Detection, Evaluation and Psychological Therapy (DEPTh) study was a single blind randomised controlled trial to compare the effectiveness of cognitive behaviour therapy and non-directive reflective listening in delaying or preventing transition to psychosis among ultra high risk (UHR) youth. While the Comprehensive Assessment of At Risk Mental States (CAARMS) is a preferred clinical assessment of UHR for psychosis, there has been limited attention to its psychometric properties. We examined the association between domains of symptoms on the CAARMS and clinical status of UHR youth.
Method: We recruited 127 youth aged 12-25 years identified as UHR by the CAARMS. A T-technique factor analysis with oblique rotation was performed on baseline symptom scores on the CAARMS. We also compared youth based on no history of substance abuse (N=37; Mage=15.84 ± 2.63) or regular/hazardous history of substance abuse (N=20; Mage=17.60 ± 3.17).
Results: We identified a five factor solution: negative symptoms-social role impairment, positive symptoms-dangerous behaviour, motor-physical changes, disorganised-emotional/cognitive disturbance, and OCD- anxiety. Youth with a regular/hazardous history of substance abuse reported greater symptoms on all CAARMS factors except negative symptoms-social role impairment factor, and reported significantly greater depression (M=1.57±1.06), as measured by the Brief Symptom Inventory, than the no history of substance abuse group (M=2.39 ± 1.29; $p<.05$).
Discussion: Our findings show it is important with UHR youth, to assess the use of substances such as tobacco and alcohol, to include modules for substance use in manualised interventions and that clinicians should be wary of depressed mood in UHR youth.

OP 122
Emotional regulation in schizophrenia.

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Intitute of Psychology
Warsaw, Poland

Schizophrenia patients often experience difficulties in emotional and social functioning. As it's known until now, successful social functioning requires adaptive forms of emotion awareness and regulation. However, despite well-documented deficits in social functioning in individuals

with schizophrenia, little is known about emotion and mood regulation in this population. In this presentation I analyse the emotion regulation disabilities in schizophrenia from theoretical perspective. Also, I present data from preliminary reaserch veryfying and comparing the relationship between emotional regulation and social functioning in individuals with schizophrenia and healthy controls.
Thirty individuals with schizophrenia and 30 healthy controls completed measures of emotional awerness, emotion regulation, and social functioning, in addition to control measures, including neurocognitive functioning.
Compared to controls, individuals with schizophrenia displayed significant deficits describing and identifying their emotions Among the schizophrenia group, better social functioning was associated with the to identify, and in particular to describe emotions, better emotion management. The present study highlights the importance of emotion
awareness and regulation in schizophrenia, pointing to their substantial influence on social functioning above and beyond the impact of neurocognitive functioning.

OP 123
Cognitive behavioral therapy for psychosis in a psychoanalytic frame.

Michael Garrett
SUNY Downstate
Brooklyn, New York

In psychosis people often believe the problems which assail them arise outside themselves and are 'real' rather than reflections of internal mental life. Garrett and Turkington (2011) have proposed a two phase model of psychotherapy for psychosis. In the initial phase a CBT approach is used to question the patient's belief his essential problem lies in the actual world. In the second phase, treatment opens out into psychodynamic interpretations of the patient's experience. Dr Garrett will illustrate this approach by presenting the case of a woman who prior to her psychotherapy had believed for 20 years that she gave off such an offensive odor she was loath to appear in public. Fearing the confinement of close quarters, she was unable to take public transportation and was essentially housebound. The presentation will outline in detail the first 6 sessions of her treatment, which resulted in substantial improvement, with her being able to travel on a plane to visit a relative she had not seen in many years. The presentation will include audiotape clips of actual sessions to illustrate technique.

OP 124
How do voice hearers make sense of the origins and maintenance of the voices they hear?

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Aims: This study sought to explore how voice hearers make sense of why they began and continue to hear voices.
Method: The research process adopted an exploratory qualitative method, social constructionist grounded theory. Eight individuals who currently or previously heard voices that cause them distress were recruited and participated in audio-recorded interviews.
Results: Three overarching descriptive categories were constructed regarding participants understanding of the development and maintenance of hearing voices: 'Search for meaning', 'View of

self' and 'Framework for understanding voices'. Not all participants had an explicit theory of their experience of hearing voices, but actively searched for meaning. The developing grounded theory proposed that individuals actively searched for a meaning of their voices through different frameworks. The relative 'success' of this pursuit, and potential usefulness of an understanding, is effected by the individual's sense of agency and perceptions of stigma and hope (lessness).
Conclusion: This research illustrates how voice hearers actively searched for meaning in relation to their voices and the challenges they encountered during this process. Future research is warranted to explore voice-hearers from a wider range of cultural, religious and spiritual backgrounds and whether the experience of developing a shared framework to understand their voice hearing is valued.

OP 125
QUALITATIVE CHANGES IN THE CONTENT OF AUDITORY HALLUCINATIONS OVER THE COURSE OF PSYCHOTHERAPY WITH PSYCHOTIC PATIENTS

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M.D.

Janet Shapiro-Weiss
M.D.

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Over the past three decades of clinical practice we have observed a consistent phenomenon characterized by a qualitative change in the content of hallucinatory experiences in our psychotic patients. In this paper we present clinical case studies which exemplify this phenomenon. Taking into account detailed, multi-generational family dynamics and interpreting psychotic communication from a psychodynamic perspective we have seen our patients experience not only a decrease in the frequency and intensity of their auditory hallucinations but we have also been able to track a change in the content of the perceived voices which parallels the clinical progress of our treatment.
Psychoanalytic psychotherapy including an ongoing interpretation of transference has yielded progress in the diminishment of the positive symptoms of schizophrenia. Frequently starting with critical, and castigating command hallucinations instructing the patient to harm themselves, we have seen these patients move on during the course of treatment to work through their trauma so that the voices become less critical in content. With increased ego observation, and a developing sense of having more freedom of choice, these patients have experienced changes in their auditory hallucinations characterized by a more positive tone, culminating in either the lack of voices altogether or at least the coexistence with voices that merely accompany them at various times of the day but do not interfere greatly with their overall functioning. This change is manifested outwardly by decreased anxiety, and increased capacity for socialization and reciprocal interactions.

OP 126
A Lacanian perspective on the treatment of psychosis in a therapeutic community.

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Community Housing and Therapy
London, UK
Iwona Munia
Community Housing and Therapy Mount Lodge
Eastbourne, UK

Mount Lodge is a therapeutic community run by Community Housing and Therapy (CHT) in Eastbourne (UK) for 15 patients most of whom have a diagnosis of psychosis. The psycho-social treatment model incorporates psychoanalytic psychotherapy, informed by Lacanian theory, and rehabilitation.
This presentation will focus on our approach to the stabilisation of the patient's inner world. Stabilisation - rather than the removal of psychotic symptoms - is just one of the areas on which treatment focuses at Mount Lodge. Nevertheless it is a key intervention and one which draws together other interventions. This is because (1) imaginary or idealised identifications are understood as attempts to resist being drawn down into psychosis; (2) the de-stabilising of these identifications are invariably a factor in triggering the onset of a psychotic breakdown; (3) psychotic symptoms are seen as the patient's own attempt to re-establish psychic stability.
In the therapeutic community psychotherapy aims at understanding these identifications and role they played in the stabilisation of the patient prior to her/his breakdown. Boundaried relationships and the daily timetable of the community are used to create a new, transitional set of identifications and a structure in the life of each of its members. These transitional imaginary identifications are used to help the patient in their recovery and to find meaning in their subjective biographies.

P 126

Beta-arrestin1&2 are inversely affected by antidepressants through alterations in ERK1/2 regulated transcription.

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Israel

Objectives: Beta-arrestins1&2, suggested to play a major role in antidepressants mechanism of action, mediate receptor desensitization, endocytosis and G-protein-independent signaling. We have previously reported low levels of beta-arrestin1 found in leukocytes of depressed untreated patients. The present study aims at characterizing beta-arrestin2 and MAP kinase ERK1/2 in leukocytes of patients with major depression before and during antidepressant treatment.
Methods: Outpatients diagnosed with major depression were examined before and after 4 weeks of antidepressant treatment together with age and gender matched healthy subjects. Beta-arrestin2 and ERK1/2 protein levels as well as phospho-ERK1/2 levels were measured by immunoblotting using the appropriate antibodies.
Results: The levels of beta-arrestin2 and phosphorylated MAP kinase ERK1/2 are reduced in untreated patients with depression and these levels are normalized following antidepressant treatment. Significant negative correlations were found between the extent of the reductions and the severity of depressive symptomatology evaluated by the HAM-D score. Moreover, significant positive correlations were found between the low beta-arrestin levels and the activity of ERK1/2, and between the low beta-arrestin1 to beta-arrestin2 levels. Furthermore, a positive and significant correlation was found between beta-arrestin1 protein levels and phosphorylated ERK1/2 activity following antidepressant treatment.
Conclusions: The expected significance of this study lies in two aspects: (1) Possible identification of new beyond-receptor biochemical sites underlying the mechanism of action of antidepressant pharmacological treatments; (2) Better understanding the involvement of beyond-receptor signal transduction elements and regulators in the pathogenesis of mood disorders and establishment of a new integrated pathophysiological model for major depression.

P 127

Relationship of coping, psychopathological symptoms and subjective quality of life in outpatients with schizophrenia.

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Instytut Psychologii UJ
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Dagna Skrzypińska
Instytut Psychologii UJ
Kraków, Poland

Goal. The main goal of the poster is to present the relationship between coping, psychopathological symptoms and subjective quality of life in the group of outpatients with schizophrenia.
Method. The group of outpatients suffering from schizophrenia (N=28; mean age=38,7; 11 fema-

les) took part in the study. The Coping Inventory for Stressful Situations (CISS), the Schizophrenia Quality of Life Scale (SQLS) and the Positive and Negative Syndrome Scale (PANSS) were used as means of measure.
Results. The results obtained from the CISS indicated that emotion-focused coping was more frequent in outpatients than in non-clinical population. Schizophrenic outpatients were characterized by all of the possible styles: the emotion-focused, task-focused and avoidance-focused coping together more often than non-clinical population. Moreover, outpatients were less likely to use two styles together than non-clinical population. There was no significant correlation between coping and the severity of symptoms. Only one significant difference between coping and quality of life was revealed. The emotion-focused coping is correlated with life quality (r^2=-.832).
Conclusions. This study suggests that it is important to imply a range of coping strategies in treatment of patients with schizophrenia. In consequence individuals suffering from schizophrenia could be able to react more flexibly in stressful situations.

P 128
Regulation of Receptor-G protein Coupling, Mood Disorders and Antidepressants Mechanism of Action.

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Mood disorders are highly prevalent. Antidepressants and mood stabilizers were already discovered in the 1950s, but the pathophysiology of these disorders remains undeciphered. The pharmacological bridge approach led to the construction of the catecholamine and indoleamine hypotheses for mood disorders. Biochemical research in mood disorders has lately focused on information transduction and regulatory mechanisms involving the coupling of receptors with signal transducers.
In this presentation we will focus on recent findings concerning the importance of molecular regulatory processes to the pathophysiology of mood disorders and to the mechanism of action of antidepressants. The strength and limitations of the ‚pharmacological bridge' approach governing pathophysiological studies of mental disorders will be highlighted and the possibility of a future biochemical diagnostic and treatment-monitoring system for mood disorders will be addressed.

P 129
SELF-STIGMA AND SELF-ESTEEM IN PSYCHOTIC PATIENTS DURING PSYCHODYNAMIC GROUP PSYCHOTHERAPY

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Psychiatric hospital „Sveti Ivan"
Zagreb, Croatia

Self-stigma is very common in individuals with mental illness, especially psychosis, and it is usually associated with low self-esteem. Some studies suggests that positive therapeutic experience reduces self-stigma, leading to more enduring treatment benefits.
The aim of this study was to investigate whether any changes in self-stigma and self-esteem occurred during group psychodynamic psychotherapy in individuals with psychotic disorders, as

well as to determine the relation between self-stigma and self-esteem.
Psychiatric hospital „Sveti Ivan" in Zagreb offers the outpatient Early intervention program for the individuals with psychosis in the critical period of their illness – up to five years from onset. The Program includes group psychodynamic psychotherapy for the patients and group psychotherapy for the family members, as well as psychoeducation workshops for the patients and their family members.
Participants in this study were individuals with psychotic disorders, who participated in group psychodynamic psychotherapy. They filled out Internalized Stigma of Mental Illnes Scale Ritsher et al., 2003) and Rosenberg Self-Esteem Scale.
Our assumption was that longer psychotherapeutic treatment ledas to decreased self-stigma and increased self-esteem.

P 130
Group psychodynamic psychotherapy for the individuals with psychosis – self-concept and defense mechanisms.

Branka Restek-Petrovic[1], Majda Grah[1], Natasa Oreskovic-Krezler[2], Ena Ivezic[1], Anamarija Bogovic[1], Mate Mihanovic[1]
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[2]Private practice, Zagreb, Croatia

The aim of this study was to investigate whether there were any changes in self-concept and defense mechanisms during group psychodynamic psychotherapy in individuals with psychotic disorders.
Group psychodynamic psychotherapy is a part of the outpatient Early intervention program for the individuals with psychosis in the critical period of their illness – up to five years from onset. The Program is offered in Psychiatric hospital "Sveti Ivan" in Zagreb, Croatia, and it includes group psychodynamic psychotherapy for the patients and group psychotherapy for the family members, as well as psychoeducation workshops for the patients and their family members.
Participants were all individuals with psychotic disorder who participated in the outpatient group psychodynamic psychotherapy. They filled out Tennessee Self-Concept Scale and Defense Style Questionnaire. Our assumption was that those who were longer in the group psychotherapy treatment will perceive themselves in a more positive way and use more mature defense mechanisms.

P 131
The prevalence of personality disorder in patients with first episode psychosis, OPUS Region Zealand, Denmark: Preliminary results.

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Psychiatry East, Region Zealand, Denmark.

Co-authors: Haahr U; Jansen JE; Lyse HG; Trauelsen AM; Simonsen E.

Background: There is limited knowledge about the frequency of personality disorders in patients with first episode psychosis (FEP). It is clinically well known that personality disorders are important when planning services and understanding prognosis.
Objective: To obtain the prevalence and content of personality disorder in patients with FEP.

Method: One hundred and twenty patients with FEP, ICD-10 F20-F29, will be assessed with the SCID II interview as early as possible within the first year of treatment, when they enter the OPUS treatment program in Region Zealand, Denmark.
Results: By now 18 patients have been assessed with the SCID-II interview. Seventytwo percent of the group of patients have one or more personality disorder, 28 percent have one personality disorder and 45 percent have two or more personality disorders.
The prevalence of Cluster B personality disorder is 53 percent (90 percent of these are borderline personality disorder), Cluster C 47 percent and Cluster A 32 percent.
Conclusions: The frequencies of personality disorders in FEP are high, especially Cluster B, and indicates a need for exploration of the influence of PD on the course and outcome of FEP, in order to individualise the treatment.

P 132
Obstacles to implementing psychoeducation within Early intervention program for first episode psychotic disorders in the Psychiatric hospital „Sveti Ivan", Zagreb.

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Psychoeducation is an integral part of Early intervention program in first episode psychotic disorder in a Psychiatric hospital „Sveti Ivan" and is implemented since 2005.
The goal of psychoeducation is to provide quality information on the creation and maintenance of disorders and available treatment options. Psychoeducation is organized in a total of 18 multimedia workshops lasting from 9 months. With psychoeducation integral part of the program is group psychotherapy.
Given the observed drop out in psychoeducation, we examined potential reasons for absences. As a reason patients and family members usually amounted: workshops topics and the manner of their presentation, previous knowledge about the disorder, time in which the workshops are held, routine activities schedule, transportation problems and previous experience with psychiatrists. Patients compared to family members experience much stronger sense of anxiety in a large group and stigma. The same is probably associated with individual attributional style toward disorder. In our group, 41.6% of patients considered themselves responsible for a disorder, and 20.8% blames others in their environment. More absences was observed in winter. Patients that are also involved in psychotherapy came more frequently on psychoeducation workshops in comparison to those involved only in psychoeducation.

P 133
Family Focused Treatment for Youth at Risk for Psychosis in a Norwegian Primary Prevention of Psychosis Project (POP)

Anvor Lothe, Åse Sviland, Kornelie Rossebø Sætre, Anne Lise Øxnevad, Kristin Hatløy, Kitty Helen Taranger Lunde, Anne Fjell, Inge Joa, Jan Olav Johannessen.
Norway

Objective: To describe the development of a Family Focused Treatment for Youth at Risk for Psychosis in a Norwegian prevention of psychosis project. The project is carried out (2012-) in two sites in a clinical hospital setting; Stavanger University Hospital and Health Fonna, Norway. Patients

are offered a graded, multi-modal treatment program which offers individual cognitive behavioral therapy (ad modum T. Morrisson et al.), single family intervention and Omega-3 fatty acid. The family work will be based on a psycho educational family intervention. (Family Focused Treatment (FFT) prodromal youth (-PY). The family workers are organized around a project leader and local key family leaders in each site.
Method: Family Focused Treatment for Youth at Risk for Psychosis (FFT-PY) by D.J. Miklowitz, Ph.D, M.P. O'Brien, Ph.D, et al. (2007)
The focus of the family treatment is to: prevent functional disability, delaying and possible preventing the onset or worsening of prodromals symptom. For the families of the FFT-PY the aim is to
1. help recognizing the symptoms of the prodrom
2. understand the youths' potential vulnerability
3. future significant psychotic symptoms
4. identify stress triggers for prodromal symptoms
5. develop plans to intervene when symptoms escalate
6. improve academic/ occupational and social functioning
7. operate at a more effective level in family communication and problem solving.
The intervention is based upon 18 sessions over a 6-9 months period. The key elements in the intervention are psycho education, communication training and problem solving.
The training of family workers: A training program for the family workers were carried out by a two days' workshop by Mary O`Brien, UCLA in Norway in May 2011. Before project started, the family workers had additional training in the FFT-PY manual and the implementation of the evaluation of the intervention.
The training in FFT-PY is now offered in the official training program at our hospital.
Supervision has been carried out by approved Norwegian PE family work supervisors supported by Mary O'Brien during her visits in Norway and family workers visit in the US.
Conclusion: By 01.01.2013 11 patients are included in the POP project and 8 of these have joined the family treatment (FFT-PY).
References: Miklowitz D.J, O`Brien, M.P et al. 2007

P 134
Therapeutic influence and the level of recovery among hospitalized patients diagnosed with paranoid schizophrenia.

Bogumiła Witkowska
Poland

The main method in the treatment of people diagnosed with schizophrenia is pharmacotherapy. Clinical practice and research indicates the crucial effect of the therapeutic influence has in healing process of a person experienced with psychosis. The presentation objective is to indicate the significance of therapeutic influence on persons diagnosed with schizophrenia based on empirical studies during their hospitalization.
The analyzed group consists of 40 person hospitalized due to diagnosed paranoid schizophrenia according to ICD-10. The group was divided into two sub-groups. The criteria of the division was an active use (or lack of it) of the psychological help (conversation with psychologist, support) in the time of stay in psychiatric hospital. The level of strengthening the psychopathological symptoms was valuated twice by the PANSS scale: in the time of acceptance and hospital from the hospital or clinic. All patients that took part in the research were treated with antipsychotic medicament of the II generation. In the questionnaire research patients were asked about the

frequency of psychologist contacts and evaluation of that relation. Therapist is able to strengthen the patient's safe of safety in the preliminary stage, accompany the suffering, offer his support and assistance, introduce psychoeducational elements of illness, offer some space to declare and name psychotic experiences of his own.

P 135
6-Years Experiences of a Workshop-Multifamily Group in a Psychiatric Day Hospital in Barcelona, Spain

Paz Flores[1], Tecelli Domínguez-Martínez[2], Laura Franco[1], Aurelia Ortells[1], Eduard Palomer[3], Eithne Leahy[3], Carmen Masferrer[1]

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Background: Since 2007 a Workshop-Multifamily Group (WMG) for both mental health service users and their relatives has been carried out in a Psychiatric Day Hospital (PDH), in Barcelona (Spain). WMG aims at sharing experiences and knowledge about mental illness and promoting a more active role in the recovery process in both users and their relatives.
Method: By using the life-long learning methodology, weekly sessions have been carried out by a multidisciplinary mental health team. WMG was opened to PDH users and their relatives, and it was also offered to EMILIA project participants who gave supported as expert users by experience.
Results: During 6 years, around 85 users and 108 relatives have participated in the WMG. Experiences and problems regarding mental disorders, treatment, communication and coping skills, support network and stigma were some of the several issues that were addressed in the group. Users found that the WMG gave support and offered a space for the exchange of knowledge and experiences, and created a social network among participants.
Conclusions: The WMG has achieved the objectives set out by offering acquiring knowledge about mental illness and coping strategies, and promoting the active participation of both users and relatives in the recovery process.

P 136
Cultural, Political, and Economic factors in the United States That Have Contributed to the Current Treatment of Psychotic Disorders.

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The treatment of psychotic disorders in the United States has been influenced by an aggregate of cultural, political, and economic factors. This flow chart depicts these factors alongside major developments in the U.S. treatment of psychotic disorders. This visual representation is within the purview of a developing doctoral dissertation that integrates seminal and current literature. A review of the literature highlights the specific factors within the U.S. that have made critical contributions to the resistance towards an intersubjective approach to the treatment of psychotic disorders.

P 137

First episode psychosis in a Norwegian catchment area. A comparison in incidence and baseline characteristics between substance induced psychosis and primary psychosis with and without substance misuse.

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Joa I, Hegelstad W, Johannessen JO, Langeveld H, Larsen TK

Background: Substance misuse is a well-recognized co-morbidity to psychosis but there is little research on the difference in characteristics between Substance Induced Psychosis (SIP) and primary psychosis illnesses.
Objective: Comparing patients with SIP, primary psychosis (PS) with substance misuse and primary psychosis (PNS) without substance misuse at baseline.
Method: We included 30 SIP patients, 45 PS patients and 66 PNS patients from the TIPS-II study (Rogaland, Norway) All patients gave informed consent and were included between 2007 and 2011. Assessments included symptom levels (PANSS), premorbid function (PAS) and global functioning (GAF)
Results: Incidence per year was found to be 6.02/100 000 for SIP, 9.01/100 000 for PS and 22.80/100 000 for PNS patients. There were no differences in terms of age between groups, but PS and SIP patients were more likely to be male. Duration of Untreated Psychosis (DUP) was shorter in the SIP group (p=0.006; median: SIP-5.0; PS-20.0; PNS-25.5). SIP patients had higher positive sum scores on the PANSS (p=0.017) and on the cognitive component of the five factor PANSS model (p=0.007) SIP patients had poorer scores on early and late youth academic levels on the PAS (p= 0.011 and p=0.048)
Conclusion:
SIP is rare with an incidence per year of 6.02/100 000 compared to PNS (22.80/100 000) and PS (9.01/100 000). Results indicate that SIP patients present with more positive symptoms and earlier than PS and PNS patients as well as preforming poorer academically in early and late youth.

P 138

Reduction of mental force.

Ingrid MA Kittang
ACOU, Sandnes regional psychiatric center
Sandnes, Norway

Anette Flatmo
ACOU, Sandnes regional psychiatric center
Sandnes, Norway

- After care outpatient unit» (ACOU) started as a project in 2010. In 2011 the ACOU was established as a permanent and integrated polyclinic.
- As of February 2013 we provide services for 30 patients. 20 of these are committed to compulsory care without overnight stay. All patients are suffering from a serious chronic mental disorder.
- Task and target group:
- Daily or weekly consultations with patients in need of both hospital and municipal health care.

- Contribute to a holistic mindset and continuity in the individual patients treatment.
- Offer individual follow-up, therapeutic environment and daily treatment to patients who does not benefit from traditional group and individual therapy.
- Maintain close contact with patients and personnel from both hospital and municipal health care.
- Prevent recurrence and re-admittance.
- Transfer patients to voluntary treatment if the basis for usage of force shows not to be present.
- Quality assurance of the usage of force.

Having a good relation to the patient is vital to us, hence we seek to provide a high amount of care to each patient. This has significantly decreased the amount of days committed and reduced the usage of force used towards the patients. We hereby achieve voluntary treatment, even though the patient is committed to mental treatment. These are the results we wants to present on the poster.

P 139
Self-portraits of ISPS local groups (from various countries)

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ZSP Salzwedel
Salzwedel, Germany

Tilman Kluttig
ZfP Reichenau
Reichenau, Germany

The founding of the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses (now the International Society for the Psychological and Social Approaches to Psychoses) goes back on the initiative of Drs. Gaetano Benedetti and Christian Müller in 1956. Their ambition was to go beyond a biological-reductionistic orientation and to gain a psychoanalytic understanding of the complex disorder of schizophrenia. Since then ISPS has thrived in many countries worldwide where local groups were formed with own meetings and national congresses. In an initiative by Nicolas Nowack and ISPS-Germany each country´s local group was kindly requested to put together a self-portrait, enabling the public to get an idea of their objectives and practice. The self-portraits show that many groups are very active in promoting and studying psychotherapeutic and social approaches to psychoses. Despite some obstacles (by certain institutions and mental health care systems, favouring biological approaches or hindering access to psychotherapy and adequate social therapy in case of a (chronic) psychosis), several groups have a longstanding, active history which goes even back for decades.

P 140
Promoting recovery through fighting against stigma actions in a psychosocial rehabilitation center.

Eduard Palomer Roca
Spain

Peer support and reducing stigma are two of the main tasks that the people with Schizophrenia has to carry out. To gain collective consciousness as a group, fight for and protect the rights of

the more vulnerable colleagues, and carry out actions against stigma helps people with Schizophrenia to improve their recovery and empowerment.
In a Psychosocial Rehabilitation Day Center with about 90% of users are affected of Schizophrenia three actions are carried out in order to improve the group consciousness and recovery. These three actions are: The start-up of an online blog-magazine about mental health issues that affect them; the start-up of short film about how people see mental health users; and the start-up of a mixed commission with users and mental health professionals with the aim of doing prevention actions in the school and college.
Eight users are participating in the blog-magazine as editorial board. Any user can take part in the magazine. Ten users are learning about how stigma affect them and how the mass media can modify it. Ten users have been carried out ten sessions in different educative centers with students of degrees related to health sciences.
All participating users have shown a great satisfaction with theses activities and better understanding of how the illness and the associated stigma affects them.

P 141
Preventing psychosis: the POP project

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Background
The Prevention Of Psychosis (POP) (2012-2014) project focuses on early detection and treatment of individuals at high risk for developing psychosis. The hypothesis is that the number of individuals converting to psychosis will decrease due to this early intervention.
Method
This is a regional multicentre study. Since March 2012 high-risk patients from two Norwegian treatment centres covering a population of 440 000 are recruited through information campaigns and assessed by low-threshold detection teams. Participants are offered cognitive behavioural therapy (CBT), family therapy, omega-3 and a two year follow-up of symptoms and neuropsychological functioning. CBT offered in the study is based on protocol by French and Morrison (2004) and is provided by novice CBT therapists. The maximum number of sessions is usually around 24-30 and the average around 12. Extra sessions are provided on a need-based principle.
Results
Over the first 9 months, 33 individuals were referred and screened, 17 were eligible and 16 were included. Eight of them have been provided CBT. Two participants receiving CBT have transitioned to psychosis.
Conclusions
The preliminary results are still inconclusive, further results will be presented at the conference.

P 142
Intensification of interpersonal sense of guilt in patients with schizophrenia.

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[4] Kliniczny Oddział Pediatryczny, Szpital Bielański im. ks. J. Popiełuszki w Warszawie, Ordynator oddziału: prof. dr hab. n. med. T. Jackowska

The poster presented results of a research designed to compare the feeling of guilt in healthy adults and in persons diagnosed with paranoid schizophrenia.
Method. One hundred people diagnosed with paranoid schizophrenia participated in the research and 100 people without diagnosed psychopathology (control group).
Results. The findings of the research showed that the persons from the clinical group obtained much higher results in all the tests measuring a sense of guilt and that interpersonal guilt in persons suffering from paranoid schizophrenia in a majority of cases significantly is not correlated with clinical symptoms – thus it can be assessed in a relatively independent manner from a patient's behaviour and cognitive state. However, it has been proved that the strongest indications of positive symptoms of schizophrenia are: Sense of guilt related to helplessness (IGQ), Sense of guilt related to induced self-hate (IGQ), Guilt as a state (GI) and Guilt as a feature (GI), whereas indicators of negative symptoms and a general result – Guilt as a state (GI).
Conclusion. One might suppose that such a pattern of results indicates the primacy of a characteristic (guilt as a characteristic according to the Inventory of a Sense of Guilt), which is proved by a lack of correlation between schizophrenia symptoms (being more of a state nature) and the most important dimensions of the sense of guilt (being more of a characteristic nature). Moreover, the research results give grounds to confirm the existence of significant differences in the intensity of the experienced sense of guilt (Guilt as a state and Sense of guilt related to induced self-hate guilt) among outpatients and all-day treatment patients.

P 143
Creativity Based Contacts (CBC).

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"CBC" is a new therapeutic and anti-stigmatising method, developed by Dr. Nicolas Nowack, which is outlined here. It intends to include citizens of the local population in therapeutic projects. The contents should be shaped as hobbies. It is scientifically proven that contacts with mentally ill persons prevent from or correct prejudices. A group of mentally ill participants, always accompanied

by a therapist, has the task to contact citizens and to convince them to take part in the planned activity project (realistic setup helps to overcome illness-related social anxiety etc.). CBC-projects must fascinate mentally-ill and non-mentally-ill participants with public exhibition(s) of each project, articles about it, new experiences, sophisticated hardware, contacts with participating (local) celebrities etc.
Evaluations of CBC-related projects (e.g. PR movie for the Hanseatic Town Salzwedel, photo project "Portraits of a Town", "Rad(t)schlag" – exploring and creating a cycling tour map for Salzwedel) were presented in the scientific public. (Effect sizes showed some improvement in standard tests. None of the projects mentioned above had drop-outs! In addition, the popular press reported about the projects, delivering objective information on psychiatry and counteracting possible prejudices. Now pupils have been included.) In addition, the poster gives an overview of ongoing and upcoming CBC-projects.

P 144
Effects of antipsychotic treatment on cognitive functions, a bibliographic review.

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The aims of antipsychotic treatment have changed over the years. Lately they rather focus on improvement of cognitive process. There are several theories about the influence of neuroleptics in the cognitive area, some say they improve cognitive functions, others postulate their contribution to cognitive impairment observed in chronic patients. In this paper we review the articles published in PUBMED about pharmacologic treatments with antipsychotics and cognitive function in patients with psychosis. Some studies postulate that switching from typical to atypical antipsychotics improve cognition. Others claim that cognitive impairment could be related with use of several antipsychotics and excessive dosage. There are also studied : the genetic polymorphism, nicotinic system and associations of other treatments . For the evaluation of cognition there were used various tests between the studies. Also, given the recent introduction of paliperidone in our market, we reviewed studies about its use and its effects on cognition. According to several studies, the drug doesn't alter significantly cognitive functions as it has few anticholinergic effects . In conclusion, published studies still lack in uniform testing and clear conclusions.

Preconferences workshops / warsztaty prekonferencyjne

W I
Acceptance and Commitment Therapy for Psychosis Workshop

Dr Ross White
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Following the completion of an undergraduate degree in Psychology at Queen's University Belfast (QUB), Ross completed a PhD at the same university. The title of his PhD thesis was Understanding Hopelessness and Depression in Schizophrenia. Ross then undertook the Doctorate in Clinical Psychology training programme at the University of Glasgow. On becoming a Clinical Psychologist, he worked for two years with an Early Intervention Service for people presenting with first episode psychosis in Scotland. He was then awarded a post as a Clinical Research Fellow at the University of Glasgow. His research focused on evaluating the effectiveness of Acceptance and Commitment Therapy (ACT) for addressing emotional dysfunction occurring following psychosis. Following the successful completion of this research, he successfully secured additional funding from the Chief Scientists Office, Scotland to conduct a randomised controlled trial of ACT for post-psychotic depression. He has an honorary contract with NHS Greater Glasgow and Clyde, and his clinical work focuses on individuals presenting with psychosis. Ross has delivered ACT workshops in the UK, Denmark, Romania, Italy and Sierra Leone.

About the workshop

Aim: Acceptance and Commitment Therapy (ACT) aims to promote psychological flexibility. Psychological flexibility involves a willingness to have distressing subjective experiences (without trying to avoid, escape, or otherwise change the content of these experiences) and still do what is important in your life. This workshop will demonstrate how ACT can be utilised to promote recover from psychosis.

Content: The workshop will be divided into two sections. Section one will provide attendees with a general overview of ACT, and will focus on: A) Understanding the theoretical underpinnings of ACT; B) Exploring the key processes of change in ACT, and C) Demonstrating ACT-related clinical skills (assessment, formulation and intervention). Section 2 will focus on applying the ACT approach to psychosis. Therapy transcripts will be used to demonstrate the application of ACT principles to different aspects of psychosis.

Learning Outcomes: Individuals attending the workshops will learn how to assess and formulate psychosis from an ACT perspective. Attendees will learn about ACT-related techniques including: defusion strategies (to provide an alternative to buying into the literal content of thoughts), mindfulness exercises (to help individuals be with their current moment experience in a non-judgemental way), values exploration tasks (to help individuals discover what is meaningful to their life) and techniques for committing to goal-directed actions that are consistent with an individual's values. Attendees will understand how ACT-related skills can be applied to positive symptoms, negative symptoms and emotional dysfunction (depression and anxiety) associated with psychosis.

The following references provide an indication of the themes that will be explored during the workshop:

Journal Articles

White, R.G., Gumley, A.I., McTaggart, J., Rattrie, L., McConville, D., Cleare, S., & Mitchell, G. (2013). Depression and Anxiety following psychosis: Associations with psychological flexibility and mindfulness. Behavioural and Cognitive Psychotherapy, 41, 34 51

White, R.G., Gumley, A.I., McTaggart, J., Rattrie, L., McConville, D., Cleare, S, Mitchell, G. (2011). A feasibility study of Acceptance and Commitment Therapy for emotional dysfunction following psychosis, Behaviour Research and Therapy, 49, 901-907
Book Chapters:
White, R.G., Laithwaite, H. & Gilbert, P. (in press). The role of social defeat in the emergence and persistence of negative symptoms in psychosis In (Eds.) A.I.Gumley, A.Gillham, K.Taylor, & M. Schwannauer. Psychosis and Emotion: The role of emotions in understanding psychosis, therapy and recovery. Routledge.
White, R.G., & Gumley, A. (in press). Acceptance and Commitment Therapy for emotional adaptation following psychosis. In (Eds.) E. Morris, J. Oliver & L. Johns. Acceptance and Commitment Therapy for psychosis. Wiley.

W II
Psychodrama in psychotherapy group with people after psychotic crisis .

Anna Bielańska, Igor Hanuszkiewicz

The workshop will consist of three parts: in the first, the trainers will acquaint the participants with essential psychodrama elements, such as "role reversal", "mirroring" and other. They will present several sample illustrations of those basic techniques. In the second part, they will focus mainly on advantages and limitations of psychodrama in group therapy of people with mental disorders. Discussed issues will include: work on group's coherence, resistance, possibilities of protagonistic work, as well as reflections on how the experience of psychosis transfers into participation in a group, chosen roles and submitted issues. In the third part of the workshop the participants will also have the opportunity to try to use psychodrama in the group.

W III
REINTEGRATION THROUGH THE BODY DANCE MOVEMENT PSYCHOTHERAPY IN TREATMENT OF PSYCHOSIS

Aleksandra Capiga-Łochowicz
Katia Mirlina

Since human body is the basis for development and the process of separating life functions of a human being, it should similarly be the basis for its reintegration. Psychotic individuals have a view of their bodies as undeveloped or unreliable. Distorted body image is a reflection of a disturbed psychological state.„Mental suffering finds its way into somatic expression"..Integration takes place within a body, through working with body and movement and in a relationship with another body (patient / group / therapist).
What is Dance Movement Psychotherapy (DMP) ?
Dance Movement Psychotherapy is a psychotherapeutic use of movement as a process of increasing physical and psychical integration of an individual. It is founded on the principle that there is a mutual relationship between body and psyche: it is not only the psyche that affects the body, but also the experiences of the body affect the psyche. This method includes: theory, methods, knowledge concerning an individual and a group, knowledge about non-verbal communication, developmental psychology and developmental patterns of body movement, analysis of dynamics and movement qualities as well as systems for movement analysis.
Dance Movement Psychotherapy with psychotic patients
Non-verbal and verbal therapeutic interventions available within DMP refer among others to

important symptoms connected to the body in this group of patients, which are neuromotorical disorders, desomatization, losing or weakening of the sense of body boundaries, body image distortion and lack of normative body sensation as well as blunting affect, which can be understood as freezing emotions in the body.
Movement allows for the integration of a patient's body parts, gaining awareness of the sensations coming from the body, posture reconstruction, developing the sense of control over one's movement and provides the opportunity for entering into live relations with others as well as building a relation with oneself. It also offers an opportunity to express topics, needs and emotions which psychotic patients are often unable to express verbally and it often opens the way to the further use of words.

Main goals and advantages of working with patients suffering from psychosis using DMP:
- restructuring of self-image through work within the scheme and image of the body
- bringing the patients' experiences and sensations into reality through reference to specific parts and movements of their bodies.
- individuation, i.e. establishing one's own individuality, sense of self and autonomy
- stimulating the activity and vitality of the body through movement
- work with entering into relations

DMP with patients suffering from psychosis opens the way for other forms of therapy such as verbal psychotherapy and sociotherapy.
The workshop will provide an opportunity to learn about the DMP methods of work with psychotic patients.Themes of the workshop:
- the movement profile of people suffering from psychosis as a tool for selecting adequate interventions
- interventions in DMP: non-verbal and verbal
- ways of integrating a realistic body image: increasing body awareness, working with body boundaries, encouraging connections to be felt between one body part and another
- entering into relations in movement, synchrony and rhythm as integrating movement factors in working with a group
- using props in DMP: ways and goals
- somatic countertransference in DMP- structure of a group session in DMT

You will also have an opportunity to experience this kind of work by taking part in a model DMP group session addressed to patients suffering from psychosis.
Practical Information
In this experiential/didactic workshop all activities will include active movement and opportunities to experience and recognize sensations of the body. You are invited to bring notebooks and drawing materials. Comfortable clothes, soft shoes or socks will be useful.
The workshop will be conducted by two dance movement psychotherapists.

W IV
From trauma through dissociation to psychosis:
Understanding and treating psychotic symptoms from a trauma and dissociation perspective.

Andrew Moskowitz
Aarhus University, Denmark

Andrew Moskowitz, Ph.D., is Professor of Clinical Psychology at Aarhus University in Denmark, and Head of the Attachment, Dissociation and Traumatic Stress (ADiTS) research unit. He is the lead

editor of the influential book, 'Psychosis, trauma and dissociation: Emerging perspectives on severe psychopathology' (Wiley, 2008), which is going into a 2nd edition. For a number of years, he has been committed to a research agenda dedicated to understanding connections between psychotic symptoms and schizophrenia on the one hand, and posttraumatic and dissociative disorders on the other, and to developing clinical interventions based on these new understandings.

Abstract: Over the past decade, considerable research has linked traumatic experiences, including childhood trauma, to the development of psychotic symptoms. More recently, the concept of dissociation has been connected to psychosis, particularly auditory hallucinations, as well as to the historical conception of schizophrenia. In this workshop, Andrew Moskowitz, the lead editor of 'Psychosis, trauma and dissociation' (Wiley, 2008) will discuss historical, empirical, theoretical and clinical links between the concepts of trauma, dissociation and psychosis, with particular emphasis on: 1) connections between dissociation, Bleuler's schizophrenia and Kurt Schneider's 1st rank symptoms, 2) diagnostic issues between PTSD and psychotic disorders, 3) research evidence linking trauma with the development of delusions, and dissociation with the development of auditory hallucinations and 4) clinical approaches to working with delusions and hallucinations informed by a trauma/dissociation perspective. Participants should come away with an increased understanding of the relevance of the concepts of trauma and dissociation to an understanding of psychosis, and an awareness of clinical approaches to working with psychotic symptoms from a trauma/dissociation perspective.

W V
WORKING EFFECTIVELY WITH DISTRESSING VOICES: From theory to practice

Debra Lampshire and John Read

This one day workshop is in two parts: In the morning Dr John Read will summarise the latest research on the revalence and causes of voice hearing and on what differentiates voice hearers who live with their voices with minimal distress and those who develop serious mental health problems. John will also relate what we know about what works and does not work to alleviate voices and the distress they can cause.
In the afternoon Debra Lampshire investigates how voices or difficult 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 of this part of the workshop is based on the lived experience of voice hearing and provides practical skills for people who work with people who experience distressing voices. The skills taught include normalising, focusing and interpretation and evaluation of voice hearing and the explanations the clients have for their voices.

W VI
The use of a variety of CBT approaches in schisophrenia.

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II Klinika Psychiatryczna WUM

Lek. med. Izabela Stefaniak
Centrum CBT Warszawa

INTRODUCTION:

Treatement of schizophrenia with neuroleptics has some restrictions. Despite pharmacotherapy many people remain with residual sympthoms. There can also be observed such sympthoms as deterioration of health condition, weak cognitive functioning and negative sympthoms. Much research shows that psychoterapuethic contact improves the condition of schizophrenic patients. The results of research indicate that in order to achieve a permanent change psychotherapy has to transfer particular abilities to the patient. In theoretical understanding we have to establish the model of recovery i.e the return to proper social and professional funcioning. If defined symthoms (delusions hallucinations etc.) prevent from achieving these aims we need to take care of them directly. Ways of dealing with delusions (part I) and hallucionatios (part II) will be presented within the scope of today's pre-work session.

PART I

Cognitive biases are frequently observed among schizophrenia patients and are thought to be a vulnerability and/or maintenance factor for psychotic symptoms, such as hallucinations and delusions. Cognitive behavioral therapy gives an effective interventions to ameliorate the cognitive biases resulting in significant clinical improvement. Yet, still only minority of patients have an access to psychological interventions, even in countries where CBT in recommended. Hence, a theory-driven, efficient and easy-delivered interventions are needed. The meta-cognitive training (the MCT) (Moritz and Woodward, 2005; Gawęda et al., 2009) a well structured, group form of CBT therapy, fill well this gap. The MCT is available for free via internet website (www.uke.de/mct) in thirty languages. It consists of eight modules administered via PowerPoint presentation in a group and individual setting (MCT+). Every module is devoted to work on a specific cognitive bias related to delusions, hallucination and depressive mood, that is: jumping to conclusion, bias against discomfirmatory evidence, deficits in theory of mind, meta-memory deficits, and depressive style of thinking. Very recent studies (e.g. Ross et al., 2010; Moritz et al., 2010; Moritz et al., 2011) have confirmed that the MCT effectively ameliorates cognitive biases and decreases symptoms severity.

During the workshop theoretical background of the MCT will be presented. How the MCT could be a part of psychosis treatment will be discussed. Practical aspects of group setting of the MCT along with specific exercises to ameliorate cognitive biases will be shown. Finally, Polish experiences on the MCT will be discussed.

PART II

Aplication of cognitive-behavioral therapy on patients with chronic aural hallucinations.

The significant number of patients, whose sympthoms were recognized as schizophenic, has chronic aural hallucinations. However, they are hard to define. There is a topic in literature which indicates that hallucinations can occur for temporary or permanet perid of time but its occurence is lingering. Hallucinations are usually aural or they can also be conected with other senses (senses of touch, smell or sight). In many cases in this group of patients we try to focus on reduction the intensity of sympthoms by apllication pharmacological treatement. Conversations between a patient and a doctor often centere on the subject of hallucinations. The methods of cognitive--behavioral therapy with patients who have chronic hallucinations will be discused during today's pre-work session. The aim of thease methods is not to decrease the intensity of hallucinations but teaching the patient how to undrestand and cope with them. Conceptualization model of permanent aural hallucinations will be presented in the first part of the session. Basic technics that describe how to deal with delusional and not delusional belifs which increase the intensity of voices and refolmulation of belief concernig the topic of the source that delusions come from will be presented in the second part of the session.