

ISPS- membership – now available for institutions and organisations



Dear members and friends of the ISPS

As you will obviously discover from this Newsletter, the positive development building our international organisation continues. There is now no month without a new local chapter being established. So, the ISPS is gradually growing into a strong and, hopefully, influential organisation. And, I guess that's what we're after, influence? We want to make an impact on decision makers, directors, clinicians, relatives and users; to persuade them about the usefulness of the psychological treatments available for the treatment of Schizophrenia and other psychoses. To accomplish such influence, the ISPS must come forward as a serious and reliable organisation, and our work must build on reliable and evidence-based research and strategies.

The board have now decided to open membership also for institutions and organisations; by this we want to invite hospital and health service organisations to express their support for the humanistic treatment traditions represented by the ISPS. We also hope that this can, in time, be an important source of income for our organisation, as the income from the membership fee will be too small in the long run, to drift an international society. In our upcoming board meeting in Vancouver this autumn, the board will decide on the details regarding membership for institutions, and we hope that all our members will encourage their own institution to become a member of the ISPS.

The board is also busy discussing the possible development of a new international journal as part of the ISPS-activities. It may be a little early still in the process of building a new organisation, as the ISPS is, but the work of establishing such a journal needs thorough preparation, so it may be the time to make a principal decision.

The board is also glad to announce that new books in the ISPS-series are now well under way, and that two or three new books hopefully will surface this year. And, we will direct your attention to two very important and well-written new books. John Read, Loren Mosher and Richard Bentall's book "*Models of Madness: Psychological, social and biological approaches to schizophrenia*", published for the ISPS-series by Brunner-Routledge. Buy it and read it! Spread the word! And, John F.M. Gleeson and Patrick McGorry's book "*Psychological interventions in early psychosis: a treatment handbook*", has been published by Wiley. This book points to the very important issue of refining and adapting our treatments towards the needs of specific subgroups of our patients, i.e. first episode patients in this case. *Note from the Editor* – We will be publishing a review of this book in the next issue of the Newsletter.

The preparations for the 2006 ISPS conference are well underway, and we want to encourage you all to submit your proposals for seminars, workshops, posters etc. Manuel González de Chávez and the rest of the organisational committee will be most pleased to receive your proposals. As mentioned above, some of us will enjoy the IEPA-conference in Vancouver Sept./Oct. this year. Hope to see many of you there, and on behalf of the board I wish you all the best.

Jan Olav Johannessen, Chair



Welcome to
MADRID - Spain
13 – 16 June
2006



THE 15TH INTERNATIONAL SYMPOSIUM
FOR THE PSYCHOLOGICAL TREATMENT OF
SCHIZOPHRENIA AND OTHER PSYCHOSES



Editorial

In this issue of the newsletter you will find information about ISPS activities around the world. Meetings and conferences have brought people together in many countries. The number of local groups is increasing, and the local groups are growing in size. We are especially happy to see increasing interest and activities in Eastern Europe, and that local groups are emerging in Asia and Africa. Book reviews, clinical experiences and information on research are also included in this issue of the newsletter. Earlier issues of the newsletter may be available for local groups in their work to give information to potential members, and you may contact isps@isps.org to order copies.

The objective of ISPS is to promote psychological treatments for psychoses in various ways; like international congresses, local meetings and networking. Learning about initiatives and successful events in other countries may trigger similar initiatives elsewhere. This is why it is important to share your experiences with others in the ISPS networks. By submitting your reports to the ISPS newsletter you will reach people in many parts of the world.

The ISPS website is visited by many members and others, but could be used much more. We especially want to remind the local groups of the possibility to get your own free website as a part of the ISPS website. The website is accessible to millions all over the world, there is room for much more material than in the newsletter, and news and adverts are immediately available. You may contact ISPS by email isps@isps.org to establish free webpages for your local group. There are also several national and international groups having discussions by emails.

A growing ISPS may also find that the diversity of approaches in the understanding and treatment of psychoses will bring new challenges. Our ability to respect each other and to build an organisation containing a broader spectrum of approaches may be put to test. By using our energy on seeing what we share and working for the objectives of ISPS, this diversity may be a strength and help us all to work for a better future for persons suffering from psychoses.



Torleif Ruud
Editor

Objectives of ISPS

- **Promote the appropriate use of psychotherapy and psychological treatments for persons with schizophrenias and other psychoses**
- **Promote the integration of psychological treatments in treatment plans and comprehensive treatment for all persons with schizophrenias and other psychoses**
- **Promote the appropriate use of psychological understanding and psychotherapeutic approaches in all phases of the disorders including both early in the onset and in longer lasting disorders**
- **Promote research into individual, family, group psychological therapies, preventive measures and other psycho-social programmes for those with psychotic disorders**
- **Support treatments that include individual, family, group and network approaches and treatment methods that are derived from psychoanalysis, cognitive-behavioural, systemic and psycho-educational approaches**
- **Advance education, training and knowledge of mental health professionals in the psychological therapies**



ISPS secretariat

The ISPS secretariat is a link between our members and the executive committee; maintaining the website, printing and distributing the ISPS newsletter, keeping a database of ISPS members and local groups, and answering any queries for information and other services.

The secretariat is partly hosted by the Centre for Psychotherapy and Psychosocial Rehabilitation of Psychoses (SEPREP), a non-commercial Norwegian foundation and network of users, clinicians and researchers promoting psychological treatment of the psychoses. In addition, Antonia Svensson in Athens works part-time as ISPS Organiser and does most of the work of the secretariat that can be done electronically. Antonia can be contacted on the isps@isps.org email address.

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ISPS honorary life time members

- Yryö Alonen, Finland
- Gaetano Benedetti, Switzerland
- Johan Cullberg, Sweden
- Stephen Fleck, USA
- Murray Jackson, UK
- Jarl Jørstad, Norway
- Julian Leff, UK
- Christian Müller, Switzerland
- Barbro Sandin, Sweden
- Harold Searles, USA
- Helm Stierlin, Germany
- John Strauss, USA
- Lyman Wynne, USA

The ISPS executive committee 2003 – 2006

- Jan Olav Johannessen (Norway)
 - Brian Martindale (UK)
 - Patrick McGorry (Australia)
 - Ann-Louise Silver (USA)
 - Lyn Chua (Singapore)
 - Manuel Gonzalez de Chavez (Spain)
 - Ivan Urlic (Croatia)
 - John Read (New Zealand)
- Co-opted board member:
- Torleif Ruud (Norway).



News from Local Groups

ISPS UK

Institutional Membership: The network has a new category of membership, 'Institutional member'. The purpose of this is to have a good way of relating to Boards of Organisations with complementary goals and to be able to provide enough information to those organisations to attract members to join as individuals when they would get full benefits. Our first Institutional member is Community Housing and Therapy, an organisation with a long history of providing small group home therapeutic environments mainly for persons with psychotic vulnerabilities.

Committee News: Our tradition is to aim to have representation on the committee on the one hand of all the major disciplines in the mental health field and on the other all the major psychological modalities as well as user and carer representation. To make the representation and networking more manageable we have been encouraging our committee members to form small sub-networks of associates who will take on areas of facilitation within the discipline or modality. We hope to use our forthcoming conference as a means of launching networks such as a UK wide ISPS nursing network. Recently we have our first social worker representative on the board and we have focussed energy on trying to launch a carers and users network.

ISPS UK is now registered as a Charity and this necessitates more transparent procedures and financial accountability. Our next General Meeting will be held in Manchester this September.

A considerable success has been the holding of telephone conferences which has proved to be an effective way of maintaining the work of the committee in between our three or four face-to-face meetings per year.

Our own Newsletter (see ISPS website) has grown and is now produced four times a year and together with our successful email discussion group is proving to be a vehicle both for information and lively debate.



In terms of content, we are increasingly aiming to involve ISPS in national issues in the field of psychosis. Influencing and debating national clinical guidelines, encouraging our members to get involved in local clinical governance activities and organising meetings such as the two very successful national meetings on groups and psychosis and the two one day very popular conferences in the last year on in-patient wards and persons with psychosis.

Last but not least, a great deal of energy has been devoted to our **national residential conference which will take place in mid-September 2004 in Manchester – with the main focus being 'tuning into psychosis'**. The thinking behind this conference is that often there is too great a focus on the 'doing to or talking to' aspects of therapy – but perhaps insufficient attention to the more receptive qualities of staff towards those with psychosis and the difficulties and potentials of listening to and their 'products'. More information is available on the ISPS website.

As will be clear, ISPS UK is beginning to establish itself more firmly in the mental health field as a result of the efforts of an increasing number of enthusiastic and creative persons sympathetic to the objectives of the organisation.

Annabel Thomas, ISPS UK Organiser
Brian Martindale, Chair

ISPS NORWAY

The local chapter of ISPS-Norway will be formally organised the 15th of October this year. Earlier there was a Scandinavian ISPS, but this has now been reorganised into national chapters. We have an interim board with 10 members from all over Norway. **October 14th–15th 2004 we will hold a national conference in Hamar, Norway, on the theme: 'Individual adapted therapy in psychosis; are such need-adapted approaches possible in the cooperation between individual therapy, group therapy, milieu-therapy and other therapy forms'**. We have also invited people from the other Nordic countries to participate.

Key-note lecturers will be:

- **Malcolm Stewart, PhD**, from New Zealand ("The stress/vulnerability model revisited. Strengthening its usefulness for service users and families");
- **Professor Howard Kibel**, US ("The psychosis-patient in group-therapy – is individual adaptation a paradox");

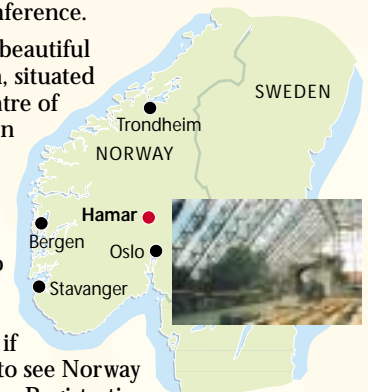
- **Dr. Brian Martindale, UK** ("Psychodynamics. The family and psychosis. Old wine in new bottles – does anyone want to drink it?");
- **Jaikku Seikkula, PhD**, Finland ("The social network increases the treatment resources in the difficult psychotic crisis");
- **Solfrid Vatne, PhD**, Norway (Recognition as a method in milieutherapeutic work?);
- **Dr. Reidar Kjaer, Norway** ("Personal therapy for Psychosis ad modum Hogarty").

In addition there will be small groups etc. Dr. Kjell Granerud is the main organizer of the conference.

Hamar is beautiful little town, situated in the centre of the eastern part of Norway, with easy access from Oslo airport, Gardermoen.

So if you want to see Norway at its best.... Registration details from isps@sykehuset-innlandet.no or fax +47 62 58 14 01.

Jan Olav Johannessen



THE MEDITERRANEAN ISPS ACTIVITIES

ISPS CROATIA

In the Inter-University Center in Dubrovnik, Croatia, the traditional 8th School of Psychotherapy of Psychoses was held from May 05 – 08, 2004, organized by Sladana Ivezic and Ivan Urlic. With the theme **"Toward Comprehensive Psychotherapy of Psychoses"** this year the focus was on "Early Intervention for Psychoses".

This international professional event brought together psychiatrists and clinical psychologists from Croatia, Slovenia, and UK. The programme covered the overview of early intervention in psychoses, the family intervention, epidemiology of psychoses and pharmacology of early intervention. Especially interesting was the presentation of Mark Agius from UK, regarding the concept of the prodrome and IRIS guidelines on early intervention. Slovenian colleagues presented very interesting clinical cases that were discussed in small groups.



The closing activity of the event was dedicated to the organization of the **First Croatian Congress of Social Psychiatry that will be held September 22-26th 2004 in Split; the main goal of the congress will be the psychotherapy and psychosocial treatment of psychoses in the frame of reference of the comprehensive therapeutic approach.** The organizers of the congress are S. Ivezic and I. Urlic. The great impulses for that event were the experiences from Dubrovnik schools and the wish to foster our professional experiences through ISPS Croatia.

Ivan Urlic

ISPS ITALY



Volcanic Mind, The Traditional Summer International Conferences 24 - 26th June in Catania, Italy. Honorary Chair: A.T. Beck (USA), Chairs: Tullio Scrimali (Italy) and Arthur Freeman (USA).

Volcanic Mind 2004 was held, as scheduled, during the month of June, in Catania, Sicily. The Congress was preceded by a two day pre-congress workshop in Enna on Clinical Psychophysiology and Cognitive Psychotherapy and on Attachment Theory and Cognitive Therapy. During the pre-congress workshop some American, Serbian and Argentinian Colleagues were hosted by Tullio Scrimali, in Enna at the "Sky College" which at the guest-rooms of Aleteia, International School of Cognitive Therapy, Tullio Scrimali founded and actually directs.

In the program of Volcanic Mind there were many presentation on the integrated treatment of schizophrenia such as those presented by Ivan Urlic from Croatia, Tullio Scrimali, from Italy, Clare Reeder from Great Britain and Lijljana Trajanovic from Serbia and Montenegro. Besides other colleagues

from these countries there were participants from Romania, USA, Argentina, Poland, and Iran, contributing to the fruitful international professional exchange. The topic of the psychological treatment of schizophrenic patients was well treated.

The Congress has been a success, able to combine very interesting scientific content with some excellent social events such as the moonlight welcome party at the seashore with dancing and the enchanting trip to the "magic" mountain Etna.

A post-congress workshop, held by Jeffrey Young (USA) and Tullio Scrimali at the Aula Magna Vittorio Guidano, at ALETEIA School, on "Complex Systems Cognitive Therapy and Schema Therapy", followed Volcanic Mind. During this workshop the Italian version of the Young Schema Questionnaire was presented as well as the normative data collected among a sample of Italian normal controls.

Ivan Urlic was present as a delegate of ISPS, in order to foster the local and international organization, especially the ISPS in Italy. The overall impression was that the good organization of the conference, the cordiality of our hosts - especially of the main organizer prof. Scrimali - and the richness of the programme, was recommending the support of the ISPS to this traditional professional meeting. It should be added that, in terms of ISPS in Italy, there is a feeling of the need to organize ISPS in such a way that the excellent cognitive focus from Sicily is complimented by a structure that represents other modalities in the field of psychoses.

Tullio Scrimali, Ivan Urlic

ISPS US



As I write, ISPS-US members are putting last minute touches on our **sixth annual meeting, to be held on September 18 and 19, 2004 in Chicago.** See the specifics at our webpage www.isps-us.org. This will be our most ambitious meeting, with four tracks, and the first annual meeting we will hold at a hotel, the Courtyard by Marriott. Our theme, "**Extremes of Experience: Psychosis through many lenses**" reflects the eclectic interests of the meeting's chair, David Garfield, author of *Unbearable Affects: A Guide to Psychotherapy of Psychosis*. We will be honoring Leston Havens, M.D. who has inspired and guided us over the decades. Our meeting will be experience-near, the centerpieces

two clinical presentations, one by Jessica Wall on her work with an autistic adolescent girl, and the other by Greg Rosen, presenting his work with an adult schizophrenic woman. We will hear from Joanne Greenberg, author of *I Never Promised You a Rose Garden*, and from Daniel Dorman and Catherine Penney, whose work is documented in the recently published *Dante's Cure: A Journey out of Madness*. Our non-U.S. speakers include Chris Burford, from Great Britain, who contributed informally at our previous meeting, Danielle Bergeron from Canada, Françoise Davoine and Jean-Max Gaudillière from France. We are pleased and honored that they are making this great trip to contribute to our continuing development!

This has been a year of growth and increasing stability for ISPS-US. We now are an official non-profit organization. This means that we can accept tax-deductible donations, and we can use them! And we can and will apply for grants. We have an Executive Director, Karen Stern, whom we hired following her great contributions to the success of our previous annual meeting in Philadelphia. Karen worked for eleven years teaching English as a Second Language until the arrival of her son Oliver. Now she is working at home part-time. She has moved our projects forward and keeps on top of organizational issues; she works closely with Antonia Svensson. Our web-designer, Clara Hall, is continuing to build a stronger webpage, which is bringing us new members and helping us connect with organizations with agendas overlapping ours. We feature a membership directory of individuals and organizations. We are posting members' articles, and are posting Brian Koehler's erudite list-serve contributions. And this autumn, Michael Robbins' e-seminar in psychosis will begin its work. The faculty includes Michael Robbins, Anni Bergman, Bertram Karon, Brian Koehler, Eric Marcus, Richard Munich and myself; there will be 39 participants.

We are grieving the loss of our feisty Loren Mosher whose energy at the ISPS meeting in Melbourne gave no hint that he would soon be gone. While we have contributed to the Soteria Project Fund, a more substantial contribution is our dedication to help Jim Gottstein, an activist lawyer in Anchorage, Alaska, in his efforts to launch a Soteria-Alaska project. Jim will be attending our meeting in Chicago, where we will strategize.

I still have copies of the great ISPS issue of the Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry, 31, 1, Spring 2003, "*The Schizophrenic Person and*

the Benefits of the Psychotherapies—Seeking a PORT in the Storm” which I guest-edited with T. K. Larsen. Contributors, many of whom were on the ISPS Task Force on the PORT Report, include Wilfried Ver Eecke, Siobhan O’Connor, David Garfield, Garry Prouty, Brian Koehler, Bertram Karon, Birgitte Bechgaard, Anthony Lehman with Donald Steinwachs, Silke Bachmann with Franz Resch and Christoph Mundt, Frank Margison, William Gottdiener with Nick Haslam, T. K. Larsen with Andreas Bechdolf and Max Birchwood, John Gleeson with T. K. Larsen and Patrick McGorry and John Read with Colin Ross – a powerhouse group, all in various ways challenging the findings and methods of the PORT report. I believe we played a strong part in the removal of those two recommendations. Copies are available at just \$10, check made out to me, and sent to 4966 Reedy Brook Lane in Columbia, MD, 21044. People are using this entire book in at least six university courses. We are pleased that the revised PORT report removes the onerous recommendations 22 and 26 (which recommended against psychodynamic therapy for schizophrenia even in combination with medications, and against psychodynamic family therapy). The revision appeared in the final issue of *Schizophrenia Bulletin*, a journal founded by Loren Mosher, which stopped publication just months before Loren’s death. However Lehman et al. comment that these recommendations were unnecessary because psychodynamic therapy has been found not to work and is no longer practiced. Thus we at ISPS are proclaimed either dead or severely delusional. Our fight continues against cynical biological reductionism, which leaves very many sufferers and their families despairing that recovery or fundamental improvement is impossible.

Our projects for the near future include the following: 1) We plan to launch an e-journal, to which people could subscribe, receiving issues that they could print out, in Adobe files, or alternatively people could download individual articles at a manageable fee, from our website. 2) Our research committee, led by William Gottdiener, is preparing a clinical survey which we will distribute by mail and post on our webpage. 3) We plan an aggressive outreach to related organizations and to individuals working at the mental hospitals and other related institutions in the United States. 4) We hope to develop more ISPS-US branches, and to strengthen those in existence.

Thus, we are continuing to grow and our friendships within the organization become increasingly vital. We look forward to making great contributions to the ISPS meeting in Madrid.

ISPS NEW ZEALAND

Immediately following the successful ISPS Melbourne conference in 2003, we Kiwis organized a two-day satellite conference in Auckland, called *The Psychology of Psychosis: Making Sense of Madness*. Two hundred showed up to hear Richard Bentall, Tony Morrison, Courtenay Harding, and a host of home-grown talent from a mix of professions (and including a Maori practitioner and service-users), explore a fascinating range of approaches. Most who attended signed up for the offer of a year’s free membership of ISPS. Obviously an offer so generous they couldn’t refuse.

Since then we have formed an interim steering group of two psychologists (Jim Geekie and myself), two psychiatrists (Patte Randall, Mike Ang) and an Occupational Therapist (Dale Rook). **We have decided to make the conference an annual event, but have changed its name to *Making Sense of Psychosis* (see www.isps.org to register). We are very pleased that our keynote speaker in October (18th & 19th) will be Ron Coleman, a leading light in the *Hearing Voices movement in Europe*. Once again we also have an impressive array of diversity in the other presentations. And we are proud to say that this is, and will continue to be a conference without drug company funding or influence.**

At our August steering group meeting we decided to propose, at the conference, that New Zealand formally establish its own ISPS branch. So be warned, attendees will be targeted to take on official branch positions, including the dreaded role of Treasurer! We expect another full house, and hope that some of you from overseas will venture down to the land of the All Blacks and Gandalf to join us. We promise it will be fun as well as informative and nurturing of those who want to approach the topic from a human and humane perspective.

John Read, Auckland

ISPS India

Ishita Sanyal (winner of the 2003 David B. Feinsilver award) is starting up a local ISPS group in India. The group have recently been granted \$1000 (US) from ISPS as a start-up grant.

Interested persons should contact Ishita Sanyal ishitasanyal@hotmail.com



ISPS Uganda

David Kakaire and colleagues are starting up a local group of ISPS in Uganda. They have formed a group of 14 people who have met and held planning meetings and seminars. The group has recently applied for a start-up grant from ISPS and is awaiting the board’s decision. For more information contact David Kakaire vicviewhighschool@yahoo.com



ISPS IN LATIN AMERICA

ISPS COLOMBIA

A new group is now recruiting professionals interested in ISPS. Contact either: Juan Carlos Rojas, Carrera N° 42 -3-a-89 Apartado Aereo 32974, Cali, Colombia teléfono: 0057-2-552 44 76 fax: 557 90 40 Casillero 203 c juanrojasfernandez@yahoo.com

Or: Pedro Gomez Méndez, Centro Medico Gemelli, Calle 80 n° 47-43, Consultorio 5c Barranquilla, Colombia Teléfono: 300 800 3595 pgomezmdendez@hotmail.com

ISPS ARGENTINA

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Jorge Garcia Badaracco garcia@fibertel.com.ar

Alfredo Eidelsztein idelszt@fibertel.com.ar

Hernán D. Simond (TMP) hernansimond@todaymarket.com

ISPS PANAMÁ

A new group is now recruiting professionals interested in ISPS. Contact: Mariola Young Torquemada 9a- Apdo2327 Panamá Tlfono :5o7-2176638, aydiaz@hotmail.com





In memory of Loren Mosher 1933-2004

By John Read



Loren Mosher died, at the age of 70, in Berlin in July 2004. He had been struggling with a liver disease. His wife, Judy Schreiber, three children and close friend and colleague

Volkmar Aderhold were with him to help him on his way.

Loren received his MD from Harvard Medical School. He underwent psychiatric training at Harvard and the National Institute of Mental Health's Intramural Research Program in Bethesda, Maryland. After a year as an Assistant Professor of Psychiatry at Yale he left, in 1968, to become the first Chief of the NIMH's Center for Studies of Schizophrenia. While in this post he founded the *Schizophrenia Bulletin*. In 1980 he became Professor of Psychiatry at the Uniformed Services University of the Health Sciences in Bethesda. He left USUHS in 1988 to direct the Montgomery County Mental Health system. Between 1996 and 1998 he was the Clinical Director of the San Diego County Mental Health System. At the time of his death he was a Clinical Professor of Psychiatry at the University of California at San Diego and Director of Soteria Associates.

Loren, of course, was so much more than is conveyed by this brief summary of his career. He became a source of hope and inspiration to thousands who knew him, personally or through his research papers or other writings. He was a voice for all those aspiring, as users of mental health services or as mental health workers, to alter the path of mental health services to a more humane and effective pathway based on compassionate human relationships rather than just diagnoses and drugs.

I'm sure many ISPS members could have filled this space with their own fond memories of this very special man.

I, for instance, first 'met' Loren as a clinical psychology intern working in a depressing U.S. psychiatric hospital. Like countless others around the world, then and today, I had entered training to become a mental health professional with the expectation of being taught how to understand and relate helpfully to 'mad' people. I was beginning to succumb to the many messages that this was 'naïve', because these 'patients' had an incurable brain-disease which, at best, could be controlled by drugs. My dwindling faith was kept alive by a single research paper from a man whom I had never heard of and who certainly wasn't on my prescribed reading lists: *Community residential treatment for schizophrenia (Hospital & Community Psychiatry, 1978, 29, 715-723)*.

I suspect many others were saved from disillusionment and a premature abandonment of their chosen profession by Loren's many subsequent contributions to the research literature. Not only were there people out there somewhere actually doing the sort of work we wanted to do, but were discouraged from trying, but there was research to show that we were right – it worked!

I didn't really meet Loren until 2000, at the ISPS conference in Stavanger, Norway. I was sitting outside my hotel, preparing the seminar I was to give later in the day. At a nearby table three people were talking about how hard it is to get some psychiatrists to realise the obvious fact that people are driven crazy by bad things happening to them. One of them, the shortest despite his hat, was Loren Mosher. When he said his name I had to stifle one of those awful 'not *the* Loren Mosher?' comments (although I suspect Loren would have loved it!). It seems worth repeating now what I wrote in the conference

report for the ISPS Newsletter, after hearing his presentation at the conference and sharing some great evenings (where I learned as much about Italian wines as about Soteria House): "Thank you Loren for still sparkling with your cynical optimism after all these years."

The four short years I was fortunate enough to know him left some great memories. His agreeing to become a co-editor on 'Models of Madness' was a real high. How often do you get to work with someone who has been a hero for twenty years? However I could have done without the six months when Loren was threatening to withdraw because the book wasn't 'hard-hitting' enough! Other memories include his insisting on taking me out for breakfast in a fancy Hamburg hotel on my birthday when I was alone and far from home. Then there was his visit to little old New Zealand. He presented his Soteria research to 200 service-users, staff and managers. At the end of the day there was a unanimous vote in favour of introducing a Soteria House in Auckland. (We are still working on it.) When he spent the next morning with a small group of staff who work in first episode psychosis teams he spent more time quizzing them about, and supporting, *their* work than talking about his own. How in keeping that was with his beliefs about effective mental health services: 'Be with' and listen first.

Loren could be irritating too. His refusal to mince words when it came to the awful influence of the drug companies over our research and practice did not endear him to those doing their best to promote psychological approaches while still accepting drug company money. (See his incisive 1998 letter of resignation from the American Psychiatric Association on his website www.moshersoteria.com). Like most determined fighters for a cause, Loren could polarize as well as inspire. But when I made the mistake of raising

this with him he laughed and said: "If I can't say what I really think at this stage of my life, when will I?"

Despite being painfully out of step with many in his chosen profession, Loren never gave up the hope that mental health services could change direction. Right up to the end he travelled the world tirelessly, but always humorously, promoting the ideals he had proven effective at Soteria House. We are lucky indeed that you managed

to complete your book, soon to be published: *Soteria: Through Madness to Deliverance*.

Shortly after he died Judy said that Loren must be having his first drink with Ronnie Laing. I hope you were right Judy. Goodbye Loren. Rest peaceful. Rest assured that your ideas and hope live on in too many of us, all over the world, to be forgotten.

Thank you for being you.

The ISPS book 'Models of Madness' has sold so well since its June launch that a second print-run has already been ordered.

The publishers have kindly agreed to dedicate the book, in this and subsequent print-runs, to Loren Mosher, one of its co-editors, who died in July.



THE 15TH INTERNATIONAL SYMPOSIUM FOR THE PSYCHOLOGICAL TREATMENT OF SCHIZOPHRENIA AND OTHER PSYCHOSES

Call for papers

Topics areas:

- Global views
- Integrated therapies
- 50th Isps anniversary / A hundred years of schizophrenia psychotherapy
- Improving services & Helping persons and families with psychotic problems



**Madrid – Spain
13 – 16 June
2006**

Online abstract submission instruction through

www.ispsmadrid2006.com

Key dates

- | | |
|--|--------------------------------|
| ● <u>Deadline for symposium, Forum, Workshop abstracts submission:</u> | 15 th December 2004 |
| ● <u>Mailing of the 1st Announcement and call for papers:</u> | February – March 2005 |
| ● <u>Mailing of the 2nd Announcement and call for papers:</u> | September – October 2005 |
| ● <u>Deadline for other abstracts submission:</u> | 15 th December 2005 |
| ● <u>Deadline for early registration fee:</u> | 15 th December 2005 |

SCIENTIFIC SECRETARIAT

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BOOK REVIEW

Why does Schizophrenia Develop at Late Adolescence? A cognitive-developmental approach to psychosis

by Chris Harrop and Peter Trower,
published by John Wiley:
Chichester, England (2003)

By Chris Burford

This slim and attractively designed volume takes on one of the biggest mysteries of psychosis: the timing of the onset of an illness that mainstream psychiatrists continue to believe is biological.

Chris Harrop and Peter Trower both have doctorates in psychology, and are Lecturer and Senior Lecturer respectively in the School of Psychology at the University of Birmingham. But they also have substantial clinical experience of providing a psychology service to adolescents in the Birmingham area and have a strong endorsement from Max Birchwood.

In addition Peter Trower has considerable experience with Rational Emotive Therapy. This is in line with the increasing interest in emotion among practitioners of CBT. The book draws on continental European existential philosophical traditions, particularly of Sartre, about when we are the perceiving subject and when the object of attention, to propose a theory and a therapy of psychosis in which the perception of one's Self in relation to others is the central concept.

The book starts, typically of the broader CBT tradition, with an introduction about mental illness that could well be read by the intelligent reader, including someone who might be just recovering from a psychotic illness themselves. Personal examples bring the text to life, and the key statistics appear well cited and authoritative. There is a guide to help readers dip into chapters selectively. Section 1 discusses different views of what "schizophrenia" is. In 20 pages it then presents an impressive survey of the evidence against psychosis being a biologically determined condition. It shows that examples of psychological states interacting with structural states in the brain, are not at all rare. It questions the idea of "schizophrenia" being pure and separate from the range of other psychoses.

In discussing why the peak presentation of psychosis is in late adolescence (82% of cases of schizophrenia in the WHO survey occurring between 15 and 35) it gives re-

search data that some of the most common prodromal symptoms of schizophrenia are common adolescent experiences.

Of their two hypotheses, the first fitted the great majority of their patients: "Some people with a psychosis are not very independent, and have an idealised, less elaborate view of their parents and others." The second hypothesis is: "Some individuals with a psychosis have gone part way towards an adult, autonomous view of their parents, but cannot relate to their peers and end up stranded in a social and psychological 'no man's land'.

The authors discuss why it might be difficult for some people to individuate from their parents and why some people are "blocked". The explanations explored here are in the idiom of social psychology about parents and peers rather than in a psychodynamic idiom, but clearly are discussing issues that could also be seen as "object related" processes.

Section 2 poses the hypothesis that a sense of self is central to humans and the progress of the adolescent to adulthood. It gives test exercises to reflect on ones own experiences of this, and draws theoretically on writers such as Rogers and the ego-psychologists like Kohut. The bit I found most challenging, probably because of some long forgotten reservation about Sartre, was the theoretical exploration of psychological experiences from the standard point of the existential analysis of the self as subject and object. This potentially links up further back in historical development with some of the continental dialectical assumptions that Freud draws on, and which were later elaborated as "object-relations". Interestingly the authors propose a dynamic process of intra-personal cycles and inter-personal cycles. Probably worth re-reading.

Section 3 is about an in-depth naturalistic study of these fundamental dynamics in a sample of 21 people derived from 35 consecutive referrals from psychiatrists and other mental health workers in three NHS trusts in the Midlands of the UK. There is detailed information about methodology for researchers who want to replicate or vary the approach.

An appendix gives details of the "Self and Other Scale" (e.g. "When I am alone I feel the need to contact someone" or "Sometimes I only feel like me when I am alone"), for which norms have been developed with Birmingham University students, and for a wider age range for one version of the scale. Compared to the students I was apparently somewhat more secure but considerably more alienated.

Because the subjects had few relationships outside family and mental health services

(as is often the case) the material concentrates on conflicts within the family.

However there is a whole chapter on peer and romantic conflicts which demonstrate the author's theoretical position. They argue that "The study shows very clearly that the client's cognitions are not bizarre and incomprehensible".

The last section has a large number of therapeutic suggestions to help clients with different problems ranging from the "Bad Me anxiety episode", to "the empty self feeling", to "controlling the parameters of interaction". The chapter titles include 'character-based' training, overcoming interpersonal blocks to self-construction, and overcoming symptoms, including voices. In only 222 pages the book succeeds in posing a credible theory for the core riddle of psychosis, which continues to elude the biological determinists. Therapeutically it provides a range of approaches to working with people with psychosis and adolescent problems. These include tips for the therapist about recognising the adolescent still within oneself.

Its model is dynamic without being psychodynamic. Indeed treatment based on transference, can sometimes be a problem if as so often therapists are older than clients in early onset psychosis work. It helps the whole range of issues of concern to the client to be available for discussion in relatively transparent way, even if the theoretical paradigm is philosophically intricate. The book could be lent freely to any intelligent young client who wanted to explore, and to families struggling to distinguish what is adolescence and what is psychosis. Such transparency is itself an achievement for a time of life often marked by inter-generational conflict.

This book is modest and humane in tone, despite its ambitious title. It locates itself persuasively in the converging spectrum of psychological approaches to psychosis in making its claim that an assumption about the struggle to construct the self, is central to the emotional, cognitive, and dynamic tides that drag our clients sometimes apparently irretrievably out to sea.

This book is worth the price by reason of its concision and practical readability. It succeeds in formulating a central concept that connects well with many converging lines of research and therapeutic intervention. It tackles what in many ways is the central question in schizophrenia and psychosis theoretically and practically. I suggest this rich, practical and hopeful book is obligatory reading for anyone working in an early onset service, or indeed anyone who has tried to help any young person struggling on the sea-shore of psychosis.

ABUSE- a precursor to mental illness

By Ishita Sanyal

A study was conducted by the author in Kolkata, India on 120 persons, 60 of whom are suffering from mental illness. As a Psychologist, Director of Disha and Secretary of Turning Point, I have noticed that a history of abuse is prevalent among the majority of mentally ill persons who come to us for treatment



The aim of the study was to know and understand whether abuse is acting as a pre-cursor to mental illness, especially amongst children. I have done this study to know the facts and figures and also to verify whether what is noticed really has a scientific fact behind it.

Special attention was paid while doing the study on children as they often refuse to speak the truth when they find their opinion is recorded. Both open ended and closed questionnaires were used to determine the nature of abuse here in India, abuser and mental state after the abuse. A detailed study was done to know whether the victim was able to overcome its effects, the possible handling strategies and whom they can safely confide to. An attempt was also made to know whether the abused person turns to be an abuser himself and also his true feelings after abusing a person.

It is evident nowadays that the incident of abuse, more particularly of child abuse, is no longer an uncommon incident. A child is abused by a teacher, friends, parents, and family members and often the incident remains unnoticed by others. A child hardly develops courage to speak against his caregivers, teachers and friends even when abused violently. Moreover, in Indian culture where a child learns to respect and obey whatever the elders say, a child hardly dares to speak against them. Deviation from this routine is seen as a defiant, revolting and unruly behaviour pattern.

"It is a sad irony that many abusers genuinely love their children, but they find themselves caught in life situations beyond their control and they do not know how to cope. They are often isolated from friends and family and may have no-one to give them emotional support. They may not like them and may not know how to get their emotional needs met." (National Committee for the Prevention of Child Abuse).

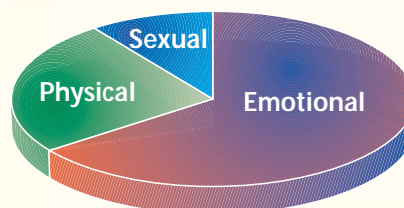
This is also true for Indian parents. Moreover, in India, due to competition in school, difficulty in admission, stringent rules and disciplines in school (where a child is under the pressure to get T.C. if he chats with his friends at school/use mother tongue in place of English) parents are also under emotional pressure. They are helpless, and in their effort to make their child "the best" put stresses on the child. If a child fails to satisfy the expectations he is often abused emotionally without the parents being aware of the effect that it can cause on the child.

So it is only when we see a photograph of a helpless kid suffering from trauma due to physical abuse by the teacher or friends in the headlines of newspaper, we come to know about the real fact. A parent generally comes for professional help only when the effect of abuse develops a problem in performance. Parents generally are not aware of the fact that comparing a child, using derogative comments or physical punishment exceeding a certain extent can cause a trauma on the mind of the child.

Safe at home ??

Facts and figures-98% of mentally ill persons have a history of abuse in their childhood of which family and parents constitute 50% cause of abuse. 30% of the other group has a history of abuse. Those who are abused in this group think that they have been able to overcome it.

The nature of abuse is emotional in 65% of cases, 25% being physical and



10% being sexual. Homosexuality was he leading cause of abuse, where perhaps the abuser found the child safe to satisfy his pleasure. Emotional abuse cuts to the very core of a person, creating scars that may be longer lasting than physical ones leading to irritation, anger, aggression, withdrawal, defiant attitude and depression.

A person whom the victim can confide in is often a good friend, spouse, and 45% said that they feel free to confide in the professionals. 10% of these victims of abuse who have developed a mental illness admit that they too like to abuse others and afterwards feels guilty (50%) and get pleasure (50%)

All individuals who are suffering from mental illness think that abuse has a tremendous negative impact on their mind and that one of the factors of their illness can be the effect of abuse.

Emotional abuse is the leading form of abuse in Kolkata. The nature of abuse includes verbal abuse and constant criticism to more subtle tactics like intimidation, manipulation, and refusal to ever be pleased. Emotional abuse is like brainwashing in that it systematically wears away at the victim's self-confidence, sense of self-worth, trust in his perceptions, and self-concept. Whether it be by constant berating and belittling, by intimidation, or under the guise of "guidance" or teaching, the results are similar. Eventually, the recipient loses all sense of self and all remnants of personal value. Emotional abuse victims can become so convinced that they are worthless that they believe that no-one else could want them. They stay in abusive situations because they believe they have nowhere else to go. Their ultimate fear is being all alone. This fear and lack of self confidence is probably acting as a precursor to mental illness.

The Danish National Schizophrenia project - DNS

The Danish National Schizophrenia project is a large scale, prospective, comparative, longitudinal multi-centre study encompassing 16 centres (located in 9 out of 13 counties in Denmark) and covering almost half of the Danish population.¹



After 2 1/2 years of preparation the 16 centres – including different types of treatment centres (small/big, urban/rural, university/non-university) – agreed on assessing all patients with a first-episode psychosis of the schizophrenic spectrum disorders, consecutively referred to either district psychiatric centres or psychiatric in-patient units. The intake of patients started October 1997 and lasted 2 years.

The assessments were conducted by members of trained, independent research teams. The assessment included demographic and socio-economic data, diagnoses according to ICD-10 research criteria and OPCRIT, and clinical status assessed by basic instruments as GAF, PANSS, and the Strauss-Carpenter scale. The test-battery at inclusion was repeated year 1 and 2, and is currently repeated year 5.

Fourteen centres furthermore agreed to assess the patients with Rorschach a.m. Exner, WAIS and PAS, and other instruments (SASB (Structural Analysis of Social Behavior), AES (Active Engagement Scale), GEQ (Group Evalu-

ation Questionnaire)) suitable for following the changes through the course of psychotherapy. The fourteen centres also decided more thoroughly to investigate the “treatment as usual” (TaU). The notion of TaU (or the notion of ‘standard treatment’) is often used without specification of what it really contains. Thus when reading a paper in a journal one seldom knows what a specific intervention programme is compared with when it is set up against treatment as usual. After two years of intake 563 patients were included. The total sample could be divided into three groups:

The Psychodynamic Psychotherapy

sample: 119 patients who were treated with a manualised, scheduled 2–3 year treatment of supportive psychodynamic psychotherapy (individual psychotherapy and/or group psychotherapy) in addition to treatment as usual;

The Integrated Psychosocial treatment

sample: 139 patients who were treated with a scheduled, two year long, integrated psychosocial treatment programme consisting of assertive community treatment, manualised psycho-educational multi-family treatment (a.m. McFarlane), social skills training, weekly consultations for support and education, and antipsychotic medication. This project is also known as the OPUS project;

The Treatment as Usual sample:

304 patients whose treatment consisted of different treatment modalities – psychological methods, medication, medical advice and treatment by the hospital milieu settings – administered according to the patients’ needs and the available resources of the clinic at the moment of treatment.

The supportive psychodynamic psychotherapy takes place in an atmosphere of empathy, trust and collaboration with the patient, and it consist of a blend of: giving insight and meaning to difficult emotions and repetitive maladaptive patterns, establishing a process thinking instead of adhering to the fixed pathological (and often fragmented) thoughts, and creating suggestions for testing oneself in different social situations. The therapist’s countertransference is of importance for this method.

OVERALL AIMS

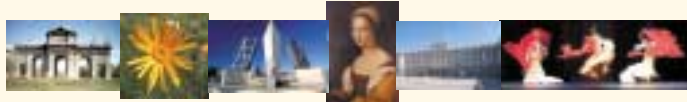
Already from the start it was decided that the aims of the whole enterprise should be broader than “just” research. All centres had a wish to improve their help to young psychotic patients, and thus the aims were specified as:

- **establishing a network** of psychiatric services (including hospitals and district psychiatric centres), being interested in a systematic focus on early interventions towards persons with a first episode schizophrenia
- **developing the quality of the research instruments and the forms of treatment** that can be offered to persons with a first episode schizophrenia
- **performing scientific research and to investigate:**

- a) The characteristics of patients with first episode of schizophrenic psychosis, and
- b) Whether different treatment methods eventually may lead to different outcomes

All three components were of great importance to the DNS. Throughout more than seven years members of the

¹ The following centres participated: Brønderslev Psychiatric Hospital; Psychiatric unit Herning; The Psychiatric Hospital in Aarhus; The Psychiatric Hospital of Middelfart; Psychiatric Hospital Nykøbing Sj.; Psychiatric departments in Roskilde County; Slagelse Hospital department of Psychiatry; Holbæk Hospital Department and child and adolescence psychiatry; Sct Hans Hospital Roskilde department U7; Dianalund; Psychiatric Center Glostrup; Bispebjerg Hospital department Psychiatry U and E; Frederiksborg County Hospital Hillerød.



research teams from the different centres have come together for theoretical and methodological discussions – e.g. discussions of psychopathology and the content of manuals – and for conducting rating sessions. This has not only given each individual a sense of participating in a meaningful improvement of one's own skills, but it has also helped each centre to raise the quality of the psychiatric service provided to the patients.

A prospective, long-term multi-centre research project with sixteen centres is a laborious effort with many pitfalls. The strength of the model in our study is:

- 1) the quantity of consecutively referred patients;
- 2) the inclusion of different types of treatment centres (small/big, urban/rural, university/non-university) in all three groups being compared;
- 3) the percentages of the Danish population covered by the study;
- 4) the comparison of two different treatment modalities with standard treatment of a supposedly good quality;
- 5) the treatment conducted mainly by average trained therapists and not by master clinicians. We furthermore hope that the sense of cohesion between the centres will help in minimizing the number of drop-outs of the study.

BACKGROUND

- a few words on the Danish Mental Health System:

The Danish National Mental Health Service has a long tradition for equal access to and economically free treatment for all inhabitants regardless of their location of living, their income, race or religion. The treatment is organised according to sectorized psychiatry and there are no private psychiatric

hospitals in Denmark. The National Mental Health Service has 4.100 beds, approx. 105 community mental health centres, and 125 private practising specialists of psychiatry in the adult psychiatry section. GPs and private practicing specialists only care for a small percentage of the patients treated for schizophrenia and related disorders. Pathways to, and the quality of, psychiatric care of psychotic patients can be considered similar in the country.

It is more difficult to get publicly financed psychotherapy in Denmark than in the other Nordic countries, and the specialisation of psychotherapy is not widely spread.

ORGANISATION

The data gathered at each centre in a specially designed computer programme which each centre has received. The local organiser and the secretary at each centre are of the main persons responsible for getting all data at each rating. The Steering Committee² and different research teams work with the data to get them published. Each research team has chosen a specific field of investigation, e.g.:

1. General demographic data and outcomes of treatment.
2. Structural analysis and social behaviour.
3. Rorschach and Wais-R.
4. Treatment of relatives/families.
5. Process research in individual psychotherapy.
6. Group psychotherapy and the ability to relate.
7. Predictors for good outcome of individual and group analytic psychotherapy.
8. Treatment as usual.
9. The group of adolescence patients.
10. Criminality and Schizophrenia.

PRESENTATIONS AND PUBLICATIONS

Previously the project has been presented at the EIPA congresses in New York (2000) and Copenhagen (2002), and some results will also be presented in Vancouver (2004). Results from the comparison of the two forms of interventions with the treatment as usual at year 1 and 2 are currently submitted to international journals or in preparation. Some of the results were presented at the ISPS Congress in Melbourne, September 2003 (chaired and interestingly discussed by Courtney Harding). We intend to present our 5-year follow-up results in Madrid 2006.

One research group in the DNS has published a scale measuring the suitability for psychodynamic psychotherapy (Valbak et al. in Nord J Psychiatry, 2004).

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From Nyhavn, Copenhagen

² Susanne Harder, Per Knudsen, Anne Köster, Matilde Lajer, Anne Lindhardt, Bent Rosenbaum, Kristian Valbak, Gerda Winther



Annual Madrid Schizophrenia courses

Dr. Ignacio Garcia Cabeza

Since 1995, the Psychiatry Service I of the General University Hospital "Gregorio Marañón," directed by Dr. Manuel González de Chávez, has organised an Annual Course on Schizophrenia. The course began with the intention of awakening interest among mental health professionals about schizophrenia, overcoming the more classical, academic and biological views that already had a wide training on offer favored by the pharmaceutical industry. It had a more global, eclectic and integrating concept in which different etiopatho-genic approaches, new health care models, more recent investigations, but above all more innovating and complete therapies and interventions were included. In addition, it aimed to be an open forum in which discussion and personal experience predominated on the approach to this disease over the bibliographic revisions and dogmatism of some theoretical positions predominated.

Since that first year and Course I, in which there were hardly two hundred persons registered, the number of persons attending it has grown increasingly until more than seven hundred in the IX Course in the year 2003. Those attending, who initially came from Madrid, now come from all Spain, even, since several years ago, from Portugal. Not only has it grown in number but also in interest, as is demonstrated by the high degree of participation in the discussions and the loyalty of those attending who come to the now usual appointment with schizophrenia during the last weekend of November year after year.



Professors of the highest world level in different fields of schizophrenia from the most advanced investigation to famous therapists have come to the course, with one sure point in common: their interest and dedication during their professional career to the world of psychosis. The most competent and avant-garde Spanish professionals and an especially relevant group of foreign guest professors who stand out in this field have come to the annual Schizophrenia Courses in Madrid.

The last "IX Annual Course of Schizophrenia" of Madrid took place on November 28th and 29th, 2003 and its subject was "**Combined psychotherapies in schizophrenia and other psychoses.**" Furthermore, it was held outside of the General University Hospital "Gregorio Marañón" for the first time as its assembly room with 400 seats was insufficient for the number of participants who were coming each year. It was held in the Lecture Room of the Hotel Melia Castilla, one of the



Hotel Melia Castilla, Madrid

most important in Madrid, although it has maintained the same open to dialogue, reflexive and conciliating spirit.

As in previous editions, the IX Course was divided into three large blocks: the first, usually on Friday morning, in which Spanish professionals participate in order to know what we are doing and where we are going in our country. Friday afternoon was dedicated to other Spanish-speaking pro-

fessionals and on Saturday morning, other distinguished professors whose native language is not Spanish participated. As every year, a large "bibliographic dossier" with studies, lectures and publications of the Course professors was distributed to all those attending. This year, in addition, the Spanish edition of the book by Alanen "Schizophrenia" was distributed.

The IX Course began with the intervention of **Dr. Jorge Tizón**, Doctor of the Mental Health Unit of Sant Martí (Barcelona). He spoke at length on what we should understand by integration in psychotherapy, beyond a simple mixture or combination, and the difficulties that this entails due to the incapacity that we still have to find the most useful elements in each psychotherapeutic approach. In any case, he advocated the need for theoretically and technically integrated multidisciplinary teams that make it possible to offer the schizophrenic patient different responses according to their needs.

On behalf of the General University Hospital "Gregorio Marañón," **Dr. González de Chávez** and **Dr. Fernández Cuevas** participated. Both have wide experience in the development of therapeutic programs based on a predominantly group approach. Dr. González de Chávez explained the benefits of including schizophrenic patients in group psychotherapy with an integrating orientation and its perfect integration in a more global program as well as the advantages of the combination of psychotherapy and psycho-pharmacological treatment. On his part, Dr. Fernández Cuevas explained his experience in the treatment of bipolar disorder combining interpersonal orientation group therapy and psycho-drugs.

The next presentations were those of **Rosa Rey** and **Marisol Filgueria**, psychologists who work in the Day Hospital and Psychiatry Unit of the Hospital

Maritimo de Oza in La Coruña respectively. Both were in charge of describing the contribution of psychodrama in psychotic patient treatment. The former, based on the theory of Rojas Bermúdez, gave a formal theorization of psychodrama and its practical application. Marisol Filgueira reviewed the applicability of psychodrama techniques in the improvement of communication, sense of reality, social skills and rehabilitation of young and chronic schizophrenic patients in the out-patient and in-patient setting.

Friday afternoon was dedicated to the presentations of **Prof. Dr. Shalom Litman** and **Prof. Dr. Jorge García Badaraco**. Prof. Litman, native of Argentina, described his experience as the responsible person for the reform and de-institutionalization process in Israel, implementing a holistic model (psychotherapeutic, community and rehabilitating), implemented by multi-disciplinary teams and using the modular group as psychotherapeutic treatment instrument, supported by another one of the treatment mainstays of the schizophrenic patients: care continuity and contiguity. **Prof. García Badaraco**, a psychoanalyst from Argentina, has developed most of his long and pro-

ductive career in the Hospitals of Borda and Moyano in Buenos Aires, where he initiated an original and innovating treatment model as is multi-familial psychoanalysis, the center of an intervention that he sprinkled with practical examples on applicability and utility.

On Saturday morning, there was the English presentation with simultaneous translation to Spanish of Professors **Yrjö Alanen** and **Johan Cullberg**, two of the most important figures in recent years in the psychotherapeutic treatment of schizophrenia and leaders in Finland and Sweden, respectively, of combined therapy programs adapted to the needs of schizophrenic patients. Prof. Alanen described the Turku Project, developed in that city

by him, although it was then implemented largely in Finland and was characterized by an attempt to focus the patient's treatment with an individual and familial psycho-therapeutic attitude, centered in the community and developing rehabilitating activities at all times. **Prof. Cullberg** commented on the Parachute Project for the treatment of first episodes, presenting the good results obtained now at the end of five years. Both coincided in presenting an integrating and multifactorial model of the etiopathogeny of schizophrenia where the biological aspects are not incompatible with dynamic or psycho-social factors.

After each session, a round of debates was opened in which the public could ask questions, comment, give opinions and express whatever they wanted to, not only on the specific presentations but also on their experience and thinking regarding the combined therapies and, more globally, schizophrenia. This supplied enriching views that favored the exchange between professionals from sometimes very different theoretical postures and at times from very far away places, facilitating knowledge of a disease in which much still must be described and that motivates us to continue forward in the organization of future events.



The X Annual Madrid Schizophrenia course 26th and 27th November 2004

The X Course will be dedicated to

"Psychotherapies and Early Interventions" and is counting on the participation, as foreign invited professors, of **Loren Mosher**, California, USA with two lectures dedicated to "Characteristics of Therapeutic Social Contexts for the treatment of Psychosis" and "Using Interpersonal Phenomenology with Unmedicated Psychosis - a case example",

Jane Edwards from Melbourne, Australia who will speak on "Developing First-episode psychosis Services: EPICC Service description and global initiatives" and "Prolonged Recovery and Cannabis use in Early psychosis: data from two EPPIC RCTS",

Jan Olav Johannessen, Stavanger, Norway, who will dedicate his lectures to the subjects "Early Intervention in First Episode Psychosis: Rationale, Structure and Results from the Scandinavian TIPS-project" and "Mental Health literacy and Early detection strategies for untreated first-episode psychosis" and finally

Bent Rosenbaum, Copenhagen,

Denmark who will speak on "The Danish National Schizophrenia Project: a prospective, comparative, longitudinal treatment study of first episode psychosis" and "Speech, thoughts and thinking in the psychotherapy with persons with schizophrenia: some semiotic reflections."

In addition, there will be other Spanish professors and some professionals from the General University Hospital "Gregorio Marañón," who organize the Course. Two thirds of the course will be presented in English, with simultaneous translation to Spanish, and we aim to attract mental health professionals from all countries who are interested in Psychotherapies and early interventions in schizophrenia and other psychoses.

www.cursoesquizofreniamadrid.com





By Manager of ProPsy,
Ekaterina Loskoutova

Report from the 3rd Annual Stavropol Conference "Society and Mental Health"



The Regional Museum, central square, Stavropol

The 3rd Annual Conference "Society and Mental Health" was held in Stavropol, May, 27th – May, 28th. This time the motto of the event was "**Ways of Integration**". That was due to the goal, set by the organisers – to promote the development of comprehensive approach to mental health care problems. The Conference was held by Stavropol Regional Society for Psychotherapy of Psychoses (SRSP), together with Stavropol Regional Clinical Mental Hospital (SRCMH), the non-profit organisation "ProPsy", the non-Profit organisation "Stavropol Regional Psychoanalytical Association" (SRPA), and with active support provided by Norwegian colleagues. The Conference was chaired by I.A. Bylim, PhD, Psychology, Chief Psychiatrist of Stavropol Region (Stavropol, Russia), and Vice-Chairman was Svein Haugsgjerd, MD, Member of the Norwegian Psychoanalytical Society (Oslo, Norway). The programme committee of the Conference was headed by V.S. Chudnovsky, MD, Chief of the Department of Psychiatry at Stavropol State Medical Academy (Stavropol, Russia).

More than 400 people from 20 towns and other localities of the Stavropol Region in Russia, and Norway, attended the conference and the related activities and events. The delegates were specialists engaged in the sphere of mental health care, students, representatives of related professions, non-

profit organisations, public authorities, and the mass media.

The following issues were discussed at the Conference:

- **Modern Patterns and Methods of Treating Patients**
- **Patient and Social Milieu**
- **Self-Concept and the Patient's Inner World**
- **Mental Health Care in Society**

Due to the variety of activities at the conference – plenary lectures, workshops, seminars and round-table discussions – specialists could exchange their experiences.

The plenary lectures embraced a very wide range of issues. Specialists from Moscow, Russia delivered their reports during section-work at the Conference. Before the Conference other satellite activities took place, six of them being seminars, lasting from 4 to 18 hours;

- Clinical Cases Presentation and Discussion; Social Anxiety, Depression, Dissociations, Schizophrenia, Personality Disorders" (T. Huseby, MD, Oslo, Norway);
- Clinical Seminar "Modern Approaches to the Treatment of Severe Mental Disorders" (Prof. A.O. Bukhanovsky, MD, Rostov-on-Dn, Russia; G.-R. Bloch Thorsen, MD, Stavanger, Norway; T. Huseby, MD, Oslo, Norway);
- Clinical Seminar on psychoanalytical psychotherapy (S. Haugsgjerd, MD, Oslo, Norway);
- "Multifamily Groups for Patients with Schizophrenia (advanced seminar)" (G.-R. Bloch Thorsen, MD, Stavanger, Norway);
- Modern evaluation instruments in psychiatry: "SWAP-200: Shedler Westen Assessment Procedure" and "Stavropol Checklist-33" (K.-P. Bogwald, MD, PhD, Oslo, Norway).

At this seminar two instruments were presented with the aim of forming working groups of interested professionals: to create a Russian version of SWAP-200 and to develop and research a new self-report instrument with the tentative name of "Stavropol Checklist-33". Two working groups were formed and cooperation between Kjell-Petter Bogwald and a group of clinicians/ researchers from Stavropol and Moscow was started. The site dedicated to the work of these groups has been created already and the next meetings of the specialists have been scheduled.

- A seminar conducted by local professionals took place too: "Various Approaches to Work with Children Suffering from Emotional Disturbances in Development"
- This seminar was conducted by child-specialists representing various organisations from the sphere of mental health care service, who presented different views upon the problem, as well as methods of work. Here the participants had a chance to get a comprehensive idea concerning modern approaches to work with children. The seminar was led by T.F. Esina, Psychologist, Methodologist at the Department of Infant School in the town of Nevinnomyssk, T.N. Kosova, Child Psychiatrist, Deputy-Chief Physician at Stavropol Regional Clinical Mental Hospital, N.V. Mitriashkina, Pedagogue-Psychologist at the Centre for Psychological-Pedagogical Aid, T.M. Yartseva, Psychologist of the Department of Psychological Service at the Regional Medical-Psychological-Pedagogical Centre, Stavropol.

Both the structure and the content of the conference were designed so that it would not be just a scientific event, but rather a public event. Apart from seminars, the conference was preceded by open public lectures on the topic of mental health of the family and researches in psychotherapy, which were held on the premises of one of the



Kjell-Petter Bogwald (Oslo, Norway) and colleagues from Stavropol regional clinical mental hospital - working group for the development of the Stavropol-33 symptom checklist.

local higher educational institutions; another open lecture was delivered for mental institution patients and their relatives, and a seminar for business people was organised, where the lecturer dwelled upon the problem of "burn-out" syndrome.

Just before the conference the Department for First Psychotic Episode was officially opened, and representatives of various social groups – local parliament members, officials from Ministry of Health Care, drug-producing companies employees, students – attended that.

The venue for the conference itself was the building of the Stavropol State Philharmonic Society, located in the

historic centre of the town. The organisers tried to attract public attention, informing people about the event ahead through the mass-media, and advertisement boards, which bore its fruit.

One of the most important and interesting events at the conference was the round-table discussion "Society and Mental Health: Ways of Integration", which had been initially planned as the key event.

The leading representatives of various groups of the local society aired their views – that opportunity had a priest, a local TV-programme editor, public servants, members of non-profit organisations, as well as teachers and medical employees. It was obvious that the time provided for the discussion

was not enough, and it should be continued to develop into a constructive dialogue and shaping a common view upon the problem. In fact, this time it was possible just to present various viewpoints and express some parts of that complex issue. But there was an obvious interest both from the lecturers and the participants, which gives us every reason to believe the discussion will be continued.

Mention should be made that this year drama-miniatures, performed by young actors, symphonic concert, and an exhibition of art-works executed by patients, were also included into the programme of the conference. All this, undoubtedly made the atmosphere at the conference more exciting, encouraging people in their informal communication.

3rd Stavropol Conference "Society and Mental Health" was not only an event for professionals, but also evoked public interest to mental health care problems which, we believe, indicates they will be solved successfully.

We would like to express our deepest gratitude to the organisers and to the participants. We are especially thankful to the lecturers and seminar-leaders. The volume of the conference materials will be printed soon. To purchase that, or to contribute your ideas and suggestions concerning the next conference, please contact us at stav-psy-conf@yandex.ru or phone us: +7 (8652) 37 29 48.



How could I go about starting up a local isps group?

There are two main ways; you can either find other like-minded people and get together to think about what you might like to get out of forming a local group, or you may already be part of an existing group of people who meet from time to time (e.g. to discuss research or clinical material) and you may wish to give the ISPS name to that group - there is no need to "reinvent the wheel" where such a group already exists.

What are the requirements for being a local group of ISPS?

1. The primary aim of the network / group must be the promotion / development of psychological therapies for persons vulnerable to psychotic disorders.
2. The local group must pay a yearly fee to ISPS. The fees to ISPS are kept to the absolute minimum to allow for a maximum growth potential of local groups.

3. The local group must keep a reliable, up to date membership list and send regular updates to ISPS.
4. The constitution of the ISPS must be accepted.

Who can apply for a start-up grant from ISPS?

Usually we make a one-off grant of between \$500 and \$1000 to eligible groups. A total of \$5000 start-up money is available during the year 2004. Since the grant is intended to help groups that could not otherwise get started, high income countries as defined by the World Bank are not eligible to apply. For the time being we will consider applications from upper middle income countries, although this decision will be reviewed annually. World Bank classifications of countries can be viewed at <http://iufro.boku.ac.at/iufro/secre/wb-categories-categories.htm>

See our website www.isps.org for further information or email [Antonia Svensson](mailto:Antonia.Svensson@isps.org) on isps@isps.org

What is your contribution to the next newsletter



Visit our website: www.isps.org

- Your local ISPS group and its activities ?
- Meetings, congresses or workshops ?
- New approaches in psychological treatments of psychoses ?
- Research that you are involved in ?
- Questions that you would like to discuss ?
- Please send material for the ISPS newsletter and the ISPS website by e-mail to: isps@isps.org

How to become an ISPS member and enjoy membership rights

There are different ways to become a member of ISPS

You may become a member of ISPS as a **member of a local or national ISPS group or network**. Please contact our ISPS secretariat for information on local groups in your area. Members of such groups will receive the ISPS newsletter through their group and have reduced fees on ISPS congresses.

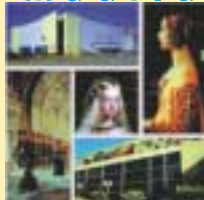
ISPS encourage and support members to form local groups.

You may also join ISPS as an **individual member** using the form to the right.

The fee is NOK 250 (approx. 30 Euros or US\$ 33) or NOK 625 for 3 years (approx. 75 Euros or US\$ 81).

As a member you will receive the ISPS newsletter and have reduced fees on international ISPS congresses.

SEE YOU IN
Madrid



JUNE 2006

APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP IN ISPS

Send or fax to ISPS c/o SEPREP, Jernbanetorget 4 A,
N-0154 Oslo, Norway

Fax nr. +47 23 10 37 79



NAME	MEMBERSHIP: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
STREET/ADDRESS	TITLE: <input type="checkbox"/> MR <input type="checkbox"/> DR (MED) <input type="checkbox"/> PROF <input type="checkbox"/> MS <input type="checkbox"/> DR (PHD)
CITY/TOWN	PROFESSION: <input type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PSYCHIATRIST <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> NURSE <input type="checkbox"/> SOCIAL WORKER <input type="checkbox"/> ARTS THERAPIST <input type="checkbox"/> STUDENT IN: <input type="checkbox"/> MEMBER OF USER ORG.: <input type="checkbox"/> OTHER:
POSTAL CODE	
COUNTRY	
TELEPHONE	
FAX	ARE YOU A PSYCHOTHERAPIST IN YOUR COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO
E-MAIL	IF YES, PLEASE TICK UP TO THREE ORIENTATIONS: <input type="checkbox"/> PSYCHOANALYTIC <input type="checkbox"/> SYSTEMIC <input type="checkbox"/> COGNITIVE <input type="checkbox"/> GROUP <input type="checkbox"/> INTEGRATIVE <input type="checkbox"/> FAMILY <input type="checkbox"/> MILIEU <input type="checkbox"/> OTHER:
<input type="checkbox"/> VISA <input type="checkbox"/> AM. EXPRESS <input type="checkbox"/> DINERS CLUB <input type="checkbox"/> MASTER CARD <input type="checkbox"/> EXP /	CREDIT CARD NUMBER:
<input type="checkbox"/> PAYMENT BY ENCLOSED CHECK	PLACE OF WORK: <input type="checkbox"/> PRIVATE PRACTICE ONLY <input type="checkbox"/> INSTITUTION/ORGANISATION <input type="checkbox"/> RETIRED FROM <input type="checkbox"/> OTHER
DATE (D/M/Y): SIGNATURE:	MEMBERSHIP FOR <input type="checkbox"/> ONE YEAR (NOK 250) <input type="checkbox"/> THREE YEARS (NOK 625)