

Quo vadis, ISPS

... we have to make efforts to develop an empathic and individualized understanding of the many-faceted problems of our patients and to help their growth as human beings, based on this understanding. This is the crucial starting-point of all genuine psychotherapeutic work. It should also form the centre of ISPS activities, the only world wide community established for this purpose.

Prof. Yrjö Alanen

Task Force on the PORT Study Revision

The ISPS Executive Board, in its November 26, 2000 meeting established a Task Force on the upcoming revision of the PORT Study recommendations.

Psychosis: Psychological Approaches and their effectiveness

This volume provides excellent reading throughout. It is also well edited and has an exhaustive introductory essay by Brian Martindale which reviews the present state of therapeutic research. This chapter alone justifies the purchase of the book.

(from the book review)

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Use the newsletter

In this newsletter Yrjö Alanen, one of the ISPS honorary life time members, is reminding us about the development for ISPS and raising important questions about its present and future course.

His challenging paper is well worth reading, and we welcome you to take part in this discussion by submitting your comments for the next issue of the newsletter.

His paper is also an example of how the newsletter may be used by members for raising and discussing important issues. What issues would you like to see in the newsletter? Perhaps it is up to you to put these on the agenda in the newsletter?

The website is also available for news and other contributions from ISPS members, and it is updated when we receive material that can be posted there. Local ISPS groups can use the website for sharing information with others and announce events.

The newsletter is distributed twice a year, and is reaching all members, including those that do not have access to the website. The newsletters in 2000 were delayed in printing and distribution, but from 2001 we intend to publish one issue in the spring and one in the autumn.

We look forward to receiving news and other contributions from you within April 10 for the ISPS newsletter of May 2001.

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 psychosocial 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 members and the executive committee, updates the website, prints and distributes the newsletter, keeps a database of ISPS members and local networks, and helps the society and the members with information and other services. Mail to the ISPS and the executive committee may be sent to the secretariat, who will forward it to the right persons.

The secretariat is hosted by the Centre for Psychotherapy and Psychosocial Rehabilitation of Psychoses (SEPREP), which is a non-commercial foundation and a network of clinicians and researchers promoting psychological treatment of psychoses in Norway.

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ISPS honorary life time members

Yrjö Alanen, Finland
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Bryce Boyer, USA
Stephen Fleck, USA
Murray Jackson, UK
Jarl Jørstad, Norway
Theodore Lidz, USA
Christian Müller, Switzerland
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Helm Stierlin, Germany
Lyman Wynne, USA

News from the chairman and the ISPS executive committee

Dear friends and colleagues

The new board has now been working together for a good half year. Coming from different parts of the world, we «meet» on a regular basis through teleconferences.

However, we need to meet in person also, to discuss important matters in more depth, and we therefore had a board meeting in London the 25th and 26th of november 2000. It was not possible for all the board members to meet in person, so Brian Martindale, Patrick McGorry, Torleif Ruud and Jan Olav Johannessen met in Brian's home just outside London, while Courtenay Harding, Ann Louise Silver, Johan Cullberg and Franz Resch participated by telephone.

In that meeting the board agreed to focus on the following important issues in the next years:

1. Build the contact with other international organisations such as WPA, WHO, WAPR, IEPA etc, to try to reinforce each others efforts to make a room for psychosocial interventions in future psychiatry.
2. The ISPS want to launch a book series, and we are negotiating with an important publishing company for a series of 5 or 6 books to be released the next years. Some of the proposed themes are: "Schizophrenia and other Psychosis: Different stages - different treatments", "Psychological Interventions in early Psychosis", "Psychosis and Adolescents", "Family work in Early Psychosis", "Children of Parents who suffer from Psychotic Illness".

Brian is the coordinator of the work with the books, and the board heartily welcomes views, ideas and opinions on themes, editors and so on.

3. The PORT-revision. As some of you may know, a task force under the leadership of Prof Anthony Lehman publish recommendations for different treatment modalities regarding Schizophrenia, a kind of US guidelines. These are now being revised. The board has appointed a task force to critical review the PORT-recommendations, to review studies from around the world on the question of the effectiveness of the various psychological modalities in the treatment of psychoses. The group will offer its opinion on these studies, considered individually and in toto. It will address the helpfulness, the possible harmfulness, and the monetary value of investments in such treatments. It will especially address the current accuracy of the PORT's Study Recommendations 22 and 26. The group members include John Gleeson (Aus), John Read (NZ), Colin Ross (US), William Gottdiener (US), Frank Margison (GB), Christof Mundt (D) and TK Larsen (N), chair. Their contact details are listed elsewhere in this issue of the newsletter. As this is a very important topic, we will encourage all members of the ISS to help the task force in their work, by for example forwarding them central articles, references and so on. We also hope that the topic can be addressed here in the columns of the newsletter in the forthcoming issues.

4. Local chapters and the further development of them as the basis for our organisation. Contacts from the the board in these matters are Courtenay Harding and Brian Martindale.

The board has also started the detailed planning of the next ISPS symposium, to take place in Melbourne, Australia, in the autumn of 2003, probably october/november. The exact date is about to be determined these days, and first announcement will be due in January 2001. We also have "applicants" for the 2006 meeting, and on invitation from a French group led by dr. Pierre Delion, Franz Resch and Jan Olav Johannessen visited Angers, between Paris and Nantes to participate in a conference on "Corps et Psychose", which assembled ca 800, mostly french, participants. The congress, which took place 7th-9th of november, was very well organised and it is clear that the french milieu is a very strong one, which we hope will find ISPS a useful partner in the future.

Franz, Torleif and Jan Olav have also visited WHO and the director of the department of mental health and substance abuse, dr B. Saraceno. We were very well received in Geneva by dr. Saraceno and his staff the 15th of december, and had very useful discussions. We look forward to future cooperation with the WHO, and have some interesting possible future projects where we will cooperate, hopefully together with IEPA.

Regarding economy, the final result after ISPS2000 is not yet ready, but so far it looks promising, and it seems like we will make a surplus that can secure the work in the ISPS for the next three-year period. We would, however, encourage everyone to register as a member. The economic impact of that is important; more important is however to join forces in securing a place in future psychiatry for humanistic treatments.

On behalf of the board, I wish you all all the best for the new year!

Jan Olav Johannessen
chair, ISPS

The ISPS executive committee

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Johan Cullberg, Sweden
Courtenay Harding, USA
Brian Martindale, UK
Patrick McGorry, Australia
Franz Resch, Germany
Torleif Ruud, Norway
Ann-Louise Silver, USA

Quo vadis, ISPS?

Seen globally, the position of psychotherapy in the treatment of schizophrenic patients has always been frail. The interest in this field has most often been restricted to psychoanalysts or other psychotherapists specially dedicated to study the problems of these patients and work with them. During the last decades of the 1900s, these activities were further threatened, especially in the United States, because of the intensive neurobiological brain research and molecular genetics, promising success also with regard to our understanding of the nature of schizophrenia. There is every reason to examine seriously the future of our field, including the development of the symposia and other activities of the ISPS.

Short history of ISPS symposia

I will begin with a short overview of the thirteen ISPS symposia. For its part, it also reflects the history of the psychological treatment of schizophrenia (and other psychoses) during the last fifty years in a more general sense (cf., also, Benedetti, 1992).

The first ISPS symposia were held in Lausanne, Switzerland, in 1956, 1959 and 1963, organized by Gaetano Benedetti and Christian Müller. The amount of participants was restricted to about thirty. Most of them were psychoanalytically oriented individual therapists from the Central European area.

After a pause of eight years, the fourth symposium was arranged in Turku, Finland, in 1971 (chairman of the organizing group: Alanen). Two important innovations were made. Besides individual psychotherapy, family therapy and therapeutic communities were included in the program, and we also invited a group of leading U.S. and British psychotherapists to contribute to our program. The amount of participants was still restricted, now to sixty.

The same general line of content was continued in Oslo, 1975 (Jorstad and Ugelstad), in Lausanne, 1978 (Müller), in Heidelberg, 1981 (Stierlin, Wirsching and Wynne), and in New Haven, 1984 (Lidz and Fleck). A gradual disappearance of restrictions with regard to the amount of participants was begun already in Oslo, diminishing the intimacy of the atmosphere but allowing also younger and less experienced colleagues the possibility to participate. In Turin, 1988 (Furlan), the number of participants was highest, about 1100, because parallel program was also arranged in Italian. However, also in Stockholm, 1991 (Cullberg), the symposium had about 800 participants.

Besides psychoanalytically oriented individual therapy, family therapy with its new systemic emphasis had a prominent position in the program, especially in the Heidelberg symposium. Current trends in community psychiatry were increasingly represented, most

contributions still maintaining an integrated psychodynamic orientation. Besides this, the cognitive approach also made its tribute, being visibly represented in the Stockholm symposium. This was also the last symposium the main lectures of which were published as a separate book or proceedings.

Influenced by the decreasing interest in psychoanalytically oriented psychosis psychotherapy in the U.S.A., the organizing group of the Washington, D.C. symposium, in 1994, chaired by the late David Feinsilver, thought a dialogue with biologically oriented researchers to be relevant. The was good but I did not see that much progress was made. The amount of participants was less than in the preceding symposia, but rose again to 700 in the London symposium, 1997, in which Brian Martindale was in the chair of the organizing group. Here, a more many-sided rainbow of psychotherapeutic orientations was represented, with an increased attention to cognitive and behavioural orientations.

Already during the Washington symposium, a most important administrative innovation was began, to be confirmed in London, 1997: a central organ for the activities thus far restricted to the arrangement of symposia was established. As a sign of historical tradition, the initials ISPS, from the International Symposia for the Psychotherapy of Schizophrenia, were preserved but the name of the new organization now emphasized a larger sphere of activities: International Society for Psychological Treatments of Schizophrenia and Other Psychoses. A newsletter was founded and local groups with their own meetings stimulated to be started.

The Stavanger Symposium

The Stavanger Symposium in June 2000, organized by Jan Olav Johannessen and his team, gives rise to some serious afterthoughts. This does not refer to practical arrangements, which were excellent, but to the course of the content. I understood that the organizers wanted to emphasize an integrated orientation, with a special attention to evidence based studies. In fact, some integration seemed to be in the air, e.g. between psychoanalytic and cognitive modes of treatment: the psychoanalyst Johan Cullberg had successfully applied in his work techniques influenced by cognitive therapists and the cognitivist Max Birchwood had found transference phenomenon while seeking reasons for patients' non-compliant attitudes to treatment. Another positive feature was the increasing interest in the prevention and early treatment of schizophrenia, so important for the prognosis of our patients and for our psychotherapeutic efforts to help them.

To a psychoanalytically oriented psychotherapist, especially two plenary presentations during the last symposium day seemed doubtful. First, Wayne Fenton,

speaking of depression and suicides in schizophrenia, gave ample space to a review of the etiology of this disorder, emphasizing the vulnerability-stress model but totally ignoring the significance of life years from 0 to 16 for the personality development of future patients (as aptly pointed out by a frustrated colleague arrived to Stavanger from New Zealand). Then, in the last plenary lecture of the symposium, headed "Integrative treatment: What does the research show?", Anthony Lehman stated that it is now common knowledge that schizophrenia is an organic illness, illustrating his point with a MRI picture of the brains of a pair of identical twins discordant to schizophrenia, taken from Suddath's et al. (1990) well-known series. For Lehman, the integrative treatment meant a combination of Hogarty's managerial "personal therapy", social skills training, family psychoeducation and neuroleptic medication.

Notes on the present situation of the research of schizophrenia

I do not oppose to an integrative development, a matter which I hope is known to those who have acquainted themselves with my book "Schizophrenia – Its Origins and Need-Adapted Treatment" (Alanen, 1997). What I do oppose to is a restrictive view of schizophrenia, with a denial of the psychodynamic approach as an essential part of the study and treatment of our patients – a topic crucial in the history of the ISPS.

The restrictive tendencies were most clearly presented in the treatment recommendations published 1998 in Schizophrenia Bulletin by the Schizophrenia Patient Outcome Research Team (PORT) of The U.S. National Institute of Mental Health (Lehman, Steinwachs et al., 1998). There are two recommendations dealing with the psychodynamic orientation:

Recommendation 22: Individual and group psychotherapies adhering to a psychodynamic model (defined as therapies that use interpretation of unconscious material and focus on transference and regression) should *not* be used in the treatment of persons with schizophrenia.

Recommendation 26: Family therapies based on the premise that family dysfunction is the etiology of the patient's schizophrenic disorder should *not* be used.

(These are the only recommendations in which the italics type is used by the PORT team.)

Such orders, not possible in our Northern European climate, may be understandable, at least partly, if it has been proved that schizophrenia is a definitely organic illness, based on irreversible brain disorders. But is it so?

My personal experiences as individual and family therapist of schizophrenic patients during forty years make it hard for me to believe that this would be true. For

many of my patients, a label of "brain invalid" would have been equal to a psychological castration. However, it may be more appropriate to justify my opinions more generally, with some critical comments on the present state of schizophrenia research.

According to a comprehensive review by Harrison (1999), the neuropathology of schizophrenia remains obscure, despite a hundred years' research. Like most neurobiologists, he sees the most convincing argument of the structural basis of schizophrenia in the findings of ventricular enlargement and decreased cerebral volume, demonstrated since 1976 by imaging methods such as CT and MRI (and, as a matter of fact, already alluded to by pneumoencephalographic studies in the beginning of the 1960s (Huber, 1961, Haug, 1962). However, it is rather typical of biopsychiatric research that these findings are presented as statistical means, thus ignoring the fact that an enlarged ventricle/brain ratio is found only in a part of schizophrenic patients (according to Syvälahti's review from 1994, in 6 to 40 per cent them). The etiology of aberrant findings is most probably heterogeneous (as also pointed out by Fenton in Stavanger) and they have also been found in other persons than those suffering from schizophrenia, especially in mood disorders (e.g., Rieder et al., 1983; Hauser et al., 1989) and, even if in minor amount, in normal control samples. This leads, according to my opinion, to the conclusion that these findings cannot be regarded as specific to schizophrenia, but should more probably be regarded as one of the predisposing factors constituting a heightened risk for this disorder (and probably also for other conditions)

Typical for brain research on schizophrenia is also an almost total lack of discussion about the relationships between brain development (even at the functional level) and psychological-interactional influences on it. Still, we know that interactional relationships with other people are part of human biology, playing a crucial role in human psychosocial development and the underlying cerebral functions.

Despite very intensive molecular genetic research, no specific "schizophrenia genes" have been found and it has gradually become unlikely that such genes would be found even in the future. In two recent international genome-wide studies of schizophrenia five (Levinson et al., 1998; or even 12 (Shaw et al., 1998) chromosomal areas were found with nominal levels of significance; however, linkages were weak enough to lead both research groups cautiously remark that all of them could be due to chance. No one would deny the importance of genetic factors but it seems plausible that even these findings should be interpreted as indicating a heightened risk for schizophrenia but not as a specific cause of it.

The results of the large Finnish adoptive family study conducted by Tienari and his co-workers (Tienari

1992; Tienari et al. 1993), based on almost 200 adoptive children with schizophrenic biological mothers and a same-sized adoptive control material, also included a thorough investigation of the mental health state of the adoptive families. The study clearly confirmed *both* the influence of genetic predisposition to the psychoses of the schizophrenia group *and* its interaction with psychosocial environmental factors. However, the results of this study are often ignored in the literature, compared with the well-known Danish-American adoptive study, more restricted with regard to its material and methodology.

In America, the findings of early family studies seem often to have been understood as blaming the parents for the illness of their children, even by professionals, as described by Fenton (1999) in his review of my book in the ISPS Newsletter last year. Such claims are utmost regrettable because they are damaging family therapeutic practices clearly experienced as beneficial both to the patients and to their families (Alanen et al., 1991; Lehtinen, 1993; Alanen, 1997). Even if there may have been grounds for such claims, they must be regarded as outdated, both in the light of our present knowledge of the multi-faceted and multi-layered etiological factors of schizophrenia, and because the newer systemic view to family studies and therapy taught us that family dynamic processes have always a circular background: not only do the parents influence their children's personality but also the children, with their innate inclinations, influence their parents and the mutual relationships thus come into existence. In Finland and in the other Northern European countries, an integrated family- and individual-centered therapeutic approach was developed (Alanen et al., 2000; Cullberg, 2000) to help both the patients and the families, not to make scapegoats of any of them. The positive resources found in the families during therapeutic processes, initiated right in the beginning of the treatment, have often an important impact on this work.

As for individual therapy, in most follow-ups no account is given to the heterogeneous nature of the schizophrenic disorders. Because of this heterogeneity, there are considerable differences in the patients' therapeutic needs, including their motivation to treatment. However, a mode of treatment cannot be considered ineffective if it only benefits a part of the subjects. And, referring to McGlashan's (1984) follow-up of Chestnut Lodge patients: even if therapists working in this institution have taught us much of the psychology of schizophrenia, it cannot be expected that best results could be achieved with patients admitted to hospital only when the disorder has already become to its chronic phase.

I believe that the etiology of schizophrenia is multifactorial and differently weighted in different cases, as are also the therapeutic needs of different patients. According to our Finnish experiences, the preconditions for success in a psychoanalytically oriented psychotherapy of schizophrenic patients are best when 1)

the patient's disorder does not belong to the most serious clinical category (the personality disorganization is not very deep or has not lasted long); 2) insightful motivation for long-term work is being or has been aroused in both the patient and the therapist; 3) the prerequisites for sufficient continuity for the therapeutic relationship exist. In the frames of community psychiatry, special attention should be given to the selection of patients for such therapies, taking into account also the personal "fit" between the patients and the therapists. The indications are naturally much wider for more supportive therapeutic relationships, still characterized with basic psychodynamic understanding.

What about the future?

The main way for further development of our field is an integrated approach, including the study of the usefulness of various therapeutic orientations and techniques with different patients as well as with their families. It is probable that indications for different modes of psychotherapy will in the future not be defined on the basis of clinical criteria alone but be supported by biopsychiatric and neuropsychological assessments. However, we must avoid one-sided and restrictive views which are so easily aroused especially among biomedically oriented researchers but also among others whose blinkers lead them to regard their own work as the only correct approach.

For many of us it is not easy to understand the inner world of schizophrenic persons and the problems inherent in their interpersonal relationships. The temptation to be content with a seemingly objective outside approach are great. However, we have to make efforts to develop an empathic and individualized understanding of the many-faceted problems of our patients and to help their growth as human beings, based on this understanding. This is the crucial starting-point of all genuine psychotherapeutic work. It should also form the centre of ISPS activities, the only world wide community established for this purpose.

We should remember the dedication of the founders of the ISPS and steer our ship some points more to its original route.

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Task Force on the revision of the PORT recommendations

The ISPS Executive Board, in its November 26, 2000 meeting, established a Task Force on the upcoming revision of the PORT Study recommendations.

Its members include John Gleeson (Australia), William Gottdiener (USA), T.K. Larsen (Norway), John Read (New Zealand), Colin Ross (US), Frank Margison (GB) and Christof Mundt (Germany). T.K. Larsen will chair this Task Force.

On the next page you can read a copy of the letter sent to Prof. Lehman regarding the willingness of this group to contribute to a review of the current evidence for different modalities of psychological treatments of schizophrenia.

The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations and the results of a corresponding study of actual patient care, were both published in Schizophrenia Bulletin (Vol. 24, No. 1, 1998). The study was funded by the National Institute of Mental Health in the USA.

Based on a review of current scientific evidence documenting the most effective treatments, a team of researchers from three major research centers developed guidelines for schizophrenia treatment. These are called The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations and consist of 30 recommendations.

As you can read in the paper of Alanen on page 4 in this issue and in the report from the ISPS chairman on page 3, many psychotherapists are worried because the PORT recommendation 22 may be read as a strong advice against psychodynamic approaches in psychological treatments of persons with schizophrenia.

The PORT recommendations 22 on psychotherapy and 26 on family therapy is quoted in the paper by Alanen, which also gives the reference to the paper in Schizophrenia Bulletin where the PORT recommendations are published.

The Task Force will gather empirical evidence from all over the world related to the effect of psychological treatment of psychoses.

You may contribute to this work by sending information to one of the members of the group on studies that you know. Their addresses are given in the next column.

Members of the Task Force

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December 12, 2000

Anthony F. Lehman, M.D.
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Dear Dr. Lehman

Following its recent executive board meeting on November 26, 2000, The International Society for the Psychological treatments of the Schizophrenias and other psychoses (ISPS) has established an expert task force to review the worldwide evidence for psychological treatment of the psychoses. This task force plans to communicate its findings to you in connection with the up-coming revision of the PORT Study recommendations, and to assist other national and international entities addressing this issue. Its members include John Gleeson (Australia), William Gottdiener (USA), T.K. Larsen (Norway), John Read (New Zealand), Colin Ross (US), Frank Margison (GB) and Christof Mundt (Germany).

The task force chairperson is T.K. Larsen. The task force's mission is to communicate to you and interested others concerning studies from around the world on the question of the effectiveness of the various psychological modalities in the treatment of the psychoses. It will emphasize those studies which include statistical data. The group will offer its opinion on these studies, considered individually and in toto. It will address the helpfulness, the possible harmfulness, and the monetary value of investments in such treatments. It will address the current accuracy of the PORT Study's Recommendations 22 and 26.

The task force requests 1) information on the timetable for the PORT Study revision. We were told by one of our members that the revision materials may be distributed very soon to your list of 100 readers. 2) The ISPS Board recommends that you include this task force in your list of experts to be consulted regarding the revision drafts generated by your group. Such revisions could be sent to tklarsen@online.no

Jan Olav Johannessen
Chair, ISPS Executive Board

Brian Martindale
Board member, ISPS Executive Board

Ann Louise Silver
Board member, ISPS Executive Board



News from the ISPS networks

This column is intended for report on activities in the ISPS groups and networks throughout the world. We encourage members to share events and developments for mutual inspiration, - networking between networks.

The Stavanger ISPS conference has been a stimulating source for a number of individuals in European countries in sowing the seeds of new ISPS local groups.

David Holub from the *Czech republic* david.holub@quick.cz is active in giving lectures, running workshops and generally spreading the word about psychological treatments of psychosis and dreams of ensuring that there is a textbook before long on the subject in Czech.

Discussions are taking place with *Polish, Dutch, Italian and French* colleagues and we hope to have more news for forthcoming newsletters.

In the *Nordic countries*, there has been a pan-Nordic ISPS meeting and there is good dialogue ongoing between small groups in the different countries. However there seems to be recognition that more local activities and meetings are needed to maintain the cohesion of significant numbers of persons who are well cathected with the psychological approaches to psychosis.

In the *United Kingdom*, there will be a major ISPS conference on September 13 and 14, 2001 entitled 'The therapeutic relationship' in individuals and families affected by psychosis. A conference of significance for every mental health professional. It will be held at Reading University within easy access of Heathrow. Dr Jan Olav Johannessen, Chair of ISPS will be an invited key speaker. Those interested should contact isps@bellhowecon.demon.co.uk.

A *German* local ISPS group will be founded and have its first meeting at the 13th World Congress of the World Association for Dynamic Psychiatry –

affiliated with the WPA - (in cooperation with the Ludwigs-Maximilians-University in Munich, philosophicum) on March 14th in the evening.

Maria Ammon and Franz Resch will run a workshop at the Congress on the psychotherapy of psychoses: prepsychotic development of the self. We will welcome new members and aim to develop an expanding nucleus of interested persons. For further information and to express your interest contact Franz Resch: Franz_Resch@med.uni-heidelberg.de

Dr Martindale from the ISPS board is available for advice and encouragement about developing ISPS networks in European cities, regions and countries and would welcome any news of persons and groups in Europe and their activities in relationship to the objectives of ISPS.

Brian Martindale drbmartindale@cableinet.co.uk

US Chapter of ISPS

ISPS-US held its second annual meeting on October 7, 2000, on the history of asylums and analytic applications to treating psychosis. The afternoon's program focused on the PORT Report. We learned at that time that a revision of the Report is planned. We are grateful to the ISPS executive board for organizing an international task force to locate research addressing the place of psychodynamic treatments of psychotic disorders. Dr. Anthony Lehman, senior author of the PORT Report has welcomed the task force's participation in providing relevant information. The task force will receive copies of all drafts of the Revision, and its input will be welcomed. ISPS has thus become an active participant in policy-making in the US.

Additionally, ISPS-US has become an affiliate organization of the International Federation for Psychoanalytic Education, deciding this at the IFPE November meeting in Chicago, «Psychoanalysis and Psychosis.» ISPS-US-Chicago formed at that time as well, and has held one meeting.

Our listserv and our newsletter continue to bring new members to ISPS-US.

We congratulate Gail Hornstein on the publication of *To Redeem One Person is to Redeem the World: The Life of Frieda Fromm-Reichmann*. New York:

Free Press. Fromm-Reichmann was among the founders of The International Symposium on the Psychotherapy of Schizophrenia.

Ann-Louise S. Silver, M.D.
ASILVER@psychoanalysis.net

ISPS and The World Psychiatric Association (WPA)

The ISPS intends to apply to be an affiliate member organisation of the WPA and hopes that this will be ratified in the WPA Yokohama World Congress in August 2002.

In the meantime the ISPS proposal for a symposium on EARLY TREATMENT OF

SCHIZOPHRENIA has been accepted by the planning committee of the London conference of the European Region of the WPA together with the Royal College of Psychiatrists. The symposium will be held on July 13th 2000 and the conference from July 9th-13th.

Both Jan Olav Johannessen and Johan Cullberg will be speakers at the symposium. Earlier in the day Franz Resch (Germany) will be involved in a symposium on Early detection of psychosis. In the afternoon Dr Brian Martindale and Professor Bent Rosenbaum (Denmark) will conduct a workshop on *The Scandinavian need-adapted model: Principles and a Case Illustration*.

Interested persons should contact M.Kerby@rcpsych.ac.uk or visit the website of the conference www.rcpsych.ac.uk/2001

Brian Martindale



We do research in Schizophrenia

Guidelines for the formation of national / regional / local ISPS networks

As an international society, ISPS makes membership available through national, regional and local networks (groups).

ISPS encourages and supports formation of such groups and networks and will keep the organisation of networks as bureaucratically light as possible.

Each group or network may decide its geographical and/or professional boundary (see note at the bottom of this page).

ISPS networks contribute 20 % of their annual total dues to ISPS, with the minimum amount of £2 per member of the network.

Contact ISPS secretariat if you have any questions concerning forming a local group or network. An information package is available for those who want to form local groups or networks, and the ISPS secretariat may give you information on local groups and members in your area.

The conditions of being a member network of ISPS

1. **The primary aim of the network** must be the promotion/development of psychological therapies for persons vulnerable to psychotic disorders.
2. **The network pays the ISPS network fees.** Membership of the international ISPS and its benefits will only be available through networks that pay the expected contribution to ISPS for its members. These network fees to ISPS will be kept to the absolute minimum to allow for a maximum growth potential of local networks.
3. **The network keeps a reliable, up to date membership list and sends this to ISPS.** For communication and ratification of membership purposes, it is required that each network has a reliable and regularly updated list of members with each member's address, telephone, fax and as far as possible e-mail address. A named person in each network must have the responsibility for the membership address list and for regularly sending updates of this list to the ISPS secretariat (with an easy way of notifying the secretariat of additions and deletions). The ISPS secretariat will make available different formats of data files as a common way of recording and submitting this information.
4. **The constitution of the ISPS is accepted.** The constitution is available from the ISPS secretariat and on the ISPS web site.

Members of local/national ISPS groups or networks will

- receive the ISPS newsletters through the network twice a year
- be entitled to reduced fees at ISPS international conferences
- be able to be involved in other activities of the ISPS as these develop

Organisations other than ISPS networks are welcome to affiliate to ISPS for an affiliate fee of £100 per year or £250 for three years. The organisation will receive ten copies of the newsletters and is encouraged to make ISPS events known to their members. Please contact the ISPS secretariat for further information.

In addition to ISPS membership through such national/regional/local networks, there is also individual membership available in the international society (see the last page of the newsletter).

Notes:

In some areas it might make sense to have a national network or a network covering several small nations or those with a common language if meetings or other forms of dialogue were realistically able to happen. Large networks might have local subgroups. In other areas, a city or county or region within a country may want to form its own network with direct membership of ISPS.

Some networks form to promote skills or knowledge etc in one particular therapeutic modality eg cognitive therapy, the application of psychoanalytic understandings to psychosis, family interventions, arts therapies. Networks of users (clients, patients, consumers) and family members may wish to join. Other networks may want to aim to bring together different therapeutic modalities - as well as user movements and administrators.

Speech of Queen Sonja of Norway at the opening of the ISPS 2000

Dear participants of the ISPS congress,

Serious psychiatric disorders are more common than we usually think. The different psychoses represent personal disasters for those being struck by these disorders, and for their families. Also for society, the burden is severe. Not many people know that the costs connected with schizophrenia are higher than for for example all costs connected to diseases of the heart and lungs, including hearth infarction (cerebrovascular diseases), or with all cancer. This is due to the fact that schizophrenia is a disorder of young age.

However, still many people think that to get a psychosis represents a life-long disability. Luckily, this is not always the case. We now know that about one fourth of all cases have a very good prognosis, and that only around 25 % take a chronic course. Many of you who are gathered here for this convention, have given substantial contributions to our knowledge in this field. Your research has already given indications that intervening earlier, that is to offer treatment earlier in the course of the disorder, can improve the outcome for the patient. That is also the focus for this conference; these serious disorders are really and truly treatable, and it makes a difference if one can start treatment of people developing psychotic disorders as early as possible in the development of illness. Of course, this is common sense, and one needs not be a doctor to understand as much; on the contrary, perhaps.

I also understand that an underlying value that you who are gathered here, share, is to treat people with disorders like schizophrenia with respect and like other human beings, not different from the rest of us. To offer them a chance to tell their story, to work with their problems, to understand their history, and to resolve their suffering.

In our so-called modern times, time in itself becomes a luxury that we often do not allow each other; even in our hospitals time is becoming a minimum factor. The psychological treatments represent a counterforce to this development, by securing time and space for a working relation between the doctor and the patient.

It is difficult to understand other human beings, yes, it is difficult to understand oneself. Art represents a road to better understanding of ourselves and other human beings. Artists express what often is hidden, and through their work we gain insight and understanding. At this conference you will meet artists and their work, and hopefully gain new insight. The Norwegian artist Lars Hertervig, with a diagnosis of schizophrenia, stands out as one of Norway's most important painters in all times. A hundred years after his death, we see that the former patient was the really resourceful person of his time. In the exhibition "The inner and outer light", Hertervig, together with Stavanger's most important now-living

painter, Kjell Pahr Iversen will hopefully for each one of us shed some light over our lives. The great Swedish filmmaker, Ingmar Bergman, is known to most of you; at this meeting you will get a chance to deepen your knowledge of this important artist. And, through Arne Bendik Sjur you will experience other sides of life's mysteries.

For more than 10 years now, the people working in psychiatry in Stavanger have combined art, culture and their profession in the yearly recurrent Schizophrenia Days. In this week-long mixture of professional lectures, film, theatre, public lectures etc, the goal has been to reduce stigma, to teach the public, and to install hope; to get people to seek treatment, rather than avoiding it. The Schizophrenia Days focus on resources. People suffering from psychiatric disorders are something more than patients, they are people with possibilities. This week, in the Schizophrenia Days, there is a special program for teachers in high schools, acknowledging the importance of this group in both discovering psychiatric disorders among young people, and to integrate young people with such problems in schools and society. In Stavanger's Culture house there is, as usual, a broad programme for the general public. The pioneering work on information that Stavanger's Psychiatric Information Fund has contributed with, is demonstrated at the exhibition area.

We also note, with great pleasure, that the users organisations are active participants in this conference. The new openness we experience related to psychiatry in our days will, no doubt, contribute in bringing psychiatry forward.

It is a pleasure to welcome the 13th international symposium for the psychological treatments for schizophrenia and other psychoses (ISPS) to Norway. I do hope that you will enjoy your stay here, both as professionals, cultural individuals and tourists. And, not least, that you will leave Stavanger as even better therapists than you were on arriving.

Good luck with the conference!

Book review



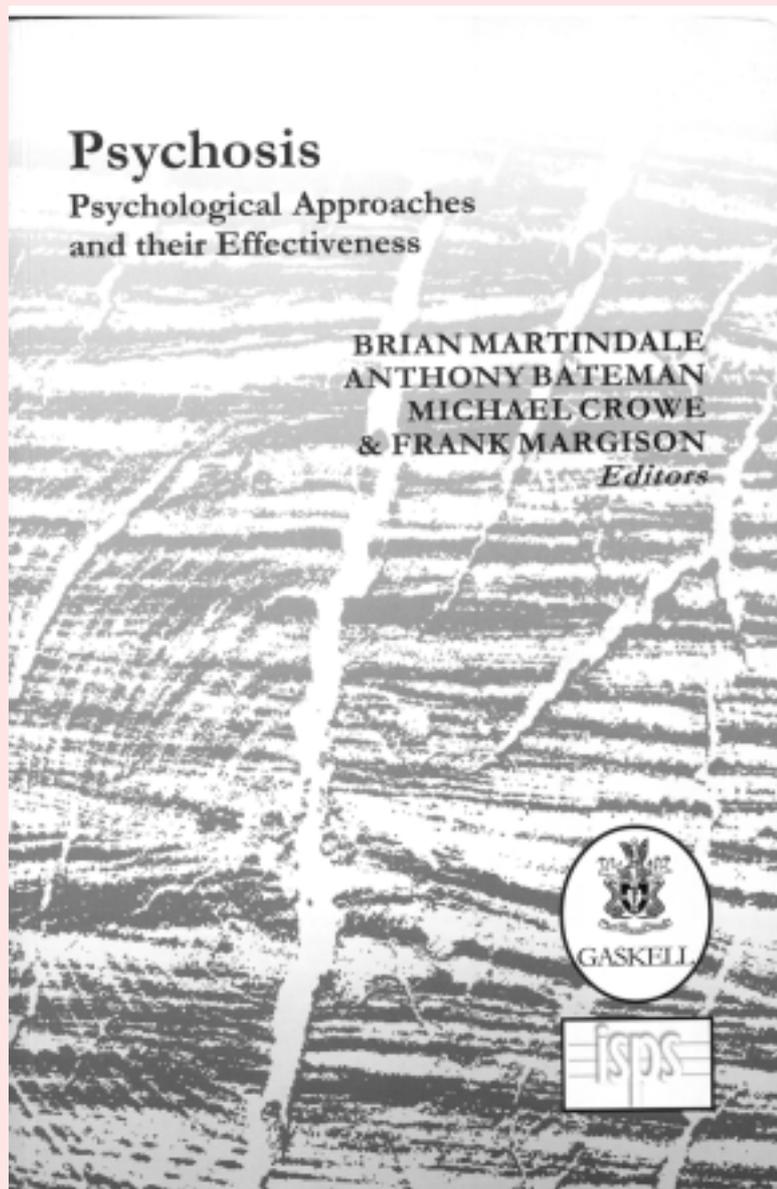
Psychosis: Psychological Approaches and their effectiveness
Edited by Brian Martindale, Anthony Bateman, Michael Crowe and Frank Marginson
Gaskell Royal College of Psychiatrists London. 2000 ISBN 1 901242 49 8

To come to the point right at the beginning: This book offers a most useful survey of all relevant modern concepts of psychological treatment of schizophrenia – cognitive behavioral treatment, psychoeducational work with families including the training of clinical (nursing and other) staff in such work, relapse prevention and short crisis intervention techniques, psychodynamic individual work, models of integrated treatment involving the patient and his or her family at the earliest possible stage of the illness. The concepts show how patient care must vary and extend over long periods inside and outside the hospital and how the needs of the individual patients must be observed.

More than once the editors deplore the fact that the role of psychological mechanisms in schizophrenia is currently being underestimated due to the all embracing enthusiasm in the pursuit of biological issues. Of course not even the most constrained biological psychiatrist would dispute the useful place of psychological treatments albeit in a bundle of more medically geared measures. I do however share the editors' notion that in the age of biology many colleagues have detached themselves from true psychotherapeutic work. The ever present fundamental gap of understanding schizophrenia has

rather widened than narrowed. The existing vast and impressive body of clinical knowledge about schizophrenia is presently not being passed on to the next generation and is fast being forgotten. Many young colleagues have never had the chance to realize the constituting power and deep impact of psychological and interpersonal mechanisms leading towards the illness and governing the early stages of the illness and its long term course. Instead knowledge about psychological factors and their treatment is left to specialists outside the medical field suggesting that the psychology of schizophrenia is a secondary or concomitant phenomenon.

No doubt treatments of schizophrenia have undergone great changes during the last 50 years. In the 1950's and 1960's all therapeutic endeavour was governed by the quest for meaning and subjective or existential specificity of the illness. In the 1970's and 1980's there was a shift towards the real life situation of schizophrenics, their social plight and their familial situation. The constraints and adverse effects of institutional treatment and social stigmatisation were important new topics. Much effort was put into the re-integration of schizophrenics into society. Throughout these decades neuroleptic drug treatment remained



an indispensable adjunct to all treatment planning. Nothing much has changed to this day. Only the sometimes severe side effects can meanwhile be alleviated by the introduction of new types of neuroleptics (however accompanied by new types of side effects!)

It would of course be foolish to forget that without the neuroleptics all progress in the psychological understanding of schizophrenia would have been in vain and psychiatry would still not be a medical specialty being fully integrated in a modern health care system.

It was not until the late 1980's and 1990's that the interest in psychopharmacology and genetic research had become so broad that the era of biological psychiatry had finally arrived. It is curious that the final shift towards biological parameters in psychiatry was not accompanied or legitimized by sensational new discoveries in this field. The emphasis on biology and the lack of clinical training over more than a decade had simply reached a critical mass. It had led to a whole new generation of psychiatrists with little or no expertise in psychodynamic matters. It is the same lack of clinical expertise that enables intelligent researchers to adhere to a simple biological model of schizophrenia that from a profound clinical and psychodynamic viewpoint can only be called naive.

The end of the era of biology is still a far cry. Therefore it is reassuring to see that psychodynamic thought has survived and that even a new landscape of psychological treatments has emerged and new competitive treatment models have managed to establish themselves alongside the biological approaches. It may be noted that the psychological treatments have somewhat changed in the wake of biological psychiatry. They now follow the rules of a medical treatment model. Psychiatrists conceive them as complementary forms of treatment and delegate them to specialists outside the clinical sphere. They are often administered as therapeutic "modules" and applied in certain quantities. They are advertised as being simple to learn and easy to evaluate.

In this context we are reminded of how well the long tradition of Scandinavian social psychiatry has survived the test of time and now fulfills all modern requirements of pragmatic, need adjusted long term help which is directed to both the patient and his social situation. During the 1980's and 1990's Tienari's research has been a true beacon and source of inspiration for all kinds of psychological treatment concepts. The trend is now definitely towards integrated programs comprising a wide spectrum of techniques starting with the creation of individual relationships with the very young patient, trying to keep track of him, to teach him basic skills and to support him over a long time using varying techniques. Programs that are geared at supporting the families of schizophrenics receive much attention. Far beyond the scope of EE research it is now recognized how severely the short and long term course of schizophrenia is

affected by family dynamics, and by pathological relationship patterns of dependency and immaturity.

This volume provides excellent reading throughout. It is also well edited and has an exhaustive introductory essay by Brian Martindale which reviews the present state of therapeutic research. This chapter alone justifies the purchase of the book.

Reinmar du Bois

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Academic Teaching Hospital
Tübingen University

Book review

Group Psychotherapy of the Psychoses: Concepts, Interventions and Contexts. Edited by Victor L. Schermer and Malcolm Pines, published by Jessica Kingsley, London and Philadelphia. No 2 in the International Library of Group Analysis. 430 pages. Cost £19.95 paperback & £47.50 hardback.

The question of how to best help persons vulnerable to psychoses remains one of societies most important and difficult tasks. The difficulty resides in both the complex and differing nature of each individual and their psychosis, their family and social/ group context and also the complex nature of aspects of our society including problematic aspects of current mental health services. The fact that the prognosis for persons with psychosis has consistently been shown to be better in traditional cultures than in the industrialised west is a cause for sober reflection on group processes in contemporary western society.

Therefore this substantive international multi-author book (that takes a panoramic view on psychosis from broad group perspectives) is particularly welcome. The editors have performed their task excellently, starting with their introduction that will be of use to both the novice and the experienced clinician. In this chapter Schermer and Pines bring together a wealth of contextual material that outlines the contemporary picture – diagnostic features, biological and pharmacological developments and limitations, theoretical views on the nature of psychosis and its aetiology, research evidence for effectiveness of group therapies and most importantly the likely experiences (and dis-ease) for the ‘therapist’ of being involved in a group of persons with psychotic tendencies. This latter point is one that is so rarely given the importance that it deserves and surely underpins any attempt to explain why even those psychological therapies for psychosis for which there is a strong conventional evidence base are rarely implemented.

Many of the chapters in this book are indeed open and honest accounts of the possibilities and difficulties encountered in offering a group approach in different institutional contexts. For British readers, Geoff Pullen’s account of the vicissitudes of the therapeutic community movement for psychotic patients in various UK mental hospitals makes fascinating reading. What was particularly sobering was to see so well contrasted the elements that lead to pathological institutionalisation on the one hand and the serious disturbing consequences of some aspects of the anti-psychiatrists on the other hand. It was therefore uplifting to read of the maturity of the Eric Burden Community in Oxford that has for nearly twenty years focussed so successfully on the ‘poor prognosis’ schizophrenic.

Although the chapters describe group work in apparently quite different settings (for example Diane Lefevre’s account of working with nurses in the setting of chronic wards of a NHS hospital, Joe Berke’s description of interactions in the independent Arbours community homes), some important and core themes emerge. Therapeutic group work is of course dependent on and indeed results from the combination of allowing and acknowledging psychic transactions to occur between groups of people and the capacity to maintain a reflective space (or more often *recover* a reflective space when dealing with psychosis). By digesting a chapter at a time, the reader will learn a considerable amount about this core ingredient as it has been understood in different ways by the authors who quote from many clinicians and theoreticians such as Bion, Foulkes, Lacan, Kernberg and Hinshelwood - to give just a few examples.

Although the person with a ‘psychiatric’ psychosis is in some way very different from those without, what often leads to well intentioned but misplaced endeavours to improve matters with endless policy changes is the failure to realise that many organisational difficulties stem from difficulties in emotional reflection and processing and that this can apply equally to decision makers, staff and patients. Many aspects of this book will be most helpful in healing the tendency of therapists to identify either only with the patients’ states or those of the other staff and to dis-identify from the other. Diane Lefevre gives a vivid account of these difficulties encountered in the hospital hierarchies when she and a colleague were developing a training to give nurses therapeutic skills in working with chronic patients. The reader will regain respect for rigid institutional defences when reading of the worrying degree of physical sickness in her nurse trainers, which demonstrates the importance of skilled staff support for trainers and teachers too, if such projects are to have a chance of being enduring. The chapters of Lefevre and Berke are contemporary liberating examples of the importance of openness and honesty about their own emotional responses (and the ACTIONS that followed) when working with persons with psychotic tendencies, an openness pioneered especially by Harold Searle’s in the late 1950’s and 1960s. A safe reflecting space for reflecting on these feelings is essential to understand the obstacles to developing therapeutic work with psychoses and for therapeutic work to have much of a chance of being more widely utilised. Readers might have been more encouraged about the possibilities for such wider implementation of group approaches if there had been a chapter giving examples of more widespread use of groups such as in the deinstitutionalisation process in much of Israel over recent decades.

Besides many excellent chapters that I have not the space to mention, it would be an injustice not to single out the outstanding and erudite chapter by Marvin Skolnick entitled ‘Psychosis from a Group Perspective’.

Gathering from a wide net of writings ranging from Shakespeare's *Lear*, to the Cartesian mind-body split and its contemporary 'resolution' by biological arguments, Skolnick marshals a host of evidence to demonstrate how society (past and present) and mental health professionals become split off from considering the psychotic and his 'symptoms' as indeed symptomatic of personal, interpersonal, familial and societal difficulties. He is most eloquent in his summary of the writings of sociologists and anthropologists of the last three decades who describe the social barriers erected to insulate mental health staff and society from emotional contact with the insane by a reification of the division sane / insane, thus '*obstructing development of the I- thou relationships necessary for effective treatment*' (p52).

He then gives an extensive account of mainly psychoanalytic theoreticians who have in various ways postulated the links between psychotic and non-psychotic and between the group nature of being and psychosis. He is quite brilliant at describing technically, theoretically and clinically the mutative psychotherapy group for the psychotic and differentiating it from another kind of powerful group approach that focusses on restoring order. Skolnick is certainly not dismissive of the latter and certainly sees it as necessary for growth – but he emphasises the importance of maintaining clarity as to whether the primary aim of the group treatment is growth or order. It is particularly helpful that Skolnick contributes four pages of rich clinical material from a twice a week group.

So where will the reader be left having absorbed the multifaceted aspects of this excellent book? The writer of this review was left thinking that there is now so much understanding of the difficult group processes in psychosis *and* psychotic processes in groups (consolidated by repeated observations over the last three decades). Kanas's outcome research review which has a chapter in the book is an excellent start, but surely it is time to grasp the next difficult nettle and form an effective group of professionals to develop larger scale long term research plans into the qualitative effectiveness of group work with persons with psychotic vulnerabilities. Otherwise research and group therapy for psychosis are in danger of being located on either side of the sane / insane split.

Dr Brian Martindale, Consultant Psychiatrist in Psychotherapy, Psychoanalyst, Ealing, Hammersmith & Fulham Mental Health NHS Trust. Chair ISPS UK and Member of ISPS executive committee.

Acknowledgement:

This review was first commissioned by the British Journal of Psychotherapy, and the ISPS is grateful for permission for it to be reproduced here in an edited version.

What you will find on the ISPS website

- ISPS
- Newsletter
- Local groups
- News and events
- Literature
- Research
- Discussion groups
- Membership
- Other websites

ISPS

- the constitution of ISPS
- the objectives of ISPS
- addresses to the executive committee

Newsletter

- read, download and print the newsletters using Adobe Acrobat Reader

Local groups

- information on local ISPS chapters and groups
- any local newsletters made available through ISPS
- news on local meetings and other events

News and events

- news and information on ISPS congresses and other events

Literature

- information on new books
- book reviews
- lists of papers and books

Research

- information on research and present studies

Discussion groups

- delayed start due to technical problems
- will start early in 2001

Membership

- information on membership
- membership form to fill in and submit

Other websites

- links to other useful sites related to the objectives of ISPS

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Visitors of the ISPS website

Statistics for the spring 2000 showed that there were

- more than two hundred persons visited the website during a month
- they spent on average three minutes on the ISPS website
- they visited on average seven different pages on the website
- many visited the website more than once during a month

Americans were the largest group of visitors, followed by Japan and several European countries.

Psychosis: Psychological Approaches and their Effectiveness Putting Psychotherapies at the Centre of Treatment

Edited by Brian Martindale, Anthony Bateman, Michael Crowe & Frank Margison

This is a most timely book as there is increasing recognition by both professionals and users (and also service planners) that psychological approaches for people with psychotic conditions can be effective, and indeed, are often much sought after by users and their families. However, these were rarely considered and often disparaged in the ascendancy of the 'decade of the brain'. The book updates psychiatrists, psychologists and nurses in a range of psychological therapies that should be available in every modern mental health service. It both outlines the approaches and provides or reviews evidence for their effectiveness.

The authors are selected expert clinicians and researchers from around the globe who describe in clear language the differing contexts, aims and methods of the psychological treatment interventions and evidence for their effectiveness.

There is a wide-ranging introduction then a section based on cognitive approaches, then another on family, group and psychosocial approaches, followed by a psychoanalytic approach. The penultimate section describes the integration of a range of these approaches used in early interventions, designed to improve the chances of full recovery in the community and minimise chronic disability. The authors of this section are Scandinavian where these approaches are increasingly widely practiced. Finally, there is a comprehensive overview from Australia that gives an encouraging vision of modern mental health services for those vulnerable to severe mental disturbance and also valuable pointers to further research likely to be fruitful.

Gaskell, London 2000, Paperback, £25.00, ISBN 1 901242 49 8

Foreward John Cox Preface

1 Introduction *Brian V. Martindale, Frank Margison, Anthony Bateman and Michael Crowe*

Cognitive approaches

2 Cognitive-behavioural therapy for people with psychosis
Philippa A. Garety, David Fowler and Elizabeth Kuipers

3. Compliance therapy: a collaborative approach to psychiatric medication
Peter Hayward, Roisin Kemp and Anthony David

Family, group & psychosocial approaches

4 Psychoeducational multi-family groups: adaptations and outcomes
William R. McFarlane

5 Bringing into clinical practice skills shown to be effective in research settings: a follow-up of the 'Thorn' training in psychosocial family interventions for psychosis
Ian Baguley, Anthony Butterworth, Kieran Fahy, Gillian Haddock, Stuart Lancashire and Nick Tarrier

6 Group therapy and schizophrenia: an integrative model
Nick Kanas

7 Preventing relapse and re-admission in psychosis: using patients' subjective experience in designing clinical interventions
Larry Davidson, David A. Stayner, Matthew J. Chinman, Stacey Lambert and William H. Sledge

8 Crisis residential care for patients with serious mental illness
Wayne S. Fenton and Loren R. Mosher

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Individual psychoanalytic psychotherapy

9 Patients with psychosis, psychotherapy and reorganisation of the self: one model of individual therapy. Description and pilot study
Roberta Siani and Orazio Siciliani

Early interventions using need-adapted psychological treatment models

Sweden

10 Integrating intensive psychosocial and low-dose medical treatments for all patients with first episode psychosis compared with 'treatment as usual': a three-year follow-up
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11 Early intervention in psychosis: the TIPS-project, a multi-centre study in Scandinavia
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Finland

12 The Finnish integrated model for early treatment of schizophrenia and related psychosis
Yrjo O. Alanen, Ville Lehtinen, Klaus Lehtinen, Jukka Aaltonen and Viljo Rakkolainen

Australia

13 Psychotherapy and recovery in early psychosis: a core clinical and research challenge
Patrick McGorry

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What is your contribution to the next newsletter?

- your experience and reflections on ISPS 2000 ?
- 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 to ISPS within April 10, 2001

How to become a ISPS member and enjoy membership rights

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. 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 (see page 9).

You may also join ISPS as an individual member using the form to the left. The fee is NOK 250 (appr. £20) per year or NOK 625 (appr. £50) for three years. As a member you will receive the ISPS newsletter and have reduced fees on international ISPS congresses.

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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:
Postal code	<input type="checkbox"/> Member of user org.:
Country	<input type="checkbox"/> Other:
Telephone	Are you a psychotherapist in your country? <input type="checkbox"/> Yes <input type="checkbox"/> No
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