From DiAlOGue to NeighborhoodDiAlOGue!

Relationship and Experience in Psychosis — An International Dialogue

MARCH 18 – 22, 2015

The Cooper Union | New York City

ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

Formerly the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses

From DN A to Nei G hborhood: DiALoGue!

Relationship and Experience in Psychosis — An International Dialogue

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World Psychiatric Association (WPA)

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Welcome

ISPS international conferences have been an inspiring meeting place for clinicians, service users, family members, researchers, and administrators since the first symposium in Lausanne, Switzerland in 1956.

In ISPS, we understand that mental or psychiatric disorders are dimensional disorders, where the final breakdown—psychosis—is often a reversible condition, preceded by a state of depression and anxiety too overwhelming for the psycho-biological regulatory system to handle. As such, we understand psychosis as something that could happen to anyone, given enough stress at a time when the self is at a vulnerable point.

We challenge the idea that the difficult and chaotic symptoms of psychotic breakdown are meaningless, and find that we are able to understand people in these extreme states through their symptoms. Hallucinations or delusions are important messages to the self and the outer world, from the person within. We believe that creating a space for the understanding of symptoms as a form of human communication is central to the healing relationship that can occur between people experiencing extreme states and the workers who help them. WIth this approach, we can build mental health services of which we can be really proud, which acknowledge the person and the importance of affects; services which make space for relational understanding of human problems.

The ISPS community has such a breadth of knowledge, experience, and skill, and an ISPS conference is an enriching and supportive dialogue with the goal of improving services.

We are really excited to again have an international ISPS conference in the USA after 21 years, and to come to New York CIty for the first time. The USA has had a central role in the developing of a bridge between the neurosciences and the psychological understandings of the human mind and behavior, a bridge which confirms what psychologically oriented theorists and practitioners have long understood.

We look forward to sharing a rich conference experience with participants from all over the world along with our American colleagues in one of the most culturally and intellectually exhilarating cities of the world.

Julie Kipp, PhD, LCSW
Brian Koehler, PhD

ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

Formerly the International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses

ISPS is an international organization promoting psychotherapy and psychological treatments for persons with psychosis (a term which includes persons diagnosed with "schizophrenia"). We are committed to advancing education, training and knowledge of mental health professionals in the treatment and prevention of psychotic mental disorders. We seek to achieve the best possible outcomes for service user/survivors by engaging in meaningful partnership with health professionals, service user/survivors, families and carers.

CONTENTS

PHEBE'S TAVERN & GRILL

359 Bowery at East 4th Street

Phebe's is great place to unwind after a day at the conference. Hang out with colleagues and friends just a few blocks from Cooper Union. Open from 11:00am–2:00am. Phebe's is an East Village staple offering ISPS Conference attendees a **10% discount** on your check any time, including Happy Hour which runs from 4:00pm–8:00pm and consists of 40% off the majority of the bar. Great drinks and good food. Phebe's also offers a lunch menu. Show your conference badge and the discounts are yours!

Conference Notes

REGISTRATION INFORMATION

All attendees who have pre-registered can pick up their credentials in the lobby at the Cooper Union Foundation Building at 7 East 7th Street between Third and Fourth Avenues beginning Wednesday, March 18 at 8 am (see registration hours to the right). Please bring your confirmation with you.

REGISTERING ON SITE If you have not registered and plan to do so on site, the lobby at the Cooper Union Foundation Building will have a separate desk to handle these requests and payments.

REGISTRATION DESK HOURS

Wednesday, March 18	8 am–7 pm
Thursday, March 19	8 am–6 pm
Friday, March 20	8 am–6 pm
Saturday, March 21	8 am–5 pm
Sunday, March 22	8 am–12 pm

SESSION LOCATIONS

The Conference is being held at Cooper Union. We will be using two buildings: the **Foundation Building** and **41 Cooper Square.** The buildings are across the street from each other. Listed below are the buildings and the rooms we will be using.

Sessions in the Foundation Building will be listed as: 215 CF
Sessions in 41 Cooper Square will be listed as: 101 CS

FOUNDATION BUILDING (CF)

7 East 7th Street (between Third and Fourth Avenues)

Lobby Level: Registration

The Great Hall*	Room 215*	Room 539
Great Hall Foyer	Room 315*	Room 604
Green Room*	Room 414	Peter Cooper Suite

41 COOPER SQUARE (CS)

Rose Auditorium*	Room 106	Room 505
Room LL101	Room 201/201A	Room 506
Room LL210	Room 427	Room 801
Room 101	Room 502	Room 901
Room 104	Room 503	
Room 105	Room 504	

** Some rooms allow attendees to bring in food and beverage. Rooms noted with a red asterix **do not allow any food or beverage** under any circumstances.*

SESSION TOPIC CODES

EAR | early intervention
EME | emerging psychotherapies
INT | integrative approaches
PSA | psychodynamic approaches
PSY | psychotherapies: family, group, milieu, creative arts
REC | recovery, lived experience, peer initiatives
SOC | sociocultural issues and approaches
TRA | trauma

KEY to the numbers and letters in the left column of the Daily Program pages:

EXAMPLE: **TA-04 INT 427 CS**

TA-04 is the Session Number
INT is the Session Code (the material's focus on integrative approaches)
427 CS is room 427 in 41 Cooper Square building on the fourth floor

In the Abstract section of this book, you can use the Session Number to search for a specific Abstract. There is an alphabetical Index of Presenters in the back of the book starting on page 118.

CONFERENCE PROGRAM

Wednesday, March 18

TIME / LOCATION	
10:00 AM – 4:00 PM	**PRE-CONFERENCE WORKSHOPS**
104 CS	**Compassion Focused Therapy for Recovery After Psychosis** Christine Braehler
LL101 CS	**Recovery and Psychosis** Larry Davidson, PhD
105 CS	**HIT (Hallucination Focused Integrative Therapy): Preferred for AVH?** Jack A. Jenner, MD, PhD and Bert L. B. Luteijn, MD
315 CF	**CBT And Psychosis** Tony Morrison, PhD and Paul French, PhD
801 CS	**The Gnosis of Psychosis: A Critical Media Viewing Project** Keris Myrick, MBA, MS
215 CF	**Open Dialogue and Psychosis** Mary Olson, PhD
106 CS	**Psychosis and Sexual Abuse: Psychotherapy and Art Therapy** Maurizio Peciccia, MD
414 CF	**Psychodynamic Supportive Psychotherapy** Bent Rosenbaum, MDSc
5:00 PM – 8:00 PM	**OPENING RECEPTION**
Great Hall and Foyer CF	**Welcome Remarks** Dr. Brian Martindale | *Chair, ISPS* Brian Koehler, PhD | *Co-Chair 19th International Conference* Julie Kipp, PhD, LCSW | *Co-Chair 19th International Conference* Jan Olav Johannessen, MD | *ISPS* Jessica Arenella | *President, ISPS-US* Pablo Sadler, MD | *Director of Mental Health Services, NYC Department of Health*
	My Journey Towards a Humanistic Psychotherapy for Schizophrenia **FEATURING** Aaron Beck, MD *via Skype* **MUSIC BY** Fred Draper, Spanish Classical Guitarist Jennifer Glass | Nancy Burke | Brian Koehler Reception to follow program

Thursday, March 19

TIME / LOCATION	
8:00 AM	**CONTINENTAL BREAKFAST** Great Hall Foyer CF
9:00 AM – 12:45 PM Great Hall CF	**OPENING PLENARY PANEL AND DIALOGUE** **From Neurobiology to Person in Psychosis**
	Contemporary research findings in the neuroscience of psychotic disorders will be presented from an integrative perspective. **GREETINGS** Dr. Brian Martindale **MODERATOR/SPEAKER** Brian Koehler, PhD Deborah Levy, PhD | John Strauss, MD
9:45 AM – 10:20 AM	**PLENARY #1** **SPEAKER** Brian Koehler, PhD
10:20 AM – 10:55 AM	**PLENARY #2** **SPEAKER** Deborah Levy, PhD
10:55 AM – 11:25 AM	**BREAK** Great Hall Foyer CF
10:55 AM – 11:25 AM	**POSTER PRESENTATIONS**
All Posters in Great Hall Foyer CF	**Does Stress Sensitivity Mediate the Relationship Between Trauma and Schizotypy?** Rebecca Grattan, PhD candidate
	Childhood Sexual Abuse Moderates the Relationship of Self-Reflectivity with Increased Distress in Schizophrenia Bethany Leonhardt, PsyD
	Job Prescription — It Works: Vocational Rehabilitation for Young People with SMI Irene Grini, Masters
	How Do Adolescents and Young Adults at Risk for Psychosis Experience: Their School and Role Functioning After They Have Finished a Family–Focused Treatment Intervention Ase Karin Sviland, Masters | Anvor Lothe, Clinical social worker/family therapist
	"Heaven Help Us!" Religious Affiliation and Emotional Withdrawal Among Inpatients Graham Danzer, ASW, MRAS | David Sugarbaker, MS, MPH | William Barone, BA | Timothy Avery, BS | Samuel Barkin, BA, MA | Doug Cort, PhD
	The Role of Religious Affiliation Among "Revolving Door" Psychiatric Inpatients Samuel Barkin, BA, MA | David Sugarbaker, MS, MPH | Timothy Avery, BS | William Barone, BA | Graham Danzer, ASW, MRAS | Doug Cort, PhD
	CBT for Psychosis: Beyond Positive and Negative Symptoms Gretchen Conrad, PhD | Robert Hill, MA

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Thursday, March 19

TIME / LOCATION	
	Exploring Social Cognition in Comorbid Schizophrenia Karine Paquin, BSc, PhD Candidate
	A Group Cognitive Behavioral Intervention for People Registered in Supported Employment Programs: CBT-SE Tania Lecomte, PhD | Marjolaine Massé, MSc, PhD Candidate
	Factors Limiting Romantic Relationship Formation for Individuals with Early Psychosis Anouk Latour-Desjardins, Psyd candidate
	Understanding Suicide and Schizophrenia: A Closer Exploration of Persecutory Delusions Kelsey Clews, MA
	Metacognitive Profiles in Early Schizophrenia Spectrum Disorders and Their Relation to Social Functioning and Perceived Social Support Marjolaine Massé, MSc, PhD candidate | Lecomte Tania, PhD
	Migration and Psychotic Experiences in the United States: Another Example of the Epidemiological Paradox? Hans Oh, MSW, EdM
11:25 AM – 12:00 PM	**PLENARY #3** SPEAKER John Strauss, MD
12:00 PM – 12:45 PM	**PANEL DISCUSSION** Brian Koehler, PhD | Deborah Levy, PhD | John Strauss, MD
12:45 PM – 2:30 PM	**LUNCH BREAK** *There are a number of sessions that are being held over the lunch break in order to accommodate presenters' schedules. With the exception of the rooms designated as No Food and Beverage, all other rooms will allow you to bring your lunch in with you.*
12:45 PM – 1:30 PM	**BREAKOUT SESSIONS**
TL-11 506 CS	**Parachute NYC: Service Users, Peer Specialists and Providers — An Emerging Paradigm of Collaborative Care** Edward Altwies, PsyD | Leslie Nelson, Grad Howie T. Harp
TL-13 604 CF	**Mild Psychotic Experiences in Early Adulthood, a Subjective Report** Barend Van de Kar, Psychiatrist
TL-14 GR CF	**From Bateson to Bakhtin — The Roots of Open Dialogue** Nick Putman, BSc Hons Psychology, Certificate in Psychoanalytic Psychotherapy (UKCP)
TL-15 801 CS	**Psychosis, Dissociation and EMDR** Dolores Mosquera, Psychologist
TL-16 PSA 901 CS	**Creativity and Psychotic States: Van Gogh: Enduring Unrequited Love Through Painting** Jeanne Magagna, PhD
TL-17 PSY TBD	**Bridging the Gap: Making Contact with Hospitalized Psychotic Patients** Jeremy M. Ridenour, PsyD | Paul M. Gedo, PhD | Heather E. Churchill, PsyD | Marilyn Charles, PhD, ABPP | Annie G. Rogers, PhD

Thursday, March 19

TIME / LOCATION	
12:45 PM – 2:15 PM	**BREAKOUT SESSIONS**
TL-12 504 CS	**Metacognitively Oriented Therapy for Adults with Psychosis: Empirical Bases and Treatment Elements** Paul Lysaker, PhD
TL-01 SOC LL101 CS	**Te Ihi Ora: Cultural Trauma and Psychosis** Ingo Lambrecht, PhD | Ron Baker, RPN, Kaumatua
TL-02 PSA 101 CS	**From DNA to the Therapeutical Relationship: The Evolutionistic Metaphor of G. Benedetti and the Experience of Videoart Therapy** Simone Donnari, art therapist | Claudia Bartocci, Psychologist
TL-03 EMR 104 CS	**Recent Developments in CBT for Psychosis** Sophie Parker, ClinPsyD | Sandra Bucci, Clin.PsyD | Rory Byrne, PhD | Tony Morrison, Clin.PsyD
TL-04 REC 105 CS	**Implementing Peer Support Into Clinical Settings, Lessons from the Field** Rebecca Boraz, MA | Jeffrey Anderson, PsyD | David Dedrickson, BA | Martha Spiers, LCSW
TL-05 PSY 106 CS	**Experiential Group Supervision: Swimming in Space: Working with Schizophrenea** Valerie Angel, MSW, LCSW | Ona Lindquist, LCSW | Iris Levy, LCSW | Nobuko Meaders, MSSW
TL-06 REC 215 CF	**Hearing Voices Network Townhall Discussion** Noel Hunter, MA, MS | Ronald Coleman, BA (Hons) | Oryx Cohen, MPA | Lisa Forestell, BA | Berta Britz, CPS, MSW, ACSW | Nev Jones, PhD
TL-07 INT 414 CF	**Talking with Ourselves: An Attachment/Relational Perspective on Voice Hearing** Andrew Moskowitz, PhD | Debra Lampshire, lived experience
TL-08M PSA 427 CS	**Multi-Families Psychoanlysis Group is Useful for Patients, Family Members and Professionals** Andrea Narracci, Mental Health Department Director | Fiorella Ceppi, Therapeutic Comunity Head | Claudia Tardugno, Multifamily Psychoanalysis Laboratory founder | Luciana De Franco, Multifamily Psychoanalysis Laboratory President | Federico Russo, Head of Mental Health Center
TL-09 TRA 201/201A CS	**Integrating Family and Individual Trauma Treatment in Serious Mental Illness** Kristina Muenzenmaier, MD | Madeleine Abrams, LCSW, ACSW | Joseph Battaglia, MD
TL-10 REC 505 CS	**Being Dialogical** Philip Benjamin, MMind&Soc
2:30 PM – 3:15 PM	**BREAKOUT SESSIONS**
TA-01A REC GH CF	**Improving Empathic Ego Function in Patients with Psychosis** Eric Marcus, MD
TA-02A REC RA SC	**Open Dialogue Training in the NHS: The Challenge for Clinicians** Jane Hetherington, MSc Integrative Psychotherapy
TA-11A EAR GR CF	**"The Ponzano Project": Study About the Effectiveness of an Integrated Therapeutic Approach at a Day Hospital for First Psychotic Episodes** Cristina Diez-Alegría, PhD | Enrique Sacritan Alonso, MD | Diego Figuera Alvarez, MD

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TIME / LOCATION	
TA-12A REC 506 CS	**Voices-Led Therapy** Trevor Eyles, Voice-Hearing Consultant
TA-13A EAR 104 CS	**Psychosis in Children and Adolescents** Pamela Fuller, PhD Clinical Psychology
TA-14A EME 604 CF	**Mind Stimulation Therapy: An Innovative Model for Working with Persons with Schizophrenia and Other "Challenging Mental Health Clients"** Mohiuddin Ahmed, PhD | Charles Boisvert, PhD
2:30 PM – 4:00 PM	**BREAKOUT SESSIONS**
TA-03 REC 505 CS	**Each of Us Have Struggle and it Needs to be Written: A Subjective Model from Psychosis to Health** Pankaj Suneja, Masters in Psychosocial Clinical Studies *Feinsilver Award Recipient*
TA-03 REC 505 CS	**Together Free** Joanna Obiegalka, Master
TA-0 3REC 505 CS	**Symptom or Experience: Does Language Matter?** Rachel Waddingham
TA-0 3REC 505 CS	**The Case for a Positive Psychological Approach to Mental Illness: A Testimony** Karen Naessens, Master in Sociology
TA-04 INT 427 CS	**Packs in Personal Accounts and in Medical Records: Qualitative Analysis** Krzysztof Skuza, PhD | Gilles Bangerter, Reg. Psych. Nurse | Emmanuelle Opsommer, PhD
TA-04 INT 427 CS	**Packs in Swiss Public Adult Inpatient Wards: A Retrospective Study** Emmanuelle Opsommer, PhD | Krzysztof Skuza, PhD | Gilles Bangerter, Reg. Psych. Nurse
TA-04 INT 427 CS	**Cold Wet Sheet Pack: Unfreezing Relationship in a Holding Setting** Gilles Bangerter, Reg. Psych. Nurse | Raymond Panchaud, Reg. Psych. Nurse | Krzysztof Skuza, PhD
TA-04 INT 427 CS	**From Threat to Rumination** Young-Chul Chung, MD & PhD
TA-05 PSA LL101 CS	**For a Psychoanalytic Institutional Treatment of Psychoses** Guy Dana, Psychiatrist psychoanalyst and director of clinical services
TA-05 PSA LL101 CS	**The Riddle of the Psychotic Transference** Lawrence Hedges, PhD, PsyD, ABPP
TA-06 PSA 106 CS	**Clinical Observations and Treatment of Cruelty to Animals** Elizabeth Waiess, PsyD
TA-06 PSA 106 CS	**Psychodynamic Psychiatry According to the Teoria Della Nascita: Dream Interpretation** Cecilia Iannaco, PhD
TA-06 PSA 106 CS	**Do Psychiatrists Need to Recognize Negation?** Luca Giorgini, Psychiatrist | Manuela Petrucci, Psychiatrist | Eva Gebhardt, Psychiatrist | Francesca Fagioli, MD, PhD, Chief | Andrea Masini, Psychiatrist | Paolo Fiori Nastro, Psychiatrist
TA-07 TRA 504 CS	**Psychosis and Dissociation in Early Intervention: Research and Clinical Reflections** Susannah Ackner, DClinPsych

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TIME / LOCATION	
TA-07 TRA 504 CS	**National Recovery Survey: Meaning and Knowledge About Recovery in Portugal** Marta Ferraz, MSc | Miguel Durães | Orlando Silva, BSc
TA-07 TRA 504 CS	**Peer Recovery Facilitator Training Course: Developing a Country/Culture Appropriate Curriculum** Orlando Silva, BSc | Marta Ferraz, MSc | Miguel Durães
TA-08 EAR 201/201A CS	**Suicidal Ideation and Risk Symptoms for Psychosis** Niklas Granö, PhD
TA-08 EAR 201/201A CS	**Some Case Studies of Young Depressed Patients and its Cure** Bharat Trivedi, PhD | Jayantibhai Patel, M.Com
TA-08 EAR 201/201A CS	**The Contribution of Stressful Life Events to Suicidality Among Schizophrenic Adolescents** Netta Horesh-Reinman, PhD
TA-08 EAR 201/201A CS	**Suicidal Behavior Among Young Adults with Psychotic Experiences** Jordan DeVylder, PhD
TA-09 PSA 101 CS	**The Use of Hallucinations in the Treatment of Psychotic Patients** Bertram Karon, PhD
TA-09 PSA 101 CS	**Dealing with Anger and Aggression in the Psychotherapy of Psychosis** Martin Cosgro, PhD
TA-09 PSY 101 CS	**The "Banga": Another Way of Music Therapy in Psychosis** Wassim Jomaa, University asst.
TA-09 PSY 101 CS	**Body Stories: A Narrative Approach to Dance** Malin Odenhall, Physiotherapist
TA-10 SOC 801 CS	**Stigma and Discrimination Influence on Family Care Pattern in Patients with Mental Illness** Chulani Herath, PhD Candidate
TA-10 SOC 801 CS	**Managing Everyday Life with Psychosis: Psychiatry, Poverty, People and Pills** Alain Topor, PhD | Per Bülow, PhD | Anne Denhov, Doctoral Student | Gunnel Andersson, PhD
TA-10 SOC 801 CS	**Semmeweis, Theory Induced Blindness and the Etiology of Psychiatric Disorders** Steve Love, Masters of Social Work; Masters of Public Administration
TA-10 SOC 801 CS	**What Do We Mean When We Say "Mental Illness"?** Pesach Lichtenberg, MD
TA-15 PSY 215 CF	**Perspectives from Family Members** Lois Oppenheim, PhD | Pat Wright, MA | Miriam Larsen-Barr, MA, PGDipArts (Psych) | Nancy Fair, MA | Cindy Peterson-Dana, MA
TA-16 PSY 105 CS	**Possibilities and Experience: Concurrent Treatment of Psychosis and Substance Use** David Wilson, M.Ed | Ronald Abramson, MD | William Gottdiener, PhD
TA-18 EMR 414 CF	**Interventions Targeting Self-Experience in Schizophrenia** Philip Yanos, PhD | Paul Lysaker, PhD | Benjamin Brent, MD | David Roe

CONFERENCE PROGRAM

Thursday, March 19

TIME / LOCATION	
2:30 PM – 4:00 PM	**SPECIAL SESSION** **Nursing and ISPS**
315 CF	Jan Erik Nilsen, RN, MSc *ISPS is looking to involve and strengthen the relationship between nurses and the organization. As a group, nurses provide much of mental health care and could be a powerful vehicle for developing psychological practices. The meeting, to be chaired by Jan-Erik Nilsen, Chief Nurse RN Msc of Stavanger, Norway, welcomes all nurses to discuss this further and to share ideas as to how to develop this initiative.*
3:30 PM – 4:15 PM	**BREAKOUT SESSIONS**
TA-11B INT GR CF	**"Can You Help Me Understand What You're Thinking?": The Importance of Understanding Internal and External Dialogues in Patients Who Experience Chronic Psychotic Symptoms (CPS)** Nidal Moukaddam, MD, PhD
TA-12B REC 506CS	**Working with Voices: From Symptom to Complaint with Personal Meaning** Dirk Corstens, MD
TA-13B EAR 104 CS	**Psychodynamic Community Therapy for Adolescents with Schizophrenia and Psychotic Disorders** Anders Bonderup Kirstein, Psychologist
TA-14B TRA 604 CS	**From the Inconsistent Self ... Through Emotional Traumas ... To Psychosis** Germana Spagnolo, Psychologist
TA-01B GH CF	**Specific Psychotherapy Techniques for People Diagnosed with Schizophrenia** Andrew Lotterman, MD
TA-02B REC RA CS	**Peer-Supported Open Dialogue in London: Qualitative Research of Test Cases** Tom Stockmann, BM BCh, MA (Oxon)
4:00 PM – 4:30PM	**BREAK** Great Hall Foyer CF / Lobby 41 Cooper Square
4:30 PM – 5:15 PM	**BREAKOUT SESSIONS**
TB-01A REC GH CF	**Open Dialogue and Psychodynamics: Single Malts or Great New Blend** Brian Martindale, MD
TB-02A PSY 215 CF	**Recovery for Family Members and Carers** Grainne Fadden, BA, MPhil, PhD
TB-11A PSY 201/201A CS	**"Being With" Psychosis: A Community-Based Alternative to Hospitalization for People Experiencing Distress** Ippolytos Kalofonos, MD, PhD | Susan Musante, MS, LPCC
TB-12A REC RA CS	**Talking to the Voices** Colin Ross, MD
TB-13A EME LL101 CS	**Group-Based Cognitive Behavioural Therapy for Voice Hearers** Gordon Kay, First Class Social Work Studies

Thursday, March 19

TIME / LOCATION	
TB-14A PSA 101 CS	**Out of the Box** Ronald Abramson, MD
TB-03 REC 505 CS	**From England: Translating the Subjective Voice into Better Mental Health Practice** Wendy Turton, MSc Cognitive Therapy (Psychois)
TB-03 505 CS	**Recovery in Mind: Perspectives from Postgraduate Psychiatric Trainees** Matthew Gambino, MD, PhD | Anthony Pavlo, PhD
TB-03 505 CS	**All Eyes on Me: Subjective Experience/s of Paranoia** Elizabeth Pienkos, PsyD
4:30 PM – 6:00 PM	**BREAKOUT SESSIONS**
TB-04 INT 414 CF	**From Silence to Discussion — Covers of Dialogue in Rehabilitation of Psychosis** Agnieszka Orzechowska, MS in Psychology | Urszula Zaniewska-Chłopik, MD
TB-04 SOC 414 CF	**Stigmatization of Schizophrenia vs. Autism and the Role of Creativity** Erik Thys, MD
TB-04 414 CF	**Prejudice and Stigma; Is Mental Illness Really 'An Illness Like Any Other'?** John Read, PhD
TB-04 414 CF	**Hearing Their Voices: Lived Experience of Recovery from FEP: South Africa** Anneliese De Wet, MA
TB-05 PSA GR CF	**Almost Crazy: The High-Functioning Psychosis of Annie and Hu** Eilon Shomron-Atar, MA
TB-05 PSA GR CF	**Dealing With the Microchips** Linda Kader, MBBS MD FRANZCP
TB-05 PSA GR CF	**Psychosis as Stronghold: A Middle Aged Infant's Refusal to Thrive** Nancy Peltzman, MA in Clinical Social Work
TB-05 PSA GR CF	**A Libra in Middle Earth: The Notion of "Reality Testing"** Karl Southgate, MA in Clinical Psych.
TB-06 PSA 801 CS	**Psychodynamic Psychiatry According to the Teoria della Nascita: Introduction** Annelore Homberg, MD | Mirinda Ashley Karshan | Cecilia D'Agostino
TB-06 PSA 801 CS	**Defense Mechanisms in Psychosis: From "Scotomization" to "Annulment"** Sandra Santomauro, MD | Andrea Cantini | Canio Tedesco
TB-07 TRA 506 CS	**Childhood Trauma and the Perception of the Collapse Time** David Reiss, MD
TB-07 TRA 506 CS	**Dual-Dissociation — A New Continuum Theory** James Davies, PhD
TB-07 TRA 506 CS	**Early Adversity in People at Ultra-High Risk of Developing Psychosis** Fern Day, PhD Psychosis Studies
TB-07 TRA 506 CS	**War-Related Delusions in Germany and Israel of the 20th Century** Dana Tzur-Bitan, PhD | Shlomit Keren, clinical psychologist
TB-08 EAR 604 CF	**A Fidelity Scale for First Episode Psychosis Services** Donald Addington, MBBS

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Thursday, March 19

TIME / LOCATION	
TB-08 EAR 604 CF	**What Do Service Users and Staff Want from a Smartphone App for Early Psychosis?: A Qualitative Investigation** Sandra Bucci, ClinPsyD
TB-08 EAR 604 CF	**Social Support in People at Ultra-High Risk of Developing Psychosis** Owen Thompson, BSc Psychology
TB-08 EAR 604 CF	**Specialized Early Treatment: In Work or School, Not the Hospital** Jessica Pollard, PhD
TB-09 PSY 315 CF	**Addressing FAQs of Service Users' Family Members: A New Model** Amit Fachler, PhD
TB-09 PSY 315 CF	**Setting up Soteria in Israel** Pesach Lichtenberg, MD
TB-09 PSY 315 CF	**Strengthening and Developing Communication Between Consumers, Families and Services** Alice Berliner, MSW | Alison Lewis, MFT | Gail M. Bradley, MPsych
TB-10 SOC 504 CS	**Ethnic Isolation and Racial Discrimination Influence Attenuated Psychotic Symptomatology** Deidre Anglin, PhD | Florence Lui, PhD Student | Aleksandr Tikhonov, MA Student
TB-10 SOC 504 CS	**Found in Translation: Clinical and Conceptual Links Between Immigration and Psychosis** Kelly Burns, JD, PsyD
TB-10 SOC 504 CS	**Restrictions of Parental Rights Among Individuals with Mental Illness** Beth Vayshenker, MA
TB-10 SOC 504 CS	**New Laws About Forced Treatments and Psychotherapy of Psychosis** Klaus Hoffmann, Professor MD
TB-15 SOC 427 CS	**Religion and the Endorsement of Attenuated Positive Psychotic Symptoms** Kathleen Isaac, BA
TB-15 SOC 427 CS	**Reconceptualizing the "Schizophrenia" Diagnosis Through Cross-Cultural Phenomenology** Sarah Kamens, MA (PhD candidate in clinical psychology) | Fred Wertz, PhD | Jessica (Yisca) Baris Ginat, MD | Mary Beth Morrissey, PhD, MPH, JD | Ryan Scanlon, (Undergraduate student in psychology) | Ileana Driggs, BA
TB-15 SOC 427 CS	**Challenging the Hierarchies: Human Rights a Tool; Patient-Involvement a Requirement** Annika Ahren Vargas, Bachelor of science in Nursing | Barbara Bischof, Physiotherapist | Agneta Persson | Hung Lam
TB-16 104 CS	**The Self-Management and Recovery Technology Research Program: Developing E-Health for Mental Health Services for People with Psychosis** Neil Thomas, DClinPsy
TB-16 104 CS	**The Two-Fold Path: Psychosis as a Journey to Recovery** Tim Ness, BA, CPS
TB-16 104 CS	**Understanding the Impact of Exploring the Experience of Auditory Hallucinations** Jocelyn Gunnar, MA

Thursday, March 19

TIME / LOCATION	
TB-17 REC 105 CS	**Perspectives from the Connecticut Hearing Voices Network: Establishing Support Groups** Lauren Utter, PsyD | Claire Bien, M.Ed | Jim Cronin, BA | Virginia (Vicky) Sigworth
TB-18 PSA 106 CS	**From Physics to Neurobiology: Psychosis Curability Through Human Birth Theory** Daniela Polese, MD | Maria Gabriella Gatti, MD | Manuela Petrucci, Chief MD | Marco Pettini, Chief Prof | Francesco Fargnoli, MD Phd
5:30 PM – 6:15 PM	**BREAKOUT SESSIONS**
TB-01B REC 901 CS	**The Need-Adapted Treatment of Psychosis and the Psychiatrist's Inner Dialogue** Pekka Borchers, MD
TB-02B PSY 215 CF	**Trauma, Psychosis and Family** Margreet de Pater, MD | Truus van den Brink, MD
TB-11B PSY 201/201A CS	**The Soteria Bradford House: Building a Community** Jen Kilyon, Certificate of Education
TB-12B REC RA CS	**Hearing Voices Movement Grassroots Research Project: Preliminary Findings on USBased Hearing Voices Groups** Marie Hansen, MA | Nev Jones, PhD | Casadi "Khaki" Marino, LCSW, CADC III
TB-13B EME LL101 CS	**Home is Where the Help Is: Family-Based CBT to Prevent Psychosis** Yulia Landa, PsyD, MS | Michael Jacobs, BAF | Rachel Jespersen, BA
TB-14B PSY 101 CS	**The Eye with Which We Behold Ourselves: A Poetry Therapy Workshop** Paul Saks, PhD | Maria Narimanidze, MS

CONFERENCE PROGRAM

Friday, March 20

TIME / LOCATION	
8:00 AM	**CONTINENTAL BREAKFAST** Great Hall Foyer CF
9:00 AM – 12:45 PM	**PLENARY PANEL AND DIALOGUE** **From Social Exclusion to Social Inclusion**
	MODERATOR Pablo Sandler, MD Lisa Dixon, MD, MPH | Robert Heinssen, PhD | Jan Olav Johannessen, MD *A dialogue focusing on high risk and early intervention in psychosis with the goals of reducing psychological suffering and social exclusion, through improving access to evidence-based psychosocial therapies. Also addressed is the need for training of mental health professionals in evidence-based psychosocial therapies.*
	PRESENTATION OF THE DAVID B. FEINSILVER AWARD *David B. Feinsilver, a former president of ISPS and the founder of ISPS-US, established a fund before he died after a long illness. The fund grants a scholarship for travel expenses to each ISPS International Congress for the best research or clinical paper on the psychotherapeutic treatment of the severely disturbed.* ***This year's recipient of the scholarship is Pankaj Suneja of India.***
	PRESENTATION OF THE BARBRO SANDIN AWARD *In 2008, the Barbro Sandin Award was created by Dr. JoAnn Elizabeth Leavey, in honor of Barbro Sandin, who found ways to work with vulnerable persons with psychotic experiences that were in some cases deemed untreatable by mainstream psychiatry. The Award, financed by the Barbro Sandin Foundation, honors a woman leader in psychological treatment at the ISPS International conference.* ***This year's recipient of the Award is Dr. Danielle Knafo of New York.***
9:45 AM – 10:20 AM	**PLENARY #4** **SPEAKER** Jan Olav Johannessen, MD
10:20 AM – 10:55 AM	**PLENARY #5** **SPEAKER** Robert Heinssen, PhD
10:55 AM – 11:25 AM	**BREAK** Great Hall Foyer CF
10:55 AM – 11:25 AM	**POSTER PRESENTATIONS**
All Posters in Great Hall Foyer CF	**Psychological Characteristics of Saudi Young Adults at Behavioural Risk for Bipolar Disorder: Preliminary Findings** Ahmad Alshayea, PhD | Steven Jones, PhD
	How Do Negative Symptoms Impact Upon the Experience of First Episode Psychosis? Brioney Gee, MA (Cantab)

Friday, March 20

TIME / LOCATION	
	Characteristics of Victimized Persons with First Episode Psychosis During Long-Time Follow-Up Johannes Langeveld, PhD
	What Makes a "Good Outcome" from First-Episode Psychosis? A Qualitative Recovery Study Jone Bjornestad, Cand psychol
	Searching for a Meaning of a 'Healing Process': Psychological and Psychiatric Aspects of Community Treatment Renata Zurko, MD | Artur Soful, MA
	Healing Architecture in a Child and Adolescent Psychiatric Unit Anne Marie Raaberg Christensen, MD
	Cross-Sectoral Initiative Between Hospital and Social Sector for Children and Adolecents in Care in the City of Copenhagen Mette Sjöström Petersen, Project Manager | Anne Marie Raaberg Christensen, MD
	Inpatients with Prior Suicide Attempts: Dissatisfaction and Uncooperativeness with Treatment David Sugarbaker, MS, MPH | Samuel Barkin, BA, MA | Graham Danzer, ASW, MRAS | William Barone, BA | Timothy Avery, BS | Doug Cort, PhD
	Gender-Shared Psychiatric Symptom Correlates of Suicidality in Psychotic Disorders David Sugarbaker, MS, MPH | Graham Danzer, ASW, MRAS | Samuel Barkin, BA, MA | Timothy Avery, BS | Cherise Abel, BA | Doug Cort, PhD
	Evaluation of Peer Support Group in an Early Psychosis Programme Kim Lay Keow, Bachelor of Science in Psychology (Hons)
	The Norwegian Early Detection and Intervention in Psychosis and Ultra High Risk Study Robert Leon Jorgensen, Research Nurse. Leader of detection team TIPS | Inge Joa, Leader of the regional psychosis network | Jan Olav Johannessen, TIPS Project leader/Professor | Sveinung Dybvig, Head of advertisment
11:25 AM – 12:00 PM	**PLENARY #6** **SPEAKER** Lisa Dixon, MD, MPH
12:00 PM – 12:45 PM	**PANEL DISCUSSION** Jan Olav Johannessen, MD | Robert Heinssen, PhD | Lisa Dixon, MD, MPH
12:45 PM – 2:30 PM	**LUNCH BREAK**
12:45 PM – 2:30 PM Peter Cooper Suite CF	**ISPS FORMAL GENERAL MEETING** *The agenda includes the bi-annual report from the Executive Committee, the Financial Report and discussion of various projects ISPS is currently working on (collaboration with other organizatons, working with nurses, developing research, Learning Tools, training, etc.)*

CONFERENCE PROGRAM

Friday, March 20

TIME / LOCATION	
2:30 PM – 3:15 PM GH CF	**PLENARY #7** **The Benedetti Lecture: Gaetano Benedetti's Integrated Treatment of Psychoses**
	SPEAKER Maurizio Peciccia, MD *Recent evidence based innovative psychosocial therapies emerging from Italy, in particular the progressive mirror drawing technique and Aquatic Therapy, will be described and illustrated with cogent clinical examples.*
3:30 PM – 4:15 PM	**BREAKOUT SESSIONS**
FA-01 REC RA CS	**Recovery Oriented Care: Creating a Welcoming Environment** Paula Panzer, MD | Elizabeth Paulus, BFA
FA-02 SOC GH CF	**How to Touch a Hot Stove: Thought and Behavioral Differences in a Society of Norms** Alice Maher, MD | Lois Oppenheim, PhD
FA-03 EME 315 CF	**Mindfulness-Based Movement Therapy for Psychosis — A Collaborative Approach** Brigitte Sistig, MHSc (Hons)
FA-04 PSY 101 CS	**Human Maturation and Psychotherapists** Shim Sangho, MD
FA-05 PSA 201/201A CS	**Approaching Psychosis' Psychotherapy from a Neo-Bionian Prospective** Alessandra Calculli, medical doctor | Claudia Bartocci, Psychologist
FA-06 PSY 215 CF	**How to Diagnose Dissociative Disorders** Colin Ross, MD
FA-07 PSA 414 CF	**Still Crazy After All These Years** Ronald Abramson, MD
FA-08 PSA 604 CF	**Leary's Rose: A Model to Manage a Wide Range of Psychosocial Interactions** Bettina Jacobsen, MD
FA-09 PSY 106 CS	**Multifamily Groups—New Therapeutic Space in Public Health** Jesús Salomon Martínez, MD PhD | Manuel López Arroyo, Medical doctor in training, Psychiatry Department
FA-10 104 CS	**PeerZone: Peer Led Workshops in Mental Health and Addiction** Vanessa Beavan, PhD, MA (psych), BA (Hons) | Mary O'Hagan
FA-11 REC LL101 CS	**Qualitatively Exploring Hearing Voices Network Support Groups** Bianca Dos Santos, Masters of Psychology (Clinical)
FA-11 REC LL101 CS	**Of One Voice?: C.G. Jung and the Hearing Voices Movement** Marie Hansen, MA | Robin Brown, MSc
FA-12 SOC 427 CS	**Exploring and Understanding the Normal Psychotic Elements from One's Culture** Gina Barros, LCSW

Friday, March 20

TIME / LOCATION	
FA-13 SOC 504 CS	**Race and Immigration Status Influence Attenuated Psychotic Symptomatology** Deidre Anglin, PhD | Aleksandr Tikhonov, MA Student | Stephanie Magloire, MA Student
FA-14 TRA 505 CS	**Who's Talking to Me? Psychotic Symptom Evolution in Trauma** Nidal Moukaddam, MD PhD | Asim Shah, MD
FA-15 PSA 506 CS	**"Being-Unspecified"** Michael Hejazi, MSc Mental Health, Psychological Therapies
FA-15 PSA 506 CS	**Psychosis Psychotherapy Based on Non-Conscious Mind as Neuropsyche Physiology of the Birth** Daniela Polese, MD | Marcella Fagioli, MD Phd | Alessandro Mazzetta, MD | Francesco Fargnoli, MD Phd | Andrea Masini, MD | Paolo Fiori Nastro, MD Prof
FA-16 SOC 801 CS	**Social Class and Psychosis: A Biographical Study** Anastasia Zissi, PhD
FA-17 EME GR CF	**Disseminating CBT for Psychosis to Community Clinicians: Training, Supervision, Sustainability** Kate Hardy, Clin.PsychD
FA-18 REC 105 CS	**Family, Work and Love: Explaining Recovery from Schizophrenia in India** Murphy Halliburton, PhD
FA-18 REC 105 CS	**Entrepreneurship — The Path to Empowerment** Ishita Sanyal, PG
3:30 PM – 4:15 PM	**MEET THE AUTHOR**
MTA-01 PC CF	**Benedetti: A Life Close to Mental Suffering, Angeli 2011** Claudia Bartocci, Psychologist
MTA-01 PC CF	**Chasing Runaway Minds** Ty Colbert, PhD
MTA-01 PC CF	**Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings** Stella Jean Compton Dickinson, MSc, Mphil
MTA-01 PC CF	**A Discussion about the Clinician's Guide 'Treating Psychosis'** Nicola Wright, PhD Clinical Psychology
4:00 PM – 4:30PM	**BREAK** Great Hall Foyer CF / Lobby at 41 Cooper Square
4:30 PM – 5:15 PM	**MEET THE AUTHOR**
MTA-02 PC CF	**Ethics, Magic and Relational Experience in the Psychological Therapies' Treatment of Psychosis** Del Loewenthal, PhD, MSc, BSc, BA
MTA-02 PC CF	**Relational Interventions:Treating Borderline, Bipolar,Schizophrenic, Psychotic and Characterological Personality Organization** Lawrence Hedges, PhD, Psy.D, ABPP
MTA-02 PC CF	**Citizenship and Mental Health** Michael Rowe, PhD
MTA-02 PC CF	**The Creation of 'Madness Made Me: A Memoir'** Mary O'Hagan, University of Madness

CONFERENCE PROGRAM

Friday, March 20

TIME / LOCATION	
4:45 PM – 5:30 PM	**BREAKOUT SESSIONS**
FB-02A REC 604 CF	**Western Lapland to Massachusetts: Open Dialogue Successes and Challenges in US Context** Amy Morgan, MSW, LICSW | Mia Kurtti, RN | Mary Olson, PhD
FB-12A INT LL101 CS	**Admitting Uncertainty about "Illness" and "Reality" is Essential for Dialogue** Ron Unger, MSW
FB-13A EME 104 CS	**What To Do When: Framework for Integrating Interventions for Psychosis** Pamela Fuller, PhD Clinical Psychology
4:45 PM – 6:15 PM	**BREAKOUT SESSIONS**
FB-01 PSA GH CF	**Ego Skin and Theoretical Model of Therapeutical Symbiosis of G. Benedetti: Two Clinical Cases** Claudia Bartocci, Psychologist | Simone Donnari, art therapist
FB-03 TRA 105 CS	**Lost in Translation: Psychotic Presentations as Trauma Narratives** Nancy Fair, MA
FB-03 REC 105 CS	**Taking Neuroleptics: The Experiences of Antipsychotic Medication Study** Miriam Larsen-Barr, Doctorate of Clinical Psychology in progress, MA, BA
FB-03 REC 105 CS	**Training Peer Workers in Psychoeducational Family Work for Psychosis in a Health Region in Norway** Anne Fjell, MSW | Inger Støland Hymer, Psych Nurse | Irene Nordheim, Occupational Therapist
FB-03 REC 105 CS	**Those Who Suffer are Finally Becoming the Leaders of Their Process of Recovery — What Comes Next?** Alberto Fergusson, MD psychiatrist psychoanalyst
FB-04 INT 414 CF	**Open Dialogue with R.D. Laing** Nicholas Marlowe, PhD
FB-04 INT 414 CF	**Social Care in Mental Health: Psychodynamic Perspectives** Joel Kanter, MSW
FB-04 INT 414 CF	**A Dialectical Materialistic Model for Psychosis and its Possible Treatment** Jos de Kroon, MD, PhD
FB-04 INT 414 CF	**Integration of Psychological and Spiritual Understandings of Psychosis: An Attempt** Jeremy Clark, Master of Science Psychology; PGDip Clinical Psychology
FB-05 PSY 506 CS	**Dreaming and Psychosis: Coping with Hearing Voices in Group Analysis** Anastassios Koukis, BSc, PhD
FB-05 PSY 506 CS	**Therapeutic Factors in Group Psychotherapy with Psychotic Patients: Research and Experience** Ignacio García-Cabeza, Psychiatrist
FB-05 REC 506 CS	**How to Increase a Recovery Perspective in Education and Practice** Anne Ek, Master | Olav Løkvik, Bachelor

Friday, March 20

TIME / LOCATION	
FB-05 PSY 506 CS	**Group Psychotherapy with Alien Selves** Maja Zandersen, MSc in Psychology | Mette Gravesen, MSc in Psychology
FB-06 INT GR CF	**The Impact of Cannabis Use in Psychosis** Sandra Bucci, ClinPsyD
FB-06 INT GR CF	**Compassionate Dialogue: Using Team Formulation to Cultivate Compassionate Care** Alison McGourty, MD
FB-06 INT GR CF	**Affect Regulation and Substance Use in Psychosis: An Interview Study** Jonas Stalheim, Clinical psychologist
FB-06 INT GR CF	**Psychosis and Addictions: Which Psychiatric Treatment for Inpatient?** Isabelle Gothuey-Gysin, MD
FB-07 TRA 801 CS	**The Experience of Emerging Adult Siblings of People with Schizophrenia: A Qualitative Study** Jillian Graves, MSW, PhD Candidate
FB-07 TRA 801 CS	**Forgotten Body: Elaboration of Trauma in Women** Edyta Biernacka, MA
FB-07 TRA 801 CS	**Red Silk and its Consequences** Lois Achimovich, MBBS FRANZCP Dip. Adult and Child Psychiatry JHU
FB-08 REC 101 CS	**Beginning the Dialogue About Implementing Recovery Oriented Practice** Edye Schwartz, Doctorate in Social Welfare, DSW | Lisa Dixon, MD, MPH
FB-09 PSY 505 CS	**Sensori Motor Integration and Progressive Mirror Drawing in the Therapy of Psychoses** Simone Donnari, art therapist | Maria Gabriella Garis, Psychologist | Francesca Maschiella, psychiatrist
FB-09 PSY 505 CS	**Future Applications of Art Therapy with Dissociative Identity Disorder** Natalie Ha, MA of Marriage and Family Therapy
FB-09 PSY 505 CS	**Facilitating the Expression of Dissociated Experience Using Art Therapy** Ani Buk, MFA, MA
FB-10 EME 504 CS	**Practitioner and Peer Delivered Telephone Interventions to Improve Mental and Physical Health** Amanda Baker, PhD
FB-10 EME 504 CS	**Healthy Lifestyles Interventions** Amanda Baker, PhD
FB-10 EME 504 CS	**The Impact of Aerobic Exercise on Neurocognition and Daily Functioning in Individuals with Schizophrenia** David Kimhy, PhD
FB-11 EAR 427 CS	**Healing Psychotherapy with Patients with Attenuated Psychosis Syndrome: An Experience from the Egyptian Culture** Mahmoud El Batrawi, Professor of Psychiatry, MD
FB-11 EAR 427 CS	**Early Detection in Psychosis(TIPS): Substance Use and Effect on 10-Year Outcome** Melissa Weibell, MBBS

CONFERENCE PROGRAM

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TIME / LOCATION	
FB-11 EAR 427 CS	**The Role of Occupational Therapy in an Early Psychosis Treatment Program — OPUS** Michelle Frederic, BSc. Occupational Therapy
FB-11 EAR 427 CS	**A Clinical Service for Ultra High-Risk Individuals: The Singapore Experience** Swapna Verma, MD
FB-14 REC 106 CS	**Understanding Pathway to Care and the Significance of Implementation of Early Detection Team** Erik Simonsen, MD | Ulrik Helt Haahr, MD | Jens Einar Jansen, MA, PhD | Lene Halling Hastrup, MSc., PhD
FB-15 INT 315 CF	**Beyond the Medical Model: Making Meaning Meaningfully** Sera Davidow, BA | Richard Shulman, PhD
FB-16 EME 201/201A CS	**Social Recovery Across the Course of Psychosis: A CBT Approach** Jo Hodgekins, BSc, PhD, ClinPsyD | David Fowler, BSc, MSc | Paul French, BA (Hons), MSc, PhD | Tim Clarke, BSc, ClinPsyD | Brioney Gee, BA (Hons) MA (Cantab)
FB-17 TRA 215 CF	**Childhood Neglect, Physical and Sexual Abuse, Perversion ... Antecedents of Psychosis?** Jorge L. Tizón, MD | John Read, PhD | Mark Dangerfield, Clinical Psychologist, MA in Psychotherapy
FB-18 INT RA CS	**Developing Relational Resiliency: Psychoanalysis, Psychosis and Community** Marilyn Charles, PhD, ABPP | Barri Belnap, MD | Jeb Fowler, PhD | Jeremy Ridenour, PsyD
5:45 PM – 6:30 PM	**BREAKOUT SESSIONS**
FB-02B REC 604 CF	**Psychosis Happened To Me Too: A Family Member's Experience** Anna Arabskyj, BA(Hons) Social Studies
FB-12B TRA LL101 CS	**Psychosis and Allegory: Mediating Childhood Trauma** Zak Mucha, MSW | Pfeffer Eisin, MA, LCPC
FB-13B EME 104 CS	**Disintegrated Perception, Disintegrated Self? Theory and Preliminary Results Perceptual Coherence Therapy** Lot Postmes, MD

Saturday, March 21

TIME / LOCATION	
8:00 AM	**CONTINENTAL BREAKFAST** Great Hall Foyer CF
9:00 AM – 9:20 AM	**PLENARY** **US Launch of the British Psychological Society's Division of Clinical Psychology's Report 'Understanding Psychosis and Schizophrenia'**
	Anne Cooke | Peter Kinderman *The British Psychological Society recently published this ground-breaking report which is aimed not only at clinicians but also journalists, policy makers, people who experience psychosis and their friends and relatives. It outlines a psychological approach which challenges received wisdom about mental illness. Free to download, the report's publication has led to widespread media discussion and debate, including in the New York Times. Editor Anne Cooke and co-author Peter Kinderman will talk about what motivated them to produce the report and what its main messages are. There will be an opportunity for questions and discussion with the audience.*
9:00 AM – 12:45 PM	**PLENARY PANEL AND DIALOGUE** **Subjective Experience and Recovery**
	MODERATOR Jan Olav Johannessen, MD Larry Davidson, PhD | Keris Myrick, MBA, MS | Silje Marie Strandberg | Lone Viste Fagerland *We move closer to "Neighborhood" with a panel addressing the phenomenology and lived experience of people experiencing a psychotic disorder—with an emphasis on the significant psychosocial factors facilitating recovery. How do we define recovery? What is recovery for an individual?*
9:45 AM – 10:20 AM	**PLENARY #8** **SPEAKER** Larry Davidson, PhD
10:20 AM – 10:55 AM	**PLENARY #9** **SPEAKER** Keris Myrick, MBA, MS
10:55 AM – 11:25 AM	**BREAK** Great Hall Foyer CF
10:55 AM – 11:25 AM	**POSTER PRESENTATIONS**
All Posters in Great Hall Foyer CF	**Effect of Psychosocial Factors on Symptoms and Cognitive Resources in Recent Onset Psychosis** Manuel Tettamanti, PhD | Séverine Bessero | Maryse Badan Bâ, PhD | Logos Curtis, PhD
	A Social Perspective on Paranoia, Hallucinations and Delusions Annika Söderlund, Doctoral student

CONFERENCE PROGRAM

Saturday, March 21

TIME / LOCATION	
	PS Combination of CBT and Medication for Individuals at Risk for Psychosis Petros Drosos, MD | Ivar Elvik, Psychologist
	Evaluation of Meta-Cognitive Group Training for Psychosis Spectrum Disorders in an Outpatient Setting: Australian Study Dennis Liu, MBBS, PhD, FRANZCP | Nada Asceric, Master of Psychology (Clinical)
	PS Short vs. Long-Term Group Psychotherapy for Outpatients Suffering from Psychosis Marjeta Blinc Pesek, MD | Kaja Medved, BS in Psychology
	Effects of Balint Groups on Medical Student Attitudes to Psychosis Tom Stockmann, BM BCh, MA (Oxon)
	Open Dialogue: Potential Effects on the Concept of Professionalism Tom Stockmann, BM BCh, MA (Oxon)
	Neighbourhood Characteristics and Psychotic Symptoms in 12-Year-Old Children Joanne Newbury, BA Anthropology and Psychology, MSc Social, Genetic and Developmental Psychiatry
	Stavange DPS — A Modern Norwegian Community Mental Healthcare Centre Kristin Klemp, psychiatric nurse/master of management | Torbjorg Servoll, bachelor
	Our Work Has Decreased the Amount of Days Committed and Reduced the Usage of Compulsory Care Ingrid Asserson, Dept nurse | Ole Jøssang, Section chief | Anette Flatmo, Asst. Dept nurse | Marta Nymark, Psych nurse | Aleksander Skalevik, peer supporter
	Self-Face Recognition and Self-Consciousness in Schizophrenia Oh Seung-Taek, MD | Hyung-Jun Yoon, MD | Jae-Jin Kim, MD, PhD
	From Act to Fact: 5 Years of Ambulant Treatment of Psychosis in Southern Norway Niclas Halvorsen, MD
11:25 AM – 12:00 PM	**PLENARY #10** **SPEAKERS** Silje Marie Strandberg | Lone Viste Fagerland
12:00 PM – 12:45 PM	**PANEL DISCUSSION** Larry Davidson, PhD | Keris Myrick, MBA, MS | Silje Marie Strandberg | Lone Viste Fagerland
12:45 PM – 2:30 PM	**LUNCH BREAK**

Saturday, March 21

TIME / LOCATION	
12:45 PM – 2:30 PM	**ISPS REGIONAL GROUP MEETINGS**
	Regional ISPS groups will meet with delegates from their regional group/country. Delegates whose country does not yet have an ISPS Group will meet with Antonia Svensson, ISPS International Organizer, in Room 201/201A CS, who will be able to assist people interested in setting up a new ISPS group. **Regional Group Assignments:** Australia 105 CS Canada 201/201A CS Denmark 104 CS Finland TBD Germany 201/201A CS Greece 201/201A CS India 201/201A CS Israel 604 CF Italy 106 CS Korea 201/201A CS Netherlands 539 CF New Zealand 504 CS Norway 505 CS Poland 201/201A CS Russia TBD Slovenia 201/201A CS Spain TBD Sweden 427 CS Switzerland 801 CS UK 506 CS US LL101 CS
2:30 PM – 3:15 PM	**BREAKOUT SESSIONS**
SA-03A INT 215 CF	**Outpatient Psychodynamic Psychotherapy with Psychosis: Managing Isolation and Creating Safety** Danielle Knafo, PhD *Sandin Award Recipient*
SA-09A PSY 315 CF	**Self Psychology and Psychosis:Self Development During Intensive Psychotherapy** Ira Steinman, MD | David Garfield, MD
SA-10A TRA GR CF	**Transgenerational Trauma and Risk of Psychosis: A Clinical Illustration** Mark Dangerfield, Clinical Psychologist, MA in Psychotherapy
SA-11A INT 502 CS	**Anthropopsychiatry: DNA of Psychosis?** Marc Calmeyn, MD
SA-12A 503 CS	**Narrative Approaches to Psychosis: Part I** Lewis Mehl-Madrona, MD, PhD | Barbara Mainguy, MA
2:30 PM – 4:00 PM Great Hall CF	**PRESIDENTIAL PANEL** **From Bio-Psycho-Social to Socio-Psycho-Bio: An Organizational Dialogue on How to Change a Paradigm**
	CHAIR Andrew Moskowitz, ISPS Executive Board **DISCUSSANT** Debra Lampshire, ISPS Executive Board **PANELISTS** Tim Graecon, ENTER | Andrew Moskowitz, ESTD | Brian McKinnon, INTAR | Jan Olav Johannessen, IEPA | Dick Corstens, INTERVOICE | Brian Martindale, ISPS | Alberto Fergusson, WAPR *The panel will include representatives of several organizations ISPS has identified as potential partners in this task, and will feature presentations and discussions, between panel members and the audience, about how we can best work together as organizations to change the paradigm for understanding psychosis.*

CONFERENCE PROGRAM

Saturday, March 21

TIME / LOCATION	
2:30 PM – 4:00 PM	**BREAKOUT SESSIONS**
SA-01 EME RA CS	**Cognitive Behavioral Therapy for Psychosis: From Research to Innovative Services** Yulia Landa, PsyD, MS | Joan Feder, MA in Occupational Therapy | Shaynna Herrera, MA | Rachel Jespersen, BA | Alexander Fietzer, PhD
SA-04 INT LL210 CS	**Conquering Goliath: The Slingshot or the Handshake?** Alice Maher, MD
SA-04 INT LL210 CS	**Existential Anxieties as Barriers Between Mental Health Professionals and Consumers** Tristan Barsky, MS | Noel Hunter, MA, MS
SA-04 INT LL210 CS	**"Two Roads Diverged in a Yellow Wood..." — Could I Travel Both? Integrating Cognitive-Behavioral and Psychodynamic Formulations in the Treatment of Psychosis** Dina Viglin, PhD
SA-04 INT LL210 CS	**Research, Reciprocity and Recovery in Group Cognitive Analytic Music Therapy** Stella Jean Compton Dickinson, MSc, Mphil
SA-05 REC 201/201A CS	**Inner Reading Voices: Auditory Hallucinations in the Non-Clinical Population?** Ruvanee Vilhauer, PhD
SA-05 REC 201/201A CS	**Expression of Lived Experience: Recovery and the Hearing Voices Approach** Casadi "Khaki" Marino, LCSW, CADC III
SA-05 REC 201/201A CS	**City and Psychosis: A New Research Paradigm** Lilith Abrahamyan Empson, MD | Dag Söderström, PhD in medicine, Psychiatrist and psychotherapist FMH
SA-05 REC 201/201A CS	**The Contribution of Psychoanalytic Self Psychology Psychotherapy to the Understanding and Treatment of Severe Mental Disorders** Matteo Mazzariol, medicine | Elda Arpaia, Psychology
SA-06 504 CS	**Addressing the Risks of Early Detection and Intervention in Risk for Psychosis by Reframing its Essence and Goal** Danny Koren, PhD
SA-06 504 CS	**Psychosocial Initiatives in Education/Work for Young People with FEP** Lena Heitmann, MA | Rune Salvesen, BA Nursing
SA-06 504 CS	**Adversities and Their Associations in Non-Affective First-Episode Psychosis** Anne Marie Trauelsen, MD
SA-06 504 CS	**Social Anxiety in First-Episode Psychosis: The Role of Childhood Trauma and Adult Attachment** Maria Michail, BA, MSc, PhD
SA-07 106 CS	**Culture and Hallucinations: What We Know So Far and What Needs to be Addressed** Frank Larøi, PhD
SA-07 INT 106 CS	**Social Defeat and Psychosis: Through a Maori Lens** Kirsty Agar-Jacomb, Doctorate of Clinical Psychology | Te Miringa Tahana Waipouri-Voykovic

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TIME / LOCATION	
SA-07 PSY 106 CS	**Living Relationships: Asian American Individuals with Serious Mental Illness and Their Families** Uma Chandrika Millner, PhD
SA-08 PSY 801 CS	**If Open-Ended Therapy is Gone** Erik Hammarström
SA-08 PSY 801 CS	**Additive Effect of Religious Activity in the Management of Patients with Schizophrenia** M M Jalal Uddin, FCPS (Psychiatry)
SA-08 INT 801 CS	**Deeper Than Behavior and Technique: Therapists and Way of Being** Arthur Wouters, PhD
SA-08 PSY 801 CS	**On the Very Idea of a Therapy Wthout Foundations When Working with Psychosis** Del Loewenthal, PhD, MSc, BSc, BA
SA-13 LL101 CS	**From Research to Action: Overcoming Barriers to a Paradigm Shift** John Read, PhD
SA-13 REC LL101 CS	**Recovery — A Meaningful Concept for Families and Friends** Grainne Fadden, BA, MPhil, PhD (doctorate in Clinical Psychology)
SA-13 REC LL101 CS	**Does the Recovery Discourse Impact the Social Aspect of Living with Schizophrenia?** Shannon Blajeski, MSW
SA-13 REC LL101 CS	**Making Sense of Violent and Taboo Voices** Rachel Waddingham
SA-14 INT 427 CS	**Preserving Respectful Therapeutic Explorations: Going Small — Replicating VIP and HVN** Richard Shulman, PhD | Marty Hadge, BS | Lisa Forestell, BA
SA-15 EMR 539 CF	**A Sensory-Motor Intervention for Disorder of the Sense of the Self in Psychotic Patients** Claudia Mazzeschi, Full Professor in Dynamic Psychology | Livia Buratta, PhD | Marco Grignani, Psychiatrist
SA-17 REC 105 CS	**Beyond Sanism: Bridging the Professional/Psychiatric Survivor Divide** Noel Hunter, MA, MS | Kendall Atterbury, MSW | Rebecca Hatton, PsyD | Casadi "Khaki" Marino, LCSW, CADC III | Leslie Nelson
SA-18 REC 604 CF	**Cognitive Impairment in Psychosis: Learning from People's Experiences** Helen Wood, DClinPsy | Caroline Cupitt, MSc
SA-18 REC 604 CF	**How We Understand Hallucinations (HUSH)** Kimberley Caldwell, Psychology
SA-18 REC 604 CF	**Understanding the Insight Paradox from a First Person Perspective** Eric Macnaughton, PhD
SA-18 REC 604 CF	**Writing a Detective Novel to Represent Recovery and Justice Narratives** Cassy Nunan, BA (Hons) Grad Dip Counselling, PhD student

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TIME / LOCATION	
3:30 PM – 4:15 PM	**BREAKOUT SESSIONS**
SA-03B INT 215 CF	**Searching for a Helpful Understanding** Alison Summers, MBChB
SA-09B PSY 315 CF	**Windhorse Work as Environmental Recovery** Eric Friedland-Kays, MS | Timothy Ness, BA
SA-10B TRA GR CF	**Openings: Two People Examine the Tensions and Potential in Peer-Professional Partnerships** Mark Richardson, PsyD | Berta Britz, CPS, MSW, ACSW
SA-11B INT 502 CS	**Psychotherapy for Early Psychosis in Open Dialogue with Anthropopsychiatry** Ludi Van Bouwel, MD/Psychiatrist/psychoanalyst |Marc Calmeyn, MD, Psychiatrist | Hella Demunter, MD/Psychiatrist | Martine Lambrechts, MA
SA-12B 503 CS	**Narrative Approaches to Psychosis: Part II** Lewis Mehl-Madrona, MD, PhD | Barbara Mainguy, MA
4:00 PM – 4:30PM	**BREAK** Great Hall Foyer CF
4:30 PM – 5:15 PM	**BREAKOUT SESSIONS**
SB-01 LL101 CS	**A Three Month Recovery Program for Psychosis: Can it Work?** Ronald Colman, BA (Hons) | Karen Taylor, RMN
SB-02 PSA RA CS	**Healing — Perhaps Curative — Intensive Outpatient Psychotherapy of Psychosis** Ira Steinman, MD
SB-03 TRA 604 CF	**Trauma and Psychosis: The Role of Dissociation and Attachment Difficulties** Katherine Berry, PhD | Filippo Varese, PhD | Sandra Bucci, Clin.PsyD | Sophie Parker, ClinPsyD | Katherine Berry, PhD
SB-04 PSA TBD	**Teaching a Non-Medical Paradigm to Increase Engagement with Voice Hearers** Helen Hamer, Doctor of Philosophy | Debra Lampshire, Lived experience
SB-05 SUB 801 CS	**Open the Door — A Short Film by People with MI** Ishita Sanyal, PG Diploma | Abhishek Ganguly, PG
SB-06 TRA 201/201A CS	**The Trick is Not Minding That it Hurts: Childhood Trauma, Psychosis, and Self-Identification** Zak Mucha, MSW
SB-07 SOC 104 CS	**The Social and Economic Forces of Trans Institutionalization: From Mental Hospitals to Prisons** Martha Rose, MBA
SB-08 PSY 427 CS	**Movement Towards Life: An Exploration of Psychotherapeutic Dialogue** Alexandra Adame, PhD

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TIME / LOCATION	
SB-08 PSY 427 CS	**Psychotherapeutic Listening: Responses to Incoherence in the Psychotherapeutic Context** Mary Marron, MA
SB-09 PSA 502 CS	**The Traumatic Flashback as One Basis of Misunderstanding** Elizabeth Waiess, PsyD | Bertram Karon, PhD
SB-09 PSA 502 CS	**Psychotic School Shootings Through a Psychoanalytic Lens** Manya Steinkoler, PhD
SB-10 TBD	**Philosophy, Identity and Autonomy** Monique Greveling, MA Philosophy
SB-11 INT 503 CS	**Interoception Sensitivity and Autonomic Regulation in Schizophrenic Patients During Social Interaction** Martina Ardizzi, Psychologist | Marianna Ambrosecchia, Psychologist | Simone Donnari, Art Therapist | Claudia Mazzeschi, Psychologist | Vittorio Gallese, MD Ph D Neurologist | Maurizio Peciccia, Psychiatrist
SB-12 EME 106 CS	**Acceptance and Commitment Therapy for Comorbid PTSD in Psychosis** Jens Einar Jansen, MA
SB-13 EME 105 CS	**Stories of Ordinary Life Therapy** Hanna Lundblad-Edling, Psychotherapist
SB-14 EME 215 CF	**The Essence of Dialogue: Two Young-Adult Serviceusers and Clinician Psychosocial Intervention in an Early Psychosis Program** Michelle Freeric, BSc Occupational Therapy | Klaudia Parsberg Jensen, Serviceuser | Chris Skovgaard Ramming, Serviceuser
SB-15 REC 315 CF	**Research Into Peer-Facilitated Interventions for Psychosis: Unique Therapeutic Potentials of Shared Lived Experience** Neil Thomas, DClinPsy | Cassy Nunan, | Bronte McLeod, PhD Student | Nev Jones, PhD
SB-16 TRA 539 CF	**Fragmentation to Integration: Multidimensional Approaches for Working with Complex Trauma** Gillian Stephens Langdon, MA, MT-BC, LCAT | Kristina Hilde Muenzenmaier, MD | Faye R. Margolis, PhD | Kelly E. Long, LCAT, MS, R-DMT | Toshiko Kobayashi, ATR-BC, LCAT | S. Alison Cunningham-Goldberg, MAT
SB-17 PSY GH CF	**Early Career Professionals Debate the Relationship Between Dissociation and Psychosis** Jeremy Ridenour, PsyD | Megan Kolano, PsyD | Jason Moehringer, PsyD | Noel Hunter, MA, MS | Andrew Moskowitz, PhD
SB-18 REC GR CF	**The Icarus Project: A Counter Narrative for Psychic Diversity** Sascha DuBrul, MSW candidate 2016

CONFERENCE PROGRAM

Sunday, March 22

TIME / LOCATION	
8:00 AM	**CONTINENTAL BREAKFAST** Great Hall Foyer CF
9:00 AM – 1:20 PM	**PLENARY PANEL AND DIALOGUE** **Evidence-Based Psychosocial Therapies**
Great Hall CF	**MODERATOR** Brian Martindale, MD Tony Morrison, PhD | Mary Olson, PhD, LICSW | Bent Rosenbaum, MDSc | Ann-Louise Silver, MD *Our last day is devoted to a panel of therapists and researchers in some of the most influential, as well as exciting new models of psychosocial therapies and psychotherapies—ranging from psychodynamic to cognitive and dialogical.*
9:45 AM – 10:20 AM	**PLENARY #11** **SPEAKER** Ann-Louise Silver, MD
10:20 AM – 10:55 AM	**PLENARY #12** **SPEAKER** Tony Morrison, PhD
10:55 AM – 11:25 AM	**BREAK** Great Hall Foyer CF
10:55 AM – 11:25 AM	**POSTER PRESENTATIONS**
All Posters in Great Hall Foyer CF	**The Importance of Interpersonal Interactions in the Recovery of Individuals with Severe Mental Illness: Case Studies in the United States Mental Health System** Diana Semmelhack, PsyD, ABPP | Larry Ende, PhD, MSW
	Dissociation Mediates the Relation Between Racial Discrimination and Attenuated Positive Psychotic Symptoms Lillian Polanco-Roman, MA
	Implications of Media Depictions of Auditory Verbal Hallucinations Ruvanee Vilhauer, PhD
	The Mediating Role of Child Maltreatment in the Relationship Between Schizotypy and Theory of Mind Impairments Lindsay Schenkel, PhD | Corey Clark, MS | Ryan Odland, BS | Terra Towne, MS
	Boredom, Symptom Severity and Hallucination Proneness in Psychiatric Inpatients Carolyn Khanian, MA | Nicole Anderson, BA
11:25 AM – 12:00 PM	**PLENARY #13** **SPEAKER** Mary Olson, PhD, LICSW

Sunday, March 22

TIME / LOCATION	
12:00 PM – 12:35 PM	**PLENARY #14** **SPEAKER** Bent Rosenbaum, MDSc
12:35 PM – 1:20 PM	**PANEL DISCUSSION** Ann-Louise Silver, MD | Tony Morrison, PhD | Mary Olson, PhD, LICSW | Bent Rosenbaum, MDSc
1:20 PM – 2:00 PM	**CLOSING SESSION** Conference Wrap Up Looking Forward to 2017

ABSTRACTS

THURSDAY, MARCH 19

10:55 AM – 11:25 AM | POSTER PRESENTATIONS

Does Stress Sensitivity Mediate the Relationship Between Trauma and Schizotypy?

Rebecca Grattan, PhD candidate

Objective: There is growing evidence that trauma is associated with risk of schizophrenia in later life, however this finding remains controversial (Spauwen et al., 2006). Sensitivity to stress may explain some of the variance within this association as it mediates the relationship between trauma, and later experience of psychotic symptoms (Gibson et al., 2014; Lardinois et al., 2011). Trauma is also associated with liability for schizophrenia, and it is unclear if involvement of sensitivity to stress also extends to schizotypal traits. We hypothesised that stress sensitivity would mediate the relationship between experience of trauma and schizotypy. Methods. The Schizotypal Personality Questionnaire was used to identify schizotypes among a cohort of undergraduates (n=197) who provided information on traumatic life event exposures and stress sensitivity (Perceived Stress Scale). Regression analyses of cross-sectional data was used to test whether the association of trauma with classification is best understood as involving a direct effect on schizotypy; or, whether the relationship is mediated by stress sensitivity. Results. An effect of sensitivity to stress mediating the relationship between sexual trauma and cognitive/perceptual schizotypy score was supported. Relationships between sensitivity to stress and sexual trauma (rs=0.213, p=0.003), sensitivity to stress and cognitive perceptual schizotypy score (r=0.345, p=0.00) and sexual trauma and schizotypy scores (rs=0.180, p=0.012), were all significant. Regression-based path analysis with bootstrapping indicated a significant mediation effect. Those with sexual trauma scored 5.26 points higher on the cognitive/perceptual scale as a result of having higher sensitivity to stress. Implications. Stress sensitivity may provide a compelling explanation for how sexual trauma can increase risk for psychosis and schizotypy, strengthening our knowledge of the complicated development of schizophrenia. This evidence supports other findings, and substantiates the importance of developing a stress-coping psychological intervention for those who have suffered trauma in childhood.

Childhood Sexual Abuse Moderates the Relationship of Self-Reflectivity with Increased Distress in Schizophrenia

Bethany Leonhardt, PsyD

For many diagnosed with schizophrenia, increased self-awareness is associated with an increase in distress. This link, however, does not appear to be consistent for all with schizophrenia and thus it may be that there are different factors that make one more likely to experience increased distress with increased awareness. Accordingly, this paper explores one potential risk factor for the development of emotional distress in the presence of heightened awareness, namely history of childhood sexual trauma. There are several reasons to suppose that those who have experienced childhood trauma may be more likely to experience increased distress in the face of increased awareness. Childhood sexual trauma has been associated with risk for depressive disorders, suicidal behavior, and other increased negative outcomes in those diagnosed with schizophrenia. It was hypothesized that for those who have experienced childhood sexual abuse, increasingly complex understandings of themselves will be linked with heightened distress and symptoms of schizophrenia. This hypothesis was examined in two groups of outpatients diagnosed with schizophrenia, with one group reporting a traumatic event and a group who did not report this specific trauma. Correlation coefficients of the relationship between measures of awareness and PANSS symptom scores among the two groups were compared and supported this hypothesis, suggesting that increased awareness may be associated with increased distress particularly for those who have experienced trauma in their lives. These findings have several clinical implications, including the importance of understanding the protective role psychotic symptoms may play in the face of distress. Specifically, positive symptoms may be purposefully or inadvertently a response to pain linked with trauma, in the manner of other dissociative phenomenon. This is in line with Bleuler's initial conceptualization of schizophrenia as "splitting" and later suggestions that elements of psychosis can at times be a form of dissociation.

Job Prescription — It Works: Vocational Rehabilitation for Young People with SMI

Irene Grini, Masters

Introduction: Unemployment is a major problem amongst people with SMI, even though studies shows up to 70% express a wish to work. Stavanger University Hospital and the state employment services have established a partnership, and started "Job-Prescription" (JobbResept). It works as an outpatient clinic at the local hospital (catchment area population 267.000). All Norwegians are insured by The National Insurance Scheme and participation is free of charge.

Objectives: The first objective is to help participants find vocational opportunities to qualify for jobs and develop satisfying careers and wages. The second objective is to utilize job placement in local companies as an early intervention using work together with treatment for young people with SMI.

Method: Patients with SMI are included according to consecutive referrals from mental health services. Job facilitators together with participants identify vocational goals and personal and environmental resources. Individual Placement and Support (IPS) provides the framework within which jobs are found and participants supported. Currently, seven mental health professionals make a multi-disciplinary team (psychiatric nurses, social workers and one occupational therapist) guiding and supporting participants in various stages of assessment, job search, job-placement, in paid jobs, or studies.

Results: Between 2012 and April 2014, 283 participants joined the project 147 have concluded their participation, 50% of whom went on to at least 20 hours per week of paid work or ordinary studies. Currently an RCT is being carried out to scientifically evaluate results specifically for First Episode Psychosis patients . 40 participants have been included so far and will be followed up over 2 years.

Conclusions: Results so far seem encouraging as the project has been very well received by participants, employers, and clinicians alike. Compared to known employment figures the rate of success seems optimistic, however results from the RCT have not yet been analyzed.

How Do Adolescents and Young Adults at Risk for Psychosis Experience: Their School and Role Functioning After They Have Finished a Family–Focused Treatment Intervention

Ase Karin Sviland, clinical specialist psychiatric nurse with master degree | Anvor Lothe, Clinical social worker /family therapist

Background: At Stavanger, University hospital, Norway we have during two decades gained extensive experience in the field of early detection and intervention for patients with first episode psychosis. A new study aim is to investigate the possibility of prevention or delaying onset of psychosis. This article outlines a psychoeducational family intervention program for young persons at risk for psychosis, focus on their experiences in group participation and possible improvements in school- and role coping. Following an interpretative-phenomenological approach individual semi structured interview was conducted with five young persons. The study shows that participating in treatment with their parents was meaningful for the youths. They report that increased knowledge among parents about their symptoms, the more support and understanding did they get. Most of the youth improved their school- and role functioning after the treatment. In this study we report that psychoeducational family intervention is of great benefit for individuals at risk for psychosis.

Aim: A psychoeducational family-focused intervention for individuals at risk for psychosis and their experiences to their school- and role functioning.

Method: A semistructured interview was conducted with five individual interviews, which are analyzed by qualitative and phenomenologist method.

Results: The participating in treatment with their parents was meaningful for the youth. They experience was that the more their parents learn about their symptoms, the more support and understanding did they get from their parents. The most of the youth did it well in their school- and role functioning after the treatment.

Conclusion: The FFT-PY in the POP project is the first systematic psychoeducational single family that is offered in a multi-site project in Norway. The conclusion is that the psychoeducational family intervention is of great benefit for individuals at risk for psychosis.

"Heaven Help Us!" Religious Affiliation and Emotional Withdrawal Among Inpatients

David Sugarbaker, MS, MPH | Graham Danzer, ASW, MRAS | Timothy Avery, BS | William Barone, BA | Samuel Barkin, BA, MA | Doug Cort, PhD

Background: Research shows that religious affiliation (self-reported religious preference) can help individuals with psychotic spectrum disorders cope with their distress, perhaps through increasing social involvement. Other research demonstrates that religious affiliation and involvement exacerbates psychiatric symptoms, especially symptoms of formal thought disorders. Emotional withdrawal may underlie the social disconnectedness that often characterizes the interpersonal aspects of psychotic illness. Aim: This study examined whether patients with psychotic spectrum disorders who also have a stated religious affiliation differed from those without on severity of emotional withdrawal shortly after admission (before treatment) and near discharge (after treatment). Method: Ninety-six inpatients were administered the Brief Psychiatric Rating Scale Expanded Version (BPRS-E). Independent samples t-tests compared item 17 of the BPRS-E--"Emotional Withdrawal"--between the group with (N = 66) and without (N = 33) a stated religious affiliation. Emotional withdrawal was rated on a seven-point Likert scale from 1 (not present) to 7 (extremely severe). Results: Near admission, the group with religious affiliation had lower levels of emotional withdrawal (M = 2.41, SD = 1.496) compared to the group with no religious affiliation (M = 3.27, SD = 2.020); t(94) = -2.194, p = .033. There was no significant difference on emotional withdrawal between the groups after psychiatric treatment, near discharge. Conclusion: Inpatients with a religious affiliation had lower levels of emotional withdrawal near admission to an inpatient psychiatric hospital and before commencement of acute psychiatric treatment. The relationship between having a religious affiliation and lower level of emotional withdrawal may account for increased levels of social connectedness, a coping mechanism that patients with psychotic spectrum disorders incorporate through involvement in religion. However, after treatment, the protective elements of religious affiliation become less clear following acute treatment as there were no significant differences between the two groups in terms of emotional withdrawal near discharge.

The Role of Religious Affiliation Among "Revolving Door" Psychiatric Inpatients

David Sugarbaker, MS, MPH | Samuel Barkin, BA, MA | Graham Danzer, ASW, MRAS | William Barone, BA | Timothy Avery, BS | Doug Cort, PhD

Background: Whereas many studies have addressed the problem of "revolving door" psychiatric inpatients (patients with frequent hospitalizations), little attention has been given to the potential salutary role of religious affiliation (self-reported religious preference). To date, religious affiliation among the severely mentally ill has shown mixed associations with psychiatric

ABSTRACTS

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outcomes and remains a burgeoning area of clinical science. Aim: The current study explored the potential salutary role of religious affiliation in a sample of acute psychiatric inpatients, highlighting implications for "revolving door" patients. Method: Participants endorsed a religious affiliation (N=108) or no religious affiliation (N=64). At intake, a staff psychiatrist assessed a range of indicators including insight/judgment (specified as poor, impaired, fair, or intact). Chi-square tests examined differences in insight/judgment across levels of religious affiliation, and independent samples t-tests then compared frequency of emergency psychiatric visits in the last year across levels of religious affiliation. Finally, Chi-square tests examined differences in religious affiliation across DSM-V diagnoses. Results: Whereas patients who identified a religious affiliation exhibited higher levels of insight/judgment ($\chi 2(3, N=172) = 8.58$, $p = 0.04$), they also had, on average ($M = 2.28$, $SD = 3.57$), twice as many emergency psychiatric visits as compared to patients indicating no religious preference ($M = 1.09$, $SD = 2.30$), $t(171) = -2.40$, $p = 0.02$. Patients with schizoaffective disorder were more likely to endorse religious affiliation, $\chi 2(4, N=173) = 11.67$, $p = 0.02$. Conclusion: Among acute psychiatric inpatients, poorer prognoses and more severe pathology may draw patients towards religious affiliation; however, while religious affiliation may confer better insight/judgment (perhaps via modes of religious involvement such as prayer and self-reflection), these gains do not appear to ameliorate the problem of "revolving door" patients.

CBT for Psychosis: Beyond Positive and Negative Symptoms

Gretchen Conrad, PhD | Robert Hill, MA

Background: Cognitive Behaviour Therapy (CBT) is widely accepted as best practice for those recovering from psychotic illnesses (e.g., Killackey, 2009), with most evaluation focusing on changes in positive and negative symptoms. A meta-analysis (Zimmerman et al., 2005) found that CBT showed a significant reduction in positive symptoms, with patients suffering from an acute psychotic episode benefiting more than those with a chronic condition. A subsequent review (Morrison, 2009) was less definitive for symptom reduction, but endorsed the potential of CBT to improve quality of life and to reduce distress.

Approach and Results: A modified version of a manualized group CBT program (Lecomte, Leclerc and Wykes, 2001) was delivered in an urban Canadian Early Psychosis Intervention program, and evaluated for changes in self-reported cognitive distortions and symptom levels. Results from 67 clients (Nmale = 41; Nfemale = 26), 10 groups, revealed significant pre to post-treatment changes. The global indices of the Brief Symptom Inventory (BSI; Derogatis, 1993) revealed significant pre-post decreases: Global Severity Index ($p<.001$), Positive Symptom Total ($p=.01$), and Positive Symptom Distress ($p<.001$). Significant pre-post decreases were also found on the Psychoticism, Paranoid Ideation, Obsessive-Compulsive, Anxiety (general), Anxiety (phobic), Depression, and Interpersonal Sensitivity subscales. Similar results were found with the Cognitive Distortion Scale (CDI; Briere, 2000); all subscales revealed significant changes ($p< .001$): Self-Criticism, Self-Blame, Helplessness, Hopelessness, and Preoccupation with Danger. Subjective feedback from group participants highlights additional benefits of group interventions (e.g., normalizing of experiences; hearing the stories of others).

Conclusion: The results support the use of group CBT as an effective treatment for individuals who have had a psychotic episode. The results extend beyond the anticipated impact on positive and negative symptoms, strengthening the argument for the use of CBT in a population recovering from psychotic illness, and the effectiveness of delivering this intervention in a group format.

Exploring Social Cognition in Comorbid Schizophrenia

Karine Paquin, BSc, PhD Candidate

Individuals with schizophrenia(SZ) suffer from various sociocognitive deficits namely in emotion recognition(ER),Theory of Mind(ToM) and attributional style(AS) and it hinders their social functioning(SF)1.Further complicating this issue,is the fact that the various comorbidities found in SZ,namely social anxiety2(30% of SZ) and substance abuse3(50% of SZ), are rarely considered in research though they could create different sociocognitive patterns. Our objective is to identify sociocognitive profiles for comorbid schizophrenia in order to put in place appropriate trainings/therapies.We posit that deficits in ER and ToM will predict social anxiety and paranoia(SZ),with an interaction for AS that will differentiate both: externalizing for paranoia and internalizing for social anxiety.Also,SZ alone will show greater deficits in ER than SZ with substance use thus showing better social functioning.29 participants, with either SZ alone or SZ and substance abuse.ER was assessed with virtual reality avatars displaying 7 emotions(sadness, anger, disgust, happiness, fear, surprise, neutrality),SF,ToM and AS measured via questionnaire.Our first hypothesis was not supported.But,those with comorbid substance abuse were significantly better at recognizing negative emotions($F(1,27)= 4.2, p=0.05, \eta 2=0.1$) with a main effect of gender,with men being better at recognition(Men:$\mu=0.7$,SD=0.08;Women:$\mu=0.6$, SD=0.1). Within that same group,those who took stimulants versus cannabis were better at identifying negative emotions,specifically for the emotion of fear($F(1,15)=5.9, p=0.03, \eta 2=0.3$). For AS,those with externalizing biases were better at overall ER($F(1,27)=4.48$, $p=0.04$, $\eta 2=0.1$),specifically positive emotions ($F(1,27)=15.54$, $p=0.001$, $\eta 2=0.4$).Paranoia was also associated with both worst SF($r=-0,48, p=0.009$) and social anxiety ($r=0.48$, $p=0.008$).Consistent with previous studies were those with SZ and substance abuse showed a different pattern of affective memory than those with SZ alone4,there seems to be a distinct sociocognitive profiles for individuals with SZ and substance use. Further assessment of those measures should be conducted on a greater sample size in order to ascertain these differences.

1Morrison&Heimberg(2013),An Rev Clin Psych,9,249-274. 2Kingsep et al.(2003).Schi Res,63,121-129.3Regier et al.(1990).J Am Med As,264,2511-2518.4 Bourque et al. (2012).Biol Psyc,71(267S).

A Group Cognitive Behavioral Intervention for People Registered in Supported Employment Programs: CBT-SE

Tania Lecomte, PhD | Marjolaine Massé, MSc, PhD Candidate

Supported employment (SE) programs are highly effective in helping people with severe mental illness obtain competitive jobs. However, job tenure is often brief. Among obstacles, dysfunctional beliefs regarding the workplace and one's own abilities have been identified. Objectives: The purpose is twofold: 1) to present the feasibility and acceptability of the intervention; 2) to investigate preliminary work outcomes. Methods: A group CBT intervention of 8 sessions (one month) was tailored to facilitate the learning of CBT skills specific to the workplace. A RCT of 160 participants took place over the course of three years. Preliminary results are presented with a subsample having completed the 12 month follow-up is presented, half having received CBT-SE and half the SE program only. Results: Therapists and participants all mentioned finding the group useful and helpful. The only negative feedback was related to the frequency of the meetings (many would prefer one two hour session per week instead of two one-hour sessions). Participants attended on average 6/8 sessions. 50% of participants in both conditions obtained competitive work. The number of participants working more than 24 hours per week at the 12 month follow-up was higher in the CBT-SE group (75% vs 50%) and higher for those with early psychosis. There was also a trend towards a larger number of consecutive weeks worked for those having received CBT-SE (22.5 vs 18.3 weeks). Discussion: Preliminary data suggest that the CBT-SE intervention might help participants use skills and gain the needed confidence enabling them to sustain their employment.

Factors Limiting Romantic Relationship Formation for Individuals with Early Psychosis

Anouk Latour-Desjardins, Doctorate in clinical psychology (Psy.D Candidate)

Recovery from psychosis has been found to include various objective and subjective features such as reengagement in socio-sexual relationships. Romantic relationships are of particular importance to young people, and play a crucial role in the maturation processes to adulthood. Although many young adults with early psychosis (EP) desire to engage in a romantic relationship, many report having difficulties in engaging in such a relationship. However, almost no research has been conducted to understand this reality and more specifically on factors potentially explaining impairments in their ability to form romantic relationships. This presentation includes two studies on romantic relationships in young men suffering of EP.

The first study is cross-sectional and compares three groups (EP single young adults matched, by age and education, to single students and students involved in a stable relationship) (N= 83) on self-esteem, attachment, social functioning and perceived difficulties in dating. Measures administered: Self-Esteem Rating Scale, Attachment Style Questionnaire, First Episode Social Functioning Scale, Positive and Negative Syndrome Scale, and the Global Assessment of Functioning Scale. No significant group differences were found on self-esteem.

EP participants had greater attachment preoccupation than students involved in a relationship. EP individuals rated their social interaction abilities higher compared to single students, but didn't engage in social interactions more often. Both single EP participants and single students had more negative perceptions of their intimacy abilities and fewer intimacy behaviours compared to those in a relationship.

It appears that future research focusing on understanding these constructs and other potential barriers is warranted, so the second study attempts to deeper explore intimacy in EP young men through a semi-structured interview in order to develop a better understanding of the processes underlying those difficulties and eventually create interventions aimed at improving social life of individuals with EP.

Preliminary qualitative results will also be presented.

Understanding Suicide and Schizophrenia: A Closer Exploration of Persecutory Delusions

Kelsey Clews, MA

Suicide is a tragic, complex phenomenon experienced by individuals of all ages, genders and cultures. Given its widespread occurrence, it is important to identify predictive and risk factors in order to develop efficacious prevention and intervention strategies. One factor that has been consistently identified as increasing risk for suicide is being diagnosed with schizophrenia. Persecutory delusions have been most prominently researched in relation to outcome in schizophrenia; however, few studies have investigated the relationship between persecutory delusions and suicide risk for those with this diagnosis. Furthermore, studies that have been conducted are largely quantitative in nature, and therefore are limited by their ability to offer explanations for their results. Understanding quantitative relationships through a theoretical perspective focused on choice and meaning making, such as existential psychology, may increase the specificity and effectiveness of preventative programs and intervention approaches, ultimately leading to more saved lives. This dissertation used archival data from participants in the Chicago Follow-Up Study diagnosed with schizophrenia or schizoaffective disorder to explore the relationship between the course of suicidality and persecutory delusions in this population through an existential lens. Locus of control and self-esteem were included in the analysis as possible mediating variables. Those with high self-esteem endorsed higher suicidal activity, and those with persecutory delusions endorsed higher suicidal activity and a more external locus of control. Implications of these results suggest both self-esteem and locus of control should be addressed as possible mediating factors in the relationship between persecutory delusions and suicide for those diagnosed with schizophrenia.

ABSTRACTS

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Metacognitive Profiles in Early Schizophrenia Spectrum Disorders and Their Relation to Social Functioning and Perceived Social Support

Marjolaine Massé, MSc, PhD candidate | Lecomte Tania, PhD

Poorer metacognitive abilities are recognized as a strong predictor of social functioning deficits in individuals with schizophrenia, but it has not been studied in relation to perceived social support. Furthermore, traditional measures of metacognition carry limited ecological validity as they fail to consider the implications of its daily use, such as emotional involvement, the lack of cues to prompt responses and the interaction between various abilities such as thinking of one's own or other's mind, and mastery. As a constellation, these abilities may influence domains of social functioning and social perception differently. Therefore, the present study aimed to establish whether distinct metacognitive profiles exist within a population of individuals with a first psychotic episode, and to determine how such profiles influence individual domains of social functioning and perceived social support.

Participants (n=50) were recruited from two early psychosis outpatient clinics in Montreal, Canada. Demographic information, social functioning and perceived social support were measured using self-reported questionnaires, and metacognition was scored from the transcripts of semi-structured, non-directive interviews.

Three distinct metacognitive profiles immerged: overall, the first represented better abilities, and the third poorer abilities. The second profile, however, showed poor abilities on thinking of one's own and other's mind, but better mastery. Despite several trends in the expected directions, significant differences found were found only for self-reported intimacy and independent living abilities, with the second profile showing better abilities than the third. There was no effect on perceived social support.

The three distinct profiles that emerged did not simply represent consistently higher or lower functioning across subscales; and although mastery had an influence, the ability to think in an increasingly complex manner of one's self and others did not seem to predict interpersonal functioning in individuals with a first episode of psychosis.

Migration and Psychotic Experiences in the United States: Another Example of the Epidemiological Paradox?

Hans Oh, MSW, EdM

In Europe, it is widely established that being an immigrant increases risk for psychotic disorder. However, research has yet to confirm this association in the United States, where immigrants paradoxically report better health status than their native-born counterparts. Selection and acculturation processes may offer insight into why immigration would not be a risk factor for psychosis in the US. Few studies have examined this topic with respect to psychotic experiences (PE), which are more common than psychotic disorders and occur at the sub-threshold level in the general population. This study analyzes the (1) National Comorbidity Survey-Replication (NCS-R; N=2292), (2) the National Latino and Asian American Survey (NLAAS; N=2539 for Latinos, N=2089 for Asians), and (3) the National Survey of American Life (NSAL; N=4906) in order to determine whether immigration increases or decreases risk for lifetime and 12-month PE, and whether this association varies across racial/ethnic groups. We reported descriptive data for migration variables and prevalence of PE, and we calculated odds ratios (OR) using blocked hierarchical logistic regression. First, we examined the associations between PE and immigration variables that were available in each dataset (generational status, duration of residency in the US, age of immigration) controlling for age, gender, and marital status. Second, we added SES measures, including education, income-to-poverty ratio, region of country, and employment status. Statistical significance was assessed for all tests using Wald $\chi 2$, with two-tailed $\alpha=0.05$. Effect sizes were reported with 95% confidence intervals. We found an absence of an immigration effect on PE across various ethnic groups and across various geographic areas, supporting the idea that the epidemiological paradox extends to the psychotic phenotype. Limitations and practical implications are discussed.

12:45 PM – 1:30 PM | BREAKOUT SESSIONS

TL-11 Parachute NYC: Service Users, Peer Specialists and Providers — An Emerging Paradigm of Collaborative Care

Edward Altwies, PsyD | Leslie Nelson, Graduate, Howie T. w

Parachute NYC provides free community-based services that focus on overall wellness, recovery, and hope for people experiencing emotional crisis, including psychotic experiences. The project is funded by the Center for Medicare and Medicaid Innovation through a $17.6 million grant awarded to the Fund for Public Health in New York, Inc. on behalf of the New York City Department of Health and Mental Hygiene (DOHMH).

The services consist of four mobile treatment teams, four community respites and a support line, all of which, are heavily staffed and run by peers—who themselves have had their own experiences with the mental health system. The mobile teams provide integrated home-base care that is adapted specifically to each person and their network. Each of the team members were trained in Intentional Peer Support and a form dialogical network therapy that draws on the therapeutic approaches developed in the creation of Open Dialogue in Finland.

The workshop panel will consist of both service providers and peer specialists. Panelists will present an overview of the project with particular focus on their training and their efforts to implement these collaborative therapeutic approaches in NYC public mental health system. Effects on both service user forms of care and professional practice culture will be presented. Clinical examples of an emerging paradigm of collaboration both within teams of providers and peer specialists and between the teams and service users will be highlighted. Effects on service users as compared to conventional form of psychiatric care will be discussed.

TL-13 Mild Psychotic Experiences in Early Adulthood, a Subjective Report

Barend Van de Kar, Psychiatrist

In my student years, mid-twenties, I experienced mild psychotic symptoms, which were never treated professionally. I was having a difficult time, and started to grow bald at the same time. I was convinced that everybody, especially in the tram, was staring at my bald spots, and having all kind of thoughts about that fact. I started to stay at home and for a few weeks hardly came outside. Mostly after the start of a weekly jazz-workshop which I attended every monday night, in the course of a few months the convictions gradually diminished.

TL-14 From Bateson to Bakhtin — The Roots of Open Dialogue

Nick Putman, BSc Hons Psychology, Certificate in Psychoanalytic Psychotherapy (UKCP)

I will explore the roots of Open Dialogue, the various strands of thought and practice that have influenced its development, and in particular the ideas of Gregory Bateson and Mikhail Bakhtin.

Bateson argued that we live in a world that is only made of relationships, though we lose sight of this fact, creating arbitrary divisions, which at best limit our perspective, and at worst cause confusion and suffering. He described the 'double bind' as a pattern of communication that can be found in some families where one member has been diagnosed as 'schizophrenic', and was very influential on the development of systemic family therapy.

Bakhtin also wrote of the primacy of relationships, of dialogue. He argued that we are inextricably intertwined, such that no voice stands alone. In his exploration of Dostoevsky's novels he found a polyphony in which there are as many truths or plots as there are characters.

I will reflect on how these ideas and others have informed the practice of meeting with families in Open Dialogue network meetings, and in particular will focus on working with families affected by psychosis. What do the developers of Open Dialogue mean when they say that psychosis is between people rather than in people? Can 'psychotic' communication be included in the dialogue in meetings, and if so how? How can Open Dialogue and related approaches inform our understanding of the experience of 'hearing voices'? I hope to address these and other questions and there will be plenty of time for dialogue between participants.

TL-15 Psychosis, Dissociation and EMDR

Dolores Mosquera, Psychologist

Some apparently psychotic symptoms can be better understood and treated as dissociative symptoms. In particularly, patients presenting with the belief of being controlled by an external force, intrusive thoughts and hallucinatory voices that comment on one's thoughts or actions or that have a conversation with other hallucinated voices, can often be effectively treated from a dissociation perspective.

In this presentation we will present different video examples of the work with hostile voices and the progress that can be made when working with traumatic events and internal conflict, including in persons who have received psychotic diagnoses. A progressive approach is needed with the most complex cases where internal conflict can lead to harmful behaviors for the self and others. Trauma-based approaches, such as Eye Movement Desensitization and Reprocessing (EMDR) have proved effective in working with such cases. Specific EMDR procedures to work with traumatic experiences in these patients will be illustrated.

TL-16 Creativity and Psychotic States:Van Gogh: Enduring Unrequited Love Through Painting

Jeanne Magagna, PhD

Murray Jackson's psychoanalytic exploration of the lives of four exception people experiencing psychotic states will be highlighted. There will be an exploration of the endurance of loss through showing Vincent Van Gogh's paintings and giving tentative description of his states of mind.

TL-17 Bridging the Gap: Making Contact with Hospitalized Psychotic Patients

Jeremy M. Ridenour, PsyD | Paul M. Gedo, PhD | Heather E. Churchill, PsyD | Marilyn Charles, PhD, ABPP | Annie G. Rogers, PhD

While intensive psychodynamic psychotherapy in a hospital setting seems like a relic from a bygone era, this tradition continues in certain treatment centers. Conducting four-time-weekly psychodynamic psychotherapy with individuals experiencing psychosis within a hospital is arduous and anything but straightforward. Individuals experiencing psychosis often feel cut off from the human community and they struggle to organize and communicate their perceptions, thoughts, and feelings. Their alienation from the symbolic order can render them lonely and feeling fundamentally different from others. This panel will bring together clinicians to speak about the necessity of trying to enter the world of the individual experiencing psychosis. This requires that the therapist assume a curious stance vis-à-vis the patient, in which she attempt to bear witness to the individual's experiences to enable learning. We will describe psychotherapy techniques aimed at enlivening the individual who is

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experiencing psychic deadness and negative symptoms. There will also be discussion about the importance of paying attention to the patient's language and the discourse that evolves in the therapeutic dyad with the focus of creating "a common language."

This panel will bring together both early career professionals and seasoned clinicians to speak about how to make contact with individuals who are withdrawn from consensual reality in the context of hospitalized treatment. Both junior and senior clinicians will each present short cases and provide commentary on each other's work to foster intergenerational dialogue. The final thirty minutes of the panel will be provided to open up a dialogue with audience members about how to create a therapeutic space in which an individual experiencing psychosis can speak their experiences and the psychotherapy techniques that can be employed to facilitate such a process.

12:45 PM – 2:15 PM | BREAKOUT SESSIONS

TL-12 Metacognitively Oriented Therapy for Adults with Psychosis: Empirical Bases and Treatment Elements

Paul Lysaker, PhD

Contemporary models of schizophrenia which focus exclusively on discrete symptoms and neurocognitive deficits risk losing sight of the active consciousness of the person whose life has been interrupted. Potentially neglected is the person who is not only subjected to certain biological and social challenges, but is also a being in the world who has to make meaning out of these challenges and life itself. The meaning persons make of any life-altering occurrences deeply influences how they respond and is essential to consider given that the processes which allow meaning making within one's life may be disrupted in schizophrenia. This workshop first details how a new instrument. the Metacognitive Assessment Scale Abbreviated can be used to assess deficits in the metacognitive abilities which allow persons to form complex ideas about themselves and others and to use that knowledge to respond to psychosocial challenges in schizophrenia. Evidence will be summarized supporting the reliability and validity of that method. Research will also be presented suggesting the many with schizophrenia experience unique deficits in metacognition and that those deficits prospectively predict a range of and psychosocial outcomes independent of symptoms and deficits in neurocognition. Based on this work a model of integrative psychotherapy for schizophrenia will be presented called Metacognitive Insight Oriented Therapy (MERIT). MERIT is a manualized intervention which seeks to stimulate metacognitive activity in the service of forming the kinds of complex understanding of themselves needed to make sense of psychiatric and social challenges and so move forward with their recovery. The workshop will detail the eight core principals of MERIT. Evidence supporting MERIT will finally be presented including case reports, an open trial, an ongoing randomized controlled trial and qualitative interviews of patients who have received MERIT.

TL-01 Te Ihi Ora: Cultural Trauma and Psychosis.

Ingo Lambrecht, PhD | Ron Baker, RPN, kaumatua

Psychosis is often conceptualized in regards to medical, psychological, and, at times, social processes. However, the cultural aspects have historically been undervalued, often at the cost for indigenous people. In this workshop the complexity of the cultural-clinical interface will be explored in a direct manner. It will be facilitated by a Māori elder or kaumatua and a clinical psychologist, both currently working in a Māori mental health service in Auckland, Aotearoa, New Zealand. In this workshop, the current research status on mental health and indigenous people in New Zealand will be outlined. It will also provide more comprehensive cultural formulations of mental health issues, applying a model used in the Māori mental health services in. This model comprises the integration of four main factors namely, hinengaro - mind; tinana - body, whanau - family, wairua - spirit. The specific indigenous knowledge of Māori, such as the specific gods (atuas) or archetypes and spirituality (wairua) will be related to the pain of mental suffering. The healing stories of working with Māori who have suffered cultural traumas that are connected to their psychosis will be interwoven with the above themes.

TL-02 From DNA to the Therapeutical Relationship: The Evolutionistic Metaphor of G. Benedetti and the Experience of Videoart Therapy

Simone Donnari, art therapist | Claudia Bartocci, Psychologist

In several writings Gaetano Benedetti and Maurizio Peciccia represented their theoretical model through an evolutionary metaphor which involved DNA. DNA splits itself to realize two opposite biological functions. On one side it must preserve individuality and on the other side it allows functional mutations in response to environment requests . Likewise in the dream the Self splits itself in two different entities. Separate Self preserves the separate identity of the dreamer whilst Symbiotic Self is open to the transformation and mutations experienced in dreams.

The Symbol of the Self, which is born from an interchange between Separate Self and Symbiotic Self, that can be metaphorically represented as the protective membrane of the cell, protects the identity (of the dreamer, of the patient, of the therapist and generally of every individual).

In addition in the therapeutical relationship what happened in the past is somehow recombined starting from what is experienced here and now. The resources based on unconscious therapeutical creativity offer an opportunity of rearranging the past, thus giving an effective "second chance".

The above theoretical model is embodied in the method of group therapy called videoart therapy. During the experiential workshop the participants will be introduced to progressive mirror drawing. Drawings generally represent our history and our past events, even traumatic ones. Interactions between participants while drawing are in the present of therapeutical setting.

Real time video recording of present interactions and cross-fading with progressive mirror drawing images will be showed at the end of the session. The video will represent the new synthesis between new and old, present and past of the therapeutical process (the second chance).

TL-03 Recent Developments in CBT for Psychosis

Sophie Parker, ClinPsyD | Sandra Bucci, Clin.PsyD | Rory Byrne, PhD | Tony Morrison, Clin.PsyD

Cognitive behaviour therapy (CBT) for psychosis has substantial evidence supporting its delivery and is a recommended treatment in the NICE guidelines. However, more evaluation is needed to refine treatments which provide accessible, safe and optimal delivery. Within this there is also scope for developing interventions which are targeted on specific mechanisms and specific outcomes. The first paper will present the trial and clinical protocol of a novel Smartphone (app) delivered cognitive behavioural-informed intervention for early psychosis patients. This novel approach to treatment delivery targets four domains known to be associated with relapse in early psychosis: perceived criticism, substance misuse, symptoms (voices and paranoia) and socialisation. The relative safety of CBT for psychosis has not yet been sufficiently evaluated. The second paper highlights the importance of developing increasing understanding about possible adverse effects of this treatment option. This paper considers the possible negative effects of psychotherapy for psychosis and will offer an overview of the research evidence in this area to date. Stigma and discrimination has shown to have negative effects on the wellbeing of people with psychosis in many ways and addressing this is an issue of primary importance for mental health services. The third paper presents data from a trial providing preliminary evidence regarding the feasibility and effectiveness of CBT in reducing the severity of self-stigma, promoting recovery and improving wellbeing in people with psychosis. Research suggests that metacognitive factors are involved in the development and maintenance of hallucinations and delusions. Metacognitive therapy (MCT), which focuses on metacognitive mechanisms, has led to positive results in other disorders, but has yet to be evaluated in people with psychosis. This paper presents data from a trial evaluating the feasibility and effectiveness of MCT for people with psychosis and considers the clinical implications of the findings.

TL-04 Implementing Peer Support Into Clinical Settings, Lessons from the Field

Rebecca Boraz, MA | Jeffrey Anderson, PsyD | David Dedrickson, BA | Martha Spiers, LCSW

Rebecca Boraz, ATR-BC CADC, Jeffery Anderson, PsyD, and David Dedrickson, Peer Support Specialist discuss implementing peer support into clinical settings and how combine traditional and non-traditional methods of treatment support recovery for those living with mental illness. Peer Support is the practice of hiring those who are in recovery from mental Illness to support those who are struggling with mental illness. This workshop will be discussing the Peer Program with Clackamas County's Crisis Center (located in Clackamas, Oregon) and the lessons they have learned over two years having a peer support program. This program works with high utilizers of crisis services and the peer programs successes include a 77% community retention after experiencing a mental health crisis and working with a Peer Support Specialist for 3 months. This workshop will also discuss the nuts and bolt of employment practices for Peer Support Specialists in clinical settings including boundaries and ethical guidelines. Participants in the workshop will be able to ask questions and engage in dialog about struggles or successes of implementing peer support programming.

TL-05 Experiential Group Supervision: Swimming in Space: Working with Schizophrenea

Valerie Angel, MSW,LCSW | Ona Lindquist, LCSW | Iris Levy, LCSW | Nobuko Meaders, MSSW

Swimming in Space,a clinical presentation in verse,challenges the supervisory group to hear not just the words of the patient but the rhythms,repetitions,and un-self conscious expressions as a kind of music to turn on to not away from which often happens when working with highly disorganized thinking. Through the clinical case of a schizophrenic person, this workshop will demonstrate empathic responsiveness in the supervisory process. Attending to supervisory issues expands our understanding of the complexities of trauma. This experiential group supervision demonstration will focus on the principles of group supervision beginning with establishing an accepting atmosphere where uncertainty is invited. The group leader models an open listening process which attends to the needs of the presenter leading to a "resolution experience". The presenter will creatively work in verse which reflects the intimacy between the presenter,the patient and the group participants. After the experiential group supervision demonstration, participants at the workshop will be encouraged to discuss their responses. This heartfelt presentation quickly moves us into the remarkable therapeutic engagement between both patient and therapist.

TL-06 Hearing Voices Network Townhall Discussion

Noel Hunter, MA, MS | Ronald Coleman, BA (Hons) | Oryx Cohen, MPA | Lisa Forestell, BA | Berta Britz, CPS, MSW, ACSW | Nev Jones, PhD

Leaders of the Hearing Voices Network (HVN), including board members, facilitators, and trainers, will come together from across the United States and internationally to facilitate a "townhall" discussion. Presenters will briefly speak about the values of HVN, the progress and challenges encountered in bringing this approach to their communities, and current efforts to expand this movement. A moderator will lead a discussion that will include: raising awareness of the possibilities and limitations of HVN; how

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professionals can best be involved in the work of groups, or bring the ethos of HVN into clinical work; strategies for collaboration between different stakeholders; and exploration of potential ideas for increasing HVN's presence in the US and around the globe. The focus of this workshop will be solicitation of feedback, suggestions, and concerns from attendees, in the style of an open and respectful dialogue. Depending on the size of the audience, we will break out into smaller groups to facilitate more in-depth discussion. Panelists hope to stimulate ample dialogue between voice hearers, peers, clinicians, family members, and other session attendees about HVN and the experience of voice-hearing and extreme emotional states. [Selection Committee please note: There are 13 presenters for this panel; only a small selection was included in the submission due to limitations in the online form. We respectfully request that if selected, all presenters be included-none have conflicts of interest to report].

TL-07 Talking with Ourselves: An Attachment/ Relational Perspective on Voice Hearing

Andrew Moskowitz, PhD | Debra Lampshire, lived experience

Hearing voices has been considered, over the centuries, a sure sign of madness or of divine inspiration. We know now that they need not be either, but are common in the general population and also in highly creative individuals. While childhood trauma is often associated with voice hearing, and dissociation seems to be strongly linked to voices, here we consider a complementary perspective — that of attachment theory.

In this workshop, Debra Lampshire and Andrew Moskowitz will address this theme from a variety of perspectives — that of personal stories, theoretical perspectives and research findings. The presentation will be informal, taking the form of a dialogue between the presenters and with the audience in three areas:

1. The genesis of voice hearing. It has long been noted that many persons report hearing voices after experiencing a trauma, but what may be more relevant is whether the trauma triggers the attachment system. Disorganized attachment (DA) experiences related to parental emotional unavailability may be of particular importance.

2. The nature of voice hearing. Evidence that voice hearing is relationally-based comes from a variety of sources, including links between loneliness and voice hearing, positive consequences of engaging with voices and hearing the voice of one's partner after his/her death.

3. Clinical approaches to voice hearing. New clinical approaches involve attempting to change a person's relationship to their voices, rather than to try to eliminate the voices themselves. Such approaches are showing great promise, and have led to the development of instruments to assess a person's relationship with their voices, and how that may change over time. Viewing voices, and one's relationship to them, as a potential source of strength, rather than a sign of weakness or illness, is an approach whose time has come.

TL-08 Multi-Families Psychoanlysis Group is Useful for Patients, Family Members and Professionals

Andrea Narracci, Mental Health Department Director | Fiorella Ceppi, Therapeutic Comunity Head | Claudia Tardugno, Multifamily Psychoanalysis Laboratory founder | Luciana De Franco, Multifamily Psychoanalysis Laboratory President | Federico Russo, Head of Mental Health Center

Building an innovative setting which would involve the patients and their family members in a therapeutic pathway aimed at treating serious mental distress and psychosis. An analytical process leads to the unvelling of situations of lacking individuation of the self as a subject, due to a relational model of the family in which one or more members live inside another, typical situations without boundaries. This is an attempt to reveal the internal object driving mental illness. The multifamily psychoanalysis group represents a therapeutic model which enriches and integrates the dual therapeutic relationship and the group therapy model taken in the classical sense. Indeed, it allows analyzing the family dinamics from the point of view of pathologic interdependence, revealing directly that form of imprisonment without tha need to resort first to a symbolic work on the part of the psychotic patients, who are often unable to access it. It enables, more than any other group, the condition of everybody being among "peers" and this strengthens the transference and projective identification mechanism and triggers treatment pathways, also for the professionals. Our purpose is to demonstrate, from the methodological point of view and from the clinical standpoint, the essence of MFPG and what its effects are on the patients, their family members, the professionals and the Services they belong to. Supporting the necessity to aacompany the dual-type therapeutic experience with a MFPG therapy in psychoses. The necessity, therefore, to expand the therapeutic field enabling for each member a group experience as experience of the self. This enables the transformation of psychotic assets triggering again therapeutic pathways which have been for too long idle. The construction of psychoanalytical matrix of therapeutic intervention, shared by many public mental health service professionals, changes the organization and the daily operation of the Services.

TL-09 Integrating Family and Individual Trauma Treatment in Serious Mental Illness

Kristina Muenzenmaier, MD | Madeleine Abrams, LCSW, ACSW | Joseph Battaglia, MD

Historically, and even currently despite its lack of political correctness, families have been blamed and stigmatized for serious mental illness in a family member. This attitude is even more exaggerated in cases of trauma, particularly when it occurs within the family. Thus, families of people with both serious mental illness and trauma frequently have been ignored, disempowered, blamed, and stigmatized. In working with this population, we have seen how the exclusion of the family has contributed to lack of progress in working with an individual coping with serious mental illness and trauma. When the family is integrated into the treatment, we have seen evidence that the individual progresses and the family suffering and guilt are alleviated. Whenever possible, families are able to be reconnected in a more positive manner.

This presentation will begin with outlining a four phase model for working with families coping with trauma and serious mental illness that we developed in our program. Central to constructing the model are several premises and assumptions which we consider to be basic to an understanding of the experience of families fitting these criteria. The model consists of strategies for engagement, interventions to be implemented, working through and reintegration of the family, and consolidation thus enabling the development of a new model for relationships. Application of the model will be discussed and reinforced with clinical illustrations. The audience will be encouraged to work on vignettes as well as offer examples from their own experience.

TL-10 Being Dialogical

Philip Benjamin, MMind&Soc

Open Dialogue is going viral in some places and networks—from small beginnings in Finland then Norway, Finland, and now New York, England and worldwide.

The Open in the name refers to the network approach—families, friends, support workers and clinicians all meet to discuss the mental health crisis, and jointly work to make sense of the situation and then make decisions about treatment in open with the person at the centre of concern. This can be a challenge for people whose professional identity is based on being an expert decision maker.

But perhaps more of a challenge is the idea behind this process—of being dialogical—of having as the therapeutic aim to simply create dialogue within a polyphonic framework.

In this technical sense 'dialogical' is opposed to 'monological'. A monological conversation consists of competing ideas, whereas dialogue is intended to mean an exploration of the ideas and concerns contributed to the conversation, and especially the idea of bringing all voices into the dialogue.

This idea of bringing voices in, which would otherwise be silent, is based on the ides of 'polyphony', or 'many voices', and the polyphony is understood as comprising horizontal components—interpersonal, and vertical polyphony—intrapersonal.

This workshop introduces and explores the idea of vertical polyphony and illustrates that the ideas we have about ourselves and others are in fact socially constructed and made up of many different 'selves'.

There will be an introduction, followed by workshop activities and time for discussion and reflection.

2:30 PM – 3:15 PM | BREAKOUT SESSIONS

TA-01A Improving Empathic Ego Function in Patients with Psychosis

Eric Marcus, MD

Patients with psychosis may have lost their empathy for both their reality experience and their emotional experience, fearing both. This talk will show how a psychodynamic psychotherapy can help patients understand their psychotic experience.

TA-02A Open Dialogue Training in the NHS: The Challenge for Clinicians

Jane Hetherington, MSc Integrative Psychotherapy/ MSc Mental Health

Background :The purpose of this workshop is to explore the impact on clinicians of a radical, pilot project incorporating the Open Dialogue approach currently being implemented within Early Intervention in Psychosis Services in the Kent and Medway Partnership Trust (KMPT) in England. The Pilot Project is intended to be a standalone service within the KMPT mental health services in an area of Kent with a population of approximately 400,000 and a diverse, demographic composition. This KMPT pilot will comprise 18 clinicians selected from four teams within the Trust and consists of psychotherapists, family therapists, psychologists, occupational therapists, social workers, community psychiatric nurses, support time and recovery workers and carers, whom will complete the NHS Open Dialogue training together over the course of a year. I have already spent a year studying the OD approach and am aware of considerable changes in my personal ethos and professional clinical work. The group is diverse in training and professional background and I wish to explore the impact the Open Dialogue training will have on their practice. The clinicians will summarise their choice of career and describe their professional/personal ethos prior to commencing the course through measures and questionnaires. We will explore personal development over the course of the training year through co-operative inquiry and the participants will maintain a journal discussing their understanding of the core process within OD.

Context: The Pilot Projects are incorporated within the Early Intervention in Psychosis Services and will employ the Open Dialogue(OD) Approach originating in Western Lapland and whose ethos is influenceing international thinking and services. The KMPT project will be one of six being implemented within National Health Trusts based in England.

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TA-11A "The Ponzano Project": Study About the Effectiveness of an Integrated Therapeutic Approach at a Day Hospital for First Psychotic Episodes

Cristina Diez-Alegría, PhD | Enrique Sacritan Alonso, MD | Diego Figuera Alvarez, MD

We define "The Ponzano Project" of the Institute of Psychiatry and Mental Health of the Hospital Clinico San Carlos in Madrid, as a partial hospitalization program for adults, created with the dual role of being firstly, a highly specialized, differentiated and stable unit for the intensive treatment of outpatient severe mental disorders, especially first psychotic episodes: and secondly, a well-defined Clinical Management Process and assessable within the model by which the Institute is governed.

The theoretical background for our integrated treatment of severe mental disorders is pointed out. Its main characteristics are that it is based on scientific evidence, can be used in combination and synergistically by the multidisciplinary team and furthermore it can be taught with clarity and ease in training programs.

The Ponzano Project pays special attention to the importance of the bonds that affect to the patients, their families and the professionals' team. The study and use of these complex affective bonds are seen as the base of the therapeutic process and essential to the change towards mental health. Thus, an "Affective Bonds Based Therapy" has been investigated within our theoretical framework.

We describe a clinical case as an example of our Individualized Treatment Program in order to explain the combination of individual, family and group activities required during the therapeutic process. We also show how these combined strategies are usually evaluated.

To conclude, we present the preliminary results, prior to their publication, of our research focused on the effectiveness of the Ponzano Project. With our data we modestly try to contribute to increase the scarce evidence in the field of integrated treatments for psychosis.

TA-12A Voices-Led Therapy

Trevor Eyles, Voice-Hearing Consultant

Creative ways of working with intrusive voices and a brief outline of the development of understanding voice-hearing.

A case study of a 55 yr old woman who sought my help in respect of hearing intrusive and disturbing voices.

The presentation is intended to highlight the importance of working/talking with the voices, and illustrate how they actually undertook responsibility for disclosure of dissociated traumatic material, as well as taking the initiative in terms of recovery.

I will discuss the ways in which therapy progressed through exploration of the voice-related experiences, to disclosure of dissociated material, and working through complex PTSD (Herman).

Video material (sub-titled) of voice-dialogue sessions will be utilised during the workshop.

Presentation: Power-point and video-based presentation

Chronology: Brief outline of initial work – description and understanding of the voices; History since onset of voices; Triggers and making sense of voice content; Disclosure and resultant emerging life-history & childhood sexual abuse; Changing the realtionship with negatively-experienced voices to collaborative/supportive voices; Working through resistance and dealing with on-going dissociative states

TA-13A Psychosis in Children and Adolescents

Pamela Fuller, PhD Clinical Psychology

This workshop will focus on the development of psychosocial interventions for psychosis in children and adolescents. Some of the key factors to consider in development and implementation of psychosocial interventions — such as potential comorbidities, the child's developmental level, and the systems in which the child lives (school, family, friends, and community) — will be described. Case examples will be provided to highlight issues and invite discussion. Given this is an area of emerging data and understanding, dialogue among participants will be an important part of this workshop.

TA-14A Mind Stimulation Therapy: An Innovative Model for Working with Persons withSchizophrenia and Other "Challenging Mental Health Clients"

Mohiuddin Ahmed, PhD | Charles Boisvert, PhD

Mind Stimulation Therapy: Cognitive Intervention for Persons with Schizophrenia (Routledge, 2013) presents a psychotherapy intervention model Mind Stimulation Therapy (MST), a therapeutic intervention model that makes "intuitive clinical sense" and is grounded in many years of clinical practice characterized by consistently high participation from clients independent of their cognitive and emotional disability. MST provides an alternative way of conceptualizing psychotherapy using an information processing deficit model with a focus on utilizing clients positive traits in conjunction with a multimodal approach (using both auditory and visual modalities) in contrast to traditional psychotherapy, which often relies primarily on the auditory mode of communication.

The book is written by Mohiuddin Ahmed and Charles Boisvert, two clinical psychologists, and the Foreword to the book is written by a long-term practicing psychiatrist and the published reviews are by two noted psychiatrists associated with Harvard Medical School, providing the book with strong cross-discipline support and advocacy.

The model will appeal to a large number

2:30 PM – 4:00 PM | BREAKOUT SESSIONS

TA-03 Each of Us Have Struggle and it Needs to be Written: A Subjective Model from Psychosis to Health

Pankaj Suneja, Masters in Psychosocial Clinical Studies

I am a person with psychosis. Through psychodynamic therapy and autoethnography research, I have created a subjective model of experience of illness and movement to recovery and health. The space of research and therapy has been there to talk about illness in stigmatic society.

The loss of mother in childhood could result in experience of distrust, abandonment and hopelessness and could result in the disjunction between inner self and the outer self (personality). Due to this disjunction, the outer personality (defences) could not develop and experienced as only the false self. The Laing's work in The Divided Self has been used to develop the schizoid organisation further. Soon the defences can't cope up and there is the desire to unmask and feel real. Giving up on undeveloped defences creates vulnerable and weak ego. Hallucination is possible here. This state is most vulnerable for a psychotic episode. The doubt between what is real and unreal might emerge. In relationships, hatred is not experienced, but only hurt. Rage comes to surface sometimes and it feels like it is flowing. Eigen's and Nie Ping pao's work could be explored here. The classical psychotic process happens when anger is hidden and it is projected onto others in the form of blame. With the holding of medicines, family support, psychodynamic therapy and other structured environments, one builds some capacity to feel anger, hatred and there comes a "Killing every moment" perspective in which it feels like everyone is trying to kill everyone psychologically. Still the boundary between inside and outside is blurred. And then might come health awareness. One's experiences are in-between two extremes of too stressed or too deprived. One begins to experience range of experiences and emotions. One stream is sustaining this health with further development of humour, common sense, psychic listening and capacity to love family and those who have been around. The Other stream is where in the health, one begins to touch the psychotic parts and incorporate them with acknowledgement, understanding and reflection in daily living in a hope to live as fully as possible. This is the aspect of one's identity and this aspect when becomes whole and overwhelming is what schizophrenia is.

TA-03 Together Free

Joanna Obiegalka, Master

We (two ladies 40 and 67 years old) have met at Psychiatric Center about 7 months ago. Both of us are service users and one of us is mother of diagnosed son. We work with the same psychotherapist. We have joined the patient club in psychiatric center. We decided not to focus on our sickness and weakness on which we work during therapy sessions. Instead we agreed to know each other better and to have started a dialogue concentrated on our talents and potential Strengths. For this reason we have decide to use the advantage of the StrengthsFinder test which was developed by Gallup Institute as a tool of positive psychology. Thanks to this test we have gained the common language which allowed to create a common space and that we have decided to share with other members of patient club. We have prepared the project Together free. The goal of the project is to change the perspective from deficits to talents and to potential strengths. We assume that exchange and discussions about our talents and group activities will create the union of strengths. The egocentric perspective will have a chance to evolve to more social open perspective. As effect we have won financial support from the external funds and we currently are running our project. In order to open ourselves in different dimensions and different experience we have designed several workshops (mindfulness, strengths, movement and dance therapy, healthy food). The main focus is on the Strengths defined by Gallup test and on the symbolic ceremony planting the tree of Freedom connected with International Day of Mental Health. We will run a meeting in the neighborhood of the psychiatric center for citizens interested in general quality of life. We believe that our project might be as important for other people as the information about history and activity the service user shared during the Warsaw conference in 2013 which was an inspiration.

TA-03 Symptom or Experience: Does Language Matter?

Rachel Waddingham

This paper explores the personal impact of psychiatric labels, diagnoses and the language of illness commonly used in mental health, focusing on the author's lived experience. Framing unusual and overwhelming beliefs as valid attempts at making sense of overwhelming life experiences (trauma) and feelings, the author will describe the impact of 'illness-language' on this sense-making journey and the author's sense of self. Finally, it will describe key steps in the author's reclaiming of their own experience and narrating their personal story. Finally, it asks how we can speak about other people's experiences of 'psychosis' respectfully without inadvertently invalidating their reality or imposing our own viewpoints.

TA-03 The Case for a Positive Psychological Approach to Mental Illness: A Testimony

Karen Naessens, Master in Sociology

Three years ago, Griet Damon went through what is called bipolar mania, a full-blown psychosis which would definitely have an irreversible impact on her life. Griet takes you through her experiences: from her psychosis, over her contact with psychiatry to the greatest moments in her life ever since she was diagnosed with bipolar disorder 1. From research and her own experience Griet draws two important lessons: one for professionals in care and one for experience experts. Echoing Goethe and Viktor Frankl, she asks professionals to treat experience experts "as they ought to be and could be", whereas experience experts she encourages to embrace their craziness, to learn from it and to use what they learn to help others.

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TA-04 Packs in Personal Accounts and in Medical Records: Qualitative Analysis

Krzysztof Skuza, PhD | Gilles Bangerter, Registered Psychiatric Nurse | Emmanuelle Opsommer, PhD

Introduction: The packs are an integrative psycho-body approach to the issues of disintegration and anxiety in the context of acute psychosis. Little is known about the way the packs are talked about or discursively constructed by patients' and professionals' accounts.

Methods: Data relative to patients' experience of packs were obtained by semi-structured interviews (N=7) that took place at patients' homes or at a public café one to three months after their dismissal from hospital. Analysis was based on comparative inductive thematic categorization of the first-person accounts of packs. Data relative to packs were obtained through phenomenology-informed enunciation analysis of randomly selected medical records (N=19). Analysis was focused on the discursive ontology of packs. Data relative to professionals' experience of packs were obtained by Focus Groups and analysed in terms of emergence of main themes and of sequential organization of meaning.

Findings: Patients' accounts of packs emphasized their need of holding and of being "less in their heads and more in their bodies", resulting in a more secure wellbeing. Both patients and professionals stressed out a qualitatively improved relationship that emerged during the packs. Medical records contained very little information on packs that remained virtually invisible within the treatment scheme. The professionals experienced difficulties in uttering the clinical indications of packs and listed a wide range of actual clinical uses.

Conclusion: Patients' accounts are indicative of infra-verbal needs of psychotic patients that are clinically met by packs. Packs seem to be of importance for the quality of therapeutic relationship. Although practiced by nurses and MDs, packs seemed underscored in the context of medical hospital treatment scheme. Patients' accounts constitute a powerful plea in favour of packs, which appeared to be a first-role and yet behind-the-scene actor of hospital treatment.

TA-04 Packs in Swiss Public Adult Inpatient Wards: A Retrospective Study

Emmanuelle Opsommer, PhD | Krzysztof Skuza, PhD | Gilles Bangerter, Registered Psychiatric Nurse

Introduction: The packs are an integrative psycho-body approach to the issues of disintegration and anxiety in the context of acute psychosis. Although well appreciated by patients and clinicians alike, the packs are currently missing scientific evidence. As a first step to study the efficacy of the packs, we conducted a retrospective cohort study exploring the clinical and institutional reality of the packs.

Methods: Medical records of inpatients were retrieved from 2002 to 2012. Socio-demographic data and clinical data, including psychopharmacology and pack modalities, were evaluated longitudinally during the patients' stay at two hospitals (A & B). Correlation between duration of the treatment and adaption of medication was calculated by Spearman correlation coefficient. Drug prescriptions were retrieved at admission and dismissal, for all patients in both hospitals (A&B) and additionally 5 days before the first pack and 5 after the last pack in one of the hospitals (B).

Results: We analysed 205 pack treatments for 172 inpatients (mean ± sd: 30 ± 11.4 years of age) in both hospitals. The packs were mainly used for patients with either ICD-10 F20-29 or F30-39 diagnoses. Patients had on average 4 (range 1-10) psychiatric hospitalisations and in 30% of cases were offered during the first hospitalisation. For the hospital B, the dosage of neuroleptics and tranquilizers were reduced respectively in 30% and 49% of cases 5 days after the last pack as compared to 5 days before the first pack. There was no association between the duration of the pack-treatment and the reduction of these drugs.

Conclusion: Based on our data, the packs appeared as a treatment prescribed more on the basis of actual clinical (manic) symptoms than on the diagnosis. They were potentially associated with a reduction in both anxiolytic and neuroleptic drugs. This needs to be further explored in a RCT.

TA-04 Cold Wet Sheet Pack: Unfreezing Relationship in a Holding Setting

Gilles Bangerter, Registered Psychiatric Nurse | Raymond Panchaud, Registered Psychiatric Nurse | Krzysztof Skuza, PhD

Cold wet sheet pack is a technique of care for acute psychosis developed in the Chestnut Lodge Clinic and introduced to the Swiss public psychiatric institutions by the American psychiatrist Michael Woodbury in the 1960s. The clinic of CWSP is drawing notably on such psychoanalytical concepts as holding and handling (Winnicott), contenance (Bion) and psychic skin (Bick), but also on phenomenological (Minkowski, Blankenburg) and interpersonal (Benedetti) psychopathology of psychosis.

The pack consists of enveloping tightly the patient's body in wet and cold linens that are then covered by warm blankets. The physiological process of rapid vasoconstriction and vasodilation confers to the patient a better consciousness of his body limits and has been clinically proven to have strong anxiolytic and sedative effects. It is noteworthy that CWSP are practiced in a stable relational setting of two carers who remain the same through the treatment and accompany the patient during each pack. CWSP contributes thus to creating a securing, holding and adequately adapting environment that prompts emergence of significant clinical and human relationship between the patient and the carers.

This communication will focus on the contemporary clinic of packs as a part of the therapeutic offer of two public psychiatric hospitals in French speaking Switzerland in general, and on the relational aspect of CWSP in particular. Packs will be analysed in terms of their potential of contributing to create a stable psychotherapeutic time-space and a personalized therapeutic relationship within the hectic environment of public psychiatry and its relationship-segmenting clear-cut

episodic logic of treatment. It will be argued that packs are a tool of enhancing the perceived reliability of the therapists by the patient and thus mediate successfully the emergence of an efficient therapeutic relationship right from the most acute states till the recovery. Clinical examples and filmed material will illustrate this panel.

TA-04 From Threat to Rumination

Young-Chul Chung, MD, PhD

The perception of threat is a central feature of paranoia. There is considerable evidence that paranoid individuals often experienced an abnormal frequency of adverse events such as bullying, discrimination and victimization. The threat anticipation cognitive model put forward by Freeman and Garety (2004) is supported by recent brain imaging studies that neural response of amygdale in response to fearful face or threat-related facial expressions has been found altered in patients with schizophrenia. We would like to suggest rumination as another novel and crucial factor triggering and maintaining paranoid thinking. Halari et al (2009) reported negative symptoms are associated with rumination. Patients' family in China reported too much thinking as cause for schizophrenia. Freeman and Garety (1999) suggested that almost two-thirds of individuals with persecutory delusions have a worry thinking style even about matters unrelated to paranoia which is, though, a little different concept from rumination. Cognitive slowing, one of the side effects caused by antipsychotic medication, could be a therapeutic benefit to subgroup of psychotic patients with high levels of rumination. We developed a new Rumination Scale (RS) consisting of three subdomains, frustration, anger, and foolishness, based on the teachings of Buddhism (three mind poisons). We recruited patients with anxiety disorder (n=74), depression (n=148) and psychosis (n=65), and normal volunteer (n=124) to compare psychological aspects using RS and other tools. The RS score in patients with psychosis was between the scores of patients with depression, and patients with anxiety disorder or normal volunteer though no significant differences between subgroups. Interestingly, there were significant positive correlations between the P3 (hallucinatory behavior) and P4 (excitement) of PANSS and total score of RS in patients with psychosis. These results may point to contributing role of rumination in the genesis of positive symptoms. Further studies are needed to explore relationships between rumination and paranoia and to refine the definition of rumination with regard to psychosis. Lastly, therapeutic implications for cognitive therapy will be discussed.

TA-05 For a Psychoanalytic Institutional Treatment of Psychoses

Guy Dana, Psychiatrist psychoanalyst, director of clinical services

Therapeutic work with psychotics is possible when sustained in an institutional framework modeled on the laws of language in which the aim concerns the achievement of a social tie, rather than a cure concerned with norms. The therapeutic work focuses on the jouissance imprisoned in the substructure of language, and attempts to divert it so as to make use of it on the side of the speech act and the language of address. This displacement can be considered a form of creation. Adjacent to this fundamental intention, the construction of a narrative is rendered possible due to the experience and transitions made in the institutional space. This concerns the work of perspective as well as a conception of the sector where the subject moves from one place to another as in a linguistic signifying chain.

TA-05 The Riddle of the Psychotic Transference

Lawrence Hedges, PhD, PsyD,ABPP

"How best to formulate and analyze transferences emanating from life's earliest relational experiences?" Three approaches are considered.

1. Jungian : Donald Kalsched formulates that traumatic impingent in infancy creates dissociations that are later experienced in archetypal images of, on the one hand, an innocent and vulnerable child-self and, on the other hand, of attacking monsters and/or protecting guardians—"the resistive self-care system." These body-mind-soul memories of the early impinging trauma serve to keep the innocent child-self in a painful Purgatory. Devils and angels spontaneously appear in dreams to ward off the possibility of interpersonal affect engagement at the very moments in therapy when there is hope of personal growth and transformation through the relationship itself. The self-care system resists ongoing and systematic processing of interpersonal affects—as Virgil leads Dante through the phantoms of Purgatory toward living with renewed vitality in the real world of emotionally interacting people.

2. Bionian: Jeffrey Eaton elaborates Bion's concept of "the obstructive object". Early experiences of a "projective identification rejecting" object—whether due to maternal failures or to constitutional limitations of the infant—cause a reluctance to engage affectively with others—thus blocking the possibilities for future learning experiences. The therapist's task is to hold steady in emotionally active reverie, thus resisting the projective identification rejections brought in transference. Reverie on the part of the analyst that creates a "projective identification welcoming" atmosphere fostering alpha function, curiosity, and imagination crucial to learning and affective engagements.

3. Relational: Lawrence Hedges' "Organizing experience" refers to the earliest thwartings of the human need to organize channels for affective contact and connection. Somato-psychic transference residues ward off terrors of being life-threateningly alone in the universe and being injured by interpersonal connections.

The goal of relational interventions is to demonstrate in word, deed, and interaction that the transferred terror of contact and connection is essentially delusional—that it is based on early developmental experiences and not on the current possibilities for rewarding intimate relating.

Six treatment commonalities will be considered.

ABSTRACTS

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TA-06 Clinical Observations and Treatment of Cruelty to Animals

Elizabeth Waiess, PsyD

Clinicians all too often are confronted with patients who have been cruel to animals. This paper provides a short case study of a young woman who had a diagnoses of psychoses who had been cruel to a pet. Her behavior was a re-enactment of how she had been treated in childhood. While she felt self-disgust and shame for what she had done, she was at risk of repeating this trauma on dependent children. The author describes who she worked with this young woman to engender certainty that she would not repeat this trauma in the future.

TA-06 Psychodynamic Psychiatry According to the Teoria Della Nascita: Dream Interpretation

Cecilia Iannaco, PhD

Readers of manuals like "Psychodynamic Psychiatry " by G.O. Gabbard [1990, 2014(5)] get the impression that dream interpretation has lost much of its centrality in the psychoanalytical practice. However, therapists, who refer to the Teoria della nascita (Birth Theory) [Fagioli 1972], still consider dream interpretation as a central element in their work because it allows a diagnostic improvement and a precise monitoring of the clinical changes that otherwise would be impossible to obtain. Their ideas about the function of dreams diverge from the classical theory of dreams as fulfillment of unacceptable wishes.

In their view, dreaming is an unconscious thinking process regarding the reality of human beings and their interpersonal relationships. This "unconscious thinking through images" is not seen as hostile to reality but as a potential tool of knowledge. It is able to express striking levels of intuition but can also show pathological alterations.

Three thousand years ago, Homer distinguished between "dreams that tell the truth" and "dreams that lie". Similarly, in 1972 M. Fagioli described a defense mechanism that he called negazione. After clarifying the difference with the Freudian concept of negation (Verneinung), the paper describes negazione as a dynamic that starts from the intuition of a positive quality owned by someone else ("the therapist cares about me"), but turns this intuition into its negative contrary ("the therapist doesn't care about me"). By giving some examples of dream interpretation, the paper discusses negazione as an element that induces a prodromic level of loss of contact with reality, still limited to the unconscious level. The paper also outlines the transition, in the unconscious mind, from negazione to more serious types of disordered thinking, i.e. to dreams whose contents can be considered as "delusional".

TA-06 Do Psychiatrists Need to Recognize Negation?

Luca Giorgini, Psychiatrist | Manuela Petrucci, Psychiatrist | Eva Gebhardt, Psychiatrist | Francesca Fagioli, MD, PhD, Chief | Andrea Masini, Psychiatrist | Paolo Fiori Nastro, Psychiatrist

Since the publication of Freud's "Die Verneinung" in 1925 psychotherapists are dealing with the concept of negation. In our opinion there is still confusion about the exact meaning of this term. As a consequence, the importance of negation in the psychotherapeutic practice is often underestimated.

For psychiatrists who work according to Fagioli's human birth theory the concept of negation is fundamental. Negation is a notion that refers to unconscious reality. In contrast to an intentional lie, which is communicated through verbal speech, negation corresponds to unconscious thoughts, which are expressed by images that are found in dreams. During sleep a transformation occurs (no conscious, no verbal speech, no intentional motoric movement), language is altered and expressed through images. Negation operates at this level and deforms the image. This deformation of the image happens in an unconscious process. During this, positive qualities (mainly mental qualities) of the other are intuited and immediately negated, if the relationship to the other is stamped by envy. This negation distorts the reality of the patient and his ability to interact with the other. Accordingly, the relationship will be aggressive/destructive. The only way to clinically identify such deformation is dream interpretation. The task of the psychiatrist is therefore to identify and interpret the negation in the deformed dream images during the psychotherapeutic process. Through this process the patient will be able to intuit and realize (instead of negate) the positive qualities of the other and integrate these into his reality. Only human interaction that is free from negation enable the patient to overcome the ideo-affective splitting, which allows recovery of positive affects and the possibility of developing evolutive relationships.

TA-07 Psychosis and Dissociation in Early Intervention: Research and Clinical Reflections

Susannah Ackner, DClinPsych

Objective: To discuss the relationship between childhood trauma and the subsequent development of dissociative and psychotic symptoms in adulthood.

Method: Three groups of participants were drawn from non clinical, at risk mental state and first episode of psychosis populations for a correlational study.

Results: Associations between increased levels of dissociation, childhood trauma and positive symptoms of psychosis were identified in the at risk mental state and FEP groups. High levels of childhood trauma and dissociation were reported by the non-clinical group.

Conclusions: The preliminary findings suggest several significant correlates between childhood trauma and the later development of psychotic and dissociative symptomatology. Clinical implications and reflections, study limitations and further research ideas are presented.

TA-07 National Recovery Survey: Meaning and Knowledge About Recovery in Portugal

Marta Ferraz, MSc | Miguel Durães | Orlando Silva, BSc

The concept of recovery is probably the most important advent in the mental health and psychosocial rehabilitation field of the last decades. It represents a deep change in the understanding of mental illness and mental health, signaling the recognition of the need to adopt a new direction by mental health service providers. Congregating the notions of empowerment, self-determination, human rights, social inclusion and even rehabilitation, recovery has been accepted and integrated into both policies and practices in most Anglophone countries such as the USA, UK, NZ and Australia (Bird et al, 2014). In spite of international and national orientations, the adoption and assimilation of this perspective in other countries has not been as uniform. ¶Created to promote recovery orientation in mental health and psychosocial rehabilitation services in Portugal through the integration of Recovery Peer Facilitators in the national mental health system, the National Recovery Orientation Initiative has undertaken a national survey on the understanding of the concept of recovery by consumers, caregivers and mental health professionals. The subject of recovery has little been reached in Portugal thus this survey designed to shed some light on the state of "recovery culture" in this south-western European country, as understood by its main stakeholders. ¶Aims and objectives, methods, emergent key themes, issues and conclusions will be presented for discussion. Debate of ways in which results of the survey may be used to design strategies to promote recovery orientation as well as develop a national training curriculum for Peer Recovery Facilitators will be encouraged.

TA-07 Peer Recovery Facilitator Training Course: Developing a Country/Culture Appropriate Curriculum

Orlando Silva, BSc | Marta Ferraz, MSc | Miguel Durães

Peer support is increasingly seen as key to recovery for people with lived experience of mental ill health or mental distress. After a brief summary about the National Recovery Promotion Initiative (INRecovery), developed with the main goal of integrating Recovery Peer Facilitators in mental health and psychosocial rehabilitation services in Portugal, speakers will elaborate about a training program designed to prepare trainers of a peer support specialist training course. The ELO Course has the aim of capacitating and certifying persons with lived experience to undertake the role of Peer Recovery Facilitators. ¶Peer support specialist courses are offered in various English-speaking countries by both nonprofit and for-profit entities. Each country, and even state, has approached the training curriculums differently although there seems to emerge a common line of thought, mainly in respect to core principles, profile and skills/competencies. ¶Stemming from well documented peer support specialist certification, e.g. iNAPS, PSAC, IMH, purposes of the ELO course, core contents and structure will be presented with the intent of discussing how to better adapt the empirically validated intervention of peer support to different local, national and cultural realities.

TA-08 Suicidal Ideation and Risk Symptoms for Psychosis

Niklas Granö, PhD

Background: Suicidality in schizophrenia is a well-known fact as approximately 10% of schizophrenia patients commit suicide. However, little is known about suicidal ideation in at risk stage for psychosis. Methods: Data of suicidal ideation, hopelessness, depression and psychotic like experiences were collected from help seeking adolescents (range 11-22 years of age) who took part in early detection and intervention program JERI at Helsinki University Central Hospital, Finland, between years 2006-2013. Results: Four separate studies from this project show that 1. Adolescents at risk for psychosis have statistically higher level of suicidal ideation compared with other help seeking adolescents, 2. Adolescents at risk for psychosis have statistically higher level of hopelessness and depression compared with other help seeking adolescents and 3. Suicidal ideation is explained independently by psychosis risk symptoms related to abnormalities in visual perception. Conclusions: According to present results, a tendency for suicidal ideation is present in the very early stage on a continuum of psychotic experiences. Risk symptoms for suicidal ideation and psychotic like experiences can be detected very easily by simple questionnaires and interviews. Results suggest that: 1. Information of possible suicidal ideation and psychosis risk symptoms should be gathered from help seeking adolescents before symptom severity develops to a level where psychiatric diagnose can be made and 2. These symptoms should be treated before symptom develops to a diagnosed psychiatric disease or leads to suicidal behavior.

TA-08 Some Case Studies of Young Depressed Patients and its Cure

Bharat Trivedi, PhD | Jayantibhai Patel, M.Com

The purpose of present study is to measure the depression level of young patients. In modern times there is deep depression in young people. Primary level of depression is invitation to psychosis, like Mood disorder and Schizophrenia. If we cure and remove the primary level of depression, we can save the patient from psychosis. For these purpose ten young patients diagnosed as depression patients will be selected from an Ahmadabad's hospital in India. All these patients are disorganized as the depression patients. To find out their depression level standardized psychological test will be used. After these processes two therapies will be applied to all patients. Yoga therapy and behavioral therapy will be used for their treatment. After one month of application of these therapies. Depression measurement test will use again. We will find out penitent's improvement. If they do not recover, we will use both therapies for one more month. I am confident that, there will be some improvement in the patient's depression. More scientific conclusions will be discussed in the conference, during presentation.

ABSTRACTS

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TA-08 The Contribution of Stressful Life Events to Suicidality Among Schizophrenic Adolescents

Netta Horesh-Reinman, PhD

The research focused on the association between stressful life events (SLE) and suicide among schizophrenic adolescents. Additionally, the contribution of variables as depression, childhood trauma and attachment styles, that can affect attitudes towards SLE was examined as well.

Sixty schizophrenic adolescents aged 14-21, were divided into two groups of suicidal and non- suicidal patients. The control group included twenty normal adolescents. Each subject filled out six questionnaires, while the central measure was the Life Events Questionnaire (LEC, Johnson & Sarason, 1979). The subjects indicated whether they experienced each of the described events, whether it was negative or positive for them, and its level of influence on them. Four additional questionnaires examined attachment styles, depression, childhood trauma and suicidal risk.

The results indicated that the research groups differed in SLE from the control group, and that there was a connection between SLE and suicide among schizophrenics. The control group reported less general and aversive SLE, and their attachment style was more secure compared to the schizophrenics. SLE had lower impact on them, levels of depression and suicidal tendencies were lower, and they reported fewer childhood traumas.

The suicidal schizophrenics reported more general and negative SLE than the non- suicidal ones. They classified SLE as having a higher impact on them and had higher anxious attachment style, higher levels of depression, and more suicidal tendencies and childhood trauma.

An attempt was made to build a model that would allow for the prediction of suicidal tendencies and attempts in schizophrenic adolescents. It was found that level of depression and attachment styles are important predictors for suicide, and that the number of reported SLE is a main predictor for the number of suicidal attempts among suicidal schizophrenics. The clinical implications of such a model are discussed.

TA-08 Suicidal Behavior Among Young Adults with Psychotic Experiences

Jordan DeVylder, PhD

Epidemiological studies have shown robust associations between sub-threshold psychotic experiences and suicidal behavior. This may reflect a causal relationship, or may be due to confounding. The primary aim of this study was to test whether the association between psychotic experiences and suicide attempts was attenuated or eliminated when controlling for a comprehensive set of shared socioenvironmental risk factors. A non-clinical sample of undergraduate students (n=321) completed surveys assessing psychotic experiences (Prodromal Questionnaire-Brief), suicidal behavior (Columbia-Suicide Severity Rating Scale), and all known mutual risk factors based on prior research, including self-esteem, depressive and anxiety symptoms, immigration, urban upbringing, childhood school and residential mobility, substance use, bullying and victimization, trauma exposure, relationship status, employment status, socioeconomic status, sexual orientation, age, and sex. Logistic regression analyses were used to test the hypotheses that psychotic experiences would be related to suicidal behavior, and that this relationship would persist following adjustment for socioenvironmental risk factors. Psychotic experience scores were associated with greater risk for all measures of suicidal behavior, including attempts, aborted attempts, interrupted attempts, and preparatory behaviors. A dichotomous variable was created indicating the presence of any attempt or preparatory behavior. Scores on the prodromal questionnaire-brief were strongly associated with this indicator of suicidal behavior in logistic regression, Wald X2=20.59, p<0.001, OR(95% CI)=1.07(1.04-1.11). This significance and effect size of this association was not changed when controlling for shared socioenvironmental risk factors, Wald X2=7.69, p=0.006, OR(95% CI)=1.07(1.02-1.12). Results were similar when excluding individuals reporting preparatory behaviors but no history of attempts. The relationship between psychotic experiences and suicidal behavior appears to be robust to adjustment for socioenvironmental risk factors. This lends support to causal explanations, or alternatively, shared genetic factors, which could not be tested in these data. Understanding the nature of this relationship has implications for suicide prevention efforts.

TA-09 The Use of Hallucinations in the Treatment of Psychotic Patients

Bertram Karon, PhD

Voices and other hallucinations are waking dreams. Just as dreams are very useful for psychoanalytic therapy of neurotics, voices and other hallucinations are very useful in the psychoanalytic therapy of psychotic individuals. Patients generally do not like the word "hallucination", but prefer the word "voice" or "voices", so that word should be used, unless of course the hallucinations are visual(or smell or touch).

Get as careful a description of the hallucination or hallucinations as the patient is capable and willing to give. If the patient is willing to give associations, get the patient's associations, just as you would with a dream. The patient may or may not differentiate the hallucination from reality. If the patient differentiates the hallucination from reality, it is usually easier to get associations. If the patient does not differentiate from reality, one must consider it as real since that is what the patient believes. You can then point out inconsistencies within that reality. It is also true that the motivation to have a dream has to be stronger when we are wide awake. All of us dream when we are asleep. Because the motivation has to be stronger, it becomes easier to guess what the dream is about. Of course, what you know about the patient will often make the meaning of the dream obvious.

Examples will be given where discussing hallucinations furthered the progress of the treatment, and the psychotic patient eventually recovered.

TA-09 Dealing with Anger and Aggression in the Psychotherapy of Psychosis

Martin Cosgro, PhD

Dealing with anger and aggression in the psychotherapy of people suffering from psychosis can be a challenging, if not overwhelming task. However, with some basic concepts in mind, and a general sense of clinical efficacy, helping clients maintain control of their behavior and begin to integrate underlying issues can be a realistic goal in treatment.

Clients need to learn the difference between anger and aggression as a precursor to being able to control their behavior more effectively. Those at risk for acting out aggressively have often been exposed to violence, and understandably never learned the difference between anger and aggression, as they typically observed anger being acted out aggressively. Beginning to see there are options for expressing anger more constructively can be a freeing realization, even if it's hard to imagine initially!

Another crucial component of this work is helping clients learn that anger is always a secondary emotion/ reaction, and that pain or fear are typically the primary underlying emotions. Once they begin to accept the various layers of emotion, a more meaningful dialog about underlying trauma and adaptation to it can take place.

With a basic understanding of anger and aggression, clients can more safely begin to delve into underlying traumatic experiences that have given rise to their long standing angry defensive positions that have left them at risk for acting out aggressively. Helping them appreciate their helplessness in early trauma and the limited coping skills available to them early on can ease their often punitive self-perceptions which so often threaten to undermine otherwise effective therapy.

While these concepts are simple and few, including them in therapy with people suffering from psychotic conditions, who are at risk for acting out aggressively, can provide a refreshing sense of safety where further therapeutic progress can occur.

TA-09 The "Banga": Another Way of Music Therapy in Psychosis

Wassim Jomaa, University assistant, in the Music Heigh Institute of Sousse, Tunisia

The curative effects of Tunisian sufi music and the rituals of Banga, Issawiya, and Awamriya have long baffled psychologists in the Western world. The banga (as a traditional way of music therapy used by the Tunisian Negro community) is a magical and religious cult joins in the depths of the musical tradition from the Maghreb. The use of banga music for healing in Tunisia is a very old tradition. banga healing is performed by various communities in Tunisia. Basically, it has been in oral form. banga music healing is mostly carried out by specialized native Practitioners. By choosing the subject " The "Banga" another way of Music therapy" as fundamental theme of our work, numerous reflections tormented us.

- What is the music of the banga?
- When and how do we use the banga as an alternative therapy?
- What are its positive and negative impacts in psychosis treatement?

TA-09 Body Stories: A Narrative Approach to Dance

Malin Odenhall, Physiotherapist

Disembodiment, body-image disturbances, and the feeling of not being an agent in one's own body and life are experiences common to many people with psychosis. Low self-esteem and uncertain identity are other symptoms. By applying the Swedish physiotherapeutic method Basic Body Awareness Therapy (BBAT), research has shown positive physical, emotional, and cognitive effects, such as increased body awareness, self-esteem, and the ability to think clearly. BBAT draws on Tai Chi Chuan and dance. The body is a carrier of personal narratives. Narrative therapy suggests that we identify with different stories that shape our lives. Problem-filled stories often dominate our lives at the expense of preferred, alternative stories.

Dancing can be one way to find and strengthen the alternative, preferred stories in one's life by experiencing hidden parts of oneself, such as positive body memories and physical resources. In a psychosis unit in Gothenburg, a pilot-project has been exploring whether a narrative approach to free dance could support finding alternative stories for four women diagnosed with psychosis. For one year, the participants, aged between 22 and 40, met for one hour weekly. The women danced and moved freely supported by physiotherapeutic guidance, which encouraged body awareness and a non-judgmental, accepting approach to movements, bodily sensations, and feelings. As well as awareness of the body and the self, the guidance focused on physical principles that originated from BBAT, including grounding, centering, breathing, flow, and balance. After each session, the women shared experiences and reflected on specific bodily sensations, feelings, and qualities that were related to alternative stories in their lives. Rich descriptions emerged that did not match the old stories. Further exploration, both bodily and verbal strengthened these stories. This experience became embodied knowledge for the women which led to an increased sense of self-esteem, as agents in their bodies and lives.

TA-10 Stigma and Discrimination Influence on Family Care Pattern in Patients with Mental Illness

Chulani Herath, PhD Candidate

Stigma is a barrier to providing care for people who need treatment for mental illness and a source of social exclusion and discrimination against the mentally ill. Psychiatric stigma in the modern era derives from both isolation and alienation promoted by chronic institutionalization of the mad or insane as well as the blame attached to someone who may be feigning illness. Febrega(1991) writes that psychiatric stigma seems to occur in many societies, both eastern and western, but points out the difficulties in analyzing exactly how and to what extent, it occurs in very different cultural settings.

ABSTRACTS

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This study explores how stigma and discrimination is experienced by patients with a mental health condition in Sri Lanka. The study was conducted in the Colombo District, Western Province (WP) of Sri Lanka. The study population was drawn from the National Institute of Mental Health (NIMH, formerly Mental Hospital, of Angoda, ,in Sri Lanka. The Sample of 20 was out of 42 mentally ill patients in these wards. These 20 samples were selected based on the objectives, categories of mental illnesses such as Schizophrenia, Bipolar affective disorders, duration of the illness and easy access to the family and limited time duration.

The findings revealed that one of the obstacles to successful treatment of schizophrenia is the stigma frequently associated with the disorder. It shows patients and their families have experienced discrimination from psychiatric personnel. Stigmatization of mental illness is one of the in general reason which is associated with mental illness in particular represent main obstacles to successful treatment. As a result of the stigma associated with mental illness and with schizophrenia in particular, people suffering from mental illness often do not accept professional help until a late stage. The psychiatrists in Sri Lanka generally believed that these patients had been abandoned in hospital by their relatives because of stigma. Thus, the support environment for people with a mental health condition is less stigmatizing when the stigma process is disrupted. The findings provide a basis to reconsider recent welfare reforms, suggest training ideas for mental health professionals and make recommendations for future mental health support policy frameworks.

TA-10 Managing Everyday Life with Psychosis: Psychiatry, Poverty, People and Pills

Alain Topor, PhD | Per Bülow, PhD | Anne Denhov, Doctoral Student | Gunnel Andersson, PhD

The living conditions for persons with severe mental illness has changed dramatically in recent decades, mainly due to the closure of mental institutions and construction of health care and support services in municipal management. The effects of the closures have been debated. Critics argue deteriorating living conditions in the form of crime, homelessness and loneliness, proponents argue that the change has created an opportunity to regain citizenship in the community. A lack of robust knowledge concerning the living conditions for persons with severe mental illness in Sweden in the beginning of the 21st century, resulted in the "Stockholm Follow-up study". This study involves 1501 users with a psychosis diagnosis. Data was collected from seven local and national registers (interventions & social situation) and from interviews with a structured sample of 19 users. The interviews were conducted several times a year during a three year period, with a total of 97 interviews. The focus of the interviews was the challenges and social consequences in daily living and the experiences of psychiatry and social services.

This presentation takes its point of departure in results from the interviews, emphasizing four areas of everyday life and the experiences of dealing with the financial situation, medication, social relationships and psychiatry.

TA-10 Semmeweis, Theory Induced Blindness and the Etiology of Psychiatric Disorders

Steve Love, Masters of Social Work; Masters of Public Administration

In the mid-1800s, the dominant theory for the cause of disease transmission was Miasma, dirty and putrid air. A young doctor in the mid-1840s, noticing a startling difference in the death rates between the two divisions of the maternity wards at the Vienna General Hospital, discovered that women were being infected when doctors failed to wash their hands after working on cadavers. Regretfully, his data and interventions contradicted the entrenched theory of Miasma, and he lost his position at the hospital, eventually dying in a psychiatric hospital.

The failure to recognize new data which contradicts the dominant theory is known as Theory Induced Blindness. A theory, once accepted and having become useful in thought and practice, becomes difficult to notice its flaws. We trust in the collective wisdom of experts and provide the theory with the benefit of the doubt.

In the field of psychiatry, the belief that patients were not successfully discharged from hospitals prior to the advent of psychotropic medications is not supported by a review of historical psychiatric literature. Instead, literature supports the opposite outcome. In the modern era, well designed clinical trials indicate that, over the long term, medicated cohorts have worse outcomes than their un-medicated counterparts. Further, there is evidence that psychosocial care can, over the long-term, reduce disability rates and facilitate recovery when used as monotherapies.

The biological theory for the etiology of psychiatric disorders has yet to be established, and it seems as though the data suggest that psychotropic medication tends to worsen long-term outcomes. Recognizing this, it is important to raise the possibility that the field of mental health is suffering from Theory Induced Blindness.

TA-10 What Do We Mean When We Say "Mental Illness"?

Pesach Lichtenberg, MD

The term "mental illness", whose very mention can convert a sedate ISPS discussion group into an ideological fracas, is fraught with ambiguity. The slighter portion of difficulty stems from defining illness, which even in the physical realm has uncertain meanings and boundaries. The more recalcitrant problem is defining "mental". Expositions of "mental" have exercised philosophers for millennia and draw upon one's position in the unresolved, and possibly unresolvable, mind-body problem. What can be plausibly argued, however, is that regardless of one's stance on the issue, any definition of psychiatric/emotional/mental illness/disorder will draw on objective behavior and subjective reports, but cannot be determined by any findings in the neurosciences. To argue otherwise is to make a category error. This has implications for how we diagnose, and suggests the ultimate futility of initiatives such as the recently proclaimed Research domain Criteria (RDoC) of the National Institute of Mental Health (NIMH), or of attempts at genetic diagnosis. This also puts into perspective the relevance of cultural considerations in diagnosis. On the other hand, this approach need not negate the claim that diagnoses are not purely cultural constructs but may represent an objective, natural reality. Moreover, the neurosciences, while precluded from determining diagnoses, may provide a legitimate predictive function.

TA-15 Perspectives from Family Members

Lois Oppenheim, PhD | Pat Wright, MA | Miriam Larsen-Barr, MA, PGDipArts (Psych) | Nancy Fair, MA | Cindy Peterson-Dana, MA

Families have been all but invisible when it comes to the experiences of "extreme states" in loved ones. The tradition of "isolate and alienate" has predominated for centuries with regard to families having a member living outside the social norms. Although the blaming of parents (especially mothers), which persisted for decades, has significantly diminished in recent years, a residue of stigmatizing oppression remains prevalent for too many throughout the world.

This workshop will give family members the opportunity to meet with other family members, hear a three-speaker panel address the topic from different perspectives, and discuss the dynamics of both caring for oneself and one's family member. How is "support" for loved ones, especially in times of crisis, to be defined? This question will be a primary focus of the workshop.

It is the intent of this workshop to consider, beyond the current state of affairs, how one might network with others in similar situations. Forums for the sharing of information—such as listservs, websites, reading materials, and so on—will be brought to the attention of all present. N.B.: At an informal lunch meeting that took place during the Fall 2012 ISPS Conference in Chicago, strong interest in such a session was evident. A website developed by one individual (a father) present at that lunch meeting directs families to resources when a loved one has experienced "psychosis." Other such resources are available on the website of the moderator of this workshop.

Three speakers will present material in which they share their experience of coping with extreme states in a family member. The following perspectives will be represented: parent, spouse, and sibling. Each participant will speak for approximately 15 minutes. This will be followed by engagement with the audience.

TA-16 Possibilities and Experience: Concurrent Treatment of Psychosis and Substance Use

David Wilson, M.Ed | Ronald Abramson, MD | William Gottdiener, PhD

The co-occurrence of substance use disorders with psychosis is widespread, yet many who treat patients with psychotic disorders are reluctant to treat those who have concurrent substance use problems. Three widely held notions have perpetuated this situation: 1. that extensive knowledge about abused substances and their effects are needed to treat substance users; 2. that the two problems are best conceptualized and treated separately; and 3. that psychotherapy cannot be productive until the substance use problems are successfully resolved. However, the many commonalities between psychotic and substance use disorders suggest strongly that those treating psychotic disorders may already possess the competencies necessary for concurrent treatments, as well. Moreover, concurrent treatments are more likely to produce positive results than separately conducted treatments. This panel discussion and dialogue will provide clinicians with a variety of perspectives that substantiate the potential for cohesive and successful conceptualization and treatment of those with concurrent psychosis and substance use problems.

TA-18 Interventions Targeting Self-Experience in Schizophrenia

Philip Yanos, PhD | Paul Lysaker, PhD | Benjamin Brent, MD | David Roe

The proposed symposium will introduce 3 different interventions (Metacognitive Insight Oriented Therapy, Narrative Enhancement and Cognitive Therapy, and Mentalization-Based Treatment) seeking to improve functional outcomes among people with schizophrenia by targeting aspects of what could be broadly termed "self-experience." Presentation 1: In the light of research that many with psychosis have deficits in metacognitition, a form of metacognitively-oriented psychotherapy referred to as Metacogitive Insight Oriented Therapy (MERIT) has been developed. MERIT is an integrative method for assisting persons to recapture the ability to form the kinds of ideas about themselves and others needed to move forward to recovery. This presentation will discuss the development of MERIT along with findings from recent qualitative research and an ongoing RCT. Presentation 2: Narrative Enhancement and Cognitive Therapy (NECT) is a group-based intervention that primarily targets conceptions of the self in relation to the experience of having a mental illness diagnosis, and the internalization of stigma that typically accompanies this process. NECT includes elements of psychoeducation, cognitive-restructuring and narrative enhancement, or exercises where group participants are engaged in the process of telling stories about themselves and their experience of having a mental illness. Preliminary evidence on the efficacy of NECT will be discussed. Presentaion 3: The presentation on Mentalization-Based Treatment will discuss the rationale for a mentalization based approach to treatment. Impairments of mentalization (i.e., the ability to imagine states of mind in the self and other people) are increasingly identified in schizophrenia and have been linked with key aspects of the phenomenology of the illness, particularly social dysfunction. We propose that by facilitating social understanding and coherence of self-experience, particularly within attachment relationships, mentalization-based treatment could play a valuable role in the recover of the ability to mentalize and the ability to develop greater interpersonal relatedness in people with schizophrenia.

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3:30 PM – 4:15 PM | BREAKOUT SESSIONS

TA-11B "Can You Help Me Understand What You're Thinking?": The Importance of Understanding Internal and External Dialogues in Patients Who Experience Chronic Psychotic Symptoms (CPS)

Nidal Moukaddam, MD, PhD

Patients who experience chronic psychotic symptoms (CPS) often experience difficulties in a variety of domains (e.g. health, work, school, etc…). By their very nature, CPS interfere with patients' abilities to engage in their environment in typical/expected ways. The social/interpersonal domain is particularly impacted by chronic psychotic symptoms, leading patients to feel isolated, misunderstood and stigmatized. Unfortunately, most individuals that interact with patients who experience CPS are not trained to anticipate, decipher the thoughts and behaviors, nor to respond to these patients in positive or encouraging ways. Recent research suggests that patients who experience CPS have hope in recovery; specifically, patients fare better with a combination of pharmacological and psychosocial interventions. However, less information is available regarding the potentially positive impacts that increased understanding and sensitivity to patients' internal dialogues and resulting behavior patterns can have on treatment outcomes. Improvements are not limited to medication compliance, and often lead to improvement in self-esteem, self-image and a decrease in self-defeatist beliefs. Thus, understanding and optimizing the treatment process is a priority.

For this panel presentation, members of our multi-disciplinary team (psychiatry, psychology, occupational therapy, family therapist) will discuss their differing approaches (based on their discipline) to working with patients who experience CPS. Presenters will share their insights and discoveries regarding the nature and quality of their patients' thinking and experience. Presenters will also discuss the lessons they have learned in helping patients with CPS access and utilize community services and resources. Finally, presenters will discuss the importance of having a consistent and stable treatment program in facilitating meaningful dialogues between patients and various treatment providers, particularly those outside the mental health arena.

TA-12B Working with Voices: From Symptom to Complaint with Personal Meaning

Dirk Corstens, MD

We will present an approach for working with voice hearers and their voices from the perspective of the international hearing voices network. Voice hearing is a natural experience that is often related to emotional overwhelming events in the personal history. It is possible to trace back the meaning of the voices and deconstruct a diagnostic classification by focusing on the personal narrative. We will show how you can systematically work this out and present research with hundred subjects. In the wider context recovery is promoted by such a personal diagnosis when embedded in trauma work, peer support, empowerment and a positive and sensitive societal approach towards psychosis. We will also present the possibility of communicating with the voices in order to facilitate a more constructive relationship between voices and voice hearer that will improve relationships in the personal context and increase self-efficacy.

TA-13B Psychodynamic Community Therapy for Adolescents with Schizophrenia and Psychotic Disorders

Anders Bonderup Kirstein, Psychologist

A psychodynamic community therapy model for adolescents with psychotic disorders will be presented. This model will be situated within a broader bio-psycho-social frame of reference and will also be related to the vulnerability-stress model of schizophrenia. It will be demonstrated that a psychodynamic understanding of psychosis is of primary importance for the work of community therapy, and that it is especially important in the treatment and understanding of adolescents with severe psychotic disorders. The presentation of the psychodynamic understanding of psychotic disorders will focus on the importance of early relations and of traumatic experience, as well as on the importance of the self and disturbances of self and identity in the aetiology and treatment of psychotic disorders. There will be a special emphasis on understanding the defensive aspect of psychotic symptoms and on how to work therapeutically to contain and transform psychotic experience/defences in a community therapeutic setting. Such a perspective can help render meaningful otherwise seemingly meaningless psychotic experience, which can in turn help the therapist/carer to engage in meaningful contact with the adolescent suffering from psychosis. Examples from the community therapeutic practice of the Danish Dyssegaarden will be presented, including a description of the different treatment modalities used in the psychodynamic community therapy model of Dyssegaarden.

TA-14B From the Inconsistent Self … Through Emotional Traumas … To Psychosis

Germana Spagnolo, Psychologist

Emotional traumas, understood as a set of emotional responses missed or distorted by the primary objects that could interfere with the child's potential, are the cause of the structuring of an inconsistent Self.

An inconsistent Self, not cohesive and therefore with little awareness of its emotions and needs, but always complying with the satisfaction of the others' needs, is the Self that makes the person dependent on others for a lack of reflection. The tendency, therefore, of people characterized by an inconsistent Self ,both because of their fragility and/or because of their little awareness of the above, is perhaps to structure a False-Self as protective armor, which gives the possibility to give cohesion to the self and meaning to experiences. But emotional traumas can have dissociation as a response dissociation as a healthy adaptive defense and even more so in case the stress is overwhelming or life -threatening.

The physiological basis of dissociation, in fact, consists of a separation of the emotional from the factual material and it is the precursor of the typical split of dissociation, in which the fragmentation is more complex and extensive, since not only can be split those memories emotionally connoted, but also parts of one's own sense of Self.

In some patients, the repeatability of the emotional trauma has resulted in other dissociations, the more violent and serious the more necessary it was for them to remove the pain. Amidst these dissociations was also included the one relating to the feelings of the corporeal Self, detached from the factual one. The withdrawal, in psychosis, may be necessary after a period of hypervigilance lasting in time, which, as happens in post-traumatic stress disorder, wears the emotional stability and requires a quiet, safe, friendly and emotionally soothing environmente for the gradual recovery of the person. This is what happened to the veterans of World War II.

TA-01B Specific Psychotherapy Techniques for People Diagnosed with Schizophrenia

Andrew Lotterman, MD

I will be talking about how to modify basic model psychotherapy to take into account the unique way the mind is organized in schizophrenic psychosis. I will describe the techniques used in this psychotherapy approach and provide clinical examples. The structure of the mind in schizophrenia is characterized by fundamental disturbances in: attachment, affect awareness, psychological boundaries, symbol use and reality testing. Schizophrenic psychosis makes traditional psychotherapy ineffective by undermining the patient's cognitive and affective functioning. A traditional psychotherapy approach depends heavily on the patient's capacity to use words to describe inner states. When verbal symbol use is compromised, words no longer reliably communicate inner experience and psychotherapy breaks down. I will discuss a modified psychotherapy approach which includes: attention to the interpersonal relationship and countertransference (including "emotional induction"), clarifying the emotional and physical boundary between the therapist and patient ("object definition"), an effort to connect words with inner states (what I call "naming" and "enlargement"), and attention to the details of perceptions and sensations which encode the patient's thoughts and feelings. I will describe how ideas and affects are collapsed into the sensory components from which they sprang ("desymbolization" and "perceptualization") and how this collapse results in hallucinations and other psychotic somatic experiences. I will show how attaching words to these bizarre sensory experiences helps recover the emotions and thoughts which were collapsed into them.

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TA-02B Peer-Supported Open Dialogue in London: Qualitative Research of Test Cases

Tom Stockmann, BM BCh, MA (Oxon)

I will initially provide a brief introduction to Peer-supported Open Dialogue (POD), and the progress of its introduction to the United Kingdom, with a particular focus on the work being done in East London, where I am based. I will then explain the current approaches to qualitative research that we are taking, describe the latest results, and encourage a dialogue with the audience regarding approaches for further work in this area.

Open Dialogue was developed in Finland in the 1980's for acute mental distress. It involves a psychologically consistent family/social network approach, in which the primary treatment is carried out via meetings involving the patient together with her family members and extended social network. The 'open' refers to the transparency of decision making - the network meetings being the only forum where the client is discussed. The 'dialogue' is the therapeutic conversation that takes place within meetings. Two key therapeutic principles are tolerance of uncertainty and polyphony (multiple viewpoints).

OD outcomes far exceed those for usual treatment in the developed world, despite low use of antipsychotics.

POD is a variant currently practiced in Scandinavia, Germany and several US states. This model includes peer workers trained in Intentional Peer Support (IPS), to support those with limited social networks. North East London NHS Foundation Trust (NELFT) is one of four UK NHS trusts currently training staff in POD. Test cases are being used as part of the training. A randomized control trial is planned to start in 2015.

We are also carrying out qualitative research, starting with the test cases. This will be novel work, and so an evolving process. We are interested in hearing and analyzing the views of clients and their networks on their distress and POD, and also considering their ideas for further qualitative research.

4:30 PM – 5:15 PM | BREAKOUT SESSIONS

TB-01A Open Dialogue and Psychodynamics: Single Malts or Great New Blend

Brian Martindale, MD

Open Dialogue is an approach to people with psychosis that is achieving considerable contemporary attention within ISPS and beyond. For decades psychodynamic understandings of psychosis have occupied a prominent position with ISPS

So far there seems to have been very little attempt to compare and contrast their central features although Open Dialogue arose out of the work of psychoanalyst Yrjö Alanen and his colleagues in Finland.

This workshop will be at least a beginning attempt to do just that. The purpose of this collaborative exploration is not only an

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academic exercise. In promoting improved services it is vital that areas of solid common ground are found and understanding of differences because united we stand and divided we fall.

The workshop encourages involvement by both experienced and inexperienced persons in either approach who are respectfully curious. It will take the form of a short presentation from the workshop leader of some core aspects of both approaches and his own attempts to explore commonality and differences.

Most of the workshop will be a facilitated dialogue between the participants.

TB-02A Recovery for Family Members and Carers

Grainne Fadden, BA, MPhil, PhD (Doctorate in Clinical Psychology)

Mental health services focus primarily on the service user, and the recovery movement has followed this model. Sufficient attention is not given to those who are important in the service user's social network—family, friends, loved ones, and neighbours. Those who are close to someone with a serious mental health difficulty can find the experience traumatising, it can have a major impact on their own lives, hopes and aspirations, and they can feel devalued, blamed or stigmatised. When family members are included in discourses relating to recovery, it is typically in terms of how they can support the recovery of the service user, with no attention being paid to their own recovery journey.

During the workshop, participants will be introduced:

- Research and writing on recovery for families
- The impact of having a close family member with a mental health difficulty and the range of feelings such as grief, loss, anger and guilt that can be experienced
- The impact on the health of family members
- The recovery journey for carers – to acceptance and hope
- Turning points that lead to family members thinking about their own needs
- Steps to recovery – boundaries, detaching, distancing, setting personal goals
- Positive benefits of caring and supporting – resilience and confidence
- Concepts of co-recovery – recovery paths of the service user and family member can be intertwined
- Stages of recovery
- Helping family members on the recovery path

The challenge is how we develop a vision of recovery that includes the needs of those who are significant to service users.

Those attending the workshop will be able to reflect on their own practice and services, and plan how they can ensure they consider the recovery needs of family members and service users. A range of support and information for family members is available on the Meriden Family Programme website: www.meridenfamilyprogramme.com

TB-11A "Being With" Psychosis: A Community-Based Alternative to Hospitalization for People Experiencing Distress

Ippolytos Kalofonos, MD, PhD | Susan Musante, MS, LPCC

This panel presents a dialogue about a contemporary Soteria program in Anchorage Alaska. Soteria is an evidence-based approach developed in the 1970s with NIMH funding that relies on "the milieu" (homelike environment, interpersonal relationships, and acceptance of normal activities of daily living); significant layperson staffing; preservation of personal power, social networks, and communal responsibilities; a "phenomenological" relational style which aims to give meaning to the person's subjective experience of psychosis by developing an understanding of it by "being with" and "doing with" the person; and judicious use of medication, taken from a position of choice and without coercion under the supervision of a psychiatrist. Studies indicate Soteria is at least as effective as traditional hospital-based treatment without the use of antipsychotic medication as the primary treatment (Calton et al 2008).

Soteria-Alaska is based on the original model, but includes involvement of peer support specialists, embedded in a continuum of peer support services, and billing Medicaid for their services. Soteria-Alaska has been the first replication of the model in the US.

Each presenter will offer their perspective of the successes, challenges, and possibilities presented by Soteria-Alaska. One presented is a psychiatrist and anthropologist who spent 6 weeks at Soteria-Alaska as a clinical elective during his psychiatric residency training and will share some reflections based on observations and in-depth interviews he conducted with former and current Soteria staff and residents on their experiences being with Soteria. The other presenter is the former executive director of Soteria-Alaska, and will present stories that demonstrate the approach and discuss the impact of current funding delivery systems. The panelists will facilitate discussion among participants regarding future steps for incorporating effective "alternatives" such as Soteria into an accepted standard of care.

TB-12A Talking to the Voices

Colin Ross, MD

In this workshop the presenter will describe techniques for talking to the voices of individuals with auditory hallucinations. The techniques are derived from the literature on treatment of dissociative identity disorder (DID) and from the cognitive therapy of psychosis. The techniques are designed for use with voices that meet the criteria for Schneiderian first rank symptoms: voices talking to each other, or voices keeping up a running commentary on the person's behavior. The voices tend to speak in sentences and paragraphs and express emotions, beliefs, opinions and attitudes. Conceptually, the voices are regarded as dissociated, disavowed, disowned aspects of the self, irrespective of diagnosis. They are not regarded as meaningless symptoms of brain disease. The technique of "talking through" is the most frequently used intervention: the therapist explains to the executive self—"the person"—that the dissociated aspect of self—"the voice"—is going to be engaged in a conversation. The therapist will ask the voice questions, the voice will answer inside the person's head, and the person will tell the therapist what the voice said. This technique is accompanied by cognitive therapy work to help the person re-conceptualize the voices as aspects of self that need to be listened to, negotiated with, and taken into account in the therapy, rather than ignored or suppressed. Not uncommonly, the voice needs to be oriented to the current year and the fact that it is part of the whole person, not a separate entity. The therapist forms a treatment alliance with the voice in order to negotiate a reduction in hostility, internal conflict, command hallucinations for suicide and related symptoms. The workshop will cover theory briefly: most of the time will be spent on case examples and illustrations.

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TB-13A Group-Based Cognitive Behavioural Therapy for Voice Hearers

Gordon Kay, First Class Social Work Studies

The experience of hearing voices occurs in mental illness but also in the general community unrelated to illness or disability. This has challenged the conceptualisation of auditory hallucinations as necessarily a marker of pathology and has facilitated the rise of voice hearer support groups globally. It has also challenged the over reliance on medication.

Given the limitations of pharmacological treatments, the prevalence and high risk nature of distressing auditory hallucinations in psychosis, there appears an indisputable need for improved intervention in this area. Consequently there is a growing interest in the use of psychological therapies as an adjunct in the management of medication resistant auditory hallucinations. Cognitive Behavioural Therapy for auditory hallucinations in clinical groups has been extensively evaluated.

This interactive presentation describes an integration of CBT based techniques with principles from the voice hearer's literature to assist people attending a community mental health facility to help manage their voices.

The presenter will share lessons learned from over 10 years of developing, researching and facilitating CBT based hearing voices groups. The presentation will identify which specific elements of the therapy prompt improvement and make some recommendations for setting up and running groups.

Despite the fact that Group based CBT for auditory hallucinations appears to be an effective therapy, it is currently inaccessible to most of those with schizophrenia. This situation will likely remain until there can be an increased availability of specialists specifically practising group based CBT for auditory hallucinations.

TB-14A Out of the Box

Ronald Abramson, MD

Schizophrenia is one of the most "challenging mental illnesses," and literature cites many who have not optimally responded to the current regimen of treatment available. Compounding this is the variability of human and socio-cultural factors in psychiatric illnesses which exists independent of different intervention perspectives one takes (e.g. biological, psychological, social-milieu.) This makes it difficult to employ a given intervention based on the "controlled efficacy" study paradigm to specific individual cases with a degree of certainty of positive results compared to other clinical situations where biological factors play a much greater role in the expression of "illness." Consequently, clinicians serving this population in their individual and group work are often called in to be creative and innovative in their work with either medication intervention, psychological intervention, or both. This symposium will highlight theoretically and through case vignettes how the symposium presenters have often found in their own clinical practice the need for innovation in their treatment approaches, and gauge effectiveness of intervention by clients' positive "outcome assessments." For younger and newer clinicians, this should provide excitement and challenge to their entry into this clinical field, knowing that they have the opportunity to be creative in their practice, which often needs to go beyond what they have learned in their professional training. For experienced clinicians attending the symposium, they will have the opportunity to share their personal experiences and provide commentaries on the issues. The symposium will also welcome discussion as to where standard training protocols may be applicable and where innovation and creativity may be required, encouraging future contributions to this field through published work and/or through professional communication forums.

TB-03 From England: Translating the Subjective Voice into Better Mental Health Practice

Wendy Turton, MSc Cognitive Therapy (Psychois)

A newly-developed phenomenologically-driven Gestalt of the lived experience of living with psychosis* as a longer-term health condition in Southern England reveals an experience of ongoing daily awfulness from both the primary experience of the psychosis and the secondary consequences and losses associated with the experience. This continuing awfulness includes co-morbid anxiety and depression, an unpredictability of emotional experience, and the meeting of frequent societal stigma compounding the experience of self-stigma; life restriction and isolation often ensue. This ongoing awfulness appears underestimated and so inadequately catered for by Mental Health services.

Accompanying this experience are complex psychological changes due to the extraordinary nature of psychosis. Peoples' very sense of themselves in relation to the psychosis or to their voices is challenged, detrimentally creating a perception of being weaker

than, and so vulnerable to harm from, their 'tormenter(s)' and engaging the person in an ongoing conflict with their experience and understandable emotional hyperarousal.

Ontological security diminishes, with epistemological (knowledge) changes occurring to accommodate to this changed sense of self and 'being in the world'. These changes appear not to revert on reduction of the experience and people remain in a world where 'anything is possible', and that adds to fear and a reduction of self-agency in wellbeing.

Liberation or recovery from the psychosis can and does happen, although pessimism, stigma, and misunderstandings exist within Mental Health services. Recovery requires much more than attempts at extinguishing primary symptoms of psychosis, it involves separating the self from the psychosis, developing a sense of value and meaning, creating a meaningful framework of understanding, and reconnecting with the 'non-psychosis' world.

Findings from this research echo earlier phenomenological models of the lived experience of psychosis and are noted to have a salience with the veracity of the experience of living with psychosis. However, intervention can often appear informed by other theoretical positions which are not as closely aligned to the lived experience. The challenge for the subjective voice is how its influence can be strengthened in terms of understanding, practice, and policy, and so benefit the lives of people who live with psychosis.

*In England the term 'psychosis' is more frequently used in psychological understandings of traditional diagnoses such as schizophrenia.

TB-03 Recovery in Mind: Perspectives from Postgraduate Psychiatric Trainees

Matthew Gambino, MD, PhD | Anthony Pavlo, PhD

Over the course of the past twenty years, the concept of recovery has emerged as a central organizing principle for mental health services. Despite its pervasiveness, we know very little about how psychiatric trainees understand recovery and what they are learning about it. In this study, four cohorts of residents at a leading psychiatric training program were presented with a vignette depicting an individual with a serious mental illness as part of a routine curricular assessment. They were then asked, "What would it mean to engage this patient from a recovery-oriented perspective?" Responses were analyzed for common and pervasive themes, which were then clustered and critically assessed against widely cited definitions of recovery in the literature. Residents frequently invoked patient-identified goals, a collaborative approach, and an emphasis on interpersonal relationships and level of social function as central to recovery-oriented care. Physical well-being, spirituality, and recovery from trauma were notably less prominent. Traditional attitudes persisted among some respondents, at times alongside or interwoven among recovery-oriented notions of care. These results document thought and perception among psychiatric trainees rather than actual practice; they also do not preclude the possibility that additional aspects of residents' work might be described as recovery-oriented, even if residents themselves would not employ the term. Nevertheless, this study advances our knowledge about the state of the recovery model among psychiatric trainees, with implications for psychiatric education and potentially for the model itself.

TB-03 All Eyes on Me: Subjective Experience/s of Paranoia

Elizabeth Pienkos, PsyD

What do we talk about when we talk about paranoia? Although commonly understood as a more-or-less irrational belief that one is being threatened or persecuted by others, the symptom of paranoia occurs in so many different psychiatric syndromes and states that one might pose the question of whether "paranoia" addresses one sole phenomenon or, rather, subsumes a variety of diverse experiences that may share several distinct aspects or features. But if there are distinctions to be made, how might this best be done? Contemporary psychiatric approaches have tended to focus on differences of degree—delusional vs. non-delusional paranoia—or on content, e.g. persecutory delusions vs. delusions of reference. However, this paper proposes that looking at the various forms of paranoid experience offers another important way to understand this symptom, and allows it to be seen as a meaningful part of a person's existence. Using first-person accounts, original research, and clinical vignettes, this paper takes a phenomenological approach to understanding the diverse manifestations of paranoia as they are experienced. When individuals' own descriptions of paranoia are considered, a distinction between two forms of paranoia becomes apparent: in one, there is a focus on the judgment or negative intentions of others within the context of the natural attitude toward the lived world; while in the second there may be a more profound alteration of basic assumptions about self and world. This paper finally suggests that such distinctions contribute to a clearer understanding of the underlying experiences that ground these disturbances, and may ultimately make it easier to select or develop appropriate therapies or ways of interaction that respond to the whole person, rather than the symptom.

4:30 PM – 6:00 PM | BREAKOUT SESSIONS

TB-04 From Silence to Discussion — Covers of Dialogue in Rehabilitation of Psychosis

Agnieszka Orzechowska, MS in Psychology | Urszula Zaniewska-Chłopik, MD

Background: The role of building and maintaining a relationship between psychotherapist, psychiatrist and a person experiencing psychosis seems to have a fundamental importance in a long-term rehabilitation. Assertive Community Treatment Model brings an opportunity of creating a therapeutic alliance that promotes recovery for a consumer and his family. To achieve this aim it integrates different therapeutic approaches (psychodynamic, systemic, CBT) and uses an open dialogue method.

Aim: To present a 3-year process of rehabilitation of a young man suffering from paranoid schizophrenia which was conducted in a Community Treatment Team.

Material and method: A case report presenting a 26 years old man diagnosed with paranoid schizophrenia and social phobia who undertakes treatment in a Community Treatment Team after his third hospitalization. The initial contact of a team with the consumer revealed a deep lack of insight into the illness and started with low level of compliance. The paper uncovers step by step how the relationship between the service user, his family, psychotherapist and psychiatrist was changing during that period. It underlines how different ways of communication were useful in this common dialogue and how the process required an open attitude from the team professionals. Starting out from a trialogue between the team, service user and his family, then moving to home visits with therapist, a consumer managed to go out, participate in regular psychotherapy sessions and spend two weeks without his parents on a mountain trip with other consumers.

Results: After three years of intensive work and co-operation the consumer accepted a long term pharmacological treatment and attends regular psychotherapy sessions where he makes plans for coming back to school and doing part-time job.

Conslusion: Stable relationship between a service user, his family and team members could support him in creating an insight into the mental illness and finding the tools to deal with it.

TB-04 Stigmatization of Schizophrenia vs. Autism and the Role of Creativity

Erik Thys, MD

We compared stigmatization in the media of schizophrenia and autism through a 5-year survey of the seven Flemish newspapers in Belgium. In the collected articles (n = 4,181) the coverage of autism was mostly positive, whereas the coverage of schizophrenia was predominantly negative. The contrast between the reporting on autism and on schizophrenia was very substantial ($p < 0.0001$) and the negative coverage of both disorders increased over time. The social stigma attached to schizophrenia is poignantly reflected in the Flemish newspapers. The fact that a disorder such as autism, which has many features in common with schizophrenia, is depicted in a much more favorable way than schizophrenia indicates that a more positive image of schizophrenia is not only desirable but also achievable. In the media, autism tends to be associated with certain positive characteristics such as superior memory, reliability, precision. Schizophrenia is associated with negative characteristics such as unpredictability and aggression. Our own systematic review of the literature on the association between creativity and psychopathology indicates that creativity is associated with psychotic vulnerability. This association could become a positive connotation for schizophrenia to correct the unjust stigmatization of psychotic disorders.

TB-04 Prejudice and Stigma; Is Mental Illness Really 'An Illness Like Any Other'?

John Read, PhD

The public, all over the world prefers psycho-social explanations to bio-genetic explanations of psychosis. This remains the case today despite decades of 'educational' programmes designed to teach us the illnes model of madness. Most destigmatisation probems are based on the 'mental illness is an illness like any other appraoach', often funded by the pharmaceutical industry. This paper will present the research demonstrating that bio-genetic causal beliefs increase fear, prejudice and pessimism about recovery.

Read J (2013). Prejudice, stigma and 'schizophrenia': The role of bio-genetic ideology. In Models of Madness (2nd edition). Routledge.

TB-04 Hearing Their Voices: Lived Experience of Recovery from FEP: South Africa

Anneliese De Wet, MA

Recovery in schizophrenia was regarded, for a very long time, as a somewhat unattainable goal. In addition, the de-emphasis of the subjective experience of the person living with schizophrenia created an environment where studies on the experience of recovery were disregarded. The dawn of the civil rights movement in the 1960s paved the way for the recovery movement in mental health. A new emphasis was placed on the person living with schizophrenia and his or her individual experience. In addition, the deinstitutionalisation of long-term patients following the introduction of anti-psychotic medication allowed for recovery in schizophrenia to become a more widely accepted concept. Methods: Against this background, this study seemed crucial and focused on how seven participants experienced their recovery from first-episode psychosis in schizophrenia. Each participant was interviewed twice, the interviews transcribed, and analysed with the use of Interpretative Phenomenological Analysis. Results and discussion: It was found that support and its natural corollary, having to care for another, are possibly the greatest contributors to the recovery of persons faced with mental illness. Participants highlighted the important role of spirituality in their recovery, despite it being generally regarded as a controversial topic. Since spirituality has the ability to build resilience, it cannot and should not be overlooked. Stigma was found to be ingrained and pervasive, as it so often is for persons faced with mental illness. It can be a barrier to recovery. The retention or rediscovery of the abilities of those challenged by mental illness was seen as a determining factor for recovery, since it (re)introduces a sense of agency. In conclusion, and without fail, all the participants agreed that talking about their experiences aided them. This points to the fact that there can be no question as to the value of the narrative in the process of recovery.

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TB-05 Almost Crazy: The High-Functioning Psychosis of Annie And Hu

Eilon Shomron-Atar, MA

Annie and Hu present as outwardly successful in the realms of social life, intimate love, and creative work. Yet they experience a pervasive sense of terror and a painful inability to grasp hold of a stable reality. First, they oscillate between projective identification and projective introjection with no clear grounding of their relational reality. Secondly, they react to often paranoid but pervasive fears of annihilation and worthlessness with a schizoid-like narrowing of perception coupled with a complete abstraction of their understanding, effectively obscuring any social or material context in their experience. The result of these two axes of defense is an almost perfectly Hegelian slave-master dialectic where they oscillate frighteningly between slave and master, victim and aggressor, righteous indignation and debilitating guilt, excitement and suicidality.

In this paper I would like to explore my experience of working with Annie and Hu and begin to delineate the threads and characteristics of a broader phenomena, which I term High-Functioning Psychosis (High-P). Disseminating psychosis into normal function, High-P people challenge the schizoid architecture of the session setting itself as neither patient nor therapist can grasp elements of reality from the patient's life or the session's dynamic to ground the spiraling of fantasy. This heuristic diagnosis can only now begin to be recognized in light of the growing normalizing discourse of psychotic experiences, such as hearing voices, and the appreciation of the etiological links between acute trauma and psychosis. This paper hopes to extend these efforts into the realms of the private clinic and insidious loss and neglect.

TB-05 Dealing With the Microchips

Linda Kader, MBBS MD FRANZCP

Chronic psychotic disorders which persist for a prolonged period impact the patients' lives in many ways and depending on the environmental circumstances, can engulf important areas of their functioning. The crucial psychological point in some cases is the extent to which the delusional beliefs are incorporated into the patients everyday living experiences. Theories prevail about the origins such delusions and their role in patients' overall psycho-sexual development. Clinical evidence suggests the longer the duration of untreated psychosis, the harder it is to treat effectively. Hence a major dilemma often is in engaging these patients in treatment and therapy in a way that does not necessarily challenge their delusional beliefs but support in developing insight, shared explanatory model and rapport to allow treatment negotiation. A case study of 3 separate patients will be present where the predominant symptoms is the delusion about a microchip. Varying course had been present for all 3 cases in presentation prior to initiation of treatment. All are female patients age ranging from 20-30 years at the time of their initial contact with psychiatric services. Significant difficulties in engagement and the strategies, often, unusual and valuable for maintaining therapeutic engagement, were adopted. Psychological approaches and medications were used for all of these patients. The outcome and current predicament will be discussed.

TB-05 Psychosis as Stronghold: A Middle Aged Infant's Refusal to Thrive

Nancy Peltzman, MA in Clinical Social Work

In 6 years of psychoanalytic treatment occurring 6–10 hours a week with written communication between sessions, a 39 year old man with lifelong psychotic process became able to tolerate and understand his mind and regulate his interactions.

This hugely off-putting patient, living with rodents and garbage amid his own waste, frequently too paranoid to leave his dwelling for sessions, now cleans himself, completed brilliant scholarly work, and has connections with others.

My collaborator defies easy categorization. Experiencing chronic overstimulation in multiple modalities, he internalizes and elaborates intolerable feelings, sensations and personal encounters with psychotic thought process and visual hallucinations, yet has developed extraordinary insight.

His parents, unable to address his early difficulties, blamed him and labeled him defective while also needing his incapacity. His mother forged a volatile symbiosis with him, using him as a vessel to deposit her hated objects and intolerable affects. The patient arrived in a regressive merger/stalemate with this toxic mother, psychically a vengeful infant resolved to extract the nurture he could not otherwise get with his refusal to thrive.

I took up this smelly "baby" whom numerous others had put down assuming that he could become whomever he chose. I have had to learn how to keep my own mind intact while containing rage, hatred, bigotry and suicidal and homicidal affects, and to offer my mind to my patient's as a touchstone for his sense of reality. I have held on to hope when I felt we might drown in despair.

In the last year we have been able to think, together, about the nature of this patient's mind. As he accepts himself and becomes more able to see his responses to the world as representing inner conflict, he frequently feels he has a mind of his own and can move his life forward.

TB-05 A Libra in Middle Earth: The Notion of "Reality Testing"

Karl Southgate, MA in Clinical Psychology

This paper will detail my eleven-month treatment with "George," a middle-aged man who lived in a psychiatric residential facility and who had received a diagnosis of Psychotic Disorder NOS. George vacillated quite rapidly from feeling like his life made sense to viewing his environment as threatening and uncaring. In the former experiential state, he felt at home in a world that closely corresponded to Middle Earth, the fantasy realm depicted by J.R.R. Tolkien in The Lord of the Rings. Superimposed upon the world of orcs, wizards, and hobbits was a complex tapestry of German history, military rankings, and astrology. At other times, he experienced the "outside world" as invasive and unpredictable. The extent to which the "accuracy" of his perceptions should be a focus of treatment represented one of the greatest challenges for me, particularly as I had never worked with anyone who presented with psychosis. Reflecting on George's intrapsychic and interpersonal patterns led me to consider D.W. Winnicott's writings on creative living, which emphasize the capacity to negotiate "inner" and "outer" reality with a sense of aliveness and agency. Over time, I found that the creative co-construction of a shared world proved to be much more important to George than achieving what is often termed reality testing. I also sought to incorporate Irwin Hoffman's social-constructivist approach, which provides a non-positivistic paradigm for interpreting reality and highlights the way in which reality is continually shaped by the vicissitudes of interpersonal experiences. This paper will illustrate how George's examination of possible inaccuracies in his belief system grew not from an experience-distant consideration of what constitutes objective reality, but from meaningful reflections on how he could bring the energy of Middle Earth into his interactions with others in the "real world."

TB-06 Psychodynamic Psychiatry According to the Teoria della Nascita: Introduction

Annelore Homberg, MD | Mirinda Ashley Karshan | Cecilia D'Agostino

In his manual "Psychodynamic Psychiatry in Clinical Practice" [1990, 2015(5)] G. O. Gabbard considers psychodynamic psychiatry as a psychiatry based on psychoanalytical principles. This restriction is widespread and usual, but it appears to be in contradiction with the opinions expressed by H. F. Ellenberger in his fundamental book "The Discovery of the Unconscious" [1970]. Examining authors like Janet, Freud, Jung and Adler who compose what he calls the Second Psychodynamic Psychiatry, Ellenberger underlines that psychodynamic psychiatry did not start with these authors nor does he imply the idea that it has found its conclusive structure with them and their respective schools.

Apart from this clarification, the Gabbard manual has the important merit to have extrapolated, from the different schools of the vast psychoanalytic universe, a number of concepts that the author considers basic and characteristic of a psychodynamic psychiatry (concepts like "unconscious", "transference", "defense mechanism"). This paper starts from the basic concepts listed by Gabbard comparing the psychoanalytic definitions with the often divergent view of these concept in the so-called Teoria della nascita (Birth Theory) [Fagioli 1972].

This approach exists in Italy since the Seventies and stems from the therapeutic work with severely ill patients. Due to its theoretical complexity and coherence, it can be considered an independent, and over time proved, model of psychodynamic psychiatry. The last thirty years have seen the growing of a consistent group of therapists who refer to this approach and who are currently treating about 4.000 patients, privately or in public services. After briefly describing their integrated method of treating patients affected by psychotic disorders, the paper focuses on the concepts of transference.

TB-06 Defense Mechanisms in Psychosis: From "Scotomization" to "Annulment"

Sandra Santomauro, MD | Andrea Cantini | Canio Tedesco

The Gabbard manual of psychodynamic psychiatry [1990, 2014(5)] distinguishes between the so-called primitive defense mechanisms involved in psychosis and the "neurotic" defenses, as repression. It is well known that repression is a central concept in Freud's research but very little is known about a debate that took place in the Twenties regarding the question whether repression and withdrawal of cathexis could explain all psychic disorders.

The paper discusses the articles of René Laforgue about "scotomization" [1926] and the correspondence between him and Freud. Referring to the word scotoma and to the neurological phenomenon for which someone doesn't see an object he/she is looking for (e.g. the glasses lying on the table), Laforgue supposed an unconscious dynamic during which the baby at the moment of weaning makes his mother disappear, as if she doesn't exist at all—not on a conscious level but in his unconscious mind. Laforgue proposed that scotomization could prelude the narcissistic isolation in psychotic patients, but he was turned down by Freud and therefore forgotten. Decades later Laforgue's idea seems to have influenced J. Lacan's concept of "foreclosure".

Independently from the French debate, in 1970 Massimo Fagioli proposed the concept of "annulment drive" (pulsione di annullamento), describing a sort of psychical black out of the individual when confronted with an element of reality experienced as too problematic (e.g. the death of a relative). This concept refers to the psychic capability to "see" or "not see", i.e. to make mentally disappear a human reality. Currently, a consistent number of Italian psychiatrists consider the knowledge of the annulment drive as an essential tool in the treatment of psychotic patients since it seems to offer a more exhaustive explanation of some core symptoms, as the "primitive defense mechanisms" listed also by Gabbard.

TB-07 Childhood Trauma and the Perception of the Collapse Time

David Reiss, MD

A phenomenon best described as a perception of the "collapse of time" arises out of childhood trauma. Through psycho-neurological processes related to PTSD, childhood abuse/trauma disrupts the ability to learn to conceptualize time as progressing in a linear fashion. Non-linear time—perceiving time as an ever-enlarging collection of interconnected events, as opposed to a directional passage of experience—may be intuitive to the child, but is counter-intuitive to adults adapted to "modern" cultures. As a consequence

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of early trauma or abuse, a "collapsed" sense of time often persists into adult life—in some persons to a subtle extent; in others, to a very significant and disruptive degree. This leads to what is viewed by the modern society as an unusual perception of events, "illogical" beliefs and convictions, and distortion of the interpretation of interpersonal interactions and relationships. In turn, this atypical perception of time disturbs the ability to function effectively in society which is based upon an implied linearized perception of time. Quantum mechanics and mystic thought (throughout different cultures) indicate that non-linearized time may reflect a "deeper" reality and within those realms, those who can appreciate that reality may be able develop important insights. However, without an understanding of the phenomena of the "collapse of time" and an ability to perceive and appreciate the paradoxical nature of time, non-linearization of time contributes to what is commonly considered a "clinical psychopathology" that interferes with practical day-to-day functioning.

TB-07 Dual-Dissociation — A New Continuum Theory

James Davies, PhD

The experiences of derealization and depersonalization often coexist as features of psychosis. In such instances the individual will experience the perceptual separation of body and consciousness (depersonalization) concomitantly with a separation of self and external environment (derealization). So far the aetiology of such 'dual-dissociation' is still largely unknown. Both neurobiological and cognitive causes have been postulated—in the first case, as neurotransmitter dysfunction, and in the second, as 'closing down' responses to threat.

This paper will show that aetiological concerns, although important, have often sidelined questions about the function of such 'dual-dissociative' experiences, which are, it will be argued, reactive attempts to manage extreme flows of novel and challenging information that threaten a usual sense of self and order. To support this position this paper will compare commonly reported dual-dissociation reactions derived from clinical and non-clinical settings. Documented cases of extreme culture shock reactions, trauma-induced disorientation, extreme dissonance reactions sustained in exposure to unfamiliar settings (e.g. foreign fieldwork settings), evidence that dual-dissociation phenomena regularly occur in individuals whose dominant beliefs and schemas are challenged by intense 'onslaughts of difference'.

This paper argues that such comparisons usefully illuminate that dual-dissociation experiences, apart from often being adaptive attempts to manage dissonant experience, fall on a continuum from mild to severe. However, as most devised clinical strategies to manage more severe cases have mistakenly assumed these cases to be sui generis, strategies based upon the management milder dual-dissociative manifestations have been overlooked in clinical practice (e.g. effective coping strategies deployed by anthropologists and aid workers in highly stressful fieldwork situations). This continuum theory of dual-dissociation invites exploration of how therapeutic interventions, devised for milder cases, can be remolded and reapplied to manage the more severe. This paper will close by outlining examples of where such replications have been successful in severe cases.

TB-07 Early Adversity in People at Ultra-High Risk of Developing Psychosis

Fern Day, PhD Psychosis Studies

Early adversity is a social risk factor for psychosis and plays an important role in current theoretical models of psychosis onset. However, there is limited evidence demonstrating a causal relationship between adversity and psychosis and the mechanism through which psychosis risk is conferred remains unclear. We aimed to investigate experiences of a wide range of early adversities in people at ultra-high risk (UHR) of developing psychosis and how these relate to clinical outcome over the high-risk period.

We compared 97 UHR and 64 healthy control (HC) participants on experiences of adversity from birth to age 17, using the Childhood Experience of Care and Abuse Questionnaire and the Retrospective Bullying Questionnaire. Ten types of adversity were measured: parental death, separation, neglect, and antipathy, disrupted family environment, local authority care, physical abuse, sexual abuse, lack of supportive figures, and bullying. We related exposure to adversity among UHR participants to symptom severity and general function at two year follow-up, using the Comprehensive Assessment of At-Risk Mental States and the Global Assessment of Function.

People at UHR were more likely to have experienced adversity while growing up compared to HC participants and were exposed to more forms of adversity. In particular, UHR participants were more likely to have experienced victimisation, prolonged maternal separation and antipathy. Adversity was not related to psychosis onset, symptoms or functioning at follow-up.

We found elevated cumulative exposure to early adversity among people at UHR for psychosis, indicating a contribution to heightened psychosis risk. However, we found no association between early adversity and longer term outcomes in UHR participants, which suggests that other factors might have more influence on illness trajectory at this stage. We discuss theoretical and clinical implications of these results and present ongoing work exploring interactions between early adversity and other psychosocial factors in the UHR group.

TB-07 War-Related Delusions in Germany and Israel of the 20th Century

Dana Tzur-Bitan, PhD | Shlomit Keren, clinical psychologist

The intertwined dynamics between the individual sphere and the contextual/cultural one has long been acknowledged by clinicians and researchers. Within these dynamics, several prominent thinkers have highlighted the social function served by the mentally ill, as symbolic guardians of the split between order and civilization, as opposed to chaos and disharmony. Such dichotomizing defenses are prone to dominate in times of war, where unstable and chaotic environment challenges the boundaries of good and bad. In this exploratory study, we aim to examine the extent to which these social-individual dynamics echo in the delusional themes of psychotic patients in Germany and Israel. Archived medical files of hospitalized psychotic patients from both countries (N=600, N=200, concordantly) were randomly selected, and scrutinized for specific delusional themes of war and violence. Results indicate that while in Germany frequency of war-related delusions tends to raise typically during the two world wars, in Israel the frequency of war related delusions is constantly high and stable. More importantly, we found that even though the most bloodsheded battles in Israel occurred in the first years of Israel's establishment, the highest frequency of war related delusions was evident during the first Palestinian uprising (the Intifada). We suggest that this may be due to the transition from struggles mostly with countries outside Israel's borders, to the beginning of the controversial ongoing conflict within its borders. It is further suggested that when war is within boundaries, efforts to deny and project the unwanted parts are particularly stronger, causing major burden on the mentally ill, via their social role as holders of these anxieties. Such dynamics have evident effect on the contemporary social and political discourse in Israel, where a distinct dichotomizing discourse governed the social sphere. Clinical implications, as well as directions for future research are discussed.

TB-08 A Fidelity Scale for First Episode Psychosis Services

Donald Addington, MBBS

Purpose: The purpose of this study was to develop a fidelity scale to assess the degree of implementation of essential evidence-based components for First Episode Psychosis Services (FEPS). Fidelity scales are useful for describing the services delivered in research studies and for accreditation and quality control in clinical practice. Methods: We used a 3 stage knowledge synthesis process: a systematic review of the literature in order to identify service components; a DELPHI consensus-building technique with an international panel of experts; and a construction and pilot testing phase.

Results: The literature review identified 1,020 citations, from which 280 peer reviewed articles met criteria for relevance. We identified 75 unique service components and the associated level of supportive evidence. The expert Delphi consensus process reduced the number to 32 components rated as essential. In the final stage we created two versions of the scale; a team version to assess team-based programs, and an individual version to assess the care provided to one individual. This resulted in a team scale comprised of 32 items, 21 of which comprised the individual scale, the remainder assessing team functions. Each item is comprised of a stem, which describes a service component and a rating scale of 1 to 5, which has a number of descriptors that provide concrete definitions for each rating in the scale. A rating guide supports fidelity evaluations. The scale has been piloted in programs in the Canada and the US in order to assess, clarity, feasibility and reliability. Conclusions: We have successfully used a sequence of structured knowledge synthesis processes to develop a scale to measure fidelity to evidence-based FEPS. This first version of the scale needs further research to assess inter-rater reliability, discriminative and predictive validity, but is in a form amenable for further research.

TB-08 What Do Service Users and Staff Want from a Smartphone App for Early Psychosis?: A Qualitative Investigation

Sandra Bucci, ClinPsyD

Schizophrenia affects 2% of the population. The majority of people who experience a first episode of psychosis (FEP) reach remission within 12-months of intervention. However, the early course of psychosis is characterized by repeated relapse; 80% of FEP patients will relapse within 5-years of their initial episode, adversely impacting on their psychosocial development. The UK healthcare guidelines (NICE) recommends cognitive behavioural therapy (CBT) in the treatment of schizophrenia, and CBT has been applied in the treatment of FEP. However, a shortage of trained clinicians and resource pressures mean that of people with psychosis who could benefit, only 10% have access to CBT. Even those who are offered CBT often experience long delays before receiving treatment, resulting in relapse indicators being missed. Accordingly, there is an urgent need to improve access to helpful psychological interventions that can be delivered in a timely manner. This presentation will briefly present the trial protocol for the Actissist study: an MRC-funded randomised controlled trial evaluating the efficacy of a CBT-informed, Smartphone (app) intervention for early psychosis. Using framework analysis, the presentation will then focus on the findings from the qualitative phase of the study, where service users (n=20) and clinicians (n=40) were interviewed to elicit their views about mHealth approaches in addition to the necessary features of a Smartphone-delivered intervention in early psychosis. The presenter will compare and contrast service user vs clinician views and attitudes about app-based interventions and will conclude by summarizing the key factors necessary in an app designed for early psychosis patients.

TB-08 Social Support in People at Ultra-High Risk of Developing Psychosis

Owen Thompson, BSc Psychology

Background: Low levels of social support are associated with poor outcomes in psychosis, although the underlying mechanisms remain unclear. We investigated the nature of social support in people at ultra-high risk for psychosis (UHR) and how it relates to severity of emerging symptoms and socio-occupational functioning in the longer term. We expected social support to be: i) reduced in people at UHR compared to healthy control participants (HC); ii) associated with more severe symptoms at follow up; iii) associated with poorer functioning at follow up.

Method: We compared 80 UHR and 60 HC participants on multiple aspects of social support: contact with friends and family; perceived support from friends, family, and significant others using the Multidimensional Scale of Perceived Social Support; and quality of support provided by significant others, using the Significant Others Scale. We also related baseline social support in UHR participants to outcome after two years using the Comprehensive Assessment of

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At-Risk Mental States and the Global Assessment of Function. UHR participants were recruited through a psychosis early detection service; demographically matched HC participants were recruited from the service catchment area.

Results: UHR participants reported less perceived and actual social support across all domains: family, friends, and significant others. We also found a greater discrepancy in the UHR group between the amount of emotional support provided and the amount expected from significant others. Baseline social support was negatively associated with positive symptoms and positively associated with global functioning at follow up, even after controlling for baseline symptoms and functioning.

Discussion: People at UHR experienced lower levels of social support and were less satisfied with the quality of support received. Higher levels of social support at baseline were associated with better outcomes in terms of symptoms and functioning. Possible mechanisms underlying this association and their clinical implications are discussed.

TB-08 Specialized Early Treatment: In Work or School, Not the Hospital

Jessica Pollard, PhD

Intervening as soon as possible after the onset of psychotic disorders makes intuitive sense. Reducing time spent experiencing distressing symptoms and assisting young persons in getting back on their developmental trajectory have promise in reducing the negative impacts of illnesses such as schizophrenia given the strong predictor of duration of untreated psychosis for long term outcomes. Packages of specialized early intervention services for psychosis have demonstrated improved outcomes over usual care in a small number of trials. Our clinic recruited persons within the first five years after onset of a psychotic disorder for a randomized clinical trial of a combination of phase specific psychosocial and psychopharmacological interventions compared to treatment as usual (TAU) in the community. In addition to the types of interventions (e.g. cognitive behavioral), treatment philosophies such as focus on engagement, removal of barriers to care, person-centered treatment planning, family/support system involvement, optimism, and recovery orientation were emphasized within the interdisciplinary team. Over a five year period, 149 participants were randomized to specialty care (SC) or TAU and assessed at baseline, 6 months, and one year post admission on a variety of measures of symptoms and functioning. Those receiving specialty care had significantly fewer psychiatric inpatient days, were hospitalized less often, and were more likely to be engaged in work or school one year after the start of treatment. This approach to early intervention appears to have important advantages from a public health perspective, economically, and, most importantly, for the goals important to those receiving care. Implications of this treatment approach, details of service delivery, challenges, and future directions will be discussed.

TB-09 Addressing FAQs of Service Users' Family Members: A New Model

Amit Fachler, PhD

This presentation offers a novel approach to facilitating the dialogue between mental health professionals and family members of service users, based on a more attentive addressing of family members' frequently asked questions. Mental health professionals are likely to be asked one or more of the following questions: a) What is the person's (child, spouse, sibling, parent) diagnosis? b) Should we set limits to his/her behavior, or should we avoid confrontation? c) Should we share the family situation with others (outsiders)? d) How frequently should we visit during the patient's hospitalization? e) While the patient is hospitalized, should we inform him/her of bad news? f) Who will take care of the patient after we are gone? g) How can we get the patient to cooperate with the treatment plan? The Sheep and the Box Model suggests that mental health professionals listen to such questions on two levels: the explicit, concrete nature of the issue at hand ("the sheep", in Saint-Exupéry's Little Prince); and the implicit, emotional message involved ("the box"). For each question, I offer ways to relate to both levels. For example, in question a) about the diagnosis, the question goes beyond requesting psychiatric information. It also incorporates the plea: "Tell me whether it is treatable. Tell me that it's not for life!" Question b) about limits can be addressed by recommending constructive limit-setting strategies, as well as by noting the possible hidden ambivalence embedded in such a dilemma. This presentation suggests that acknowledging the emotional message fosters a more authentic and more fruitful dialogue with the family member. The difficulty of balancing the implicit and the explicit levels is discussed in terms of the dynamics of hope, exasperation, magical thinking, and guilt, zigzagging back and forth between family member and the mental health professional.

TB-09 Setting up Soteria in Israel

Pesach Lichtenberg, MD

In December 2013, the Israeli Ministry of Health approved a one-year pilot program to establish a government-financed Soteria-inspired home for first-episode psychosis in Israel. The principles we established for operating the home draw upon the experience gathered in the original California Soteria and Emanon houses as well as in Soteria Berne, with adjustments made for the Israeli health care environment. To be located in Jerusalem, the home will provide residential treatment for up to 12 first-episode residents. Most of the staff will be companions from a wide array of backgrounds -former and current service users, students, alternative healers chosen on the basis of motivation to help and ability to contain the intensity of extreme emotional states. They will receive training and continuing supervision. Duration of average stay will be on par with first hospital admissions nationwide, about 45 days. Admissions, which will entail no out-of-pocket payments, will be referred from the community or from psychiatric emergency rooms.

Only individuals with uncontrollable violence to self or others or continued drug use will not be accepted. The actual admission into the home will be done using principles of Open Dialogue, with a joint session of staff, resident and family.

TB-09 Strengthening and Developing Communication Between Consumers, Families and Services

Alice Berliner, MSW | Alison Lewis, MFT | Gail M. Bradley, MPsych

This paper highlights the use of the Multiple Family Group [MFG] in Model in increasing better outcomes for both consumers and their families and helping both parties developing stronger and more active roles within service development.

The MFG is an evidence-based intervention developed by McFarlane in the 1990's, it is a psychosocial educational group for clients and their families/carers which runs on a fortnightly basis over a 10-12-month period. It incorporates the practically based use of people's experiences in a staff-facilitated setting.

It also promotes:
- externalize the mental health condition from the individual,
- peer -support,
- acquisition of knowledge about serious psychiatric conditions and treatment options,
- exploration of carer burden and the various impacts the condition can have on the individual, the family members and their relationships.

The benefits to participants are numerous and well-sustained over time following cessation of the group. They can include improved self-management of mh condition, re-employment, increased confidence, independence and improved communication and relationships within the family system with concomitant decrease in stress, anxiety and conflict and consequently less carer burden.

With demand from both consumers and families who completed the MFG a Graduate group was started meeting bi-annually. Together and individually their experiences reflect some of the best outcomes of this intervention including:
- resumption of full & part time work,
- Consumers have become active members of the IW Consumer

Advisory group (CAG) and Carers also participate as casual consumer/carer representatives on area-wide committees, staff training and at Conferences and part of the staff recruitment process;

TB-10 Ethnic Isolation and Racial Discrimination Influence Attenuated Psychotic Symptomatology

Deidre Anglin, PHD | Florence Lui, PhD Student | Aleksandr Tikhonov, MA Student

Goal: Present new findings that elucidate how the socio-cultural environment influences psychotic phenomenology.

Background: Attenuated positive psychotic symptoms (APPS) are fairly prevalent in the general population (median prevalence =8%), more commonly reported in racial and ethnic minority (REM) groups, and associated with psychological distress and psychiatric morbidity. Our studies investigate whether and how socio-cultural factors such as racial discrimination exposure, perceived neighborhood ethnic density, and ethnic identity influence self-reported APPS in a U.S.-based REM population.

Method: A cohort of 650 ethnic minority or immigrant emerging adults attending a public university completed self–report inventories for psychosis risk (Prodromal Questionnaire), ethnic identity, and experiences of racial discrimination; and a socio-demographic questionnaire indicating their race, ethnicity, and racial composition of their neighborhood before and after age 12. Regression analyses were used to analyze the relationships between socio-cultural variables and APPS.

Results: Results that will be discussed include the following:

1) Ethnic identity was negatively related to APPS under racially discriminatory conditions. Participants who experienced discrimination with high ethnic identity reported fewer symptoms than those who experienced discrimination with low ethnic identity.

2) Changes in perceived ethnic density over time were relevant for the Black participants in the sample. Black participants experiencing a change from a high ethnic density neighborhood (predominantly Black) to one in which another REM group represented the majority (i.e., mostly Asian or mostly Hispanic) endorsed more APPS compared to Black participants who consistently lived in a high ethnic density neighborhood.

Conclusion and Discussion points: REM young people who feel ethnically isolated within their neighborhood contexts and in their ethnic identity may be susceptible to symptoms in the psychotic spectrum in racially discriminatory environments. Potential benefits associated with ethnic affiliation and connectedness should be explored further in clinical high-risk studies.

TB-10 Found in Translation: Clinical and Conceptual Links Between Immigration and Psychosis

Kelly Burns, JD, PsyD

This paper presentation reviews my dissertation work on psychosis in immigrant populations. I performed an integrative literature review using insights from anthropology, postcolonial theory, and related philosophical disciplines to present immigration and psychosis as liminal states with both conceptual and concrete connections. The last 15 years have seen a growth in research demonstrating increased rates of psychosis in migrant populations around the world, and in derivative literature exploring etiological hypotheses that might explain this disparity. The current study notes an absence in this literature of acknowledgement of the central role that culture, language, and transitional states play in both immigration and psychosis, which hampers a full and clinically useful understanding of what happens when these processes co-occur. To augment the literature, the presentation

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surveys topics such as anthropology's revisions to the concept of acculturation, postcolonial theories of cultural encounter and evolution, poststructuralist theories of language and meaning, and deconstructionist analysis of xenophobia's influence in the historical development of psychosis as a diagnosis, applying these to a more nuanced appreciation of the convergence of migration and psychosis. The presentation concludes explaining how interdisciplinary perspectives might play a larger role in guiding clinical research and training, and might allow for ways of thinking about psychosis that both improve patient care and help propel academic discourse on language, culture, meaning, and psychosis, the great conundrums of psychiatry and philosophy.

TB-10 Restrictions of Parental Rights Among Individuals with Mental Illness

Beth Vayshenker, MA

The high rate of child custody loss among parents diagnosed with a serious mental illness remains a source of distress for parents, and accordingly, a concern for the related legal and mental health bodies (Oyserman et al., 2000). Though reasons vary with regard to why children are removed from parental custody, in its current form, some state legislation has the power to remove custody simply on the basis of a diagnosis of "mental illness" or judged "incompetence" (NYS §384-b). Many have questioned the notion of singling out parents with a serious mental illness in the legal system, especially when research does not consistently demonstrate that a diagnosis of mental illness is predictive of poor parenting (Melton, Petrila, Poythress, & Slobogin, 2007). The most recent review (1999) of civil rights lost among individuals with mental illness revealed that 27 states hold the power to impose parental restrictions based on mental illness and incompetence, a 17% increase in restrictions from a prior review in 1990 (Hemmens, Miller, Burton, & Milner, 2002). As mental health systems continue to adopt and implement recovery oriented practices, it is important to consider the realities of structural discrimination within the legal context, especially with regard to termination of parental rights (a commonly identified recovery goal). This proposed study has several aims: (1) to review current state statutes that affect parental rights for people with mental illness and those deemed "incompetent"; (2) to examine changes in state statues from the 1999 review (Hemmens et al., 2002) and (3) to consider strategies in which the recovery movement can employ serve to lead reforms on legislation about parental rights among those diagnosed with a mental illness.

TB-10 New Laws About Forced Treatments and Psychotherapy of Psychosis

Klaus Hoffmann, Professor MD med

In 2011 two patients getting neuroleptics claimed at the German high court that their medication was against human rights. In quite lenghty statements dealing with human being's free will and its restrictions due to mental illness the high court decided in favour of the patients' claim and declared most of the mental health laws of the German countries not in accordance with the German constitution. Since then, a treatment with neuroleptics against the patient's will has to be stopped at any time if its disadvantages get more prevalent than its advantages. The duration of a treatment has to be justified towards a court. This means that short-term acute psychiatric inpatient care has to change which will at least for the moment increase the length and the cost of the treatment. Old concepts of inpatient care like analytic approaches with psychotic patients can get more importance. This development is illustrated with case presentations.

TB-15 Religion and the Endorsement of Attenuated Positive Psychotic Symptoms

Kathleen Isaac, BA

Cognitive models of psychosis indicate that the distinction between normal anomalous experiences and those that indicate psychosis lies in the subjective distress of the individual, which is influenced by one's appraisal of the experience. Psychotic-like experiences such as voice hearing are viewed as religious in some cultural settings and previous research indicates that spirituality is associated with the context and content of appraisals of psychotic-like experiences, which may inform the affective valence attached to them. Given the role that religion may play in influencing subjective levels of distress, the present study sought to explore the role of religion in making clinically meaningful distinctions between individuals who endorse Attenuated Positive Psychotic Symptoms (APPS). A cohort of 650 ethnic minority or immigrant emerging adults completed a self-report inventory for psychosis risk, the Prodromal Questionnaire (PQ), and a socio-demographic questionnaire indicating frequency of church attendance and the importance of religion. The PQ allowed for the dimensional assessment of APPS, as well as the categorical assessment of a potentially "high risk" group (i.e., 8 or more APPS endorsed as distressing) as suggested by previous validation studies. Religion was not associated with APPS but was associated with symptoms that were experienced as distressing. There was a significant negative correlation between frequency of church attendance and the endorsement of distressing APPS in the overall sample ($r=-.081$, $p<.05$). An independent t-test found a significant difference between frequency of church attendance and a dichotomized variable of distressing APPS ($t(df)=2.185$ (542), $p<.05$). The results suggest that church attendance may be a protective factor for those experiencing positive psychotic symptoms, whereby they feel less distressed by them. Future research should explore the specific content of appraisals to determine whether individuals who are religious have specific appraisals that make their experience of psychotic symptoms more or less distressing.

TB-15 Reconceptualizing the "Schizophrenia" Diagnosis Through Cross-Cultural Phenomenology

Sarah Kamens, MA (PhD candidate in clinical psychology) | Fred Wertz, PhD | Jessica (Yisca) Baris Ginat, MD | Mary Beth Morrissey, PhD, MPH, JD | Ryan Scanlon, (Undergraduate student in psychology) | Ileana Driggs, BA

In this paper, we* present the preliminary results from our phenomenological study of cultural and diagnostic heterogeneity in the "schizophrenia" diagnosis. Taking as a starting point growing uncertainty about the scientific validity of "schizophrenia," this study used a rigorous qualitative, person-centered approach to analyze the meaningful similarities and differences between the first-person narratives of persons with psychotic-disorder diagnoses. In doing so, we demonstrated the potential contribution of systematic phenomenological description to both the reconceptualization of psychosis and, more broadly, to the resolution of theoretical-scientific dilemmas in psychiatric taxonomization.

Participants were 16 culturally diverse psychiatric patients in New York City and Jerusalem and 4 pilot-comparison participants who were not currently diagnosed with a psychotic disorder. All participants provided in-depth interviews that included a life-historical narrative, select portions of the Examination of Anomalous Self-Experience (EASE; Parnas et al., 2005) and the Examination of Anomalous World-Experience (EAWE; in development by Sass & Pienkos), and the Positive and Negative Syndrome Scale (PANSS; Kay, Opler, & Fizbein, 2006). Data were analyzed using systematic phenomenological methods (Giorgi,1979, 2009; Wertz, 2005, 2010) for the identification of organized, essential psychological structures that are meaningfully related on the basis of first-person experience.

Preliminary findings indicated that hospital participants share a common psychological-existential structure that is unique to the experience of those diagnosed with "schizophrenia." Official DSM- and ICD-based psychotic disorders are non-essential, coincidental, and/or accidental variations of this general structure, which includes unique moments of lived experience that extend beyond conventional diagnostic descriptions. Contrary to contemporary clinical doxa, cultural differences are reflected in meaningful, non-essential variations in both the form and content of psychotic experiences. Based on these data, we address contemporary debates about the possibility of renaming or taxonomically reconceptualizing the schizophrenia-spectrum diagnoses.

TB-15 Challenging the Hierarchies: Human Rights a Tool; Patient-Involvement a Requirement

Annika Ahren Vargas, BS in Nursing, Bachelor in Political Science | Barbara Bischof, Physiotherapist | Agneta Persson | Hung Lam

In an openward service in a multicultural area we have participated in a project initiated of the Human right board at the County Council. In the direction of that project are three patients present together with staff, executives and human right expert. One of the challenges is how to increase empowerment and transparency to promote the opportunities of everyone to participate on equal terms. All staff has been trained in human rights and we have had workshop and courses for service users.

We are learning how to use the Culture Formulation Interview (part of DSM V) in a fruitful way to make sure that the patient's story has a chance to be heard, listen to and be a part of the treatment

TB-16 The Self-Management and Recovery Technology Research Program: Developing E-Health for Mental Health Services for People with Psychosis

Neil Thomas, DClinPsy

Online therapies have become established as a component of treatment provision for depression and anxiety related problems, but, to date, their use in psychosis has been limited. Recent studies have suggested that it is feasible for people recovering from psychosis to utilise online therapeutic materials, and there is significant scope for Internet-based resources to provide therapeutic tools for use by the mental health workforce as part of routine care. In the context of increasing value placed on peer interaction as a means to promote personal recovery in psychosis, multimedia and user forums may provide means of aiding people in accessing stories of recovery and learning from others' experiences. The Self Management and Recovery Technology (SMART) project is a four year research program examining the potential utilisation of online resources within public mental health services for people with psychosis in Victoria, Australia. In this paper we report on results of the development phase, including mental health service user and worker consultations and surveying of Internet access and usage among service users. Our results showed that the majority of users of specialist mental health services for serious mental illness are now online, and that there was significant interest in the use of online tools. Consultations with service users and workers highlighted the importance of designing resources to be used flexibly, and were enthusiastic about the potential for using the Internet to facilitate learning from peers with shared lived experience. These consultations informed the development of a software system suited for use across devices (tablet, mobile phone, personal computer) and for utilisation both independently by consumers and for use within mental health service consultations. This system is currently being examined in a series of randomised controlled trials including therapist-guided use of online resources, independent remote access and routine service implementation.

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TB-16 The Two-Fold Path: Psychosis as a Journey to Recovery

Tim Ness, BA, CPS

This talk describes a personal journey to recovery through a 90-day period of supernatural reality. The two-fold path is a framework of life trauma experience paired with a parallel symbolic experience that can manifest as so-called "acute psychosis." This struggle for the mind to heal itself will be described with details from hearing voices groups, unusual beliefs groups, and spiritual emergency in historical context apart from the illness model.

TB-16 Understanding the Impact of Exploring the Experience of Auditory Hallucinations

Jocelyn Gunnar, MA

This presentation will address the following question: what impact does exploring a client's auditory hallucinations (experience of hearing voices) have on a mental health professional's understanding of the client's experience? An overview of the history of understanding regarding auditory hallucinations reveals that auditory hallucinations occur within clinical and non-clinical populations, are often related to life-stressors or trauma, and are crucial to attend to for the purposes of therapeutic intervention. Auditory hallucinations have been associated with a wide range of life experiences (e.g. spirituality, bereavement, and creativity). Despite the diversity associated with hearing voices, they have come to represent a hallmark of psychosis.

How a person is understood is influenced by social and cultural ideologies, and models for understanding auditory hallucinations have shifted over time. The current recovery model represents an integrative, bio-psycho-social approach to understanding auditory hallucinations. However, it can be argued that despite efforts to incorporate psychological and social aspects of experience into assessment and treatment, the idea that auditory hallucinations are biologically driven remains deeply embedded in the U.S. When this idea is the point of focus, the question that becomes most relevant to mental health professionals is whether or not a person hears voices. From a phenomenological standpoint, the rejection of the meaning of a person's experience is the rejection of the person, which limits how well mental health professionals can help a person cope with their struggles.

The Maastricht Interview protocol is a client-centered, clinician friendly protocol that focuses on understanding a person's experience of hearing voices. This interview protocol will be presented as a tool for understanding the impact of exploring the mental health professional's understanding of a client's experience of auditory hallucinations.

TB-17 Perspectives from the Connecticut Hearing Voices Network: Establishing Support Groups

Lauren Utter, PsyD | Claire Bien, M.Ed | Jim Cronin, BA | Virginia (Vicky) Sigworth

For more than two and a half decades The International Hearing Voices Network (HVN), which originated in Holland, has helped provide alternative points of view and support for individuals who hear, see, or sense things other people do not. Hearing Voices Support Groups based on HVN principles are the most recognized approach. There is growing, primarily anecdotal, evidence that these groups are highly beneficial. Benefits include increased hope, acceptance, sense of community, and strengthened coping skills. Notably, voice hearers are encouraged to interact with their voices and to begin to understand the relationship between their voices and life experiences.

The Network has grown gradually in the U.S., and there are now approximately 50 U.S.-based support groups. Connecticut is the first state to create its own HVN (http://www.ct.gov/dmhas/cwp/view.asp?q=540956), offering group facilitator trainings, forming a board of trustees to manage grant monies, and increasing statewide recognition of the Network philosophy among peer advocacy groups, LMHA's, and institutional bodies such as Yale University.

Four of the trained facilitators from the New Haven Hearing Voices Group will elucidate the process of forming and maintaining a group within the broader CT HVN. The panelists' experiences are quite diverse, enriched by their respective identities as voice hearers, a non-voice hearing parent, and a non-voice hearing clinician.

The panelists will outline the steps to start a group, such as undergoing a three-day facilitator training, determining group location and promoting the group. They will discuss the remarkable success of the New Haven Group's kick-off event so that participants can consider replication. Major decision points encountered throughout the process, including facilitator stipends, group inclusion of family members, and the expansion of groups to clinical settings will be elucidated. Challenges in the process, such as confidentiality and Mandated Reporting requirements will be discussed.

TB-18 From Physics to Neurobiology: Psychosis Curability Through Human Birth Theory

Daniela Polese, MD | Manuela Petrucci, Chief MD | Francesca Fagioli, MD, Phd | Marco Pettini, Chief Prof

Psychosis have been studied for a long time and idea of their curability through relationship has been reported by classical main authors in psychopathology, while the knowledge of a treatment based on neuropsyche physiology has been harder to consider. The idea and the knowledge of the human mind physiology are essential for interventions finalised to healing, as in medicine. This symposium focuses on connecting mind physiology with psychotherapy, using current data research on neurobiology and physics knowledge on deductive method.

We take into consideration the Human Birth Theory, formulated in 1971 by Professor Fagioli. This theory is focused on activation of cerebral cortex and human thought, together by stimulation of light energy at birth. This recognises a neuropsyche physiology in every human being at birth, as in body physiology, that can be substituted by pathology due to external noxa.

This medical formulation was scientifically obtained by using deductive method as in physics. In psychiatry this method can be used daily in clinical practice.

Neurobiology research data confirm psychophysical activation by light at birth, as well as physical capacity to react, viability, vitality and mental capacity to image. Those features appear at birth and involve body and mind, which react together.

Those qualities are partially or totally lost in psychosis but can be recreated in a specific psychotherapeutic setting. A group one is favoured.

Psychosis pathophysiology can be related to the loss of this psychosomatic complex, naturally present at birth. Intervention, aimed at recreation of physiology, as in medicine, can be applied.

Non-conscious psychotherapeutic relationship should focus on research of natural features that must have been lost at first year of life.

According to idea of curability in psychosis through psychotherapy, considering this theoretical approach with this medical and physics method of thinking, psychosis treatment in order to heal can be conceived and applied.

5:30 PM – 6:15 PM | BREAKOUT SESSIONS

TB-01B The Need-Adapted Treatment of Psychosis and the Psychiatrist's Inner Dialogue

Pekka Borchers, MD

In addition psychotic crisis being painful to the patients and their family, it is a challenge for professionals, particularly for psychiatrists. The presentation of this symposium is grounded on presenter's doctoral thesis, which aims to describe the inner dialogues of psychiatrists in the context of the Need-Adapted treatment of psychosis.

The presentation gives a short overview of the research process and focuses on a couple of findings, which might have clinical implications on the treatment of psychosis.

Eight two phased video recorded interviews following the co-research interview (CR-I) and stimulated recall interview (STR-I) procedure were carried out. The transcripts of the STR-I´s have been analyzed qualitatively.

Psychiatrists interact with the clients and other professionals as embodied individual human beings with possibly strong emotions. Clinician-clinician relationships can be of crucial importance in the treatment. Especially in the inpatient setting, institutional forces can have an enormous impact on psychiatrists' agency, by reducing professional creativity and occasionally leading to a kind of agent-less experience. When the patients and their families had painful experiences concerning the treatment, it was almost impossible to proceed in a cooperative manner until the painful memories of coercion of the clients had somehow been addressed.

TB-02B Trauma, Psychosis and Family

Margreet de Pater, MD | Truus van den Brink, MD

An increasing number of studies show an association between trauma and psychosis. In a meta-analysis Varese et al showed persons with psychosis were almost 3 times more likely to have been exposed to childhood adversity than controls.

The opinion of many distinguished therapists is that voices and delusions can be seen as a form of dissociation of bad experiences, which sometimes took place within the family.

Presenters will argue that there is also an indirect relationship between trauma and psychosis. Therapists experienced in working with families of psychotic persons tell that many families are traumatized themselves. How can growing up in a traumatized family lead to psychosis?

The first author interviewed 49 family members and clients and reviewed literature on human development. She analyzed data qualitatively. Many of the families were traumatized. Traumatisation of families can interfere in young offsprings development in a very early stage. The presenters will argue that it is possible that some children, especially those with sensitive natures, cant protect themselves.

TB-11B The Soteria Bradford House: Building a Community

Jen Kilyon, Certificate of Education

This interactive workshop will show how a community led group has planned for and developed a project to open the first Soteria House in the UK. We are a group of people from a range of backgrounds. Some of us work in the mental health system on acute psychiatric wards or support people in the community. Others have experience of being compulsorily detained or are family members. We also have psychology and mental health nurse students as well as those who are interested in creating a genuine healing environment for those in acute distress. We will outline how we came up with the ideas and sustained the group over five years. We will explain how we have raised funds and continue to do so but more importantly how we have raised awareness of the need for alternatives to compulsion and forced medication. We will describe how we have recruited volunteers and gained support from many people working within the mental health system who recognise the need to provide "The Least Restrictive Alternative" when assessing people under The Mental Health Act. There will be an opportunity to experience some of the activities we have done to better understand how to be with people in extreme states. We will also show some of the positive unexpected outcomes of our project. As the Soteria

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House is about to open at the time of writing this abstract the workshop will give people the opportunity to hear about the latest developments and how the project is progressing.

TB-12B Hearing Voices Movement Grassroots Research Project: Preliminary Findings on US-Based Hearing Voices Groups

Marie Hansen, MA | Nev Jones, PhD | Casadi "Khaki" Marino, LCSW, CADC III

While the number and visibility of US Hearing Voices Groups (HVGs) has exponentially increased over the last decade (e.g. Arenella, 2012; Hornstein, 2009; 2013), to date no systematic efforts have been made to explore the range and characteristics of American groups. Likewise, we know little about the attitudes and training of US facilitators and their perceptions of the impact of group participation in different parts of the US. This presentation will draw on recent research conducted by the Hearing Voices Movement Grassroots Research Project, a multi-site mixed-methods investigation of HVGs in the United States involving both surveys and in-depth facilitator interviews. Research team members will present both quantitative and qualitative findings underscoring the diversity of American groups and a range of perspectives concerning optimal facilitator training, engagement with the traditional mental health system, and group practices.

TB-13B Home is Where the Help Is: Family-based CBT to Prevent Psychosis

Yulia Landa, PsyD, MS | Michael Jacobs, BAF | Rachel Jespersen, BA

The onset of psychosis typically occurs during a critical period of adolescence and can have an adverse impact on an individual's social and cognitive development. We designed a comprehensive Group-and-Family-based Cognitive Behavioral Therapy Program (GF-CBT) that aims to facilitate psycho-social recovery, decrease symptoms, and prevent the transition to psychosis in youth at high risk. GF-CBT is a 15-week course that includes weekly individual, group, and supportive family group CBT sessions. In an open-trial of GF-CBT, participants showed statistically significant decreases in psychotic-like experiences, paranoid ideation, negative symptoms, anxiety, depression, targeted cognitive biases, and improvements in social functioning. Family members showed significant improvements in use of CBT skills, enhanced communication with their children, and greater confidence in their ability to help them. GF-CBT is currently being studied in a randomized-controlled trial.

GF-CBT has combined group and individual CBT modalities with a family component so that family members can encourage the use of CBT skills at home and help sustain gains made in time-limited treatment. One unique component of the supportive family CBT group is the use of a simulated patient-actor to help family members practice communicating and using CBT skills. By role-playing in a group and providing constructive feedback, family members practice difficult conversations in a supportive environment and learn new strategies for helping.

In this workshop, participants will learn about GF-CBT and the role of family in the prevention and treatment of psychosis. The rationale for the use of simulated patient-actors will be presented and participants will have the opportunity to =practice role-plays and receive feedback.

TB-14B The Eye with Which We Behold Ourselves: A Poetry Therapy Workshop

Paul Saks, PhD | Maria Narimanidze, MS

In his "Hymn to Apollo" (from which the title of this workshop is derived) Shelly celebrated the ancient connection between poetry and healing. As Freud said, "Not I, but the poet discovered the unconscious". The lead presenter has been running an ongoing inpatient poetry therapy group at Manhattan Psychiatric Center for approximately two years in which classic poems are read and discussed and the creation of new material is encouraged. Over this period, it has become clear that poetry has the power to give voice to things that, for a variety of reasons, might go unsaid. In psychotherapy, which traditionally runs in a "talking cure" paradigm, the screen provided by poetry can allow for the expression of traumatic and affect laden material in a form that is less threatening than direct verbalizaton, allowing for it to be processed and integrated into the self. It can also provide a sense of structure that can then be translated into greater cognitive organization. When presented in a group format, the reading and creation of poems is a way to build group cohesion and encourage participation from even the most withdrawn and isolated of members. This type of group can be a powerful experience for anyone, but can be particular effective with those labeled as severely and persistently mentally ill. This workshop will discuss the clinical rationale behind the use of poetry therapy, present the work of poets from the inpatient group, and allow participants the chance to engage in several experiential exercises.

FRIDAY, MARCH 20

10:55 AM – 11:25 AM | POSTER PRESENTATIONS

Psychological Characteristics of Saudi Young Adults at Behavioural Risk for Bipolar Disorder: Preliminary Findings

Ahmad Alshayea, PhD | Steven Jones, PhD

Introduction: Previous studies have suggested that risk for bipolar disorder (BD) could be understood using psychological variables. Present study aims to further investigate this line of research using new data gathered from different. Preliminary insights into what psychological markers may characterise young Saudis at risk for BD were obtained.

Method: This is a cross-sectional study in which a total sample of 439 Saudi undergraduates (mean age: 21.39, SD: ±2.07; 23.5 females) were screened for vulnerability for BD, utilising two measures: the Hypomanic Personality Scale and the Mood Disorder Questionnaire. High-risk and control groups, consisting of 39 participants each, were identified. Self-report measures of theory-driven psychological variables covering affective, cognitive, behavioural and biological aspects of vulnerability to BD; were administered to both groups.

Results: Controlling for BD symptoms in which groups had been found to differ on, high-risks appeared to have significantly elevated levels of internal and external appraisals of hypomanic experiences, positive affect, reward-responsiveness, goal-attainment life events experienced as well as their perceived importance, approach behaviour, and positive rumination. They also showed lower sleep duration and more daytime dysfunctions due to sleeplessness. Yet, only external appraisals, amount of goal-attainment life events, and sleep duration have been found as unique significant predictors of the group membership (high-risk vs. control).

How Do Negative Symptoms Impact Upon the Experience of First Episode Psychosis?

Brioney Gee, MA (Cantab)

A number of recent studies have used qualitative methodology to investigate the personal experience of individuals diagnosed with psychosis, providing an insight into what it is like to experience an episode of psychosis. However, research to date has not considered the impact of negative symptoms on the experiences of those receiving treatment for psychosis. The poster presents a qualitative study exploring the experiences of individuals who followed differing negative symptom trajectories during their psychosis.

Participants in the EDEN study—a national evaluation of the impact and cost-effectiveness of Early Intervention in Psychosis (EIP) Services in the UK—were invited to take part in a series of semi-structured interviews about their experience of first episode psychosis. Interviews were carried out with 160 young people. Topics covered included psychosis, identity, relationships, recovery and physical health. The topic guides for the interviews were developed in collaboration with a panel of young people with lived experience of psychosis and were designed to be flexible to allow participants to talk about the topics they considered to be most important.

A purposive sample of the participants who took part in these interviews was selected for inclusion in the current study. The participants were divided into groups according to their negative symptom trajectory over the 12 months following acceptance into an EIP Service. The experiences of those with (a) persistently elevated negative symptoms, (b) initially elevated but remitting negative symptoms and (c) consistently minimal negative symptoms were explored and compared. The interviews were transcribed verbatim and analysed thematically. The analysis focused on the experience of psychosis and its treatment, the impact of psychosis on identity and the process of recovery: similarities and difference between and within the negative symptom groups were explored. The findings of the study will be presented and implications discussed.

Characteristics of Victimized Persons with First Episode Psychosis During Long-Time Follow-Up

Johannes Langeveld, PhD

Background: Since deinstitutionalization, most persons with psychotic disorders now live in the community, where they are at great risk for crime victimization. Prevalence and risk factors regarding victimization in psychosis patients are not yet clearly understood.

Aim: To assess the prevalence of victimization during a ten year follow-up period after the debut of a first psychosis episode, and to identify early predictors and concomitant risk factors of victimization.

Method: A prospective design was used with comprehensive assessments of victimization, psychotic symptoms, drug abuse, treatment variables and social and vocational activity at baseline, five, and ten-year follow-up. A clinical epidemiological sample of first-episode psychosis patients (n=298) was studied. Self-report information was reinforced by information from patient files.

Results: During the 10-year follow-up period, 45% of subjects had ever been offer for criminality or violent assaults. At treatment start, 18% of subjects had reported victimization, later rates for victimization were comparable (14%-19%). At treatment start, victimization was associated with a lower degree of experienced safety. Subjects with conduct disorders were overrepresented among victimized patients. At 10-year follow-up, victimization was associated with a higher degree of concomitant drug use and alcohol misuse and violent behavior. Over the 10-year follow-up period, we did not find substantially differences in symptom levels and functional outcome between the groups.

Conclusion: In psychosis patients, victimization is substantially higher compared to the normal population. Nowadays, psychosis patients are mainly treated in the community. We present some suggestions on how the mental health system can respond to reduce victimization and its consequences.

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What Makes a "Good Outcome" from First-Episode Psychosis? A Qualitative Recovery Study

Jone Bjornestad, Cand psychol

In order to improve the course and outcome in first-episode psychosis (FEP), service users, their families and support system need applicable and evidence-based knowledge of mechanisms facilitating recovery. However, research designs applied in this field still insufficiently identify such mechanisms, which probably have resulted in suboptimal treatment. A general problem with the a-priori hypothesis driven approach which dominates the biomedical research literature, is that it is unsystematic with regard to the generation of the hypotheses. The hypotheses may be derived from previous research, from theories or from idiosyncratic hunches of undisclosed origin from the researchers. Service user- and therapist perspectives are generally excluded in the initial phases of research, even though inclusion of such perspectives facilitates treatment. In this proposal, we aim to remedy these shortcomings by using an innovative mixed-method approach. We begin with two qualitative studies exploring service users' and therapists' views on recovery before submitting the resulting items to a consensus method in a third study. The resulting knowledge may lead to increased coherence between service users, families and their support system, as well as systematic recovery-oriented treatment.

This poster will present findings from the "service user study". Utilizing a qualitative reflexive, thematic analysis approach this study aims to identify items facilitating recovery in FEP through understanding of the experiences of service users´ both from subjective and contextual perspectives. A stratified sample comprising 17 service users recovered from FEP was interviewed. The interviews were analyzed using a meaning condensation procedure resulting in five themes: own efforts aimed at sustainable health projects; well-intentioned and persistent pressure from family, friends and workplace; the flexible and compassionate support system; medicine required to stabilize chaos in the acute phase; friends who represents normality but also a shoulder to cry on by rough sea. We discussed these findings up against previous research.

Searching for a Meaning of a 'Healing Process': Psychological and Psychiatric Aspects of Community Treatment

Renata Zurko, MD | Artur Soful, MA

Community Treatment in Poland is conducted mainly by Community Treatment Teams and by social support services. Interdisciplinary teams treat people requiring intensive psychotherapy, pharmacotherapy and rehabilitation, people with chronic mental illness, with severe functioning impairment, with risk of re-hospitalization and those not responding to standard psychiatric treatment (such as in-patient clinic, day-time wards, ambulatory). The treatment setting is a natural environment of service users. The treatment is conducted within consumers own, natural environment, emphasizing the goal of helping them achieve the most adequate and satisfactory quality of life possible, taking into account their own rights, needs and personal dignity.

The main goal of this poster is to share experiences and present achievements of Community Treatment Team operating in Bielany district of Warsaw in partnership with Bielański Hospital. The presentation analyzes the in workings of CT Team in relation to other mental health services in Poland. The goal is to show the structure of the team, define standards of treatment in a CT team in Poland, to present individual experiences ranging from hardships to highlights of co-operation with other mental health services, describe everyday problems, means of treatment and plans for future development.

Healing Architecture in a Child and Adolescent Psychiatric Unit

Anne Marie Raaberg Christensen, MD

An example of an acute child and adolescent unit which was renovated after the principles of healing architecture: dynamic light, sensory stimulation, art, and therapeutic gardens.

The psychiatric hospital in Glostrup Capital Region of Denmark was built 50 years ago. The 1960's was the time of therapeutic communities and the hospital was designed for the purpose of long-stay admissions and treatment in form of milieu-therapy. Those forms of treatment have long time been gone within the hospital sector and today most psychiatric treatment is ambulatory. Mean duration of admission keeps getting shorter and many of the buildings have been transformed into offices.

In 2012 it was politically decided to open a special unit with 10 beds for children and adolescents with acute psychiatric problems such as increased risk of suicide, outbreaks of aggression and severe psychiatric symptoms—including the possibility of parents being co-admitted.

An 'innovative researcher' interviewed adolescents admitted to traditional psychiatric units about what they would want in the new ward and the number one wish was easy access to staff and that staff would remain in close contact.The new ward was therefore designed with many open spaces and internal windows.

Healing architecture aspect was applied with the installation of dynamic lights, supporting the circadian rhythm and the use of a particular bluish light or dim lighting for deescalating purposes. Interior design aimed to be simple in order to diminish stimuli. Furniture were soft and a special quiet room with 'ball chairs' and ' fatboys' was included. Art, view to nature and a pleasant garden helped the patients feel comfortable, decrease use of coercion and to improve recovery.

The poster will show sceneries from the process and hopefully inspire others to think "healing architecture'. Results of users evaluations will also be presented.

Cross-Sectoral Initiative Between Hospital and Social Sector for Children and Adolescents in Care in the City of Copenhagen

Mette Sjöström Petersen, Project Manager | Anne Marie Raaberg Christensen, MD

A historic development is currently transforming psychiatric treatment in Denmark. From longstay hospital admissions to very short ones with increased emphasis on post admission ambulatory treatment. For children and adolescents there is a special challenge in how to support the psychosocial development at the same time as treating psychosis or depression.

Children and adolescents with severe complicated and complex mental disorders may sometimes need placement in specialised treatmenthomes. When this is the case it is of outmost importance that there is continuity between their psychiatric treatment and the pedagogical care in the social institution.They need very close cooperation between hospital, parents and treatment homes.

The Child and Adolescent Mental Health Centre and the office of social wellfare in the City of Copenhagen has started a projekt of cooperation in order to enhance the cooperation and to make more continuation of care between the sectors.

The poster will present preliminary results of this project.

Inpatients with Prior Suicide Attempts: Dissatisfaction and Uncooperativeness with Treatment

David Sugarbaker, MS, MPH | Samuel Barkin, BA, MA | Graham Danzer, ASW, MRAS | William Barone, BA | Timothy Avery, BS | Doug Cort, PhD

Background: Research shows that psychiatric inpatients with prior suicide attempts (SA) provoke anxiety and discomfort in clinical staff that may hinder staff's empathic engagement with these patients. Research also suggests that patients' perception and experience of receiving empathic care is a major factor influencing their satisfaction with services. Aim: This study compared level of satisfaction with services and uncooperativeness between psychiatric inpatients with and without prior SA. Method: A self-report measure of satisfaction, the ROME Opinion Questionnaire for Psychiatric Wards, was administered to inpatients (N = 96) near discharge from an inpatient psychiatric hospital. Uncooperativeness was measured via item 20 of the Brief Psychiatric Rating Scale Expanded Version (BPRS-E). Independent samples t-tests compared satisfaction ratings at discharge and level of uncooperativeness at admission and discharge between the group with no prior SA (N = 68) and the group with prior SA (N = 28). Results: The group with prior SA was less satisfied with services rendered (M = 52.25, SD = 20.738) compared to the group with no prior SA (M = 62.53, SD = 17.396); t(94) = 2.486, p = .015. At admission, there were no significant differences in uncooperativeness between the two groups. At discharge, the group with prior SA demonstrated higher levels of uncooperativeness (M = 1.93, SD = 1.303) compared to the group with no prior SA (M =1.43, SD = .886); t(94) = -2.185, p = .031. Conclusions: Prior SA is a risk factor for current suicide ideation and future attempts. In our sample, patient uncooperativeness with staff at discharge was likely a manifestation of their dissatisfaction with services. Improving clinical staff's attitudes towards patients with prior SA may be an effective strategy for increasing patient satisfaction with services and treatment compliance, the latter by reducing uncooperativeness, thereby moderating suicide risk in the long-term.

Gender-Shared Psychiatric Symptom Correlates of Suicidality in Psychotic Disorders

David Sugarbaker, MS, MPH | Graham Danzer, ASW, MRAS | Samuel Barkin, BA, MA | Timothy Avery, BS | Cherise Abel, BA | Doug Cort, PhD

Background: Research findings on the association between gender and suicidality in patients with psychotic disorders are mixed. Aim: The study aim was to identify psychiatric symptom correlates of suicidality in men and women. Method: The Brief Psychiatric Rating Scale Expanded Version (BPRS-E) was administered to inpatients with psychotic spectrum disorders (N = 98) near admission to and discharge from an inpatient psychiatric hospital. Pearson correlation identified the psychiatric symptom correlates of severity of suicidality in men (N = 59) and women (N = 39). Results: Independent samples t-tests showed no differences in mean severity of suicidality between men and women at admission and discharge. Near admission, three symptoms correlated with severity of suicidality in men ($p < .05$, df = 57): depression (r = .547), guilt feelings (r = .262), and hallucinations (r = .297). In women, five symptoms correlated with severity of suicidality near admission ($p < .05$, df = 37): anxiety (r = .477), depression (r = .665), hostility (r = .402), suspiciousness (r = .543) and motor retardation (r = .42). Depression emerged as a gender-shared symptom correlate of suicidality near admission. Near discharge, three symptoms correlated with suicidality in men: depression (r = .355) somatic concern (r = .397) and anxiety (r = .33). In women, four symptoms correlated with suicidality near discharge: depression (r = .601), anxiety (r = .545), suspiciousness (r = .385), and somatic concern (r = .362), in addition to total psychiatric symptom severity (r = .524). At discharge, depression, anxiety and somatic concern emerged as gender-shared symptom correlates of suicidality. Conclusions: These findings help clarify the relationship between gender and suicidality in psychosis by identifying gender-shared symptom correlates of suicidality. The results herein may inform hypothesizing about psychological processes underlying suicidality in men and women with psychotic spectrum disorders.

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Evaluation of Peer Support Group in an Early Psychosis Programme

Kim Lay Keow, Bachelor of Science in Psychology (Hon)

Background/ Hypothesis: Psychosis is a serious mental illness that impact on various aspect of a young person's life, including dealing with stigma of mental illness. I'm Not The Only 1 (INTO 1) is a peer support group under the Early Psychosis Intervention Programme (EPIP). The 7 week, once a week, sessions were co-facilitated by peer support specialists and case managers. Participants were introduced to concepts of public stigma and self-stigma. Discussions were based on recovery oriented themes such as hope, coping, well-being and empowerment. The closed group format created a safe space for participants to express feeling of connectedness in relationships with others while they journeyed difficulties with stigma in their social environment. Through collective discourse of experiences, sense of empowerment was fostered to change attitude towards self-stigma of mental illness.

Methods: There were 3 runs of the programme between 2013 and July 2014 and a total of 22 subjects participated. Participants were asked to fill up an evaluation form at the end of each session, and in addition a pre and post session questionnaires consisting of The Self- stigma of Mental Illness scale (SSMIS), The Recovery Assessment Scale (RAS) and Rosenberg's Self Esteem Scale (RSS) were administered.

Results: Majority of the participants (85.6%) felt that they received support and would recommend it to others. Wilcoxon signed-rank test elicited statistically significance changes in the agreement on the accuracy of stigma of mental illness (Z=-2.040,p=0.041)and shifting focus to counteract self-stigma (Z=-2.172,p=0.030)

Discussion & Conclusion: The closed group format created a safe space for participants to express feeling of connectedness in relationships with others while they journeyed difficulties with stigma in their social environment. Through collective discourse of experiences, sense of empowerment was fostered to change attitude towards self-stigma of mental illness.

The Norwegian Early Detection and Intervention in Psychosis and Ultra High Risk Study

Robert Leon Jorgensen, Research Nurse, Leader of TIPS | Inge Joa, Leader of regional psychosis network | Jan Olav Johannessen, TIPS Project leader, Professor | Sveinung Dybvig, Head of advertisment

Background: The Norwegian-Danish TIPS- study (1997-2000) was designed to offer Early Intervention by establishing low threshold organization with direct access to a specialized Early Detection team for assessment and treatment for First Episode Psychosis. TIPS introduced multi-focal information campaigns (IC) that alerted to the early signs of mental illness and where help was available. IC targeted the general population and referral agents in Rogaland County (Norway). TIPS resulted in the duration of untreated psychosis being reduced to 4 weeks median and the long-term (10 year) outcome significantly improved.

Aim: From March 2012 the Ultra High Risk (UHR) paradigm provides potential for achieving primary prevention of severe mental illness. IC for UHR youth requires the use of social media such as Facebook and Twitter. In addition, we have extended our services with the presence of the Detection Team at a general practitioners office and at a youth and leisure center.

Results: Age and type of services/referral agents, type of advertising/media and preliminary findings.

Conclusions: Broader and more inclusive targeting of youth with general mental health problems or decline.

3:30 PM – 4:15 PM | BREAKOUT SESSIONS

FA-01 Recovery Oriented Care: Creating a Welcoming Environment

Paula Panzer, MD | Elizabeth Paulus, BFA

Recovery Oriented Care in psychiatric and community practice can only occur with increased knowledge and skills in the care givers. SAMHSA supported teams in different discipline in the creation of Recovery to Practice curriculum, created by consumers of care and providers of care partnerships. One such partnership will identify characteristics of a welcoming environment, describe characteristics of welcoming approaches, discuss strategies for overcoming mistrust and apprehension and describe approaches for welcoming individuals with mental health conditions and active substance use. Discussion topics will include some of the following areas: (a) how to shift practices while maintaining clinical goals; (b) how to blend welcoming in to every aspect of practice and allow consumers of service to lead the change; (c) how attendees can change their practice settings. Personal and system examples of a welcoming stance will be elicited. The presentation will model a welcoming stance and invite discussion about trustworthiness, confidentiality, power relationships, goal setting and more.

FA-02 How to Touch a Hot Stove: Thought and Behavioral Differences in a Society of Norms

Alice Maher, MD | Lois Oppenheim, PhD

Featuring narration by actor John Turturro and exclusive interviews with Nobel Prize Laureate Eric Kandel, Oliver Sacks, Temple Grandin, Elyn Saks, Susanna Kaysen, Joanne Greenberg, and others, HOW TO TOUCH A HOT STOVE is a film that points to complex variations in human experience and differences in thinking, feeling, and perception; identifies the new civil rights movement that has emerged to combat the marginalization of those with 'mental disorders'; explores why that movement is more complex than other civil rights movements; and reveals the often disparate perspectives held both by professionals and those with lived experience—as it challenges audiences to go 'beyond the movement' and make a difference!

FA-03 Mindfulness-Based Movement Therapy for Psychosis — A Collaborative Approach

Brigitte Sistig, MHSc (Hons)

Psychosis or severe states of distress are primarily addressed with antipsychotic medication, intending to treat psychological symptoms. However, psychological experiences manifest in bodily symptoms, e.g. persisting stress response. Antipsychotic medication side effects result in what is known as the metabolic syndrome. Overwhelming experiences and a tendency to remain split off from the body, often emphasize the already experienced sense of isolation. Potential barriers, such as the influence of culture, the environment and social identity impact on the capacity to engage with the body and in physical activity. There is a need for new and effective strategies assisting people with psychosis to release physical and mental tension in a gradual and manageable way. Consequently, body/mind interventions require sensitivity, simplicity and accessibility.

This workshop reflects on the collaborative development of the Mindfulness-Based Movement Therapy program with mental health service users, tested for acceptability and preliminary efficacy at two different mental health settings. The evaluation of the associated training package for mental health staff and peer/ family supporters and the integration of the intervention across the different levels of services: primary, secondary and community support services will be reported. Participants will have opportunity to experience the intervention and its effects.

FA-04 Human Maturation and Psychotherapists

Shim Sangho, MD

In doing psychotherapy, the author thinks, maturation of psychotherapist is most important. Matured person can give therapeutic influence to the patient through sincere relationship. There are many descriptions about human maturation such as self-realization and self-actualization in the west and superior man in confucianism and bodhisattva in buddhism.

The author classified and compared human maturation levels through literatures. Most matured person is a Saint or Buddha level. It is good for the psychotherapist to be a Sage or Buddha as much as possible. But ordinary person can not reach that level. So ordinary person try to be a superior man, bodhisattva, or self-realized one instead of Saint or Buddha. To reach this state also there are many stages ought to overcome. So the author reviewed the levels of human maturation in Zen practice and Buddhism and Confucian practice with the perspective of Western psychotherapy and in Rogers' psychotherapy.

The author classified 5 levels and compared east and west.

FA-05 Approaching Psychosis' Psychotherapy From a Neo-Bionian Prospective

Alessandra Calculli, medical doctor | Claudia Bartocci, Psychologist

In present psychoanalysis, there are different opinions regarding the role of recostruction and elaboration of traumatic life events in the therapeutic work. In particular, neobionian approach, represented in Italy expecially by Nino Ferro, focalizes its attention on developing rapresentational and dreaming ability of patient and therapeutic couple. In this contest historical thruth role is resized and it is suggested a vision in which all the characters and topiscs in the therapeutic session, including infant memory, are viewed as tales of what is happening in the psychoanalitic field and expression of mental functioning in the present time.

This kind of clinical approach allows to work constructively on mentalization ability even with really regressed patients in a classical psychoterapeutic framework, and can also be usefully utilised even in community care services.

Presenting clinical material from these two settings regarding patients in different phases of psychotic illness and treatment, we will try to illustrate development of psychoterapeutic process regarding reading modalities of material and its utilization as dreaming ability of patients and analytic couple grows up.

In this context even psychoanalist mental functioning becames of fundamental importace, expecially for what concerns his ability in meeting and interpreting what happens in his mind and body in function of therapeutic interaction, trying to return what he understands to the patient in a sufficiently metabolized way so that it can be absorbed.

FA-06 How to Diagnose Dissociative Disorders

Colin Ross, MD

Differentiating dissociation from psychosis can be difficult. Many clinicians treating psychosis do not give systematic consideration to dissociation, and many have received little or no training in how to inquire about dissociation. Prominent dissociative symptoms and diagnosable DSM-5 dissociative disorders are common among individuals with diagnoses of schizophrenia and schizoaffective disorder, however. In order to screen for and detect dissociative symptoms and disorders, clinicians can use the Dissociative Experiences Scale (DES) and the Dissociative Disorders Interview Schedule (DDIS). Both measures are in the public domain and can be used without permission. Both have established reliability and validity, both have been used in many peer-reviewed research papers, and both are included in the American Psychiatric Association's Handbook of Psychiatric Measures. The DES is a 28-item self-report measure that takes 10 minutes to fill out and 5 minutes to score. It yields a score that ranges from 0-100: the higher the score, the greater the likelihood of a dissociative disorder. The DDIS is a structured interview that diagnoses the DSM-5 dissociative

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disorders, somatic symptom disorder, major depressive disorder, and borderline personality disorder. It also inquires about the 11 Schneiderian first-rank symptoms of psychosis, secondary features of dissociative identity disorder, ESP/paranormal experiences, substance abuse, and childhood physical and sexual abuse. The DDIS can be administered in 30-40 minutes. The presenter will role play administration of the DDIS, going through it item by item. Attendees will know how to use the DES and DDIS and will be provided with copies of both in a DVD plus the scoring rules for the DDIS.

FA-07 Still Crazy After All These Years

Ronald Abramson, MD

Older people do become psychotic, although we don't see them in our clinical work as often as we encounter younger people. Elderly patients exhibit a high frequency of diseases of organic deterioration, such as Alzheimer dementia, and so the natural tendency among psychiatric clinicians has been to focus on biological treatments for these conditions. But older people, even those with dementias, have subjective minds whose experiences and needs must be conceptualized, understood, and worked with. Among the clinical material to be presented will be the case of an 82 year old man who left a psychiatrist who told him that he was "improving the way his cells were functioning" to see another psychiatrist who listened to his concerns about his daughter and to the concerns of his wife about him. Another clinical case will discuss an octogenarian hoarder whose needs had to be psychologically understood and addressed. Many older people, especially the older old, find themselves living in assisted living or nursing home institutions. When they become psychotic, many are treated with medicines that, although possibly necessary, put them at risk. They have often lost their social supports. In such circumstances it becomes crucial to be alert to and develop procedures to provide for patient safety and reduction in errors in their care. Demented older people have vivid and often fearful subjective awareness and proper management in these settings must recognize this in the course on their treatment. Literature often deals with the mental and emotional complexities of growing old. Shakespeare's "King Lear" is a vivid illustrative example. To summarize, this panel will emphasize the necessity for keeping in mind the mental subjective experience of older people who become psychotic and their safety, even as we address their biological problems.

FA-08 Leary's Rose: A Model to Manage a Wide Range of Psychosocial Interactions

Bettina Jacobsen, MD

Leary's Rose: In 1957 Leary developed his famous model of interaction, called Leary's rose. He defined peoples behavior as a result of interaction with one another. In this theory people interact with one another by two dimensions: People want to have power or influence and people want tot be accepted, to feel together. People differ in their way of focusing on one of these two aspects but also ones position defines the position of the other and vice versa. Leary' s rose, first discribed for therapeutic purposes is nowerdays adopted by diffent fields, like education or human resources and is forgetten a bit in psychotherapy.. In Nijmegen, Netherlands, we treat persons with a first psychosis who don't want to come into treatment and get into troubles with a large impact on family, work, school, housing, financial support and more. We use the model als a part of our family intervention. Also we use it to cooperate with other persons and teams in and out of the hospital. In this workshop you will get insight in how this model can be used. The main goal means recovery and growth by working all together (everybody feels powerfull and together!).

FA-09 Multifamily Groups—New Therapeutic Space in Public Health

Jesús Salomon Martínez, MD PhD | Manuel López Arroyo, Medical doctor in training, Psychiatry Department

1. Objectives: In mental patient care at the present time, therapeutic tools that can re-spond to different requirements are needed as part of the therapeutic process of a pa-tient, articulating aspects as including family, health spaces and multi-disciplinary and multi-professional interventions.

2. Methods: Theoretical explanation by PowerPoint presentations and videos, showing the completion of the therapy itself.

3. Results: As a result of attending the Multifamily Group, patients improve clinically, taking less medication and come in less in the acute care units.

4. Conclusions: The Multifamily Groups can be a therapeutic device which gives better results in the clinical care of patients, and enable in public health systems for greater efficiency and effectiveness of therapeutic tools involved in care plans in Mental Health.

FA-10 PeerZone: Peer Led Workshops in Mental Health and Addiction

Vanessa Beavan, PhD, MA (psych), BA (Hons) | Mary O'Hagan

This talk discusses the process of developing, implementing and evaluating PeerZone—a series of 20 interactive peer-led workshops in mental health and addiction developed in New Zealand. The workshops explore distress, recovery and all the major life domains such as lifestyle, relationships, housing and employment. The PeerZone workshops are not therapy or a vocational course for participants—they are a combination of peer support and recovery education but can lead onto vocational development in participants.

PeerZone has been operating in Australia and New Zealand since the start of 2013. Over 100 peers have become certified facilitators. It is soon to be introduced into Canada. Provider agencies usually pay for PeerZone—their peer employees train to be facilitators and receive support services from PeerZone. This enables them to deliver and unlimited number of workshops to people in their service or community.

PeerZone works on three levels in individual participants: It invites them to rebuild a more positive story of their lives; it offers tools for whole of life wellbeing; and it creates a community of mutual support. PeerZone works on three levels in service agencies: It is a service innovation for provider organisations that invest in it; it is a practice tool and support structure for workers with lived experience who facilitate it; and it is a personal development opportunity for service users who participate in it.

There is a good evidence base for programs like PeerZone. PeerZone has been successfully piloted and all the workshops are evaluated. Eighty seven percent of participants have rated the workshops as excellent. A formal independent evaluation of PeerZone was undertaken in 2014 and results will be presented as part of this talk.

FA-11 Qualitatively Exploring Hearing Voices Network Support Groups

Bianca Dos Santos, Masters of Psychology (Clinical)

The distress that is associated with auditory hallucinations, or voices, is well documented. However, increasingly research into this phenomenon is also capturing those who cope with their voices, and live meaningful lives. Peer support is fast growing to be a popular and useful way in which to learn to manage the distress for voice-hearers. The Hearing Voices Network (HVN) acts as an umbrella organisation for which research, training and peer support groups exist (www.intervoiceonline.org). Despite the growing amount of peer support groups established, there is to date no published material on these groups. The present study used Interpretive Phenomenological Analysis to explore the experiences of four informants across three New South Wales HVN groups. Results suggest that the social connections, value of sharing and desire for more group members are all important within the group. Beyond the group, informants described the increased willingness to talk to others about their voice experiences, improvements in sense of self, and a positive change in their relationship with their voices. Clinical implications include the importance of peer participation in the mental health workforce, where safe spaces are provided for those with lived experiences to share and learn from each other in meaningful ways. Research implications include the need for further research measuring outcomes on a larger scale for these support groups.

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FA-11 Of One Voice?: C.G. Jung and the Hearing Voices Movement

Marie Hansen, MA | Robin Brown, MSc

In keeping with the conference's theme of "Dialogue", this presentation explores the parallels between two different methods of working with psychosis: [1] the Hearing Voices Movement (HVM) and [2] Jungian psychology. By contrasting HVM concepts such as "Expert by Experience" and "Voice Dialoguing", with Jung's notions of "the Wounded Healer" and "Active Imagination", the presenters will compare both domains of practice and show how these two fields might support each other. Drawing from questions raised by the dialogue between HVM and Jung, this presentation will also explore how the fear of psychosis might impinge upon a clinician's ability to serve as a receptive witness to psychotic process.

FA-12 Exploring and Understanding the Normal Psychotic Elements from One's Culture

Gina Barros, LCSW

This workshop focuses on exploring the normal psychotic elements of a culture. It assumes that psychosis is not a discrete illness entity, but that psychotic symptoms differ in quantitative ways. It views psychosis on a continuum, where at the beginning of the continuum normal psychotic experiences allow us to suspend reality and go in and out of our fantasies and imagination. We can distinguish what is reality and what is fantasy. Yet,we have a realistic appraisal of ourselves, the world around us, and voluntary control over our behavior.

Different cultures, therefore, include many of these unique psychotic experiences. People with intense spiritual or religious beliefs, for example, can have experiences similar to the positive symptoms of schizophrenia. In a survey of 60,000 British adults, Cox and Cowling found that beliefs in unscientific or parapsychological phenomena were commonly held. For example, 50% of the sample expressed a belief in thought transference between two people, 25% believed in ghosts, and 25% in reincarnation.

The workshop presentation will provide for a discussion of the normal psychotic elements in one's own culture. The two workshop presenters will first share those psychotic elements from their unique, cultural backgrounds. (A first generation Chilean female and a first generation Jewish female who were both born and raised in New York City.) In turn, the workshop participants will then identify their personal, unique cultural experiences. (Guided imagery will be used to explore.) Also, we will further explore what psychotic experiences are accepted by society and cultures. (For examples, to believe in mystical/religious experiences.) What have been our personal relationships and therapist/patient relationships with people who experience psychosis? How do people experience our own unique psychotic experiences.

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FA-13 Race and Immigration Status Influence Attenuated Psychotic Symptomatology

Deidre Anglin, PhD | Aleksandr Tikhonov, MA Student | Stephanie Magloire, MA Student

Goal: Differentiate between immigration status and race in the study of psychotic phenomenology by using a culturally enriched US-based population.

Background: Previous research, emanating primarily from Europe, has shown a higher prevalence of psychosis among Black minority groups and immigrant groups relative to non-minority, native populations. However,these studies frequently conflate Black and immigration statuses, as the majority of the Black populations in Europe are first or second generation immigrants. The present study used a US-based population to allow us to differentiate level of psychotic symptoms between groups who share race status but not immigrant status. Specifically, the present study compares the frequency of attenuated positive psychotic symptoms(APPS) in Black and White immigrant and non-immigrant groups.

Method: Undergraduate students from two Northeastern urban universities(N=1633) were recruited via university research subject pools. Participants completed a battery of self-report inventories, including Psychosis risk (Prodromal Questionnaire - PQ), and a socio-demographic.

questionnaire where they indicated their race, family income, and whether they or their parents were not born in the US. Analyses of Variance and Covariance were used to compare the mean number of APPS across groups.

Results: A Two Factor ANOVA of race and immigrant status (R/IM) and family income (Below or Above $20,000/yr) showed an overall significant difference between R/IM and Income categories. Moreover, Tukey Post Hoc comparisons revealed that Black Immigrants had the highest frequency of APPS (M =8.5), and were significantly different from each of the other 3 R/IM categories. White Non-Immigrants had the lowest frequency (M=2.8)and were significantly different from the other 3 R/IM categories. There was no statistical difference between Black Non-Immigrants (M=6.3) and White Immigrants (M=5.8).

Conclusion: Both Black racial status and immigrant status may be associated with social stressors that independently contribute to higher instances of symptoms in the psychotic spectrum.

FA-14 Who's Talking to Me? Psychotic Symptom Evolution in Trauma

Nidal Moukaddam, MD PhD | Asim Shah, MD

Who is talking to me? Psychotic symptom evolution in trauma

Psychotic symptoms, including delusions and hallucinations, can constitute an aversive, even terrifying experience to patients, and very difficult to discuss in therapeutic contexts. This is particularly applicable to trauma survivors whose psychotic manifestations can be reminiscent of the abuse they have lived through. With focus placed on control of psychotic symptoms in modern mental health practice, the tenor or essence of the symptomatology at hand can be easily overlooked. The quest of efficacious, time-limited interventions can easily come at the expense of understanding symptoms, especially in a population afflicted with difficult clinical pictures, and often reluctant to discuss taboo subjects.

In this paper, we present the case of a male diagnosed with schizoaffective disorder, and suffering from prominent anxiety symptoms, delineating phases of treatment and evolution of psychotic symptomatology through treatment spanning over four years. A history of sexual trauma constitutes the complex backdrop in which the psychotic symptoms developed. Throughout this paper, the team follows the progression of psychotic symptoms and how they linked to varying clinical presentations, from paranoia to thought broadcasting, to para-suicidal self-harm.

Progressing through various clinical stages, and with improving insight, our patient was able to dialogue his evolving symptoms with his spouse, his family, and, with increasing ease, with the multidisciplinary treatment team. The dialogue with the patient, and within himself, inevitably led to a ripple effect in his life, prompting, as expected, discourse and communication with the immediate family circle with intriguing developments. Every phase of treatment was subtly different in terms of clinical focus, and challenges with pharmacological treatment as well as psychosocial interventions were reflective of those changes. Details of the treatment course will be discussed, with focus on multidisciplinary coordination, another aspect of dialogue highlighted through years of collaboration.

FA-15 "Being-Unspecified"

Michael Hejazi, MSc Mental Health, Psychological Therapies

Differential diagnoses (DDx), acknowledging multiple or concurrent disorder specifications, have been incorporated into the Diagnostic and Statistical Manual of Mental Disorders (DSM), providing for two classes of nomenclature: the designated and the unspecified. Problematically, the validity of diagnostic constructs remains largely suspect, as differential diagnoses are symbolically irreducible. In this paper the author will theorize about 'disorder specification' in differential diagnoses, drawing on the works of Karl Jaspers and Jacques Lacan. In the lead up to the First World War, Jaspers emphasized meaningful connections in psychiatric medicine by delineating internal and external symptoms as counterparts to ideal types. In his psychotherapy such symptom formations could be didactically processed in order to isolate and determine unifying links that could illustrate and ameliorate psychical processes. Later, during the Second World War, Lacan, drawing heavily on Jaspers' works, within his Doctoral Thesis declared the subject divided between a paranoiac core and an outward facing system of signifying symptoms - the personality or personal orientation. In Lacan's revised system the personality is either psychotic or neurotic, which are counterfeit constructs over the paranoiac self. In this paper the author will discuss how all psychological attributions involve a process termed 'prequation', as something rationalized and yet predetermined, never penetrable by direct interpretation – that which cannot be traced to descriptions or speech. Prequation raises important questions about the function of objective description and self-specification in clinical terms as well as the human sciences. Prearranged by the motives to know and be known, both of which can be frustrated, subverted and changed, the structured personality is organized by a system of prerequisites, shaping conduct. Prequation suggests, contrary to multiple and coexisting syndromes, an always-inconsistent yet singular human animation.

FA-15 Psychosis Psychotherapy Based on Non-Conscious Mind as Neuropsyche Physiology of the Birth

Daniela Polese, MD | Marcella Fagioli, MD Phd | Alessandro Mazzetta, MD | Francesco Fargnoli, MD Phd | Andrea Masini, MD | Paolo Fiori Nastro, MD Prof

Studies on psychosis psychotherapy are always more frequently based on the cognitive and behavioural approach while the non-conscious functions are often underestimated. The aim of this study is to propose a medical and philosophical approach to the human being, based on non-conscious life and relationships, in order to evaluate the impact of those functions and the consequent treatment on psychosis.

Considering a theoretical formulation on a neuropsyche physiology stated in 1971 by the psychiatrist Professor Fagioli, we will examine a different concept of unconscious that can modify clinical approach in psychodynamic psychotherapies enhancing their importance and validity in psychiatry and psychology.

According to Fagioli, at birth mind and brain react simultaneously to the light energy stimulation, so that body and "mind without consciousness" starts, as well as "capability to react", "vitality" and "drive".

Neurobiological data have recently confirmed that human brain reacts to light through the retina at birth, determining the change of state from foetus to newborn, as demonstrated by the functional maturation of the "subplate zone" and by the activation of the light-inducted Immediate Early Genes.

Physiological functioning of body and mind, according to this medical method, start together, even if the mind is not conscious and not rational.

Starting from this cardinal theoretical point we will explain how psychosis is not a form of early physiological condition and can be faced, changed and cured by non-conscious relationship. Through psychodynamic approach in psychosis, the non-conscious mind might be knowable and the psychotherapeutic treatment can be modified in order to let the patient to recreate the physiological vitality and capabilities, beyond behaviour. At birth, as generally accepted for the body, human beings are equals, even for the mind dynamics.

FA-16 Social Class and Psychosis: A Biographical Study

Anastasia Zissi, PhD

This paper examines the relationship between social class and psychosis by conducting a biographical qualitative study. Data consisted of manuscripts of different kinds of narratives of 12 individuals who were of low class origin and had received an official diagnosis of psychosis. The findings of the analysis suggest that poverty duration, emotional and cognitive deprivation during early childhood, school failure and poor knowledge of mental health issues are associated with negative outcomes such as more frequent psychiatric hospitalizations and heavy use of psycho drugs. This research indicates the importance of adopting an approach that places social class as a life condition with a strong impact on the prognosis of psychosis.

FA-17 Disseminating CBT for Psychosis to Community Clinicians: Training, Supervision, Sustainability

Kate Hardy, ClinPsychD

CBT for psychosis (CBTp) has a growing evidence base and has been widely recommended as a treatment, adjunctive to medication management, for individuals experiencing psychosis (Dixon et al. 2010; National Institute of Clinical Excellence, 2014) and those receiving early psychosis care (Bertolote and McGorry, 2005). The majority of the data for this evidence base comes from research conducted in academic settings with doctoral-level clinicians trained, and adhering to, a manualized protocol. Although useful in terms of developing a strong evidence-base, this approach may not represent the experience of community-based clinicians (who are the primary providers for the treatment of psychosis) attempting to learn this technique and apply it to their diverse caseload. There has been little discussion regarding the distribution of this practice to a wider audience and the resources and training required to ensure broad dissemination and sustainable practice change.

Drawing upon manualized CBTp approaches (French and Morrison, 2004; Kingdon and Turkington, 2007), CBTp training and fidelity-monitoring for community clinicians was created. These clinicans work within PREP (Prevention and Recovery in Early Psychosis), an early intervention in psychosis program operating in five counties in Northern California. Community clinicians, from various training backgrounds, participated in an initial didactic training followed by weekly group supervision and monthly tape review to ensure delivery of CBTp to competence. To guarantee sustainability, the training model included a "train the trainer" component enabling community clinicians to participate in rigorous implementation and supervision training resulting in the identification of local experts in CBTp. Data on clinician outcomes and the 'train the trainer model' will be presented, including the number of audio tapes reviewed to meet competence criteria, clinician characteristics as predictors of achieving competence, and inter-rater reliability across the CBTp local leads. Additionally, lessons learned from training dissemination, supervisory practice, and program implementation will be discussed.

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FA-18 Family, Work and Love: Explaining Recovery from Schizophrenia in India

Murphy Halliburton, PhD

One of the most provocative findings in epidemiology in the last four decades has been the comparative advantage shown by developing countries compared to developed country sites in World Health Organization studies on rates of recovery from schizophrenia. Of all the sites investigated by the WHO, those in India showed the best results. Based on recently completed interviews with patients and family and ethnographic research at mental health facilities and psychosocial rehabilitation centers in Kerala, India, this paper will examine how factors examined by other researchers, such as family relations and work opportunities, may be enabling recovery. Others have conducted investigations into the role of family and work using superficial questionnaires and surveys while the present research aims to explain how these factors enable recovery by qualitative examination of in-depth interviews with schizophrenic patients and their families. The paper will also consider the importance some mental health workers and patients attribute to "sneham," roughly "love"—perceived here as a particular quality of social relations—in recovery. In addition, we will see how an innovative blend of biomedical and ayurvedic psychiatry and work therapy at a psychosocial rehabilitation center in Kerala may be promoting recovery and a sense of well-being among patient-residents. Finally, comparisons are offered using research from the United States which shows that schizophrenia is marked by a less favorable prognosis as many ex-patients there end up moving between emergency medical services, the streets, jail and temporary housing with minimal maintenance of family and interpersonal relations.

FA-18 Entrepreneurship — The Path to Empowerment

Ishita Sanyal, PG

According to World Health Report around 450 million people are suffering from mental or behavioral disorder in India.Research shows that the most important need of a person suffering from major psychological problem is meaningful engagement & earning a livelihood. Lack of opportunities lead to frequent hospitalization as well as desertion of MI person by the family

Aims and Objectives:
• Transforming a non productive member suffering from chronic mental illness in to a productive money earning member of the society
• Creating equal opportunity for people suffering from mental illness
• Social Inclusion
• Reducing the economic burden of the society

Methodology: A control group of 85 persons were given training in computer, Costume jewelleries & other handicrafts works. They are given the scope to sale their products & earn their livelihood through it along with pharmacotherapy & psychotherapy.

Results:
1) Meaningful engagement of the stakeholders which leads to decrease in illness & acts as a therapy to them
2) Economic Empowerment leading to improving quality of life & living the life with dignity & self respect
3) Social Inclusion & process to mainstream people with disability arising out of mental illness.
4) Develop a Time structure in the life of members
5) Develop Social contact and affiliation

Conclusion: Transforming a non productive member suffering from chronic mental illness in to a productive money earning member of the society. This is only possible through entrepreneurship which gives them a scope to try out a different role & show the world their talents & even make them earn their livelihood.

3:30 PM – 4:15 PM | MEET THE AUTHORS

MTA-01 Benedetti: A Life Close to Mental Suffering, Angeli 2011

Claudia Bartocci, Psychologist

This anthology, edited by Claudia Bartocci, collects the most significant seminars run by Gaetano Benedetti in Milan between 1973 and 1996.

The text, which covers a period of 25 years, shows us Benedetti and his students engaged in a work in progress which sees them gradually to experiment themselves and to act as elastic "containers" of aggressiveness otherwise not worked out; like they were "possessed by the patient " and able to transform beta elements; as cautious s craftsmen capable of creating, through the" therapeutic fantasy " those "transforming images" that the patient doesn't know how to project.

Seminars, which were monthly based, have been regularly recorded, transcribed and preserved. The research of this group came to its first systematic settlement with the publication of the text "Analyst and patient in the psychosis therapy" (Feltrinelli 1979).

"It 's especially in the supervision's groups or individual work that Benedetti has been able to communicate to us that sense of listening that pervades in his teaching and his psychotherapy practice" . To document this statement we should read the seminars records... " wrote Lillia D'Alfonso in the '79 text, to give the idea "of circular listening..., ... the analytical laboratory (Resnik) ... and, also the slow building of a school trend". Benedetti, internationally well-known as a great theorist of schizophrenia, appears here in his role of clinician and supervisor.

Selecting the comments to the cases, Benedetti and I have tried to highlight the absolute centrality, in his quest, of "the operative model".

A model which, beyond any theoretical consideration, is proved to be the most effective one for "that pair analyst / patient," in "that situation" and in "that moment".

We then decided to give a bigger evidence to the supervision cases of non-psychotic patients, in order to present a less well-known Benedetti.

MTA-01 Chasing Runaway Minds

Ty Colbert, PhD

Chasing Runaway Minds presents a concise and expanded view of a trauma/terror-based model of "mental illness." Starting with the violation of the human self or soul, the author presents a clear understanding of how the feelings of terror, hurt, loneliness, guilt, shame, and anger interact and take over, resulting in a "runaway mind".

This book clearly dispels the evidence that supports a disease and/or medical model of mental illness and, in the process, presents one of the easiest to understand emotional-based explanations of schizophrenia and psychosis in particular. As one professional remarked, "After all the years in gradual school, finally I can understand what we refer to as mental illness and especially schizophrenia."

This book also introduces an approach to child development that, if applied or taught to parents and professionals, would greatly reduce the incidence of mental illness and schizophrenia in particular.

The material in this book has been written so that the professional, as well as the suffering person and his or her helpers can easily understand the origin of and solution to the so-called major mental disorders from a violational-emotional based paradigm.

MTA-01 Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings

Stella Jean Compton Dickinson, MSc, Mphil

"Forensic Music Therapy" demonstrates diverse and innovative approaches, which include live, improvised and pre-composed music, from music therapy teams working in secure treatment settings. The book covers clinical development, research, supervision and discussion of institutional and multi-disciplinary team dynamics. It will inform professionals about different ways to manage challenging situations in order to deliver music therapy with adults and adolescents who have committed offences, men and women with personality disorders and mental health problems, as well as men who have killed. The book also describes the development of Cognitive Analytic Music Therapy: the first manualised form of music therapy to be used in the rehabilitation of offenders. Chapters include case studies and service developments informed by theories from an established range of psychological therapies including psychoanalysis, cognitive analytic therapy, musicology and forensic psychotherapy. The significant variations and considerations when working in low, medium and high secure treatment settings are also clarified. This book will give music therapists, forensic and clinical psychotherapists and psychologists, cognitive analytic therapists, psychiatrists, and others working in the field a wider understanding of choices, as well as demonstrating the effectiveness of tailored music therapy programmes for this complex client group.

MTA-01 A Discussion about the Clinician's Guide 'Treating Psychosis'

Nicola Wright, PhD Clinical Psychology

This meet the author session will involve an interactive discussion of the recently published book Treating Psychosis: A Clinician's Guide to Integrating Acceptance & Commitment Therapy, Compassion-Focused Therapy & Mindfulness Approaches within the Cognitive Behavioral Therapy Tradition (Wright, Turkington, Kelly, Davies, Jacobs & Hopton; 2014) with a foreward by MD Aaron T. Beck. The discussion will focus on the rationale and research support for an integrated CBT approach, the integrated treatment model, treatment process and content, special considerations and clinical opportunities and tips. The importance of a recovery-oriented compassion-focused CBT approach that emphasizes strengths and meaningful goals will be discussed.

4:30 PM – 5:15 PM | MEET THE AUTHORS

MTA-02 Ethics, Magic and Relational Experience in the Psychological Therapies' Treatment of Psychosis

Del Loewenthal, PhD, MSc, BSc, BA

Is the worldwide trend for a relational turn in the psychological therapies something to celebrate? As in Loewenthal, D and Samuels, A (2014) 'Relational Psychotherapy, Psychoanalysis and Counselling', it will be argued that the experience of face-to-face relationships potentially provide an essential educational basis for the good. Without such a relationship, for example in the education of mental health professionals and in their practices, there may be far less possibility for truth and justice and a far greater possibility that violence will be done to those who are considered to be suffering from psychosis. Questions that will be examined include: What helps or hinders an exploration of the most effective expressions of psychological therapists' (and their teachers) desire to help? Is it possible to have both justice and action? Are, for example, our theories mainly perpetuating unintentional violence? Has traditional thinking been replaced by theories with fields of knowledge, territories and ownership of subject disciplines policed by economic licensing arrangements, which in turn attempt to control language and thought -appropriating difference sometimes in the name of difference? Alternatively, in examining issues of psychological treatments as a practice of ethics in terms of ideas of truth, justice and responsibility, is there an ethical post postmodern basis on which we can assist in an embodied way so that we can help others not do violence to others? Indeed is it possible for mental health professionals not to interrupt our own and others' continuity, not to play roles in which they no longer recognise themselves and whereby they betray not only their commitments but their own substance? A concluding question is: Whether Levinasian ethics can sometimes give rise to truth and justice providing an essential basis for good transformational practice; or whether this is another delusion of late modernism.

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MTA-02 Relational Interventions:Treating Borderline, Bipolar,Schizophrenic, Psychotic and Characterological Personality Organization

Lawrence Hedges, PhD, Psy.D, ABPP

Many clinicians dread working with individuals diagnosed as borderline, bipolar, schizophrenic, psychotic, and character disordered. Often labeled as "high risk" or "difficult", these relational problems and their interpersonal manifestations often require long and intense transformative therapy. In this book MD Hedges explains how to address the nature of personality organization in order to flow with—and eventually to enjoy—working at early developmental levels. MD Hedges speaks to the client's engagement/disengagement needs, using a relational process-oriented approach, so the therapist can gauge how much and what kind of therapy can be achieved at any point and time.

MTA-02 Citizenship and Mental Health

Michael Rowe, PhD

Citizenship and Mental Health (Oxford University Press, December 2014) is the first book to present an integrated theoretical, research and practice approach to citizenship as a framework for the full community inclusion and valued participation in society of persons with mental illnesses. Citizenship, as defined by the author, involves a strong connection to the 5 R's of rights, responsibilities, roles, resources, and relationships that society offers to its members, and a sense of belonging that comes from being recognized by others as a full member of society. The citizenship model supports the strengths, hopes, and aspirations of people with mental illnesses, while also providing a learning and action environment to prepare participants to be, and be seen as, neighbors, community members, and citizens. Citizenship interventions can focus on community or society wide change, on support for individuals' citizenship aspirations, or both. Starting with its roots in mental health outreach work in the 1990s, Citizenship and Mental Health tells a 20-year story of practice, theory, and research to support the full participation of persons with serious mental health challenges who, often, have been homeless, or have criminal charges in their past, or both. The book follows citizenship through its iterations as a community-level intervention to support the social and community needs of people with mental illnesses in general, group interventions to support people's individual citizenship efforts, development of an individual instrument to measure citizenship, and current implementation of citizenship-oriented care at a large community mental health center as a model for dissemination across like settings. The author will describe the citizenship theoretical framework, review its application in practice including both a randomized controlled trial and qualitative and observational research, and read relevant passages from the book, with time for questions and discussion.

MTA-02 The Creation of 'Madness Made Me: A Memoir'

Mary O'Hagan, University of Madness

Mary talks about the process of writing her book and the key messages in it. Madness Made Me was published in 2014. After her journey through madness Mary O'Hagan realised the mental health system and society did more harm than good. 'Madness Made Me' is a myth-busting account of madness and our customary responses to it through the lens of lived experience. O'Hagan's journey took her from the psychiatric hospital to the United Nations and many places in between as a leader in the international mad movement. Her fundamental message is that madness is profoundly disruptive but full human experience. The trouble is most people don't see it that way, from the experts who make up clever theories about brain disease to the people down the road who have irrational fears about mad axe-murderers. 'Madness Made Me' is a compelling and beautifully written book that uncovers widespread injustice. It ends with vision for a world that holds hope for people with mental distress and treats them with respect and humanity.

4:45 PM – 5:30 PM | BREAKOUT SESSIONS

FB-02A Western Lapland to Massachusetts: Open Dialogue Successes and Challenges in US Context

Amy Morgan, MSW, LICSW | Mia Kurtti, Registered Nurse | Mary Olson, PhD

Co-facilitated by a nurse/family therapist from Western Lapland and a social worker/administrator from New England, this workshop brings an international dialogue to the 19th ISPS International Congress in New York City. Participants will learn the history of Finnish Open Dialogue and will be exposed to the real possibilities of implementation in a US context.

In Tornio, Finland when meeting persons in crisis, the standard of care is to meet the person within 24 hours, preferably in the person,Äôs own setting including people in his/her network. This is not viewed as an ‚Äúalternative treatment,Äù, but instead it is acknowledged as the only way they know to work. In the United States, while there are many attempts to provide ‚Äúalternatives,Äù to the traditional mental health system, currently the standard of care when seeing a person in an extreme state - often identified as psychosis - is to evaluate, hospitalize and immediately start a course of ‚Äúantipsychotics,Äù. While there is hope for a far more helpful response, the system has not realized another possibility yet.

Finnish Open Dialogue was introduced to the United States largely through the written works of Robert Whitaker and through training by Mary Olson, PhD, the founding Director at the Mill River Institute of Dialogic Practice in Massachusetts. Exposure to these ideas has brought about some promise of Open Dialogue yet the question is repeatedly asked, ‚ÄúHow can it possibly be implemented here?‚Äù

Through the use of a discussion format, reflective talk, didactic

teaching and slides, the workshop co-facilitators will: provide a history of Open Dialogue in Western Lapland; explain the seven principles and twelve elements of Open Dialogue; discuss how an agency trained a team of clinicians and has been practicing Open Dialogue in a US context; and will share outcome data that indicates modest success over two years.

FB-12A Admitting Uncertainty about "Illness" and "Reality" is Essential for Dialogue

Ron Unger, MSW

When we are sure that the source of a person's experience is an "illness," we are then led to see that experience as invalid, and our focus naturally shifts to attempts to suppress it. This helps us maintain our sense of having a "grip on reality" while the other person is then forced to choose between either insisting on the validity of their own experience (appearing to us as "lacking insight into their illness") or joining with us in defining their own experience as invalid and in attempting to suppress it. Under these circumstances, true dialogue, in which our own experience meets the experience of the other, is impossible. It is only when we accept and communicate the uncertainty of our own position, and the uncertainty about what truly is "illness," that we can engage people in conversations which are sufficiently non-polarized as to allow exploring options for mutual improved understanding and perhaps mutual recovery from our difficulties and misunderstandings.

This workshop will draw on ideas from the Hearing Voices Movement, CBT for psychosis, Open Dialogue, and from various spiritual traditions as well as personal stories and experiences in order to highlight the value of dialogues that transcend certainty, and to identify practical ways to do this even when talking with someone whose experience is extremely different, disturbing and/or apparently dangerous. We will explore ways use such dialogue to find positive value at times in psychotic experiences as well as to cope with distressing aspects. In the process of letting go of own certainty in this way, we can model for the person we are helping how they might let go a bit of their own certainty, allowing us to meet in a way that is squarely centered in our mutual fallible humanity, a great starting place!

FB-13A What To Do When: Framework for Integrating Interventions for Psychosis

Pamela Fuller, PhD -Clinical Psychology

There is burgeoning evidence for effective psychosocial interventions for the treatment of impairing psychosis. At this time, increasing efficacy in our care for psychosis requires determining what specific interventions are most effective at different times, based on the individual and his/her status and, accordingly, utilizing an integrative approach to treatment. This workshop will describe a conceptual model of three phases of psychosis, the Surviving, Existing, or Living (SEL) model, as a method for guiding what to do when and as a framework for integrating interventions for psychosis. Specific case examples, including therapy with one individual as he moves between the three phases, will be used to illustrate the importance of phase-specific interventions. In keeping with the theme and objectives at this conference, dialogue with workshop participants about application of the SEL model for guiding treatment using different approaches in a flexible and integrative way will be facilitated.

4:45 PM – 6:15 PM | BREAKOUT SESSIONS

FB-01 Ego Skin and Theoretical Model of Therapeutical Symbiosis of G. Benedetti: Two Clinical Cases

Claudia Bartocci, Psychologist | Simone Donnari, Art Therapist

Non-verbal communication expressed by the body represents a core element in psychoanalysis, especially in the treatment of psychoses.

G. Benedetti wrote: "In many of my clinical cases, nearly in every one of them, the first contact with the psychotic patient happened when I had very strong and meaningful somatic feelings."

According to G. Benedetti with psychotic patients the countertransference has to come first in respect to transference and often happens through somatic symbiosis, which can activate archaic forms of identification. Thus countertransference becomes the motor for reconstructing the body image deintegration often experienced by psychotics.

Benedetti' s theory is the frame of the therapeutical methods (Progressive Mirror Drawing, Art and Amniotic Therapy) developed by the "G. Benedetti' Institute". These methods are based on the somatic components of transference / countertransference dynamics and represent an adequate non-verbal approach for psychotic patients and generally for every patient lacking mentalizing ability.

Two clinical cases will be introduced. In the first one we propose a comparison between G. Pankow' patient, psychotically identified with her "broken doll", and the "human Barbie" of our time in the frame of the countertransference dynamics evolution. In the second case we will illustrate group-dynamic considerations and transference/counter-transference features in non-verbal approach to patients with psychosis.

FB-03 Lost in Translation: Psychotic Presentations as Trauma Narratives

Nancy Fair, MA

The current medical- model climate in which mental health services are provided creates a gap between so-called categorizable symptoms and the lived experience of individuals seeking assistance for psychological distress. People's adaptive difficulties are seen as signs of brain malfunction or genetic in origin with little or no

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connection to the events in their lives, even if these events have been traumatic. No group has struggled more acutely in this respect than those whose presentations have been deemed to be "psychotic." The apparent failure of the affected person's beliefs and statements to conform to consensus reality often results in a diagnosis consigning the sufferer to a category of "chronic mental illness," which can include a lifetime of medication and/or multiple hospitalizations. The author of this paper has worked as a trauma therapist for 19 years with adult survivors of childhood sexual abuse, many of whom have accrued psychotic disorder diagnoses prior to arriving in the office. It is the experience of the author that psychotic presentations often represent highly symbolized renditions of traumatic history, particularly in survivors of childhood abuse. This paper will present examples of some of the emotionally disguised narratives the author has encountered and how their subsequent translation resulted in healing for the clients involved.

FB-03 Taking Neuroleptics: The Experiences of Antipsychotic Medication Study

Miriam Larsen-Barr, Doctorate of Clinical Psychology in progress, MA, BA

Background: Antipsychotic medications (AM) are the designated first-line intervention for psychosis in international best-practice guidelines and are prescribed for a range of other mental-health problems. Little is known about how people subjectively experience AMs and attempted discontinuation or the role psycho-social factors play.

Aims: This study explores how people in New Zealand experience AMs, use psycho-social strategies and, where relevant, manage discontinuation.

Methods: An anonymous, semi-quantitative survey was delivered online to New Zealand adults who have ever taken oral AMs for over 3 months, for any reason.

Results: Participants (n=144) reported taking AMs for psychosis, bipolar disorder, depression, eating disorders, anxiety disorders, personality disorders and autism spectrum disorder. Half of this group described a primarily negative first prescription experience. Other treatment options were rarely offered at first prescription but were nevertheless used by many; few reported being well-informed of the potential benefits and risks. Descriptions of taking AMs ranged from "life-saver" and "useful tool" to "mixed bag" and "hell". The majority experienced both benefits and disadvantages. Most had contemplated stopping AMs, the majority of whom reported at least one attempt, with variable preparations, methods and outcomes described. Of those who sought medical advice regarding discontinuation, most were told not to proceed and did so regardless.

Conclusions: AMs can be experienced as crucial lifesavers, useful tools with drawbacks and/or destructive forces to endure or escape. Multiple psycho-social strategies are described as helpful additions or alternatives. Attempted discontinuation appears common, yet risky and poorly supported but still achievable for some. Results suggest a need for improved supports and greater choice for people who would prefer not to take AMs long-term.

FB-03 Training Peer Workers in Psychoeducational Family Work for Psychosis in a Health Region in Norway

Anne Fjell, MSW | Inger Støland Hymer, Psych Nurse | Irene Nordheim, Occupational Therapist

Psychoeducational family work for psychosis is one of the core recommended treatment offer in the National guidelines for the treatment of psychosis in Norway. The implementation of this evidensebased treatment offer is one of the main tasks for the Research and Development Mental Centre for Early Intervention in Psychosisin Oslo, Norway.

WE will present the program for the training of family group workers and how we have developed the training for different local hospitals and treatment outpatients units.

The presentation will also focus on barriers and obstaqcles for implementation at the level of administration, clincians, the consumer and family memebers.

FB-03 Those Who Suffer are Finally Becoming the Leaders of Their Process of Recovery — What Comes Next ?

Alberto Fergusson, MD psychiatrist psychoanalyst

So-called mentally ill people have been subject to too many forced treatments: forced into psychiatric hospitals, forced out of hospitals, forced out of their families, forced into their families, forced out of their communities, forced into their communities, forced Into psychiatric medication, forced out of medication, forced into certain lifestyles, forced out of other lifestyles a so on. Parallel to that the tendency has been not to hold them accountable for their acts. The approach that we call Accompanied Self rehabilitation tries to change both trends. We propose that so-called mentally ill people should be forced the least possible and that they should be held accountable for their acts as much as possible, while encouraging them to become the leaders of their own rehabilitation process. Forcing oneself or being forced by others to feel, think and behave in certain ways, is frequently the most important trigger (and perhaps cause) of so-called Mental illness, or what we prefer to call mental injury and destruction.

Our 32-year experience, with over 2500 individuals diagnosed with schizophrenia at the Institute of Accompanied Selfrehabilitation and Fungrata is presented. The main finding is that at least 84.5 % of those who have entered our program recovered once they found an idiosyncratic lifestyle. Current evidence suggests that becoming the leaders of their own process and having a good quality accompanying person (Accompanied Selfrehabilitation) during their process, was the main factor in their successful recovery

FB-04 Open Dialogue with R.D. Laing

Nicholas Marlowe, PhD

The conceptual systems of R. D. Laing (1960, 1961) and open dialogue (Seikkula, 2002, 2008) share the fundamental premise that the symptoms of psychosis may be intelligible indicators of some difficult aspects of life's experience that the patient is unable to express in any other way. Laing developed this position by outlining a new paradigm for conceptualising psychosis in terms of existential phenomenology, where he characterised the self of the psychotic person as fragmented by the terrifying experience of ontological insecurity - the developmental precursor to the condition. Unfortunately, by the time of his premature death in 1989, he had published no definitive account of his own particular psychotherapy for psychosis upon which later researchers might build. By contrast, open dialogue, a network based approach, has focused upon the systematic clinical description of specific therapeutic manoeuvres, supported by scientific evidence of efficacy. Within this approach, psychotic symptoms are presumed to give way to a 'new language' of self- expression that, heralds a restoration of identity. Examination of the interfaces between open dialogue and the early works of Laing reveals a considerable overlap; each framework seeking to restore the self through therapeutic relationships based upon trust, autonomy and acceptance. Analysis of Laing's concept of ontological insecurity suggests that this construct may have the potential to inform open dialogue with respect to both theory and practice. The paper concludes with suggestions for lines of further research that may, not only, make for an expansion of open dialogue, but, moreover, for a long overdue empirical examination of Laing's theory of psychosis.

FB-04 Social Care in Mental Health: Psychodynamic Perspectives

Joel Kanter, MSW

While our discussions of psychosocial interventions with persons suffering from schizophrenia and other psychotic disorders most often addresses psychological dimensions, the provision of social care—of environmental support—often fades into the background. Yet, beyond the humane dimension of facilitating supportive residences and other community resources, psychotherapy and related interventions cannot be effective if living situations are chaotic and consumers lack the basic environmental and social assets that enable them to participate consistently in treatment and community activities.

This workshop will outline the essential components of a social care approach, focusing on the development of relationships with both the consumer and in his or her social network, including family, friends, professionals, social agencies and community resources. The primary objective in social care is to facilitate quality of life in the community, not to cure an illness. That said, treatment, per se, often enhances successful outcomes in social care. For example, reducing psychotic symptoms promotes residential stability by enabling clients to use environmental supports. Conversely, social care that promotes residential stability facilitates the efficacy of both psychopharmacology and psychotherapy.

Focusing on workers specifically involved in social care: social workers, case managers, nurses, and staff in residential programs and and other community agencies, this workshop will address the complex issues that arise whenever we care for persons suffering from such disorders: engaging the client and social network in a collaborative process; conducting a multifaceted assessment of client needs, resources, and motivation; formulating realistic treatment plans; and addressing the emerging relational matrix between worker, client, and network that evolves over time.

FB-04 A Dialectical Materialistic Model for Psychosis and its Possible Treatment

Jos de Kroon, MD, PhD

Is there a cause for psychosis? Yes, I think so, but I disagree with those who situate this cause in the brain only. Till now nobody has find disturbances in the brain that justifies a biological ground for schizophrenia. This fact does not imply that we don't see differences in the brains of schizophrenics. As we all know signs of a complete different character then physical and chemical phenomena like psychological events, can cause changes in the brain.

So we need a model to explain the interaction between heterogenic agents with influences in more then one direction. A dialectical materialistic model can be helpful for a rational explanation of psychotic processes. This model can also be helpful with the approach of the mind-body problem in general.

So a dialectical materialistic model can not only give some insight in a normal development of the subject but also in the differences that occur in psychotic subjects. Perhaps it is a matter of changing rules that cause different structures in the personality.

In this lecture I will enunciate this model and I will not avoid to mention some clinical material.

FB-04 Integration of Psychological and Spiritual Understandings of Psychosis: An Attempt

Jeremy Clark, Master of Science Psychology; PGDip Clinical Psychology

Psychotic and spiritual experiences have often been compared, confused and combined both by those experiencing them and those seeking to provide support.

In their research into the subjective experience of psychosis Geekie and Read (2009) found that spiritual aspects and understandings of the psychotic experience was one of the most pervasive themes to come out of the narratives they analyzed.

In an attempt to explain peoples understanding of God it has been suggested that "man created god in his own image" (a reversal of Genesis 1:27). If our understanding of God is a reflection of our own self image and our self image is distorted by trauma, abuse and psychosis then it could explain why some people in the midst of a psychotic experience hold a very dark, angry, vengeful or dangerous image of God.

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This paper presents some of the challenges that occurred when providing psychological therapy to a number of clients who were having psychotic experiences and also had a strong faith. It attempts to show that a psychological model of psychosis can be integrated with a spiritual world view and these do not need to remain as mutually exclusive concepts that are dealt with by different disciplines.

In particular it considers a young man who was relatively new to the Christian faith but was convinced that he was unforgivable and so should suicide. It also considers a Muslim man who was experiencing his first episode of psychosis but in response to this gave so much control to Allah that he was unable to make even simple decisions for himself.

Therapy utilized both a cognitive behavioural and a narrative approach to uncover and consider some of the subjugated narratives in these men's understanding of their God that highlighted the mercy of Allah and the forgiveness of God. As their image of God shifted, they were able to see in it an image of themselves reflected back to them—one they could not see before. This shift to a more accepting image of their God seemed to be a first step in an acceptance of themselves and a way out of the psychosis.

FB-05 Dreaming and Psychosis: Coping with Hearing Voices in Group Analysis

Anastassios Koukis, BSc, PhD

Freud (1915) and Bion (1992) have both shown that patients with psychosis—including patients who hear voices—are unable to dream properly, unless they either accept their disease or are treated in long-term psychoanalysis respectively. This is because their unconscious has been totally de-invested of images of the primordial mothering person or representations of thing. Bion believes that such patients' unconscious is possessed by a "dead object". On the contrary, as Freud stressed, their pre-conscious, which is the source of language or representations of words, has been super-invested, thus leading to disorganized speech. In this paper, we will extend the views of Freud and Bion to include the theories of Foulkes (1948, 1964) on group analysis, and verify the view that systematic participation in a heterogeneous once-a-week group-analytic group by people who hear voices helps them transform this experience into dreaming proper. This experience resembles the individual dreaming process or the dreaming process as expressed by the group, albeit in a fragmentary way owing to the members' super-invested pre-conscious. Specifically, by sharing their experience of hearing voices with the group and being mirrored by it as representing a good enough mother and being helped by it as a group dreaming matrix, patients learn to invest their unconscious, thereby progressively reconstructing their ability to dream. This treatment is significantly more successful for patients of both sexes with schizophrenia than for those with schizoaffective disorder, and for many more men than women all of whom had been sexually abused.

FB-05 Therapeutic Factors in Group Psychotherapy with Psychotic Patients: Research and Experience

Ignacio García-Cabeza, Psychiatrist

Therapeutic factors in group therapy are a series of therapeutic action mechanisms that contribute towards change in the therapeutic process. They are inherent to the group interaction or dynamics, however they are not directly associated to the therapist's intervention. They are basic or elemental components of the phenomenon of therapeutic change derived from the group matrix.

Studies dealing with therapeutic factors in groups which include mainly psychotic patients will be commented on and will be compared with those written by the author, consisting of five research studies where group therapy factors were evaluated according to the Yalom Q-sort questionnaire. Overall, support factors, specially instillation of hope, are the best valued; although in some long term groups or those that include more insight or better ego functioning patients is self-knowledge which outweighs.

Finally the author will combine its own research, knowledge and experience to describe the importance of therapeutic factors in groups therapy and the ways in which he thinks that they act and interact with each other and also with other potential therapeutic elements, such as mirroring or group context, to promote healing and change.

FB-05 How to Increase a Recovery Perspective in Education and Practice

Anne Ek, Master | Olav Løkvik, Bachelor

SEPREP—Centre for Psychotherapy and Psychosocial approaches to Psychosis—is a foundation established in 1990. The values of SEPREP are based on human rights and the significance of relations. During a period with a broad national mental health plan SEPREP was engaged by the Ministry of Health Care Services to develop multidisciplinary educational programs in treatment, rehabilitation and care for people with severe mental disorders. Since 2004 substance abuse was integrated in the program. We have also developed programs addressing early discovery and intervention of psychosis. From 1998 to 2014, we have arranged 105 programs with 3500 participants, sited in all counties of Norway. The participants are professionals working in mental health services, social services, housing and job support in both municipalities and hospitals located in the same area. According to evaluations, this leads to better local cooperation and a stronger user and family perspective.

The pedagogical principles are based on lectures and supervision according to current practice experiences of the participants. The teachers are experienced clinicians and user consultants providing knowledge based on user-, clinical- and research perspectives. The supervision groups are the core arenas for reflection, knowledge sharing, and they are assembled as if they were functional support teams. Running the educational programs over a two years period gives time for adapting new attitudes and approaches.

On one hand, we are pleased to see a development towards local based mental health services, and individualized and recovery oriented practice. Our fear, on the other hand, is that the political demands for short term treatment and economic efficiency will weaken those approaches. Our aim is to develop the educational programs to include users even more, also to join the programs as student along with the professionals. This, we strongly consider, will contribute to services designed to support each individual persons skills and abilities in daily life.

FB-05 Group Psychotherapy with Alien Selves

Maja Zandersen, MSc in Psychology | Mette Gravesen, MSc in Psychology

Introduction: Current research in phenomenological psychopathology has revealed profound disturbances of the "basic" self in schizophrenia and schizotypal disorder, also called self-disorders. Patients describe a range of anomalous self-experiences, most of them involving a kind of alienation of the basic self. How does this alienation affect the methods and outcome of psychotherapy? There has been only a few attempts to integrate the phenomenological approach and the knowledge of self-disorders in the psychotherapeutic treatment of patients.

Method: Our aim was to develop a treatment program addressing self-disorders in patients from a unit for first-admitted young adults with schizophrenia spectrum disorders. Patients were treated with group psychoeducation for six weeks, two sessions per week. The topics were centered around self-disorders and social functioning. The theoretical framework was an integration of phenomenological philosophy and psychodynamic theory. Patients were additionally offered individual psychotherapy once per week.

Results:Thirty-eight patients were included in the group during fourteen months. Twenty-five patients completed the entire program. In two structured, qualitative feedback settings the patients expressed that they found it relieving to share these experiences with each other; it made them feel less lonely and alienated. Furthermore, it was easier for them to deal with these experiences now they had been conceptualized.

Discussion:The program seems to fulfill a need of explicitly addressing self-disorders in psychotherapy and it has proven beneficial to do this in a psychoeducational group setting in order to support mutual sharing of experiences that often appear frightening and incomprehensible to oneself as well as others.

FB-06 The Impact of Cannabis Use in Psychosis

Sandra Bucci, ClinPsyD

Substance use disorders are common among people with psychosis and are associated with poorer prognoses. Cannabis use has been identified as a potent predictor of earlier onset psychosis, but there are inconsistent findings as to whether cannabis use has a negative impact on clinical outcomes for people with established psychosis. In this paper we investigate the relationship between cannabis use and outcomes, including whether change in cannabis use affects symptoms and functioning, in a large group of first episode and established psychosis samples with co-occurring cannabis use. By combining data from several important randomised controlled trials in psychosis samples conducted in both Australia and the UK, participants whose substance use included cannabis were compared on baseline demographic, clinical, functioning and substance use variables. Repeated measures of substance use and psychopathology will be used to estimate the effects of cannabis dose on later clinical outcomes and whether change in cannabis use is associated with change in outcomes. We examine whether our findings differ across the life-course of psychosis by comparing results across trials. Results of this analysis will be presented in this paper. We discuss the implications of the results for the treatment of people with co-occurring cannabis use including models of intervention, and suggest approaches for designing future cannabis and psychosis treatment trials.

FB-06 Compassionate Dialogue: Using Team Formulation to Cultivate Compassionate Care

Alison McGourty, MD

The quality of staff compassion towards patients has been awarded unprecedented importance within the UK following recent inquiry into health and social care, following huge failings in basic care within the NHS. This paper presents the work undertaken by the National Psychosis Unit to promote compassionate care among the nursing team.

The National Psychosis Unit is a specialist inpatient unit for people diagnosed with treatment resistant schizophrenia. High levels of stress are well documented within NHS mental health nurses and work with complex patients can be both challenging and distressing, which can hinder the development of therapeutic interactions, and thus hinder recovery.

This paper presents the findings of a study into whether the use of team generated psychological formulation of complex case presentations leads to improvements in staff members' compassion, empathy and confidence in working with patients.

Using self-report measures of compassion towards others and compassion satisfaction and compassion fatigue at baseline it was established that the staff team have high levels of compassion towards others, but also experience compassion fatigue and high rates of burnout. A newly devised 5-item compassion based self-report measure was administered pre and post each formulation session to assess changes in staff compassion towards the patient being presented. Findings from this measure indicate that compassion towards the patient increases after the formulation session.

The Psychology team have also run reflective practice groups and communication training sessions for the staff team which has not been measured but may also have had an influence on the development of compassion on the unit. The findings of this paper have implications for the role of psychology in supporting staff

teams to develop and facilitate greater therapeutic interaction and compassionate dialogue, aiding recovery within inpatient units for people experiencing psychosis.

FB-06 Affect Regulation and Substance Use in Psychosis: An Interview Study

Jonas Stalheim, Clinical psychologist

People with psychosis have a high prevalence of problematic substance use that is generally thought to complicate treatment. One explanation of the co-occurrence of psychosis and substance-use disorders is that people with psychosis more often than others use substances to ameliorate distress by regulating affect and self-experience. Affect regulation is related to, and partly based on, mentalization, which can be problematic for many people with psychosis. This presentation is based on an interview study, where the aim was to investigate the relationship between substance use, mentalization, and affect regulation in people with psychosis from an experience-based perspective. Interviews were conducted with 12 men with diagnoses of psychosis and a concurrent substance-use disorder about their mental health problems, life history, relationships, and substance use. The semi-structured interviews were analyzed thematically and deductively, and data the data was organized into two main themes, each containing related sub-themes. The first theme concerned general ways of handling distress, that were organized hierarchically according to the level of mentalization required. The other theme grouped together different regulating functions of substance use. The discussion concerned the systematic interactions among substance use, affect regulation and mentalization indicated in the data; and mentalization styles that may indicate especially high risk for substance abuse were proposed. Additional analyses of the transcripts included assessment of metacognition and reflective functioning, as well as a theoretical discussion concerning the possibility of relating the data to a semiotic model. The findings may have implications for theoretical understandings of how substance use and mental health problems interact and for verbal therapy for people with psychosis and substance-use disorders.

FB-06 Psychosis and Addictions: Which Psychiatric Treatment for Inpatient?

Isabelle Gothuey-Gysin, MD

Introduction: for several years, in the eastern psychiatric sector vaudois, more than 1/3 inpatient admission in acute psychiatric adult hospital, suffers from a co-diagnostic of substance abuse associated with an acute mental illness phase.

Background: Far from being isolated, this phenomenon of co-occurrence of addiction to psychotropic substances and psychiatric disorder is frequent (15% prevalence in the general population, 80% in specialty service. Substances abuses are very common among patients with psychiatriques diseases1 and the incidence of psychiatric symptoms in drug and alcool users is particularly high > 80%. (personality disorders, affective disorders, anxiety disorders). Finally alcohol and drug users are likely to develop exacerbated acute psychiatric symptoms. These two issues often mutually interact2-4.

The subgroup of individuals who suffer from this co-occuring disorders (psychotic and addiction disorders, personality disorders), drew attention to: because they undermine care strategies that either in the field of addiction or mental illness. Character little effective traditional methods of support for addictions, frequent use of medical services, psychiatric and social emergency without continuity, recurrent suicidality, homelessness, poor compliance, antisocial behaviour, most common crime, poor prognosis of addiction are identified as characteristics of this sub-group5. The issue of care for these people is the subject of controversy because very difficult to study. The expert opinion in the direction of train staff of the psychiatric hospital to the counselling techniques to work motivation to change, organize psychiatric short-term workplace hospitalizations, centered on the management of the crisis, the hospitalization of long duration have not made to improve the situation. It is also recommended to focus on the continuity of care, with hospitalizations of days and identification of a referent in the long term caregiver. Physical health and social aspects must be taken into account, the pharmacological treatment must be adapted to the psychic disorder and addiction. Finally, and probably more difficult to admit in a psychiatric hospital, it is recommended that the judgment of consumption does either not be placed as an immediate objective (harm reduction) of the treatment5-6-7.

These findings have led a joint reflection between the regional care center for dependent patients and the psychiatric hospital teams in order to organize a program of care that could truly help these patients. This program is based on the recommendations given by Swiss Drug Policy. In our psychiatric hospital the program includes a therapeutic element, with a weekly Therapeutic Group for inpatients, focused on the problems of addiction, led by a therapist of the outcenter and a caregiver from the psychiatric hospital. Hospital staff was trained in motivational technics. Another part of this program, is arm reduction foucs, with the training hospital staff in the care of abscesses, injection equipment and the installation of a used syringes box recovery from the hospital website. It is similarly admitted, that in the hospital services, consumption is forbidden, but that the question of sanctions for consumption on site was ruled out for the benefit of implementing sense of transgression and the understanding of addictive disease. Finally the repressive aspects were considered, with the notification by the physician authorities in case of trafficking illegal substance on a more large scale in the hospital site. In these cases, it is possible to wear complaint with the police.

Conclusion: The results of this program will be the subject of further studies9. This program is designed especially to enable true hospitality at the psychiatric hospital for these comorbid patients. This program improves also the sense of competence of the psychiatric caregivers face to these comorbid disorders.

FB-07 The Experience of Emerging Adult Siblings of People with Schizophrenia: A Qualitative Study

Jillian Graves, MSW, PhD Candidate

Despite the likelihood that there are a significant number of well siblings of people with schizophrenia, there have been little research about their experiences and what exists is rarely developmentally informed. This paper helps fill this gap by examining this population during emerging adulthood.

This study draws upon three sets of literature. First, there is literature about emerging adulthood, a developmental period with many transitions, temporary role commitments and newly attained independence. Secondly, there are studies examining the ways that sibling relationships shape identity, primarily through the process of differentiation and identification. Finally, there are a number of studies that examine the experiences of siblings of people with chronic physical and mental illness, including siblings of people with schizophrenia and that focus on themes such as guilt, loss, stigma, resilience and creating meaning.

This study draws from 23 in-depth semi-structured interviews. Participants were recruited through snowball sampling, through contacting NAMI and posting flyers in mental health agencies. Interviews were recorded and transcribed verbatim and coded with NVivo and using Charmaz's grounded theory approach.

Initial data analysis have revealed that changes in the well-siblings' relationship with their parents because of their siblings' illness have had a significant impact on their identity and role in the family. Other findings include many siblings discussing how stigma has caused disruptions in relationships with peers or romantic partners. The emergence of psychosis may be changing the well-siblings' ideas about the trustworthiness of other people, which also alters their internal representations of other people and themselves. Several have reported reluctance to marry or have children. Despite these difficulties, many siblings reported more positive changes, including greater feelings of compassion and a desire to help others.

FB-07 Forgotten Body: Elaboration of Trauma in Women

Edyta Biernacka, MA

Basing on the clinical material from the therapy of two female patients of The Personalities Disorders' Treatment Ward in Krakow I would like to discuss some aspects of the idea of the sexualisation of the trauma. I will try to describe the psychotic way of dealing with trauma by these patients.

I'd like to start with the discussion of a poem by Sylvia Plath (The Eye-Mote). I think this poem can be understood as a description of a specifically female experience of anxiety about one's sexuality, of sensing this sexuality as something disintegrating and disturbing. If it cannot be understood, then a longing for return to 'a place and time beyond the mind' (as Plath expresses it) dominates – what means, that a woman can turn towards psychotic solutions. Concerning the papers by Phil Mollon, Doris Bernstein and Alessandra Lemma I will try to describe specifically female difficulties in integrating an image of oneself as a sexual being. Then I will try to explore the effects of traumatic experience and the way trauma can mark experiencing one's own body. I will also try to describe, and illustrate with a clinical material of two cases, the specific solution of dilemmas which I have called the idealization of passivity. I will describe how the identification with passive, indifferent object leads to cancellation of experiencing the object. I'll show how my patients withdrew to their own bodies. They internalized a lack of desire and a rejection by the object. Their sexuality started serving infantile omnipotence which enabled them to annihilate the external world, to isolate from environment. So I would like to discuss in which way these patients' solution differs from a sadomasochist perversion and locates them closer to psychosis rather than perversion.

FB-07 Red Silk and its Consequences

Lois Achimovich, MBBS FRANZCP Dip. Adult and CHild Psychiatry JHU

Anne Sexton was a Confessional poet, a friend and colleague of Plath, Snodgrass and Wright. Her first book of poems (From Bedlam and Half Way Back) was a hit immediately and she was earning a considerable income by performing her poetry.

In the early 1950s, she became suicidal, dissociated and psychotic.

The paper addresses the origin of Anne's psychopathology, her medical treatment and her own attempts to recover from her symptoms.

Anne was treated by a distinguished psychiatrist using antidepressants, hypnosis and pentothal. Antipsychotics were also used later. The sexual abuse, which she disclosed in her early treatment, was ignored, as were many women, including Virginia Woolf, Sabina Spielrein, Zelda Fizgerald and "Dora".

Anne was then treated by another psychiatrist, who had sex with her in sessions. She took her red silk nightdress to every session and paid for every one! The paper also addresses the dynamics of sexual abuse in therapy, using excerpts from my play RED SILK. Anne's poetic works deteriorated in her 40s and she killed herself in 1974.

FB-08 Beginning the Dialogue About Implementing Recovery Oriented Practice

Edye Schwartz, Doctorate in Social Welfare, DSW | Lisa Dixon, MD, MPH

The President's New Freedom Commission on Mental Health challenged the system to provide recovery-oriented care that promotes person-centered care. Consumer advocates have demanded that mental health systems both recognize and support recovery. In these dialogues, recovery is not akin to cure, but rather reflects, "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to

reach their full potential." (SAMHSA, 2011). In contrast, traditional definitions of recovery focus on symptom reduction or achieving pre-specified levels of functioning.

Implementing a person-centered model of care requires us to look deeply at our practice and be open to change. A foundation of recovery-oriented practice is the view that all individuals can recover and set and reach some desired life goals. This practice approach offers and seeks out opportunities for active participation in treatment planning, self-direction, and shared decision-making. Services are delivered in a positive atmosphere of respect, hope, growth and support, and are culturally competent, trauma-informed and person-centered. Importantly, treatment participation or "adherence" is not seen as an endpoint, but rather as a means by which people can attain valued life roles while remaining a full participating member of their community.

Shifting practice to recovery orientation presents some barriers that we must identify before we can fully adopt it. For example, shared decision making presents new issues around power sharing, medication and possible liability. Recognition of the need to honor the dignity of risk and recognize the duty to care may be uncomfortable concepts. Providers need to navigate the middle ground between "neglect" and "overprotect." Many providers have little supervision and support in implementing these concepts. This workshop will allow participants to begin to dialogue about moving towards a recovery based practice model and what personally and professionally it might take to get them there.

FB-09 Sensori Motor Integration and Progressive Mirror Drawing in the Therapy of Psychoses

Simone Donnari, art therapist | Maria Gabriella Garis, Psychologist | Francesca Maschiella, psychiatrist

Progressive mirror drawing is presented starting from the psychodynamic theory that there is a split between two states of the self, defined by Peciccia and Benedetti (1996) as 'separate' and 'symbiotic' in some psychotic people.

In the last years many sensory integration media became available due to the emergence of new technologies and game consoles. The main innovation from new technologies is undoubtedly the opportunity to draw and interact with images simply by using one's own body. No keyboard, no joystick, no tools. Just by moving himself the patient can play music, draw and integrate many sensory fields so easily that even a child can learn how to use these media without any requirement of skill. Popular game consoles represent a precious and unexpected therapeutic system, but it was the effects of the application of digital videocameras (videoart therapy) that started the innovation process.

The availability of an hi-tech pen made possible to transform the progressive mirror drawing in a three dimensional interaction like "drawing in the air". The opportunity of transforming an image in a sculpture and the tactile feeling of the artifact are very impressive and represent a further multisensorial integration technique.

FB-09 Future Applications of Art Therapy with Dissociative Identity Disorder

Natalie Ha, MA of Marriage and Family Therapy

Research has shown that people with dissociative identity disorder (DID) have complex inner worlds characterized by creativity, memories, and symbolic experiences. Because of the complexity of DID, a similarly complex treatment is required for this population. Therapy utilizing visual art may be such a model, as visual art is characterized by different lines, colors, and other dimensions that can represent a variety of meanings. Most experts have agreed that expressive therapies, like visual art, can be helpful in treating people who have experienced abuse. Specifically, it is known that people with DID have a difficult time verbalizing due to forced secrecy by their abusers. Therapeutically, by creating visual art, people with DID are able to maintain a level of secrecy from their therapists, while paradoxically being able to explore and work through their traumatic experiences. In this realm, therapists have a potential platform to understand the complexity of the inner world of people with DID, because not only does it not focus on verbal communication, art caters to the creative dimension that fits the creative personalities of most people with DID. Ways to interpret the visual art of people with DID can include but are not limited to chaos, fragmentation, barrier, threat, trance, switching, and abreaction. Due to the sensitivity of this population and processing of traumatic material, interpretation of the art should always be handled with caution. Even with the success that expressive therapies can bring, research on art therapy with DID is outdated. Consequently, it becomes worth exploring presently the application of art therapy to DID, its effectiveness, and potential misuses that can lead to intense reactions or re-traumatization.

FB-09 Facilitating the Expression of Dissociated Experience Using Art Therapy

Ani Buk, MFA, MA

Mr. G, a 59 year-old homeless man, presented himself to an emergency room complaining of "memory problems." Upon his admission to the inpatient psychiatric unit, he was found to have a history of previous psychiatric hospitalizations, and a long-held diagnosis of Paranoid Schizophrenia complicated by alcohol abuse. However, his gradual immersion into the art therapy program allowed him to create drawings that metaphorically expressed a dissociated history of profound childhood trauma. As a result, a diagnosis of PTSD seemed to be an additional way to understand his constellation of symptoms.

Mr. G's moving artwork, created in psychoanalytically-informed art therapy groups, will be examined in the context of recent findings from the field of neuroscience. The functioning of the mirror neuron system, and the related process of ‚Äòembodied simulation‚Äô can be seen as identifying some of the neuroanatomical mechanisms that contribute to: (1) the trauma survivor‚Äôs capacity to express the implicit, dissociated realm of experience and memory in a work of art, and often to go on to put into words what had previously been unspeakable; (2) the art therapist‚Äôs ability to interpret the many possible meanings of the art work made in the psychotherapeutic setting; and (3) the efficacy of particular art therapy interventions with survivors of trauma, and how the clinical implications of these interventions can inform all therapists working with traumatized populations.

FB-10 Practitioner and Peer Delivered Telephone Interventions to Improve Mental and Physical Health

Amanda Baker, PhD

People living with schizophrenia have a life expectancy 15 years less than the general community, and much higher rates of chronic diseases such as cardiovascular disease, diabetes and obesity. In response to this disproportionately high burden of illness the first Australian National Report Card on Mental Health stated "the reduced life expectancies and poor health of people with the most severe mental illnesses…is a national disgrace and it should be a major public health concern". Telephone interventions for health behaviours (such as smoking, alcohol use, low fruit and vegetable consumption and high levels of sedentary activity) as well as for symptomatology and also smartphone applications have been evaluated with promising results. This paper describes this accumulating evidence from the authors' research trials and from the available literature. Telephone interventions have the potential to increase access to treatment and to fundamentally transform the way health behaviour and mental health symptomatology is addressed among people living with schizophrenia. Practitioner and peer delivered telephone interventions will be described. Peer training and supervision methods will also be explained and results of a feasibility trial of a peer delivered healthy lifestyles intervention presented.

FB-10 Healthy Lifestyles Interventions

Amanda Baker, PhD

It is very common for people to present for treatment displaying multiple mental health, substance abuse and/or physical health problems. Novel and exciting developments in this area has been in the treatment of these conditions by the same practitioner. This workshop will help participants to improve their clinical practices in working with these co-morbidities.

In this practically focused workshop, results from recent literature reviews and treatment trials will be briefly overviewed, with the a

FB-10 The Impact of Aerobic Exercise on Neurocognition and Daily Functioning in individuals with Schizophrenia

David Kimhy, PhD

Background: Individuals with schizophrenia display substantial difficulties in daily functioning for which available treatments offer only minimal to limited benefits. Such difficulties have been linked to neurocognitive difficulties. Yet, findings from studies of animals, clinical and non-clinical populations have linked neurocognitive improvements to increases in aerobic fitness (AF) via aerobic exercise training (AE). Such improvements have been attributed to up-regulation of Brain-Derived Neurotrophic Factor (BDNF). However, the impact of AE on neurocognition and daily functioning, and the putative role of BDNF, have not been investigated in people with schizophrenia. Methods: Employing a single-blind randomized clinical trial design, individuals with schizophrenia were randomized to receive standard psychiatric treatment (n=17; "treatment as usual"; TAU) or attend a 12-week, 3x/week, 1-hour AE training program (n=16) utilizing active-play video games (Xbox 360 Kinect) along with traditional AE equipment, in addition to TAU. Participants completed assessments before and after and 12-week period.

Results: Twenty-six of the 33 participants completed the study successfully (79%). The AE-track participants attended on average 28.5 of the scheduled sessions (79%). At follow-up, the AE participants significantly improved their AF vs. a small decline in the TAU group. Similarly, the AE participants significantly improved their neurocognition and daily-functioning vs. the TAU group. Hierarchical multiple regression analyses indicated that enhancement in AF and increases in BDNF predicted 25.4% and 14.6% of the neurocognitive improvement variance, respectively. Likewise, changes in AF predicted 22.5% of the variance in the work-skills domain of daily functioning. Conclusions: The results indicate AE is effective in enhancing neurocognition and aspects of daily functioning in people with schizophrenia and provide preliminary support for the impact of AE-related BDNF up-regulation on neurocognition in this population. Poor AF represents a modifiable risk factor for neurocognitive and daily dysfunction in schizophrenia for which AE training offer a safe, non-stigmatizing, and side-effect-free intervention.

FB-11 Healing Psychotherapy with Patients with Attenuated Psychosis Syndrome: An Experience from the Egyptian Culture

Mahmoud El Batrawi, Professor of Psychiatry, MD

Attenuated psychosis syndrome was newly introduced in DSM 5. As it may comprise patients with prodromal symptoms at risk for developing psychosis or schizophrenia,,psychotherapy of a healing nature might be beneficial in aborting such a serious conversion.As the course and outcome of schizophrenia is said to be better in underdeveloped countries compared to the developed ones(Who,1979),reporting and discussing my experience with patients with attenuated psychotic symptoms might help in shedding more light on the nature of the prodrome and its trajectory within a healing relationship in the Egyptian culture.

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FB-11 Early Detection in Psychosis(TIPS): Substance Use and Effect on 10-Year Outcome

Melissa Weibell, MBBS

Aims and hypothesis: The study aimed to investigate different patterns of substance use in an epidemiological first-episode psychosis (FEP) sample, hypothesizing that persistent use would predict poorer symptom outcomes compared to never users or stop users.

Background: Substance use is common in FEP and has been linked to poorer outcomes. Patients may use substances on-off or stop using. Little is known about the effect of different patterns of substance use on outcomes.

Methods: 301 patients aged 16-65 with first episode non-affective psychosis were included (1997-2001) from three separate catchment areas in Norway and Denmark. We defined four patterns of substance use; never used (N=153), persistent use (N=43), stop use (N=36), and on-off use (N=48) during the first 2-years of follow-up.

114 patients were followed up at 10 years and compared on symptom levels (PANSS, GAF) and remission status.

Results: Patients who stopped using had similar 10-year symptom outcomes as patients who had never used with significantly lower symptom levels on PANSS positive and depressive symptoms and GAF compared to patients with on-off or persistent use. There was a trend for persistent users showing increasing negative symptoms over time. We found a large and significant difference in remission rates, with 56.6% of never users and 63.3% stop users achieving remission at 10 years compared to 32.2% for on-off users and 34.4% for persistent users.

Conclusions: Results clearly indicate that substance use cessation in FEP is associated with similar outcomes to FEP patients who never used any substances; on-off use may be almost as detrimental to mental health as persistent use. The harmful effects of substance use in FEP can be substantially reduced if clinicians are able to assist patients to stop using altogether.

FB-11 The Role of Occupational Therapy in an Early Psychosis Treatment Program — OPUS

Michelle Frederic, BSc. Occupational Therapy

This presentation will focus on the role of occupational therapy, as an individual element in OPUS Copenhagen early intervention treatment program—first episode psychosis.

OPUS Copenhagen is an intensive assertive treatment model for treatment of first episode psychosis for young adults 18 – 35 yrs, based on CBT principles, with a holistic approach, tailoring intervention to the service users individual needs. Occupational therapy plays a pivotal role in the process to recovery and the presentation will involve a thorough exploration of interventions provided by the the occupational therapist, who also has the role of "case-manager". The presentation will also address the significance of occupational therapy as a complementary element alongside other elements in clinical practice, in an early intervention treatment program for psychosis, where the aim of occupational therapy is to heighten the client's level of functioning rather than solely focus on the client becoming apsychotic. The presenation will touch on:

- Sensory modulation
- Body therapy group sessions
- ADL assessment
- ADL training
- Social skills assessment
- Social skills training CBT principles
- Family collaboration

FB-11 A Clinical Service for Ultra High-Risk Individuals: The Singapore Experience

Swapna Verma, MD

Introduction: The Support for Wellness Achievement Programme (SWAP) was established in Singapore, in April 2008 within the remit of the Early Psychosis Intervention service to provide a comprehensive and integrated assessment and treatment service for those experiencing an At Risk Mental State (ARMS). Serving a population of 4.8 million in a 710 sq km area, SWAP takes in help-seeking patients between the ages of 16-30years. The management of these individuals with ARMS is done within a multidisciplinary framework with focus on psychosocial interventions. The importance of networking as well as providing training to the gatekeepers to increase awareness of ARMS is crucial, and we closely work with the counselors from the educational institutions as well as the Singapore Armed Forces.

Methods: From March 2008 to March 2014, 240 patients were accepted into the service. Socio demographic information was taken at baseline and all patients were evaluated using the Comprehensive Assessment of At Risk Mental State (CAARMS). In addition, severity of psychopathology was assessed by Positive and Negative Scale for Schizophrenia (PANSS) and social and occupational functioning was assessed using the Social and Occupational Functioning Assessment Scale (SOFAS) and Global Assessment of Functioning Scale (GAF).

Results: The mean age of patients was 20.8 years (3.4) and 65.7 % were males. The majority of patients (51.9%) belonged to the attenuated symptoms (APS) group. The mean total score at baseline for PANSS was 57.6 (7.9) and GAF was 57.9 (7.6). Of the 240 patients, 30 (12.5%) made the transition to psychosis.

Conclusion: Although the transition rates have been low and similar to other ARMS programmes internationally, it is crucial that individuals with ARMS who are help-seeking, distressed or disabled by their symptoms, have access to a service where assessment, monitoring and psychosocial interventions are offered.

FB-14 Understanding Pathway to Care and the Significance of Implementation of Early Detection Team

Erik Simonsen, MD | Ulrik Helt Haahr, MD | Jens Einar Jansen, MA, PhD | Lene Halling Hastrup, MSc., PhD

Understanding pathway to care in patients with first-episode non-affective psychosis may improve the efforts toward early recognition and intervention and thus reducing their suffering and minimizing negative social consequences. Pathways to care during psychosis prior to treatment in Denmark (population 5,200,000)in 2009-11 were analyzed in a registered base investigation of contacts to mental and somatic health care services, GPs and other medical specialists and criminal offense. An early detection program was implemented in one of the 5 regions in Denmark, Region Zealand (population 810,000)in 2012 to promote early and easy access to appropriate and timely treatment. The diagnostic accuracy of PANSS to screen for clinical psychosis was evaluated. Eleven patients referred through the new system were interviewed to obtain a better understanding of their initial awareness and coping with symptoms, their help-seeking behavior and experiences of the integrated early intervention and treatment.

FB-15 Beyond the Medical Model: Making Meaning Meaningfully

Sera Davidow, BA | Richard Shulman, PhD

For years, a purely medical (or disease) model approach for understanding and treating "psychosis" and other types of mental and emotional distress has been elevated above all others. To the average person, that there is any other framework within which to make meaning of these experiences often still comes as a surprise. As a result, traumas quite regularly go unnamed and unrecognized, a message of permanency and hopelessness has been perpetuated, and civil liberties have been lost by many. While a growing number of clinical professionals and people with personal lived experience have spoken out against such harmfully myopic views, there remains a deficit of reference points that answer the question: "If not the medical model, then what?" The film, 'Beyond the Medical Model,' integrates personal stories with the perspectives of several internationally recognized figures and relevant research to provide at least a piece of the answer to that particular puzzle. Models beyond purely medical approaches (such as trauma and spirituality-based perspectives) are outlined, while personal stories serve to illustrate their relevance. The importance of supporting personal meaning making to the overall healing process is highlighted. Participants in this workshop will view a 48-minute version of this film (as developed for the International Network Toward Alternatives and Recovery [INTAR] Conference, Liverpool, England 2014) and then be led in interactive discussion about its implications for our work and our world.

FB-16 Social Recovery Across the Course of Psychosis: A CBT Approach

Jo Hodgekins, BSc, PhD, ClinPsyD | David Fowler, BSc, MSc | Paul French, BA (Hons), MSc, PhD | Tim Clarke, BSc, ClinPsyD | Brioney Gee, BA (Hons) MA (Cantab)

It is now widely recognised that most socially disabling severe mental health problems begin in adolescence. A series of retrospective studies have consistently shown that severe mental illness is often preceded by social decline, that this often becomes stable, and that such pre-morbid social disability is predictive of long-term outcomes. The efficacy of early intervention is now being increasingly established. Several randomised controlled trials have shown clear effects on improving social recovery outcomes of young people with psychosis. However, there is considerable room for further improvement as a substantive minority of service users have persistent social disability which may be resistant even to comprehensive first-episode psychosis treatment.

This symposium will report on the social recovery patterns of 1000 young people with early psychosis in early intervention services in the UK. We show that a substantive subgroup have extremely low levels of activity corresponding to extreme social disability at baseline and do not improve as a result of standard treatment. The role of negative symptoms in this process will also be discussed. The rationale and protocol for a targeted social recovery focused CBT (SRCBT) approach will be presented and the intervention strategy described using case studies from the SUPEREDEN study. Moreover, as poor premorbid functioning in adolescence is a key predictor of long-term outcome following psychosis, the rationale for intervening to improve social functioning of individuals at risk of severe mental illness will be proposed in the context of the PRODIGY trial.

FB-17 Childhood Neglect, Physical and Sexual Abuse, Perversion ... Antecedents of Psychosis?

Jorge L. Tizón, MD | John Read, PhD | Mark Dangerfield, Clinical Psychologist, MA in Psychotherapy

The purpose of the Symposia is to offer a psychosocial integrated view of the strong association between childhood adversities with increased risk for psychosis through the following presentations:

1. A psychopathological perspective of perversion: A term that is strikingly no longer an element of psychopathology, except for some psychoanalytic perspectives, and yet, is used extensively in social life. We will propose a definition and clarification, after addressing the fact that Psychiatry, in its need to be "sanctified" as a "biological science", has had to import biological models that have forced psychopathology to turn into an impoverished and one-dimensional "taxonomy of behaviors".

Conversely, in this presentation we will try to define the biopsychosocial intrusive relationship mode and the perverse relational organization, as well as the basic matrix components of the latter.

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2. A summary of empirical studies on childhood abuse and its association with psychosis. The consequence is that researchers and clinicians should routinely ask about childhood trauma when trying to understand or assist people diagnosed as psychotic. Victims are typically reluctant to disclose their histories of abuse and practitioners are often reluctant to seek it. We will also address the nature and extent of the problem and the apparent reasons for the pervasive neglect of this important area of care.

3. Rationale of a research project on transgenerational trauma and risk of psychosis in clinical settings: psychopathological consequences and therapeutic implications.

• If traumatic adversities happen within the family we find that in almost all cases parents had also suffered adversities during their childhood.

• The major finding in this study is that the pathological relational style that predominates in these families is more harmful than the abusive act itself, as it severely damages the organization and development of thought processes, the child's capacity to modulate emotions and his mentalizing abilities, something that has an anti-integrative function of the child's mental structure.

• Transgenerational trauma in families increases the risk of psychosis in adolescence.

FB-18 Developing Relational Resiliency: Psychoanalysis, Psychosis and Community

Marilyn Charles, PhD, ABPP | Barri Belnap, MD | Jeb Fowler, PhD | Jeremy Ridenour, PsyD

In an increasingly global community, information is easily accessible but often unintelligible because of its sheer volume. In such a world, how do we take in the information offered and also offer something back so that learning can be shared and well utilized? In this roundtable, we will consider psychosis as a relational dilemma requiring community engagement. We know from work occurring, for example, in Finland and Sweden that human interactions are crucial in helping marginalized individuals maintain a sense of connection, and yet, in the United States the former system of community mental health has broken down such that there is little community to be found. In our work at a private psychoanalytic psychiatric hospital based on the 'examined living' principles of therapeutic community, we have found that community in its various forms and manifestations is an important aspect of what both troubles and isolates people and also what can be reparative. Our open setting is built on our reliance on relationships to hold and sustain our patients through difficult times. In this panel, we will describe our work at the levels of the individual, family, and community, and discuss ways in which assessment helps refine understanding and research can help disseminate our learning and inform our practice. Our work affirms the trauma that is at the core of psychotic difficulties, trauma that can be invisible unless one looks below the surface to discover the ways in which relational difficulties or injuries have impeded social and emotional development. We will show how psychoanalytic principles can inform a model of engagement with those affected by severe mental illness that can be applicable to the ways in which we invest our resources in the larger culture, and hope to invite a dialogue about these important issues.

5:45 PM – 6:30 PM | Breakout Sessions

FB-02B Psychosis Happened To Me Too: A Family Member's Experience

Anna Arabskyj, BA(Hons) Social Studies

As psychosis exploded into my home in October 2012, I could only deem it as a hopeless situation. My emotional response to a traumatic, devastating, unmanageable situation was of fear, being held captive, isolated and clutching for hope. Hope did not come. Hurled into supporting my psychotic son, I surrendered 'hoping' and embraced 'coping'. The voices were sometimes friendly, but mostly terrifying. His chest pounded, as he frantically observed gruesome visions and embraced uninhibited beliefs. He had neither relief nor resolution and lived in a world of fear and uncertainty towards anyone who endeavoured to help, apart from me. Together my son and I developed a language to understand and describe the different worlds we lived in. I developed strategies to protect me, influenced by dialogue and an interchangeable blueprint of ideas.

Through hopelessness, hope can occur. After a 'rookie' response to the theory of 'Hope and Recovery.' I learned, through people came dialogue, relationships, listening, being heard, learning, understanding, questioning, educating, making sense of, removing 'stigma', breaking down jargon, ensuing the sharing of knowledge, skills and resources to inspire and manage lives.

Friends and family aspire to finding new ways of understanding and supporting voice hearers. They are dedicated to relating to others in a similar situation, create awareness of normalising the voice hearer's experience, intentionally share stories of hope, encourage the acceptance of setbacks and learn from them to increase knowledge, skills and efficacy. Ideas are adapted from introducing therapeutic principles into the family home, notions of 'Task Shifting' and COOCS & the Rhizome; A world where everyone is a teacher and knowledge is up to you.

We are responsible for one another and attitudes in society need to change to endorse a balance between social equality and individual freedom providing a platform for a healthy community.

FB-12B Psychosis and Allegory: Mediating Childhood Trauma

Zak Mucha, MSW | Pfeffer Eisin, MA, LCPC

The treatment of children with histories of severe, chronic relationship trauma presents substantial challenges for the psychotherapist. When the client suffers from psychotic symptoms as a result of these early experiences, communication between

client and psychotherapist often remains largely, perhaps entirely dependent upon non-verbal, unconscious transmissions. In their efforts to understand the child's experience of the world, the psychotherapist encourages and opens themselves to the realm of symbols, play, art and music, which offer the child direct ways to clearly communicate that which they have no words for.

One definition of allegory is "a complete narrative which involves characters, and events that stand for an abstract idea or an event." An allegory is an effective, deceptively simple way to convey that which may lie just outside of one's conscious awareness, or is too complicated or too overwhelming to put into words.

The purpose of this discussion is to examine particular allegories in treatment, the shared impact of the allegory on the psychotherapist and client and to reflect on the opportunity allegory provides for the psychotherapist to better understand what the client needs them to know.

FB-13B Disintegrated Perception, Disintegrated Self? Theory and Preliminary Results Perceptual Coherence Therapy

Lot Postmes, MD

Theory: Perceptual Incoherence leads to strange experiences which are common in schizophrenia.

There is a potential relationship between multisensory disintegration and self-disorders in schizophrenia. Self-disorders are pervasive and enduring anomalies of experienced self.

Body-oriented sensory information is crucial for aspects underlying self-recognition such as sensory–motor prediction, imagination and memory.

Many sensory processing impairments affecting multisensory integration have been demonstrated in schizophrenia. Multisensory integration is considered to be crucial for normal self-experience. An impairment of multisensory integration is called 'perceptual incoherence'.

Perceptual incoherence may evoke incoherent self-experiences including depersonalization, ambivalence, diminished sense of agency, and 'loosening of associations' between thoughts, feelings and actions that lie within the framework of 'self-disorders' as described by Sass and Parnas (2003).

We postulate that subconscious attempts to restore perceptual coherence may induce hallucinations and delusions.

Increased insight into mechanisms underlying 'self-disorders' may enhance our understanding of schizophrenia, improve recognition of early psychosis, and extend the range of therapeutic possibilities. To patients the perceptual incoherence hypothesis may offer a plausible explanation for self-disorders, which might stop patients' search for existential clarifications or formation of delusions.

Workshop: Casuistic reports and results of Perceptual Coherence Therapy (PCT) in 5 patients.

PCT is aimed to reduce perceptual incoherence en thereby self-disorders and/or psychotic symptoms. PCT alleviated incoherent self-experiences, improved many functions and insight in 4 out of 5 patients. The workshop will be interactive, there will be discussion afterwards. ■

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SATURDAY, MARCH 21

10:55 AM – 11:25 AM | POSTER PRESENTATIONS

Effect of Psychosocial Factors on Symptoms and Cognitive Resources in Recent Onset Psychosis

Manuel Tettamanti, PhD | Séverine Bessero | Maryse Badan Bâ, PhD | Logos Curtis, PhD

Studies have shown that psychosocial factors (i.e. family relations, friendships and professional involvement) have an impact on symptoms in young adults with emerging psychotic disorders (O'Brien et al., 2006; Gayer-Anderson & Morgan, 2013; De Sousa & Bentall, 2013). In particular, young adults in families with high expressed emotions have been found to have a higher risk of psychosis relapse (Buzlaff & Hooley, 1998). Moreover, some studies suggest that psychosocial factors (i.e. family interaction) could have an impact on cognitive resources available in children (Greenwald, 1989). Links between symptoms and cognitive resources have also been found (McGrath et al, 2001; Cameron et al., 2002).

In our study, participants were 40 young adults aged from 18 to 25 years, hospitalised within a young adult psychiatry unit (JADE) following an acute psychotic episode. An evaluation of their psychiatric symptoms was done using the BPRS 24 (Ventura et al., 1993) at hospital admission and discharge. An evaluation of cognitive resources was done with subtests of the test battery for attentional performances (TAP, Zimmermann & Fimm, 1994). Information about psychosocial factors (i.e. family, friendships and professional involvement) of these young adults was also collected.

Preliminary results show, using correlations and regression models, a close link between psychosocial factors and changes in psychiatric symptom severity during hospitalisation: More favourable family relations were related to a greater decrease of positive and negative symptoms. Less cognitive resources were available in those individuals with the highest positive symptoms level. Finally, more cognitive resources were also available for those individuals in a positive family environment and for those involved in training and/or at work before hospitalisation. Our initial results underline the relevance of psychosocial factors (family relations, friendship and and of professional involvement) to prognosis and the therapeutic process in young adults hospitalised for psychosis.

A Social Perspective on Paranoia, Hallucinations and Delusions

Annika Söderlund, Doctoral student

Background: In research psychosis/schizophrenia generally is explored as one disorder. Regarding knowledge from recent research hallucinations and delusions are experiences influenced by psychological, biological, as well as, social, historical and environmental factors. There is a need for further exploration of these phenomenons separately. Social and cultural factors on the development and consequences of hallucinations and delusions need to be explored and can offer different ways to recontextualize these kind of experiences (Laroi 2011, Waters 2014, Knowles 2014). In the psychiatric unit where I work we have ongoing discussions in self-help groups. In these groups the patients continuously, out of their every-day-life, describes paranoia as a phenomenon of its own. This knowledge by experts by experience makes it necessary to explore paranoia aside with hallucinations and delusions as different (social) phenomenon which is the aim with my thesis.

The Thesis:The first study will be retrospective in order to investigate the influence of current time concerning paranoia, hallucinations and delusions. Through medical records from the beginning of the 20th century the assessment will focus how the descriptions of these phenomenon relates to life histories and social situations. The research question is:

Do social perspectives on paranoia, hallucinations and delusions emerge in historical documents?

The following studies will focus on contemporary narratives in order to explore the understanding and meaning of paranoia and delusions. The methods are interviews (individual and group) and analysis of written data. The research question of in these studies is:

What is the meaning and the consequences of paranoia, hallucinations and delusions in people's own narratives about their lives?

Combination of CBT and Medication for Individuals at Risk for Psychosis

Petros Drosos, MD | Ivar Elvik, Psychologist

Most individuals suffering from psychotic disorders experience a period with non-psychotic symptoms before their first psychotic episode. The Prevention of Psychosis (POP) project focuses on early detection and treatment of individuals at high risk for developing psychosis. The hypothesis is that the number of individuals converting to psychosis will decrease due to this early intervention.

This is a regional multicenter study. Since March 2012 high-risk patients from two Norwegian treatment centers covering a population of 440.000, are recruited through information campaigns and assessed by low-threshold detection teams. Participants are offered a choice of cognitive behavioral therapy (CBT), family therapy, and/or omega-3. Symptoms and neuropsychological functioning are monitored through a two-year period.

CBT offered in the study is based on protocol by French and Morrison (2004) and is provided by novice CBT therapists. The maximum number of sessions is usually around 24-30 and the average around 12. Extra sessions are provided on a need-based principle. The CBT therapists receive group supervision on a regular basis.

Anti-anxiety agents and anti-depressants will be available if the patient is so symptomatic that they otherwise would be prescribed these agents by their GP. Antipsychotic medication will be available if the patient either enters the study with more severe attenuated psychotic symptoms, or if levels of attenuated psychotic symptoms show a clear increase during the project. A doctor working parallel with the CBT therapist evaluates pharmacological treatment.

Numbers on participants recruited, interventions and medication chosen, numbers converting to psychosis and development of symptoms (measured using the SIPS-scale) will be presented. We also examined to which degree the use of CBT led to reduction of medication used, when compared to similar populations.

Evaluation of Meta-Cognitive Group Training for Psychosis Spectrum Disorders in an Outpatient Setting: Australian Study

Dennis Liu, MBBS, PhD, FRANZCP | Nada Asceric, Master of Psychology (Clinical)

The study sought to evaluate the effectiveness of a manualised, 8-week group treatment of psychosis in an outpatient community mental health clinic in South Australia. Metacognitive Training (MCT) is a novel treatment approach developed by Steffen Moritz and his team, and is designed to treat positive symptoms of psychosis, most notably delusions. MCT helps consumers identify cognitive distortions, maladaptive ways of perceiving and evaluating the world that are thought to The current study utilised the English version of the MCT manual. The MCT treatment was delivered by a Clinical Psychologist and a Consultant Psychiatrist. The participants were drawn from a sample of outpatients consumers managed by community mental health teams. The consumers were diagnosed with schizophrenia, schizoaffective disorder, or drug induced psychosis. Exclusion criteria were minimal and allowed entry of cognitively impaired consumers. Group sizes ranged from 6-7 consumers and a number of groups were run over a 12-month period.

The consumers were evaluated at two points, namely Time 1 (before commencing group) and Time 2 (at the conclusion of treatment). All consumers were administered the following measures: Kessler Psychological Distress Scale (K-10), the Positive and Negative Syndrome Scale (PANSS), the Peters Delusions Inventory-21 items (PDI-21), and a Consumer Evaluation Questionnaire developed by the authors. The PANSS was administered by psychiatry registrars who did not take part in the treatment to ensure objectivity. Treatment effectiveness will be measured by a statistically significant reduction in the abovementioned measures from Time 1 to Time 2. Waitlisted consumers will be used as a comparison group (treatment as usual).

Based on the existing research evidence-base, the authors anticipate to observe a pattern of reduced psychopathology across a range of domains. Most prominently, we anticipate a reduction in preoccupation with delusions, delusion-related distress, and the level of conviction in the truthfulness of delusions. We anticipate that this will also be reflected in the reduced K-10 score, as well as an objectively verified increase in insight levels as measured by the PANSS.

In view of a notable number of consumers who show little or limited response to neuroleptic treatment, and in view of the devastating metabolic consequences of such treatments, the need to establish evidence-based psychological therapies for psychosis spectrum disorders is greater than ever. The authors hope to establish the efficacy of MCT in Australian outpatient populations, with minimal exclusion criteria for participation in the treatment, and minimal clinician investment time. One of our main objectives is to demonstrate a reduction in levels of delusional ideation, but also to explore how this can potentially increase the consumers' insight into their own illness, and reduce their psychological distress. The authors will explore the cost effectiveness of group MCT, and argue that MCT training should form a basis of standard clinical practice in community mental health settings.

Short vs. Long-Term Group Psychotherapy for Outpatients Suffering from Psychosis

Marjeta Blinc Pesek, MD | Kaja Medved, BS in Psychology

We discuss the specific indications and benefits of long term versus short term psychotherapies for patients with psychosis.

Our conclusions are made from clinical experience with 2 long term and two short term small groups of 6 to 8 medicated patients, run in co-therapy. A modified, non-structured, psychoanalytic group technique which includes psychoeducation, cognitive techniques, nonstructured conversation and clarifications is used.

Short term groups are designed to relieve simptoms, increase adherence to medication, improve social functioning, etc. They are often used to treat first-episode patients and they serve for educational purposes as well as relieving the enourmous distress that the first stages of psychosis put on the patients. Short term groups are reported to improve the subjective quality of life.

Long term groups can be of the slow open type. They are conducted in a modified group analytic technique. Patients in long term groups get to know each other well, they bring real life experiences to the group, and the group at times functions on the neurotic level, which means that we can observe the same group phenomena as in groups of patients with less severe diagnoses. They work through the stigma of their diagnosis and the loneliness that the ilness brings to their lives. The therapists should carry a reality-based optimistic attitude towards the possibility of the patients' inclusion in interpersonal relations, in achieving higher levels of object relations, intersubjectivity and empathy.

Patients with more severe forms of psychosis tend to stay in groups longer. Patients with better remissions or recovery are able to use the skills learnt in groups and their strengthened ego structure for better integration in society. They lead a more active life and gradually leave the group. The termination phase is an important part of the group process in both types of groups.

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Effects of Balint Groups on Medical Student Attitudes to Psychosis

Tom Stockmann, BM BCh, MA (Oxon)

Medical students attend a weekly Balint group during their 5 week psychiatry placement in North East London NHS Foundation Trust (NELFT). The Balint group comprises of 12 first year clinical medical students meeting together with a facilitator (the author) for a 1 hour session. The students are invited to discuss experiences with patients that have stayed in their mind for an emotional reason. The students commonly discuss patients who have psychotic symptoms.

Balint groups improve students' knowledge of the emotional aspects of the doctor-patient relationship (Yakeley et al, 2011). Although specific communication skills training for medical students seeks to address the importance of the emotional impact of the relationship with the patient, the teaching is frequently simulated with the use of actors and empathy is taught at a distance, becoming a cognitive rather than an emotional skill.

I am currently using a rating scale to assess medical student attitudes and beliefs about patients with hallucinations and delusions, as well as emotional empathy (previously used by Mcleod et al, 2002), both before and after attending a course of Balint groups. I will collect further data from students who will have a placement in NELFT within this academic year. Their rating scores will be compared to a control group of medical students who spend their 5 week placement in a neighboring NHS Trust, and do not attend a Balint group. The results will be presented in my poster.

Open Dialogue: Potential Effects on the Concept of Professionalism

Tom Stockmann, BM BCh, MA (Oxon)

I plan to consider the effect of widespread use of Open Dialogue (OD) in the UK on the concept, education, and assessment of professionalism.

OD involves a psychologically consistent family/social network approach. It is grounded in the philosophical concepts of social constructionism and dialogism. 'Symptoms' and 'diseases' are seen as socially constructed, and no version of 'truth', biomedical or otherwise, is regarded as superior. The role of clinicians in OD is to 'be with' patients, rather than to treat them. Two key therapeutic principles are tolerance of uncertainty and polyphony (multiple viewpoints).

OD outcomes far exceed those for usual treatment. North East London NHS Foundation Trust (NELFT) is one of four UK NHS trusts training staff in OD. A randomized control trial is planned to start in 2015. If successful, the model may become widely used in the UK. The adoption of this model of treatment would mark a paradigm shift in mental health services.

A concept that would be subsequently affected is that of the professional. In this poster, I will present my thoughts about key ways in which the idea of the professional may change along with the role adopted by clinicians within the OD model.

Professionalism can be seen as a socially constructed phenomenon. As such, is can be a way of being, an identity for individuals and groups. A change of the concept may, therefore, affect our identities. The concept of professionalism is also fluid over time and differs between cultures/groups, such as doctors, the public, and the authorities. There exists tension between the differing conceptions of professionalism. What may happen to these dynamics?

I will also consider how the healthcare regulatory bodies may respond, and how the education and assessment of professionalism may need to be altered.

Neighbourhood Characteristics and Psychotic Symptoms in 12-Year-Old Children

Joanne Newbury, BA Anthropology and Psychology, MSc Social, Genetic and Developmental Psychiatry

Being born and raised in a city is associated with an elevated risk for schizophrenia. Several neighbourhood factors affiliated with urbanicity have been identified that may partly account for this association, including population density, deprivation, and social fragmentation. Childhood psychotic symptoms have received growing attention recently, as they have been associated with suicide in adolescence, and the development of schizophrenia and other psychiatric disorders in adulthood. However, no research has yet explored whether neighbourhood characteristics are also associated with childhood psychotic symptoms. Addressing this gap in the literature, I will present findings from the E-Risk longitudinal cohort study, which tracks the development of over 2000 British twin children. Full address information is known for each child from birth (1994-1995) to present. At age 12, children were interviewed by psychiatric professionals for the presence of psychotic symptoms. Physical, social, and socioeconomic neighbourhood factors were assessed for each child via a comprehensive battery of methods including, respectively: a systematic social observation technique using Google Street View; over 15000 neighbourhood surveys of children's postcode neighbours; and geo-demographic discriminators provided by a UK-based commercial marketing group. Regression models were adjusted for child- and family-level factors (e.g. child gender, family SES). Several neighbourhood factors were significantly associated with childhood psychotic symptoms, including neighbourhood problems, collective efficacy, and neighbourhood SES. However, physical features of neighbourhoods, including disorder, decay and dangerousness were not associated with childhood psychotic symptoms. These results suggest that adverse social characteristics of neighbourhoods, for example deprivation, low trust and cohesion, and high risk of violence, may be important indicators for a child's risk of developing psychosis. Further research to identify neighbourhood factors implicated in the early expression of psychosis could offer insights for social interventions, urban planning, and psychotherapeutic treatments.

Stavange DPS — A Modern Norwegian Community Mental Healthcare Centre

Kristin Klemp, psychiatric nurse/master of management | Torbjorg Servoll, bachelor

Division of Psychiatry, Stavanger University Hospital has approx. 1350 employees and a budget of 170 million USD a year. It provides public mental health services for the population of 333.000 inhabitants in Rogaland County in the South-Western region of Norway.

The division consists of 5 District Psychiatric Centers, department for Children and adolescents (0-17), department for Young adults (18-30)- included drug-related disorders, department for Specialized services for adults (psychogeriatric, forensics, specialized wards for first-episode psychosis etc.).

SDPS provides general psychiatric services for a part of Stavanger city with approx. 94.000 inhabitants, 73.000 above 18. Newly built 50.000 sq. feet large facilities opened in august 2014, and are located 2 miles outside the city center. Available resources: 100 employees and yearly budget of 11 million USD.

Main therapeutic approaches are: Psychotherapy (cognitive and psychodynamic), milieu therapy, pharmacological treatment, physical activities, group therapy, exposure therapy. Wellness and health are focused in the wards' milieu therapy- such as nutrition, physical education and activities, environmental approach and community involvement.

Our Work Has Decreased the Amount of Days Committed and Reduced the Usage of Compulsory Care

Ingrid Asserson, Dept nurse | Ole Jøssang, Section chief | Anette Flatmo, Asst Dept nurse | Marta Nymark, Psych nurse | Aleksander Skalevik, peer supporter

After care outpatient unit (ACOU) started as a project in 2010. In 2011 the ACOU was established as a permanent and integrated polyclinic.

As of October 2014 we provide services for 43 patients. 22 of these are committed to compulsory care without overnight stay. All patients are suffering from a serious chronic mental disorder.

Task and target group:

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

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

Self-Face Recognition and Self-Consciousness in Schizophrenia

Oh Seung-Taek, MD | Hyung-Jun Yoon, MD | Jae Min Kim, MD, PhD

Objective: Self-disturbance has been regarded as a core feature of schizophrenia. One aspect of self-awareness is self-face recognition. As one's own face is assumed to represent social self, self-face recognition ability reflects social cognition. In this study, this ability of self-face recognition as an indicator of certain aspects of social cognition was investigated in patients with schizophrenia.

Methods: Twenty-three patients with schizophrenia and twenty-three healthy controls completed self-face recognition task. Morphed versions of three unknown facial identities were used and 11 images were produced with different proportion of self-image for each unknown identity. Thirty-three images in total were presented across 3 trials in random order. Participants were instructed to choose whether the stimuli were self-face or not.

Results: No significant difference was found in Self-Consciousness Scale (SCS) scores between groups except in social anxiety subscale. There were significant group differences of self-face proportion at most of the recognition start points (7 out of 9). In patients with schizophrenia, total mean reaction time was 1,645.8ms, which was significantly longer than that of normal controls (1005.8ms, $p<0.05$). Patients with schizophrenia showed a significant positive correlation between SCS score and self-face proportion at recognition start point 7 and 8 ($r=0.54$ and $r=0.487$, respectively).

Conclusions: These results support that self-face recognition in schizophrenia is dysfunctional. This might be related to self-disturbance in schizophrenia. Correlation analysis showed paradoxical relationship between self-consciousness level and self-face recognition suggesting impaired self-awareness. Same relationship found in social anxiety subscale score suggests that social cognition is related to self-face recognition in schizophrenia.

From Act to Fact: 5 Years of Ambulant Treatment of Psychosis in Southern Norway

Niclas Halvorsen, MD

The municipality of Kristiansand and the hospital have been cooperating on running an ACT program since the end of 2009. ACT (Assertive community treatement) is a model that strives to provide all aspects of importance to persons suffering from primary psychosis. The team delivers services connected to medical, social,

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psychological, help with employment etc. Around 65 patients have been treated with a reasonable degree of fideliti to the ACT protocol. Hospital admission rate was down with 95% for female patients and with 50 % for male patients. No serious violence against 3. person took place during the periode exept in one occation. No suicide took place when the patient was in his home. According to Norwegian law only 2-3 incidents of forced medication took place every year. ACT in this part of Norway will no expand into 3 more municipalities and transform into the Dutch model named Flexible-ACT from jan. 2015. F- ACT will then cover approximately a population of 100.000. In the poster presentation we will focus on what we believe is the reasons for the success in the ACT model and how we plan ahead regarding the implementation of the F-ACT model.

2:30 PM – 3:15 PM | BREAKOUT SESSIONS

SA-03A Outpatient Psychodynamic Psychotherapy with Psychosis: Managing Isolation and Creating Safety

Danielle Knafo, PhD

Outpatient therapy most closely resembles the reality the patient needs to adapt to. Yet, therapy that takes place outside of the rigid, uniform and relatively impersonal institutional setting places additional burdens not only on the patient but also on the therapist. This submission will confront the evidence for why less and less professionals are being trained to conduct outpatient psychodynamic psychotherapy with psychosis. It will place contemporary issues related to outpatient psychotherapy of psychosis into a historical perspective which takes into account three movements: the rise in deinstitutionalizion, the hands-off attitude in most psychoanalytic institutes, and psychopharmacology. I propose to conduct a workshop that offers an initial training in the evaluation and treatment concerns of therapists who wish to conduct psychodynamic psychotherapy with psychotic individuals in an outpatient setting. First, I will address patient and therapist factors (both realistic and transferential) to consider when evaluating the benefits and challenges of outpatient work with a psychotic individual. The majority of the time will be spent going over concerns around issues of isolation and safety, two major reasons therapists do not undertake this type of work.

The pros and cons of inpatient vs. outpatient therapy will be examined, what it takes on each of the participant's part to engage in outpatient therapy, as well as the necessity to think of the treatment occurring in a fluid system, flexible enough to adapt to the needs of both patient and therapist. Moving between in and outpatient therapy should not be considered in the context of failure or success but, rather, within the context of recognizing that different states require different conditions.

SA-09A Self Psychology and Psychosis:Self Development During Intensive Psychotherapy

Ira Steinman, MD | David Garfield, MD

In this groundbreaking volume, Drs. David Garfield and Ira Steinman bring us into the immediacy of the analyst's consulting room in direct confrontation with the thought disorder, delusions and hallucinations of their patients grappling with psychosis. From the early days of psychoanalysis when Freud explicated the famous Schreber case, analystss of all persuasions have brought a variety of theories to bear on the problem of schizophrenia and the other psychoses. Here, as William Butler Yeats notes, "the center does not hold" and any sense of self-esteem--positive feelings about oneself, a continuous sense of self in time and a functional coherence and cohesion of self, is shattered or stands in imminent danger.

What makes psychoanalytic self psychology so compelling as a framework for understanding psychosis is how it links together the early recognition of narcissistic impairment in these disorders to the "experience-near" focus which is the hallmark of self psychology. Now, with Garfield and Steinman's descriptions of healing in the mirroring, idealizing and twinship experiences of treatment, the theory of self psychology, in a comprehensive fashion, is brought to bear on the psychoses for the very first time.

Join Garfield and Steinman as they bring the reader into these analytic journeys, inspired by Kohut and his followers and crafted with their own original insights as patients find their way back to a meaningful and functional existence.

SA-10A Transgenerational Trauma and Risk of Psychosis: A Clinical Illustration

Mark Dangerfield, Clinical Psychologist, MA in Psychotherapy

The purpose of the workshop is to address the psychopathological consequences of transgenerational trauma in adolescents and clinical and technical implications in our practice, through a case of an adolescent who suffered sexual abuse within her family.

Detailed clinical material will be presented, including:

- Transcription of the first interviews, condensing key issues to address in psychodiagnostic processes and technical advices.
- Transcription of a psychotherapy session 9 months after admission, illustrating the damage in the adolescent's capacity to modulate emotions and in her mentalizing abilities, presenting a predominance of psychotic anxieties and unintegrated emotional experiences in the context of pathological family dynamics.

The Research Project in our Day Hospital for Adolescents shows:

- Mental health professionals insufficiently assess childhood adversities.
- The outcome of the psychotherapeutic process depends on the clinician's initial attitude towards assessment of traumatic adversities.
- If we don't understand the damage suffered by the adolescents and its consequences we will initiate a iatrogenic intervention or become witnesses to a chronifying "therapeutical process".
- Almost 90% of attended adolescents (N=180) meet at least one criterion for inclusion in childhood adversities (Varese et al., 2012).
- If adversities happened within the family, in almost all cases, parents had also suffered childhood adversities: significant prevalence of transgenerational trauma.
- The pathological relational style that predominates in these families is more damaging than the abusive act itself.
- Transgenerational trauma increases the risk of psychosis in adolescence.
- Parents who have suffered traumatic childhood adversities—that haven't been worked through—present difficulties in assuming parental functions, being also incapable of protecting their children from the re-edition of these traumatic experiences.

The workshop will also address the emotional impact of these cases on clinicians, and the need for adequate internal and external resources to help contend with such painful realities.

SA-11A Anthropopsychiatry: DNA of Psychosis?

Marc Calmeyn, MD

First of all the title is questioning modern psychiatric thinking. The DSM classification and its (neo-)Kraepelian ancestors consider mental diseases from a nosology that's medical and somatically in origin. Anthropopsychiatry—with its roots in classical psychiatry, psychoanalysis, phenomenology and structuralism—defines the field of psychiatry to those mental diseases that are typically human. Psychosis is one of them. Moreover, a cornerstone of anthropopsychiatric thinking, is based on the Freudian clinical metaphor of the 'crystal principle'. As a matter of fact psychopathology—not normality—is revealing what's the 'heart of the matter' of our—problematic—existence as human being. Psychosis is the psychopathology per excellence to clarify this anthropopsychiatric thesis. This will be explored in the oral presentation.

Secondly, acknowledging this thesis, it shapes our diagnostic and therapeutic relation towards the person involved in psychosis. It prevents the professional from symptom diagnoses and therapies . It promotes a sym-pathetic seeing through (dia-gnosis) and treating (therapy) this person as a companion in distress.

Last but not least, the oral presentation will demonstrate that these theoretical and clinical findings are not in opposition with other actual conceptions about psychosis. On the contrary anthropopsychiatry can be seen as a possible framework and an Ockham's razor to help clarify present-day discussions with reference to psychiatric nosography and nosology.

SA-12A Narrative Approaches to Psychosis: Part I

Lewis Mehl-Madrona, MD, PhD | Barbara Mainguy, MA

The idea of story has emerged in recent years as a unifying principle in human activity. It proposes that the brain and memory are organized in terms of stories, which organize information into time sequences (beginning, middle, and end) with characters, who do things (plot) to accomplish goals. Stories appear to be the basic means used by the brain to store information. Stories convey attitudes, values, and organize affect. They provide ways to organize incoming sensory information into organized wholes. They provide instructions for how to perceive information to organize the onslaught of sensory information into meaningful wholes. Stories inform us how to chunk information to avoid overwhelm. In psychosis, the capacity to story is compromised. In situations of apophenia, the person becomes unable to minimize the number of connections to produce a coherent plot. If everything is significant and related, then nothing is related and significant. In other forms of psychosis with prominence of negative symptoms, stories are minimal and lack any depth. We need sufficiently complex stories to have an enriched, interesting world. Concrete, oversimplified stories do not provide goals or the means to reach those goals. Stories contain the information for how to overcome obstacles, but oversimplified stories do not succeed in doing that and people become stuck in being unable to move forward in their lives. Between these two extremes come a multitude of disturbances of how to story the world. We can activate incorrect semantic networks in response to words and create completely incorrect meanings in relation to what a large group of others perceive. If our error detection systems are faulty, we can continue to pursue unsuccessful strategies despite failing to work. We become unable to switch strategies (plots). A story network exists in the brain to mediate story.

2:30 PM – 4:00 PM | BREAKOUT SESSIONS

SA-01 Cognitive Behaviorial Therapy for Psychosis: From Research to Innovative Services

Yulia Landa, PsyD, MS | Joan Feder, MA in Occupational Therapy | Shaynna Herrera, MA | Rachel Jespersen, BA | Alexander Fietzer, PhD

Studies suggest that Cognitive Behavioral Therapy (CBT) can improve psychotic symptoms and associated distress, reduce relapse rates, and serve as a protective factor against the emerging psychosis. This five part symposium will explore the ongoing development of a CBT for Psychosis (CBTp) program at New York Presbyterian Hospital, Cornell Medical Center, which uses clinical and translational research to develop and continually enhance CBTp services and staff training in inpatient, outpatient, and continuing day-treatment settings. The CBT for Psychosis program strives to provide state-of-the-art-treatment and advance research by engaging research and service development in a continuous, dynamic dialogue.

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Yulia Landa, founder of the CBT for Psychosis program at New York Presbyterian, Cornell Medical Center, will begin the symposium by explaining theoretical models of delusion formation and the development of group CBT paradigms for patients with persistent delusions and for those with attenuated psychotic symptoms. MD Landa will also discuss efficacy, neuroimaging and qualitative research on these modalities.

Next, Joan Feder, MA, O.T.R./L, Manager of the Payne Whitney Manhattan Continuing Day Treatment Program (CDTP) (an intensive six- to nine-month program), will describe how CBT for Psychosis has been integrated into the CDTP.

Following, Shaynna Herrera, MA, will present on the integration of CBT into an inpatient psychotic disorders unit through the use of a one-time "ABC of CBT for Stressful Thoughts and Voices" group.

Consequently, Rachel Jespersen, BA, will discuss qualitative studies that explored service users experience with CBT for Psychosis program, and their treatment and communication preferences.

Finally, new directions in research will be highlighted with Alexander W. Fietzer, PhD, examining the impact of external motivation on the jumping-to-conclusions cognitive bias for delusions. Implications for CBTp will be discussed.

SA-04 Conquering Goliath: The Slingshot or the Handshake?

Alice Maher, MD

This paper will explore the best way to challenge present-day psychiatric models and practices. Do we work to topple the structure erected by neurobiology, psychiatric education and Big Pharma, or do we try to integrate bio-psycho-social models of understanding and treatment? Might there be a third possibility—a true paradigm shift? Goliath needs to be brought down, but we're too conflicted within ourselves to come together and decide on the best method to effect large-scale change. This paper will explore these questions and propose a way to focus two conflicting visions on a shared horizon.

SA-04 Existential Anxieties as Barriers Between Mental Health Professionals and Consumers

Tristan Barsky, MS | **Noel Hunter, MA, MS**

The status and influence of the mental health field has increased along with rates of diagnosed mental illness and related disability. Correspondingly, as mental health professionals continually claim to have developed new breakthrough innovations in clinical treatment, consumers and ex-consumers have come together in an ever-growing movement to protest them. One of their fundamental contentions is that the mental health field has responded to their demands to apply a strength-based approach to treatment emphasizing the role of chronic stress and trauma on emotional distress, with increasingly deficit-based, biological ones. Terror Management Theory (TMT), provides a unique and useful approach to conceptualizing this important barrier to a cooperative and respectful dialogue between the mental health field and its consumers.

TMT builds on decades of theorizing and applied research in social, developmental, and psychodynamic psychology, suggests that an awareness of one's mortality can trigger distressing existential anxieties. Impediments upon one's efforts to take steps toward independence and separation in childhood, and ensuing insecure attachment patterns, renders individuals particularly vulnerable to these experiences. They interact with certain environmental factors to lead some to seek out a career in the mental health field, and others to receive "serious mental illness" diagnoses and eventually become psychotherapy patients.

Unsurprisingly, when a dialogue is eventually initiated between these individuals in the context of psychotherapy, their exploration of these experiences can lead to reciprocal re-triggering of existential anxieties. One of TMT's basic assumptions is that existential anxieties are defended against through falling back upon one's personal beliefs and cultural worldview. This paper explores the ways in which interactional triggering of existential anxieties and ensuing defensive adherence to ideology contributes to dividing the mental health field and its consumers. It also offers suggestions as to what could help mitigate this existential stalemate in the psychotherapeutic context.

SA-04 "Two Roads Diverged in a Yellow Wood…" — Could I Travel Both? Integrating Cognitive-Behavioral and Psychodynamic Formulations in the Treatment of Psychosis

Dina Viglin, PhD

The role of case formulation in psychotherapy planning and interventions, as opposed to the role of diagnosis, is to identify and explain what is unique about a patient's presentation. Formulation encourages seeing the patient not only as someone with a particular diagnosis, but as someone whose difficulties need to be understood in relation to personal events and their own characteristic ways of reacting and communicating (Mace& Binyon, 2000). The goal is to provide a concise conceptualization of the case that will help guide a treatment plan.

Beyond the general importance of using formulations in clinical work, I would like to argue that even greater importance lies in the ability to integrate formulations from different theoretical perspectives, especially when treating individuals with psychotic disorders. I would suggest that the level of formulation that is required depends on a number of factors including the type of problem or question that is being addressed at each specific phase of treatment (phase-specific formulation). In my opinion it is imperative to have the flexibility and willingness to use different formulation "languages" concurrently and to consider and reconsider continuously what to include in the formulation when communicating it to the client. It is crucial to remember that formulation is inherently a hypothesis—a "work in progress", open to modifications and updates.

I will present, using a case vignette, one possible integration between cognitive-behavioral and psychodynamic case formulations, and its' clinical implications when working with an individual diagnosed with schizophrenia. My belief is that our clients would benefit from an integrated and flexible formulation-driven therapeutic approach—which has the power to help therapists to be more effective and attuned to the individual needs of every client.

SA-04 Research, Reciprocity and Recovery in Group Cognitive Analytic Music Therapy

Stella Jean Compton Dickinson, MSc, Mphil

Music Therapy in the United Kingdom is an interactive art form, which is facilitated through the skills of the music therapist towards jointly–created musical improvisation. This presentation will explain a clinically tested, integrated, manualised model that is based on the social concepts of group analytic therapy (Foulkes 1964) and of cognitive analytic therapy (Ryle and Kerr 2002). The process of integrating these concepts into a robust model of music therapy and their research and development followed the medical research council (MRC) framework for the development and evaluation of a complex intervention. (Campbell et.al. 2000, 2007). There are no large-scale quantitative or qualitative studies into the clinical effectiveness of music therapy for men and women who have committed serious offenses and who are residents in secure hospital settings. A systematic review by Duggan et.al (2006) and the NICE Guidance (2010) state that patients in secure hospital treatment who have restricted freedom and choice have a right to expect evidence-based treatment. Patient preferences and satisfaction were central to this mixed methods study. In secure hospitals in the United Kingdom a multi-disciplinary approach involves the delivery of concurrent treatments tailored to each individual's needs. A form of music therapy is required which contributes to the overall treatment aims of the MDT and which is compatible to offence -related, treatment programs. In the treatment of men and women who have offended and who have serious mental illness, there are risks of violence when they re-avow previously dissociated or repressed emotions because they have both suffered and inflicted harm. To safely become conscious of their feelings through jointly–created musical expression helped to improve in how they relate to others and towards the development of victim empathy and remorse.

SA-05 Inner Reading Voices: Auditory Hallucinations in the Non-Clinical Population?

Ruvanee Vilhauer, PhD

Background: Many theories of auditory verbal hallucinations (AVHs) propose that AVHs arise from inner speech, but few empirical studies have examined the phenomenology of inner speech. No previous empirical studies have examined the auditory quality of inner speech while reading.

Method: One hundred and sixty online posts, collected from a popular community website, were analyzed, using a content analysis approach, to examine the phenomenology of inner reading voices (IRVs).

Results: Many individuals report routinely experiencing inner voices while reading. Most individuals studied indicated that IRVs have the auditory qualities of overt speech, such as recognizable identity, gender, pitch, loudness, and emotional tone. IRVs were sometimes identified as the readers' own voices, and sometimes as the voices of real others, such as actors, family members and friends, or the voices of imagined others such as book characters. Some individuals reported that IRVs were similar to their thoughts, which appeared to have auditory qualities as well. Some posters reported that IRVs were controllable, while others appeared unable to control them. Negative emotions about IRVs were reported by half of those who suggested being unable to control them.

Conclusions: IRVs provide evidence for individual variation in imagery vividness and support for inner speech accounts of AVHs. IRVs could be a useful model for studying AVH in the normal population.

SA-05 Expression of Lived Experience: Recovery and the Hearing Voices Approach

Casadi "Khaki" Marino, LCSW, CADC III

Background and Purpose: Hearing Voices is an international movement of individuals with lived experience of psychosis/extreme states of consciousness or madness. The approach accepts diverse explanations for extreme states that are understood in the context of life events and interpersonal narratives. Recovery involves telling one's story and making meaning of experiences. Individuals are encouraged to take ownership of their extreme states and define them for themselves. This study investigates how individuals who have participated in Hearing Voices groups regained access to their stories and the essential truths of their lived experiences.

Methods: In-depth, semi-structured interviews were conducted with five adults active in Hearing Voices groups. Participants were asked, "What is the difference between your madness experiences and you?" Interviews were analyzed through interpretative phenomenological analysis (IPA). The IPA approach is concerned with understanding personal lived experiences and exploring personal meaning making. Such studies are conducted on relatively small sample sizes in order to investigate both convergence and divergence of findings. IPA is an interpretative methodology that recognizes the investigator's role in making sense of participant experience.

Results: Four themes emerged from the data analysis: resolving and integrating past experiences, seeking meaning and constructing a personal narrative, developing a felt sense of connection to the world, and reengaging socially. Individuals had to reconcile past trauma and/or inner conflicts, derive meaning from experiences, develop a belief that they were part of the larger world, and pursue social support and life goals.

Conclusions and Implications: Study participants reported journeys of recovery that concerned personal meaning making and spoke

to the importance of feeling understood and socially connected. Implications of this study involve the need to appreciate the subjectivity of illness and the potential meaning of mental distress as well as the importance of social connection for individual recovery.

SA-05 City and Psychosis: A New Research Paradigm

Lilith Abrahamyan Empson, MD | Dag Söderström, PhD in medicine, Psychiatrist and psychotherapist FMH

Since the 1930s studies have consistently shown higher incidence rates for schizophrenia and other non-affective psychoses in urban areas with a dose-response relationship suggesting a social causation rather than a social drift. The association between a higher risk for development of psychosis and urban living remains strong even after controlling for a wide range of potential confounders. Further more, theories related to prenatal development and obstetrical complications, infections, upbringing, societal and community environments are insufficient to explain this correlation. Research thus shows that the urbanicity plays a specific role but the interactive mechanism city-psychosis remains unknown.

An interdisciplinary research initiated by Lausanne and Neuchâtel Universities and the local ISPS group intend to change the research paradigm by starting with the urban living experience of FEP patients. The research team of geographers and psychiatrists will identify urban characteristics (geographical, architectural, contextual), which may trigger the emergence of psychotic symptoms with a special focus on basic-self disturbances. Moreover, we will analyze the interplay of these factors, spatial biographies and the use of the city by psychotic patients.

This hypothesis generating qualitative and quantitative study is looking for urban factors explaining basic mechanism through bottom up patient-based methodology.Our population, aged 18 to 35, will be recruited on a voluntary basis among the patients already assessed by Early Intervention In Psychosis Program (TIPP) of the Lausanne catchment area. Video recorded walk along interviews (n=10) are expected to reveal moments of discomfort due to relevant urban features. They will be followed by narrative and semi-structured interviews focusing on residential trajectories and embodied experience (n= 30). Based on preliminary findings, a focus group will develop a survey for a larger distribution (n=400). National Swiss Research Fund supports our study during 3 years.

Research design, methodological problems and preliminary results will be presented.

SA-05 The Contribution of Psychoanalytic Self Psychology Psychotherapy to the Understanding and Treatment of Severe Mental Disorders

Matteo Mazzariol, medicine | Elda Arpaia, Psychology

Psychonalytic Self Psychology Psychotherapy was originally developed from near to experience observations of therapists who rearly were confronted in their practice with people suffering from severe mental health problems.

On the other hand many therapists working with people having severe psychotic symptoms have found self psychology clinical principles very helpfull in better understanding and treating people with psycosis. In the last years there have also been theoretical developments which have tried to conceptualize these empathically gained observations, following Kohut's main focus on empathy as a tool of investigation.

In this presention myself and a colleague of mine will comunicate the state of the art in the field, integrating the clinical and theorical dimensions, and we will open a discussion on this topic with the audience.

SA-06 Addressing the Risks of Early Detection and Intervention in Risk for Psychosis by Reframing its Essence and Goal

Danny Koren, PhD

While there is a wide consensus regarding the potential benefits that early detection and intervention in clinical high-risk states for psychosis might offer, inclusion of an official psychosis risk diagnosis in the DSM raises serious concerns regarding the iatrogenic stigmatizing effect that a diagnostic label of this kind might have on patients, families and institutions. Based on examples from other areas in medicine (e.g., 'hearing loss' as opposed to 'attenuated deafness'), and recent proposals within psychiatry to replace 'schizophrenia' with a diagnostic label that relates to aspects of human mentation that are universal, such as 'salience' (van Os, 2009) or 'integration' (Sato, 2006), we have recently hypothesized (Koren, 2013) that reframing the psychosis risk syndrome as 'endangered reality-testing syndrome' has the potential to address these concerns. The goal of this presentation is to introduce this notion and present pilot data that provide preliminary support for its validity. In this study, 120 adults from the community were randomized to read either one of two vignettes depicting an 'at-risk' adolescent, and were then asked to rate the degree to which that adolescent is likely to seek help for and to feel stigmatized and hopeless because of her/his symptoms. The two vignettes were completely identical except that in one the symptoms were labeled as 'psychosis risk syndrome' and in the second as 'endangered reality-testing syndrome'. Consistent with our hypothesis, ratings of help-seeking likelihood were significantly higher in the 'endangered reality-testing' condition, whereas ratings of anticipated stigma and hopelessness were higher, albeit not significantly so, in the 'psychosis risk' condition. These pilot results provide first empirical support for the clinical usefulness of 'endangered-health' formulations in challenging stigma and improving help-seeking behaviors among individuals at clinical high-risk for psychosis. The presentation will conclude by discussing the implications of these results for future research.

SA-06 Psychosocial Initiatives in Education/Work for Young People with FEP

Lena Heitmann, MA | Rune Salvesen, BA Nursing

Background: Onset of psychosis in adolescence or early adulthood increases the risk of dropping out of education or work. The experience of this project is that supported education and employment within a clinical setting minimizes dropout rates. Starting out as a work placement initiative for patients with first episode psychosis (FEP), the project developed to include educational support for an increasing number of younger patients with ultra high risk (UHR).

Objective: The objective of this service is to provide clinically based support to vocational and educational trajectories for youth between 13-30 with FEP or UHR.

Methods: The Job Prescription Project adapts the Individual Placement and Support (IPS) Stavanger model and works with patients within the TIPS (FEP) study at Stavanger University Hospital (SUH) and inpatients/outpatients within SUH being treated for early episode psychosis.

The subsidiary School Prescription Project aims to provide a new service by implementing elements of the IPS Stavanger model to education for young people who have recently dropped out or are in danger of dropping out of education due to FEP or UHR. The education supported includes lower and upper secondary school, college and university level, and excludes facilitated educational programmes.

Results: An increased focus on social and functional outcomes within SUH as a result of better patient outcomes within the projects. Less stigma among young people with FEP or UHR within SUH. Increased awareness on stigma with FEP and UHR patients among vocational and educational institutions.

Discussion: The ideology of both projects is to reach out to participants in a way suiting their age, interests and needs in order to build strong and sustainable relations. Clinical experience and close cooperation with clinicians allow us to closely monitor and timely treat symptom exacerbations if they occur.

SA-06 Adversities and Their Associations in Non-Affective First-Episode Psychosis

Anne Marie Trauelsen, MD

Background: Childhood and adolescent adversities are now considered risk factors for non-affective psychosis. Recent studies suggest that different adversities are inter-correlated, and that the increased risk found for sexual abuse is carried by emotional abuse and neglect. The aims of the current study were to compare reported childhood and adolescent adversities and their associations in persons with first-episode psychosis (FEP) and non-clinical matched control persons; and to investigate whether adversities preceded the onset of psychosis and thereby support a possible causal relationship.

Method: Participants were 101 persons with FEP diagnosed with ICD-10 diagnosis F20–F29 (except F21) and 101 non clinical control persons matched by gender, age and socio-economic status. The control persons were screened for psychiatric disorders with the MINI 6.0. Adversities were assessed with the Childhood Trauma Questionnaire; the Brief Betrayal Trauma Survey and parts of the Childhood Experience of Care and Abuse Questionnaire.

Results: Childhood and adolescent adversities were more common in the FEP group (92 % and 37 %, $p<0.01$). Childhood and adolescent sexual, physical, emotional abuse, and physical and emotional neglect, separation and institutionalization were four to 16 times greater for the FEP group (all $p<0.01$). When all adversities were included in the logistic regression model only emotional abuse, physical and emotional neglect and institutionalization remained significantly higher. Reported age at first adversity preceded psychosis onset in 92 % of the cases where age at adversity was obtained (71 %).

Conclusion: Adversities were inter-correlated, and emotional abuse, neglect and institutionalization were the strongest predictors of psychosis. This suggests future research should focus upon emotional abuse, neglect and institutionalization. Furthermore, trauma preceded psychosis onset supporting that these adversities could be regarded as possible causal factors.

SA-06 Social Anxiety in First-Episode Psychosis: The Role of Childhood Trauma and Adult Attachment

Maria Michail, BA, MSc, PhD

Background: Social anxiety is among the most prevalent affective disturbances among people with psychosis. The developmental pathways associated with its emergence in psychosis, however, remain unclear. The aim of this study is to identify the developmental risk factors associated with social anxiety disorder in first-episode psychosis and to investigate whether social anxiety in psychosis and non-psychosis is associated with similar or different adult attachment styles.

Method: This is a cross-sectional study. A sample of individuals with social anxiety disorder (with or without psychosis) was compared with a sample with psychosis only and healthy controls on childhood trauma, dysfunctional parenting and adult attachment.

Results: Childhood trauma and dysfunctional parenting ($p<0.05$) were significantly elevated in people with social anxiety (with or without psychosis) compared to those with psychosis only and healthy controls. There were no differences in childhood trauma and dysfunctional parenting between socially anxious people with and without psychosis. Higher levels of insecure adult attachment ($x21=38.5$, $p<0.01$) were

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reported in the social anxiety group (with or without psychosis) compared to the psychosis only and healthy controls. Childhood adversities were not associated with insecure adult attachment in people with social anxiety (with or without psychosis).

Limitations: Due to the cross-sectional nature of the study we cannot infer causal relationships between early risk factors and social anxiety. Also, the use of self-report measures of attachment could be subject to biases.

Conclusion: Shared developmental risk factors are implicated in the emergence of affective disorders in psychosis and non-psychosis. Social anxiety in psychosis is associated with insecurity in adult attachments which does not arise a result of adverse developmental pathways. Understanding the bio-psycho-social risk factors for affective dysregulation in psychosis could inform psychological interventions about the role of developmental anomaly and trauma in the emergence of affective dysregulation in psychosis.

SA-07 Culture and Hallucinations: What We Know So Far and What Needs to be Addressed

Frank Larøi, PhD

A number of studies have explored hallucinations as complex experiences involving interactions between psychological, biological, and environmental factors and mechanisms. Nevertheless, relatively little attention has focused on the role of culture in shaping hallucinations. In this talk, I will briefly review some of the published research. The few studies that have examined this issue suggest that culture does indeed have a significant impact on the experience, understanding, and labeling of hallucinations. They show that culture can affect what is identified as a hallucination, that there are different patterns of hallucination among the clinical and nonclinical populations, that hallucinations are often culturally meaningful, that hallucinations occur at different rates in different settings, and that culture affects the meaning and characteristics of hallucinations associated with psychosis. Some of the clinical and theoretical implications of these findings will be discussed. Finally, it is clear that more research is needed, and the types of studies and methodologies that are needed will be proposed.

SA-07 Social Defeat and Psychosis: Through a Maori Lens

Kirsty Agar-Jacomb, Doctorate of Clinical Psychology | Te Miringa Tahana Waipouri-Voykovic

We are neuro-biologically wired to connect and relate to others. We are driven to belong to groups and our measure of social value is shaped by how others evaluate our worth. Tasks that involve social evaluative threat elicit stronger stress responses than tasks that don't (Dickerson et al. 2004). Social exclusion and isolation can undermine our ability to think clearly, feel excruciating, and result in feelings of outsider status and reduced value—social defeat. The stress associated with chronic social defeat can have strong and pervasive neurobiological and epigenetic correlates that often satisfy criteria for causal relationships (Selten et al. 2013; Shonkoff & Garner, 2012).

Research has revealed that Social Defeat was the common denominator of five major risk factors of psychosis; urban upbringing, migration, childhood trauma, low intelligence and drug use (Selten et al. 2013) and at the highest levels of psychosis expression, social defeat may directly and exclusively mediate the association between childhood trauma and psychosis (van Nierop et al. 2013).

This paper, rather than being a presentation of original research, will link research from various disciplines including philosophical, historical, anthropological, neurobiological, cultural, and psychological. Links will be tracked from an evolutionary base, through epigenetics, social evaluative threat, social defeat, status anxiety, and inequality to psychosis.

A lens will then be applied from the unique cultural perspective of Maori to explore how these findings resonate with the experience of Maori in New Zealand today.

SA-07 Living Relationships: Asian American Individuals with Serious Mental Illness and Their Families

Uma Chandrika Millner, PhD

The Asian/Pacific Islander community is the second fastest growing minority group in the US (U.S. Census Bureau, 2010) with similar prevalence rates of mental illness as the White American population. Compared to Black and White Americans, Asian Americans are far less likely to utilize mental health services (Le Meyer, et al., 2009; USHDDS, 2001) but tend to have greater extended, persistent and intensive family involvement in their mental health treatment (Park & Chesla, 2010). The mental health disparities for this population and the potential needs of their family members inspired this exploratory research project to determine the unmet needs of clinicians, consumers and family members. We conducted three focus groups each in the greater Boston and Seattle areas. Focus groups included meetings with providers (Boston n = 5, Seattle n = 12), consumers (Boston n = 8; Seattle n = 13) and family members (Boston n = 2; Seattle n = 3). Data was analyzed thematically using the Framework Analysis approach (Krueger, 1994). The resulting themes included the importance of finding meaning and purpose, cultural context, acculturation experiences, language depicting mental illness, stigma and discrimination, gender differences, the power of empathy, shame and guilt, cultural competence of providers and family relationships. This paper presentation will focus on stories narrated by providers, consumers and family members (de-identified) that exemplify the relationship of the individuals with lived experience and their family members, service providers and the community in the context of the abovementioned themes. This paper will conclude with a discussion on 1) the similarities and differences between communities with regard to the experience of serious mental illness, 2) strategies to engage Asian families in a meaningful, culturally appropriate manner and 3) activities necessary for supporting the work of clinicians providing services to Asian Americans with serious/chronic mental illness.

SA-08 If Open-Ended Therapy is Gone

Erik Hammarström

The practice of psychotherapy is seeing a major change. This change is not due to findings from research or clinical invention. It is driven by a change in our societies towards a rational and bureaucratic governance of the public sector that construes the activities of a psychotherapist differently. So called "New Public Management" recruits some knowledge that is deemed scientific as primary tools for decision making and rejects others considered at best secondary. Quantifiable, comparable, and hence uniform pieces of information are requested as the foundation for decision making. Open-ended psychotherapy is one thing that clearly does not fit this model of management. Therefor its practice is becoming increasingly rare. In the following text I will discuss losses that I can see as this time honoured practice disappears. My vantage point is that of someone who is still allowed to work in a psychiatric setting from my own professional judgement and the agreement with each patient, with no restraints on frequency, duration, or theoretical orientation of the therapeutic contact. I will recruit three constructs or perspectives, beginning in the field of sociology by applying the term "emancipatory interest". Secondly I shall try to come somewhat closer to a practical level by addressing issues of problems and goals in psychotherapy. Ending this discussion I will move towards clinical theory and discuss open-ended therapy from the construct "lending Ego". This way I hope to have addressed some aspects of an important question from some philosophical, practical, and theoretical points of view. Among the losses I find with the disappearance of open-ended therapy is the striving towards liberation from subjugation, the uniquely individual framing of a therapeutic problem and the close attention to important but sometimes subtle qualitative shifts in the regulatory functions of the therapist.

SA-08 Additive Effect of Religious Activity in the Management of Patients with Schizophrenia

M M Jalal Uddin, FCPS (Psychiatry)

Though antipsychotics are effective in the treatment of acute stage and maintenance therapy for chronic schizophrenia patients, a significant percentage of patients don't take medicine and an increase relapse rate of the disease. The relationship between spirituality and religious activity adherence to treatment has been studied among patients with schizophrenia. Religion plays a central role in the processes of reconstructing a sense of self and recovery. So the objective of the present study was to see the additive effect of religious activity and practices in addition to antipsychotics in the management of schizophrenia.

To see the socio-demographic characteristics of the of the schizophrenia patients

To assess the compliance of the patients taking religious activities

52 patients with schizophrenia taking antipsychotics and religious activity comprises group A and 46 age, sex ,religion and duration of illness matched patients with schizophrenia taking only antipsychotics comprises group B were selected purposively for the study in National Institute of Mental Health (NIMH), Dhaka, Bangladesh from October 2012 to March 2013. Among the group A most of them were Muslim. Religious activity and practices started according to their own religion.

Patients with schizophrenia who received antipsychotics and religious activity showed reduced relapse rate (17%), increases treatment compliance (89%) and improve quality of life (82%).

Religious coping assigns significance to life challenges and provides a sense of meaning and purpose, emotional comfort, personal control, intimacy with others and a higher power. Further broad based study is needed in this regard.

SA-08 Deeper Than Behavior and Technique: Therapists and Way of Being

Arthur Wouters, PhD

The past decade of therapeutic outcome findings has significantly reoriented the focus of the practitioner. What we tended to rely on the most makes the smallest difference to therapeutic changes in our clients, namely the model and techniques we employ. Instead research findings consistently highlight the overarching effects of extra-therapeutic factors, relationship factors and expectation and hope. If the intervention methods of Mental Health practitioners and supporters are not the primary sources of changes in those we engage, then what is? Where do we turn to for the reimagining of our practice and our metaphors of ultimacy? How do we engage more deeply with what really makes a difference? This presentation represents a philosophical and personal search for possibilities in a change in Way of Being of people in general and practitioners in particular. Rooted in Martin Buber's philosophy and drawing from this work with the Arbinger Institute, the presenter explores the meaning and relevance of the anatomy of peace with particular reference to therapy and therapists.

SA-08 On the Very Idea of a Therapy Wthout Foundations When Working with Psychosis

Del Loewenthal, PhD, MSc, BSc, BA

Are the psychological therapies cultural or evidence-based practices? In this paper Del will explore whether the psychological therapies together with questions of 'what is taken as evidence' are both first and foremost cultural practices. If psychology was to return to focusing on the integration of the cultural/historical with the empirical then wouldn't we need to reconsider the place of theory and perhaps even more so what we currently regard as research? For example, didn't Freud and others initially discover a practice which they then tried to attribute to their various theories? Del will tentatively make some suggestions of one possibility of what it might mean if we were to consider 'a therapy without foundations'. The publication of Post-Existentialism and the Psychological

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Therapies by Del Loewenthal and others (Karnac Books 2011), with its subtitle 'Towards a Therapy without Foundations', raised questions about the essence of psychotherapy. Is it possible, or even necessary, to create a psychotherapy 'without foundations'? This presentation will explore the psychological therapies at the start of the twenty-first century in the treatment of psychosis. In contrast to the prevailing culture which has led to the dominance of theory-led approaches that are increasingly instrumentalised, what happens when we start by considering psychotherapy as a practice involving a meeting between two unique individuals? In this paper, fundamental questions will be raised about the nature of knowledge in the psychological therapies and the implications for what might be meant by theory, research, ethics and indeed practice

SA-13 From Research to Action: Overcoming Barriers to a Paradigm Shift

John Read, PhD

The current crisis in biolgical psychiatry suggests, according to the criteria identified by Thomas Kuhn in 'The Structure of Scientific Revolutions', that a paradigm shift is imminent.

Kuhn argues however that paradigm shifts do not come about because of research evidence alone, but that non-scientific processes such as persuasion and promotion are required.

This paper, based on the final chapter of the second edition of Models of Madness, outlines a number of specific actions that we might take to hasten the imminent paradigmn shift, which will lead to evidence-based, effective and humane mental health services.

SA-13 Recovery — A Meaningful Concept for Families and Friends

Grainne Fadden, BA, MPhil, PhD (doctorate in Clinical Psychology)

When the word 'recovery' is mentioned in mental health, it usually refers to recovery of the person with the mental health problem. When families are mentioned in this context it is generally in terms of how family and friends can support the recovery of the service user. This of course is all very important - family and friends play a key role in support someone's recovery and it is essential that they are helped to learn the skills to do this.

We also know that coping with the mental health problems of a loved one is challenging, particularly if the problems are severe and long-standing. Family members and close friends can be traumatised by coping with odd behaviour, by some of their contacts with services, by seeing a loved one hospitalised against their will or taken away by police, and are generally worn down by years of caring.

This paper will present the results of qualitative research study where family members were interviewed about whether the concept of recovery was meaningful to them, and if so, what helped and hindered their recovery.

Key findings included:

- Families tended to define their own recovery as regaining control or moving on with their own lives but struggles with the idea of 'recovering' from a loved one.
- There were turning points that prompted them to think about their lives such as a health scare or obtaining information that helped.
- The main strategies that helped them to get their lives back were:
  - Practical e.g. taking breaks, keeping busy
  - Psychological – positive attitudes, hope, detaching
  - Increasing their knowledge and support they received

SA-13 Does the Recovery Discourse Impact the Social Aspect of Living with Schizophrenia?

Shannon Blajeski, MSW

People living with schizophrenia have been consistently found to have deficits in their personal social networks, with many studies showing that they have limited access to meaningful social relationships. Current evidence-based mental health treatment programs such as Assertive Community Treatment are associated with positive outcomes such as decreased hospitalization and/or criminal justice involvement while others like Social Skills Training for Schizophrenia specifically target interpersonal skills. Despite these efforts, current rates of social inclusion and employment remain low among people with schizophrenia.

The development of the psychiatric "recovery" paradigm during the 1990's was a tremendous shift from deficit-based care models to strength-based and person-centered care models, however, it has not necessarily translated into stronger social networks and community inclusion for people with schizophrenia. Moreover, the dominant practice culture of mental health treatment remains focused on the individual rather than the individual within their social environment. A 2010 column in Psychiatric Services called for the recovery movement to move away from being "overly focused on the subjective experience of recovery" to one where "social inclusion is a moral imperative." The recovery discourse activated through mental health policy may have influence on these practices and their psychosocial outcomes.

My aim in this paper is to examine the ways in which the professional discourses of recovery currently articulated in mental health treatment policy and operationalized through service guidelines of evidence-based practices to treat people with schizophrenia, address the "moral imperative of social inclusion". The sample for this analysis includes major policy documents focused on defining "recovery" from 1990-2012 as well as the service guidelines of evidence-based practice models. I will describe how these documents discuss the social aspects of recovery. Implications for future policy and practice guidelines will be discussed, with a particular focus on their possible interactions with broader social norms and the community.

SA-13 Making Sense of Violent and Taboo Voices

Rachel Waddingham

It is now widely accepted that hearing voices in childhood and adolescence is a relatively common experience that is not, necessarily, problematic. For those that attend mental health services hearing voices that tell them that they are 'no good', we are becoming better at hearing this in the context of their emotional and social lives—rather than jumping to conclusions of illness or pathology. However, there are still some voices that are much harder to think about with clarity—'violent and taboo voices'. Violent voices speak, often explicitly, of themes that are extremely difficult to hear. They may talk of physical, emotional or sexual violence – issuing commands, ultimatums or narrating violent acts when the young person is in the company of those they care about. Understandably these voices are distressing both for the young person and their support network, pushing the 'risk' button in many cases where supporters are fearful that 'hearing' may lead to 'doing'.

Facilitated by someone with lived experience of hearing violent/taboo voices, this workshop explores the experience of young people who hear violent voices, the reactions that these voices may provoke in supporters, different ways of making sense of violent voices and some helpful strategies to support young people to find creative ways of coping with them.

SA-14 Preserving Respectful Therapeutic Explorations: Going Small — Replicating VIP and HVN

Richard Shulman, PhD | Marty Hadge, BS | Lisa Forestell, BA

Those that use the psychiatric system justifiably object that their relationships to "mental health" providers are often probationary, not therapeutic: they are monitored, can lose their civil rights, and have limits on both their privacy and expression, less their liberty be curtailed.

Two successful approaches to retaining a private, voluntary therapeutic exploration are easily and inexpensively replicated. Volunteers In Psychotherapy [CTVIP.org] provides a nonprofit framework, allowing anyone to work privately with paid therapists, in exchange for their community volunteering. The Hearing Voices Network [HearingVoicesUSA.org] offers self-help groups during which voice hearers can explore their lives while supporting others on a similar path. Honest, non-fear-based discussion about voices, visions, and other unusual or extreme experiences offers opportunity to make meaning of the many facets of the human experience—in both VIP and HVN.

By experience, both approaches have concluded that people commonly labeled "psychotic" are searching for ways to make meaning of their worlds. Their contexts may be metaphorical, symbolic, traumatic, spiritual, etc. Encouraged to share their experience, people generally grow through connection and dialogue with others. This process results in empowerment and moving forward with one's life. Information about personalized feelings and dilemmas become keys to understanding one's own distress.

Privacy and autonomy are maintained. People can take whatever time necessary to confirm that it's safe and constructive to share their experiences. VIP clients sign a "reverse release of information"—working as privately as Connecticut law allows. HVN operates by Charter which prioritizes privacy as a tool for creating a safe space in which people can truly explore their lives.

Civil rights are maintained. Participation is voluntary and prioritizes individual choice.

HVN is widely available in over 26 countries and is spreading across the U.S. VIP is starting a secondary initiative, helping others develop similar nonprofit programs.

SA-15 A Sensory-Motor Intervention for Disorder of the Sense of the Self in Psychotic Patients

Claudia Mazzeschi, Full Professor in Dynamic Psychology | Livia Buratta, PhD | Marco Grignani, Psychiatrist

Psychosis has been associated with the loss of a coherent sense of self (Sass, 1998; Parnas, 2000).

Recent evidence from neurophysiology (Ebish et al., 2012; Ferri et al., 2012) suggests that disorder of the sense of the self could be connected to difficulties in the processing and sensorial integration. On the basis of Benedetti's theoretical model on the lack of integration between symbiotic and separated self (Peciccia and Benedetti, 1996), a new kind of sensory-motor group therapy (called Amniotic Therapy, AT) has been devised (Donnari, Garis, & Peciccia, 2006) and its efficacy recently investigated with a group of psychotic chronic patients (Peciccia et al., 2014). The aim of this paper is to present the rationale and first data of a clinical research based on the extension of the application of the sensory motor therapy to a group of 21 psychotic patients with a diagnosis of schizophrenia (less than 10 years), recruited from the Mental Health Department of Perugia (ASL UMBRIA 1) treated with group sessions of AT for one year. Before treatment, patients were assessed through a clinical interview and specific measures in different dimensions: symptomatology (PANSS - Kay et al., 1987), attachment style (PAM - Berry, 2007), symptoms and functioning (BASIS, Eisen et al., 1994). Subjects were also asked to perform on two tasks specifically aimed to assess the level of sensorial integration. The first data suggest the importance of evaluate symptomatology, attachment style and the level of integration in order to predict patients participation to the AT sessions. Clinical implications are discussed for psychotic patients treatment with sensory-motor based intervention.

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SA-17 Beyond Sanism: Bridging the Professional/ Psychiatric Survivor Divide

Noel Hunter, MA, MS | Kendall Atterbury, MSW | Rebecca Hatton, PsyD | Casadi "Khaki" Marino, LCSW, CADC III | Leslie Nelson

Those who promote psychosocial approaches to treating extreme emotional distress have increasingly appreciated the value of incorporating the voices of those with first-hand experience. These "experts-by-experience" are influencing policy, authoring research articles, and helping transform treatment approaches. Yet, fostering healthy dialogue between various involved parties continues to be a difficult issue. Often times, the perspectives of family members, professionals, individuals suffering extreme states, and survivors of psychiatry become polarized. This prevents inclusive discussion, usually at the expense of the person who is experiencing an extreme state. This interactive workshop will explore how issues of "sanism", oppression, stigma, and fear operate in relational contexts. Members of the ISPS-US Experts-by-Experience committee will speak about how they have grappled with various encounters, the ambivalence inherent in having multiple, sometimes conflicting identities, and the importance of being able to withstand and own the critical viewpoint of others. Each member of this panel has a dual role (some are clinicians, peer workers, survivors, and family members as well), and will speak to their experiences of struggling to navigate professional and personal interactions as a person with lived experience as well as the internal conflict inherent in these sometimes discordant identities. Experiential role-plays will be used to demonstrate the differences in receptive listening versus defensive posturing, how people perceive words or may feel attacked when that is not the intention, and how to recognize how our own assumptions and perceptions can close us off from having open, healthy, inclusive, and respectful dialogue. It is hoped that audience participation will include individuals from all roles discussed.

SA-18 Cognitive Impairment in Psychosis: Learning from People's Experiences

Helen Wood, DClinPsy | Caroline Cupitt, MSc

This paper shares knowledge gained from interviewing people about their subjective experiences of cognitive impairment in the context of psychosis. Early research on cognitive impairment in psychosis, in the early and mid 20th Century, drew on first hand experiences. However, these studies lacked methodological rigor, and were swiftly superseded by empirical approaches. Cognitive impairment is now widely studied empirically, for example as a basis for neurocognitive models of psychosis and understanding so-called positive symptoms. However, far less is known about individuals' experiences of cognitive impairment, their understanding of and ways in which they respond to these experiences, the impact on their lives, and how they perceive others in relation to these experiences. This gap contrasts to expanding research on other aspects of subjective experience, for example of stigmatisation or positive symptoms of psychosis.

We present information derived from the first rigorous qualitative study of the subjective experience of cognitive impairment in people with psychosis. The presentation is based on semi-structured interviews with eight participants with a diagnosis of schizophrenia, living in South East England. Interviews focused on their experiences of difficulties with cognitive functioning and we used Interpretative Phenomenological Analysis (IPA) to analyse interview transcripts. Our paper will outline six themes derived from the analysis, understanding these experiences in terms of i) impaired controlled thinking, ii) physical sensations and impaired movement, iii) explanations for the impairment and comparisons to the past, iv) managing the impairment, v) how others (e.g. staff) see the impairment, and vi) anticipating the future.

We will explore the clinical implications of the findings, and in particular how this knowledge can be used to improve support provided.

SA-18 How We Understand Hallucinations (HUSH)

Kimberley Caldwell, Psychology

Auditory verbal hallucinations (AVHs) are highly rich and complex phenomena, forming a unique experience for each individual. Growing evidence suggests, however, that the subjective experience of AVHs cannot fully be explained by any one of the existing cognitive models, highlighting the obvious need to properly investigate the actual, lived experience of AVHs, and derive models/ theories that fit the complexity of this.

Objectives: Via phenomenological interviews and ethnographic diary methods, we aim to gain a deeper insight into the experience of AVHs.

Aims: To explore the phenomenological quality of AVHs, as they happen/reveal themselves to consciousness, without relying on existing suppositions.

Methods: Participants with First Episode Psychosis were recruited from the Birmingham Early Intervention Service (EIS) and Youth service, BSMHFT. In-depth 'walking interviews' were carried out with each participant, together with standardised assessment measures of voices. Prior to interviews, participants were asked to complete a dairy and take photographs, further capturing aspects of their AVH experiences. Transcripts were analysed using conventional content analysis, taking an overall Phenomenological approach.

Results: 20 participants have completed interviews to date. Emerging themes cover both the form and quality of voices (i.e. as being separate to self, imposing, compelling etc.), as well as participants' understanding and management of these experiences.

Conclusions: The authentic descriptions gleaned from participants have the potential to increase our understanding of the relationship between the phenomenology and neurobiology of AVHs and, in turn, the experience as a whole.

SA-18 Understanding the Insight Paradox from a First Person Perspective

Eric Macnaughton, PhD

This presentation will discuss how qualitative methods are being put into practice to explore the relationship between insight and recovery in early psychosis. Clinically, insight into one's illness is seen as integral to ongoing service engagement, and fundamental to illness management and recovery. Emerging research however problematizes both the nature of insight and its relationship with self-management or recovery. Recent quantitative studies point to the phenomenon of the insight paradox, where insight may contribute to or hinder quality of life, depending on the individual.

This presentation will outline the results of a qualitative study, which illuminates this phenomenon from a first-person perspective. The analysis is based on a narrative analysis of 24 written and oral accounts of the initial help-seeking and treatment experience in a first-episode clinic in Vancouver British Columbia. The study results suggest that receiving a diagnosis can be interpreted as a fundamental disruption, or a chance for restoration. These findings point to the importance of understanding the individual's appraisal of the psychosis experience, the diagnosis and the treatment. From a clinical standpoint, the results point to the importance of helping young adults reframe the meaning of psychosis in a way that preserves identity.

SA-18 Writing a Detective Novel to Represent Recovery and Justice Narratives

Cassy Nunan, BA (Hons) Grad Dip Counselling, PhD student

This presentation will describe my cross-disciplinary creative writing and social work PhD project, which involves writing a detective novel to challenge and influence negative and erroneous community attitudes and behaviors about mental illness. I am utilizing the detective novel formula because it offers a unique transformative vehicle for representing the range of social justice and recovery values held by the Consumer Movement. The fictional world and the recovery narrative I have created are grounded in international evidence and my lived experience of recovery.

Surface Tension depicts the murder of a resident in a supported residential service. The service manager, while meddling as unofficial detective, experiences an episode of mental illness. Vivid scenes of her symptoms and distress draw the reader into close identification with her experience. The courage and resources she draws on to take recovery oriented steps will elicit reader empathy and awareness.

The residential service setting affords the opportunity to represent invisible social 'crimes' against people who have mental illnesses – including stigma, social exclusion and disempowerment.

It is argued that the detective genre takes readers to places they may otherwise never go, and has the capacity to offer moral and social education (Cole 2004, Schoenfeld 2008). Cole argues that it can be regarded as a form of social activism (Cole, p. 30). Berges (2006) contends that its structure offers a moral education. Through plot, characterization and setting, and by weaving dominant stigmatizing and disempowering discourses alongside recovery discourses, Surface Tension will seduce and challenge its readers and offer "new ways of seeing the sociopolitical world" (Cole, p. 43). Moreover, it will influence their values and behaviours.

Stigma, misinformation and exclusion are universal, and have profound detrimental impacts on people's recovery. Publication of my novel will have the potential for extensive impact and widespread expression of Consumer Movement values.

3:30 PM – 4:15 PM | BREAKOUT SESSIONS

SA-03B Searching for a Helpful Understanding

Alison Summers, MBChB

Alongside growing disquiet over how psychiatry uses diagnoses, there has been renewed interest in how everyday mental health practice might make use of formulation, that is, of narrative attempts to make sense of people's difficulties.

A formulation can be considered as an explanatory narrative developed out of the dialogue with a mental health practitioner. Sometimes a formulation may leave the person who has come for help feeling unheard and undermined, just as a diagnosis may, and this may be especially likely for people whose difficulties include psychotic experiences. However, when things go better, the coming together of the practitioner's and the client's contribution can open up new possibilities.

The content of the formulation depends both on the narrative that the person seeking help has been able to bring, and the answering response that the practitioner has been able to offer. Each of these depend on the relationship between client and practitioner. This in turn depends on the internal dialogues taking place within each, both consciously and unconsciously.

In this presentation I will discuss ways in which the content of a formulation may be affected by the relationship between client and practitioner, and consider how this relationship will in turn be influenced by the inner worlds, and hence inner relationships, of both client and practitioner. Focusing on developing formulations with people who experience psychotic states, and drawing on examples from clinical practice, I will focus on what may foster the kind of relationships in which the most helpful formulations may be developed.

I will draw particularly on psychodynamic theory and attachment theory, but will make links to other frameworks for thinking about these issues, such as dialogical and compassion focused approaches. Session participants will be invited to contribute to the discussion from their own experience.

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SA-09B Windhorse Work as Environmental Recovery

Eric Friedland-Kays, MS | Timothy Ness, BA

This panel will discuss the Windhorse model of recovery in a home setting with social relationships at the heart of a unique form of environmental healing. Special attention will be given to the role of the live-in housemate. A housemate is a non-clinical person who co-creates a home with the client and intimately shares in their emotional life on a daily basis. Together they create a home, not a hospital. Elements of the whole person are brought into focus and shared with other team members that work together through mutual healing. Complete environmental awareness will be discussed as a fundamental part of finding moments of clarity.

SA-10B Openings: Two People Examine the Tensions and Potential in Peer-Professional Partnerships

Mark Richardson, PsyD | Berta Britz, CPS, MSW, ACSW

In this experiential-oriented presentation, two people - one, a peer worker and social worker, the other, a psychologist - with a diversity of experience and expertise share snapshots from their mutual striving toward recovery, growth, and fuller relatedness. The panel will be equal parts telling and showing, that is, recounting some of the anxieties and surprises in their own relationship which will be integrated with mutual exploration of experience in the here-and-now. Parallels in opening towards one's own experience and to one another will be explored and celebrated.

This presentation will advance the notion that relationships are the primary means of healing for individuals, families and societies, and that relational healing, dialogue, and social movement can synergistically contribute to varieties of progress. This dialogue will incorporate review of the beginnings of the world hearing voices network movement, as a partnership between psychiatrist and voice hearer in complementary roles with the potential to enlarge the vision of being human. Within a relational perspective, those of us who have been told we are less-than by professionals, voices, families, cultures etc. can partner with those who may not have previouslyrealized the extent of our commonality. Furthermore, those in the "helping professions" can reimagine their roles and vision for what is happening and what is possible—and where they fit in as people and as professionals. Successes and challenges in collaborating with therapeutic colleagues, such as recovery coaches, will also be examined.

The suitability of this way of being and relating for psychotherapeutic work with people diagnosed with serious mental disorders will be discussed, with some efforts made to contrast and compare this with other psychotherapeutic approaches, such as Open Dialogue, "Being with," Trauma-focused psychotherapy, those from the Hearing Voices Movement, interpersonal-psychodynamic models, and recent cognitive therapy models (e.g., CT-R). Throughout the dialogue, emphasis will be placed on the possibility of overcoming estrangement and the recovery of what may be considered essential to empowerment and growth—for ourselves, and for those with whom we come into contact.

SA-11B Psychotherapy for Early Psychosis in Open Dialogue with Anthropopsychiatry

Ludi Van Bouwel, MD, Psychiatrist, Psychoanalyst | Marc Calmeyn, MD, Psychiatrist | Hella Demunter, MD, Psychiatrist | Martine Lambrechts, MA

In 2009 an outpatient Early Psychosis Service started from a classical first episode ward in a psychiatric hospital in Belgium. The clinical staging model of Patrick McGorry (with the idea of different stages, different treatments) and a dimensional representation of psychosis following Jim van Os are important elements in the approach of early psychosis. Engagement, early assessment (of vulnerabilities and strengths) and treatment in a nonmedical easy accessible setting are important. Psychosis is considered as a personal crisis. An important aim is finding meaning of the psychotic breakdown in the history of the patient and his family. Psychodynamic ideas of containing the intolerable mental pain and the Open Dialogue method of family therapy go hand in hand with each other. Anthropopsychiatry confirms this both theoretically an clinical. Need adapted treatment that considers all the needs of care, more than symptom reduction, is essential. Continuity of care of minimal 5 years respects the critical period following the first episode.

If the patient or his family needs a short time-out of the patient into a safe place, a short hospitalization in the early psychosis ward can be organized. This gives the opportunity to the patient to calm down and to regain contact with reality thanks to a structured therapeutic program on the ward. Meanwhile the family can recover his breath again. During the hospitalization the central carer of the Early Psychosis Service stays in close contact with the patient and the therapeutic team of the ward.

The start of this Early Psychosis Service in close connection with the first episode ward in the mental hospital had consequences for the patient and his family, for the psychiatric hospital and for the organisation of mental health care in general.

SA-12B Narrative Approaches to Psychosis: Part II

Lewis Mehl-Madrona, MD, PhD | Barbara Mainguy, MA

A story network in the brain consists of a mesial circuitry comprised of the medial prefrontal cortex, the precuneus, the posterior cingulate gyrus, the anterior temporal poles, and aspects of the parietal lobes, including those areas that contain mirror neurons. Story is intimately linked with the capacity to recognize that other people (beings) have minds like ours and also have intentions and desires. This circuitry allows us to make up stories to explain other people's behavior in terms of their desires and intentions and to run social simulations to explore how to best approach other people to accomplish our goals and desires. The orbitofrontal cortex participates in this process by eliminating extraneous detail so that we can tell a tight, coherent story that will interest an audience.

Narrative training can modify psychotic thought processes. With under-narration, we can teach clients how to tell better stories

about their experiences and other people. Telling better stories is associated with clinical improvement. Clients improve their capacity to build strategies that will succeed in meeting goals and to anticipate consequences of actions. Both are important for staying out of hospital. Clients who become overwhelmed with detail can learn to better eliminate extraneous detail and tell more coherent and interesting stories. This allows them to relate better to other people who might not otherwise have the patience or tolerance to listen to their long, rambling stories. Also, it allows them to move forward more easily toward a goal without being distracted at each step.

We describe some case studies that illustrate the improvement that can occur for people in states of psychosis under the condition of narrative training. An element of client participation is required, however, Clients must be willing and able to practice telling stories (even rudimentary ones). To facilitate this, we have used software such as celtx and novel writing programs to keep track of characters and plots. We have used avatars to enrich the ability to generate dialogue within story. We have used dramatherapy techniques, including puppets and improvisational theatre.

4:30 PM – 5:15 PM | BREAKOUT SESSIONS

SB-01 A Three Month Recovery Program for Psychosis: Can it Work?

Ronald Coleman, BA (Hons) | Karen Taylor, RMN

Over the last few years we have been asked by a great many families and people with mental health problems if we could work with them on their recoveries. Though we have been able to offer a few places at our Recovery House, it has not been near enough. We have given this much thought and have now developed a three month program which we will deliver online from January 2015. The program has been developed from our learning in Recovery Houses.

In this workshop the presenters will explore the process of developing and delivering a three month recovery program that is effective and delivers outcomes. Based on a series of seminars participants will be able to explore and critique this ongoing developing program.

The online seminars are as follows:

Seminar 1. Preparing for Recovery
Seminar 2. You are not the Problem
Seminar 3. The Illness Trap
Seminar 4. The Importance of Story
Seminar 5. Relating our Story to Our Experience
Seminar 6. Making Recovery Happen
Seminar 7. Managing Emotions in the Family Learning to Talk to Each Other
Seminar 8. Building Resilience
Seminar 9. Planning the Future Introducing Planning Alternative Tomorrows with Hope (PATH)
Seminar 10. Developing your Plan
Seminar 11. Planning to Action
Seminar 12. Where to From Here? Course Materials

SB-02 Healing — Perhaps Curative — Intensive Outpatient Psychotherapy of Psychosis

Ira Steinman, MD

Intensive psychodynamic psychotherapy, making use of the concepts of unconscious motivation, resistance to change, transference and counter-transference phenomena and the benefit of interpretation of these occurrences, is crucial in the healing psychotherapeutic treatment of schizophrenia and other psychoses. Here, the therapeutic goal is to aid the patient's understanding his or her own metaphor and symbolism that have taken on the concretized form of psychotic delusions and hallucinations.

The current treatment approach to psychotic patients is to medicate with antipsychotic medication and try to keep patients on such medication along with supportive services like half way houses, hospitalization and day care. Often psychotic patients get little benefit from such a regimen. Such an approach omits helping the patient to understand and master his own symbolism.

The field of psychiatry for the last 55 years has thought that schizophrenia is a brain disease with an organic and biological basis; hence believes antipsychotic medications are required for life.. A closer look at the origins of psychotic thinking is that these people are very upset. With anxiety, with intense terror, with withdrawal from the world, comes a cascade of thoughts and swirling neurochemicals. that worsen the situation. I use antipsychotic medication if necessary but generally for a short period of time; a large percentage of my psychotic patients respond to psychodynamic exploration, often titrating down and stopping antipsychotic medication.

This hour to hour and a half long presentation, depending on the number of patients presented, given at the Centro Psychoanalytica in Rome, demonstrates the healing, at times curative, benefit of Intensive psychotherapy in patients previously hospitalized and diagnosed as psychotic. All patients were able to titrate down and stop antipsychotic medication as they understood the meaning to themselves of their previous delusions and hallucinations. For some, the gains, off medication, lasted for decades.

SB-03 Trauma and Psychosis: The Role of Dissociation and Attachment Difficulties

Katherine Berry, PhD | Filippo Varese, PhD | Sandra Bucci, Clin.PsyD | Sophie Parker, ClinPsyD | Katherine Berry, PhD

Recent meta-analytic syntheses have established robust associations between hearing voices and exposure to traumatic events. The identification of mediating psychological mechanisms for this robust relationship is fundamental to the theoretical understanding of voice-hearing, and the development of treatments for distressing voices. Dissociative processes have been postulated as promising candidate mechanisms that may explain vulnerability to voices. The first paper presents a meta-analytic synthesis of the current evidence

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base for the relationship between dissociation and voice-hearing, in addition to empirical data from the presenter's own research and preliminary findings from a case-series intervention targeting dissociative processes in a sample of voice-hearers. The importance of interpersonal trauma in psychosis has led to a surge of research into attachment relationships in psychosis, and dissociation is a key feature of a disorganised attachment pattern. In addition to influencing vulnerability to voices, attachment patterns can also influence beliefs and relationships that voice-hearers can develop with voices. The second paper provides a theoretical model of the relationship between trauma , attachment difficulties, dissociation and voice-hearing. It poses key questions, formulates empirical predictions, presents data supporting associations between attachment difficulties and voice characteristics, and describes clinical implications in this novel area. One key factor that would facilitate future large-scale studies of trauma, attachment, dissociation and psychosis is the development of a brief assessment measure of attachment in psychosis. The third paper presents data from a large sample of psychotic patients (N = 558) who completed a brief assessment of attachment patterns and outlines the clinical profile associated with each attachment pattern. The fourth paper presents data from therapy participants in a large RCT for people at high risk of psychosis. It highlights the importance of trauma within a therapeutic context for young people presenting for help with distressing psychotic like experiences and associated clinical implications.

SB-04 Teaching a Non-Medical Paradigm to Increase Engagement with Voice Hearers

Helen Hamer, Doctor of Philosophy | Debra Lampshire, Lived experience

Over the past ten years, the presenters have developed a consumer-clinician alliance to co-facilitate CBT and DBT informed groups for people who hear distressing voices. At the conclusion of the eight sessions of group work, service users reported a reduction in the level of distress and frequency of their voices. In order to embed the success of these groups into mainstream clinical practice the presenters facilitate a two-day workshop for staff to normalize the experience of voice hearing and to help staff develop an alternative non-medical view of their understanding of auditory hallucinations. For many clinicians attending the workshop this was the first time they had ever heard a person with distressing voices talk about their experiences. The aim therefore, was to support clinicians to engage with and work more effectively with people who hear distressing voices regardless of the persons' psychiatric diagnoses.

After several workshops, it became apparent that clinicians had difficulty shifting their focus from a bio-medical understanding of the origin and maintenance of auditory hallucinations. In order to create a different paradigm, the presenters developed an innovative process of helping clinicians to view voices through the lens of inter-personal violence. This presentation aims to demonstrate and discuss the key aspects of this educational package that has successfully helped clinicians to re-conceptualize the experience of voice hearing and the impact this has on the people they serve. By repositioning clinicians'' interpretation of voice hearing in this way, staff report more confidence and hopefulness in engaging more fully with people who have the psychiatric label of 'treatment resistant' schizophrenia.

SB-05 Open the Door — A Short Film by People with MI

Ishita Sanyal, PG Diploma | Abhishek Ganguly, PG

Open the door is our effort to unbolt the invisible shackles of the society imposed on a person suffering from MI. When a person starts suffering from MI, we all know at first there is a denial followed by acceptance where the sufferer plays a passive role throughout his life & thinks that because of his illness he is not capable enough to do anything productive, anything positive & anything creative. They are the denied citizens of the society & again they too themselves deny opportunities accepting the role of a mentally ill incapable people. Will they play this role lifelong or do we need to open their doors?

In our effort to open the door for them we organized a talent hunt competition for them for a period of 2 months in which people with MI from all over our state explored their creative talents & took part in activities & creativities that they have even not tried before.

Aims and Objectives:

- To transform them from being a burden on the society to a meaningful member of the society again.
- Explore the creative talents of each individual
- Social & Financial inclusion
- Wiping Away the stigma prevalent in the society
- To transform them from being a burden to the society to a respectable creative member again.

Results:

- Improved MH
- Increased community participation
- Improved well being in the form of confidence, self esteem, functional level, creativity, mood
- Increased desire to be engaged in meaningful activity
- Increased partnership roles
- This reducing relapses
- Creativity helping in financial empowerment
- Increased awareness on the talents of people with mental illness which changed the outlook of the society.

SB-06 The Trick is Not Minding That it Hurts: Childhood Trauma, Psychosis, and Self-Identification

Zak Mucha, MSW

In this workshop I will explore the connections between childhood trauma and the content of psychotic delusions. Within the framework of one case example, I will examine the work of true crime writer Jack Olsen, songwriter Randy Newman, and academic mystic Ioan Culianu as each presents a variation on the drive to create an acceptable narrative, a means to identify the hypocrisy of the world.

Psychosis is the brains attempt to define the self and create a coherent world. The stories we tell ourselves to survive childhood confusion, distress, and trauma, create who we are and we fill in the blanks to protect ourselves. If the child has to reject the adult version of reality, the child must create his own to explain the confusion and contradictions. The more disparate those contradicti

SB-07 The Social and Economic Forces of Trans Institutionalization: From Mental Hospitals to Prisons

Martha Rose, MBA

The United States has changed from a society of social welfare to mass incarceration. The prison population in the US is now the largest per capita in the world. There are currently almost 7 million people in the criminal justice system, with 4.1 million, or more than half considered to have a mental illness. Of the 2.3 million time in prisons or jails, 1.3 million bars reported some form of mental illness, with an average of 17.5%, or almost 400,000 experiencing psychotic symptoms. In the entire correctional system, there are an estimated 4.1 million with a form of mental illness, and 1.2 million people experiencing hallucinations or delusions (2006).

Policies in the 1960s were designed to create a structural economic change, based in part on the belief that psychotropic medications could address the physical illness. Treatment within public sector institutions was replaced by medical and social services in the private sector, paid for with Federal entitlement and insurance pro

SB-08 Movement Towards Life: An Exploration of Psychotherapeutic Dialogue

Alexandra Adame, PhD

This presentation will provide an overview of the results of a qualitative study that focused on psychotherapists' experiences of working with people struggling with psychosis, particularly on the role of therapy relationship in the process. There is a diverse and growing body of literature exploring the psychotherapy of psychosis and schizophrenia from a range of perspectives including psychoanalytic and object-relations (e.g., Eigen, 1986; Guntrip, 1968; Searles, 1965; Winnicott, 1965/1990; 1975), existential-phenomenological (Laing, 1965; Nelson & Sass, 2009; van den Berg, 1972), and interpersonal-psychodynamic (Sullivan, 1962/1974) approaches, just to name a few. More recently there has been much written from cognitive-behavioral (Kingdon & Turkington, 2005), dialogical and narrative approaches (Dolson, 2005; Holma & Aaltonen, 1998; Lysaker, Lancaster & Lysaker, 2003), and collaborative models such as the Open Dialogue approach (Aaltonen, Seikkula & Lehtinen, 2011a, 2011b).

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However, despite the past prominence of psychotherapy as a potentially valuable resource for people labeled with schizophrenia, there has been a marked shift in the past fifty years to a primary reliance on psychiatric modes of approaching these issues, at least in the United States. Keeping with the notion that I believe it is important for psychologists to investigate the meanings and lived experiences of psychosis, the current project focuses on people's first-hand experiences of the therapy process from both the client's and therapist's perspectives. For the first half of the project I interviewed a total of five therapists and used the method of Interpretive Phenomenological Analysis to analyze the data. The participants spoke about how they envision to process of psychotherapy, challenges they have faced, and motivations for doing the work, and will focus mainly on the central roles of the therapy relationship dialogue between client and therapist in this presentation.

SB-08 Psychotherapeutic Listening: Responses to Incoherence in the Psychotherapeutic Context

Mary Marron, MA

This paper is composed of two parts. Part I presents a review of studies on coherence and incoherence within philosophy and clinical psychology. Part II addresses these topics from the perspective of linguistics and psycholinguistics research. The purpose of this two-part review is to discern any overlapping areas within these fields of research that may point toward the possible benefits of applying psycholinguistic models of incoherence to clinical research in psychology. In the course of this review we address the philosophical underpinnings of linguistic and psycholinguistic models of discourse comprehension as well as the philosophical presuppositions that appear to have influenced how coherence has been addressed thus far in the clinical literature. By highlighting these underpinnings we hope to make apparent the areas that have yet to be explored in either field in general, and more specifically where these unexplored areas might overlap. We find that the approach of psychotherapists when faced with incoherent speech and narratives during psychotherapy warrants further study. We propose that the listening styles used with patients who may be prone to the production of incoherent speech, especially those with primary psychotic diagnoses, may be better informed when psycholinguistic models of discourse processing are taken into account. This is suggested as a burgeoning area of future empirical research.

SB-09 The Traumatic Flashback as One Basis of Misunderstanding

Elizabeth Waiess, PsyD | Bertram Karon, PhD

The full title of this paper is "The Traumatic Flashback as One Basis of Misunderstanding between Patients and Law Enforcement Officers." A patient in psychoanalytic psychotherapy reported to the analyst that the patient recently had been forced by satanic cult members to commit a murder. After discussion, the patient and analyst agreed

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to inform the police. The police could not find evidence for the occurrence of the crime. Continued psychoanalytic work revealed that it was not a contemporary murder, but a flashback of a childhood horror. Since flashbacks of past traumatic experiences are not an uncommon phenomenon, they would account for some of the gruesome events reported by patients, but which law enforcement officers cannot validate as having recently occurred.

SB-09 Psychotic School Shootings Through a Psychoanalytic Lens

Manya Steinkoler, PhD

What can psychoanalysis teach us about psychotic crime and how can it help us better understand several of the school shootings across the US today? While many sociological explanations have been proposed to explain this alarming trend – from bullying, to violent video games, to the isolating and standardizing effects of suburban American life, to lax gun control laws and even "to the inevitable debacles of advanced capitalism," the mental health community has been called upon to diagnose the perpetrators as though psychosis were the "reason" for the violence, regretfully stigmatizing psychosis as though it portended an inevitable criminal destiny. Jacques Lacan's early work underlined the functional and reparative attempt made by psychotic subjects by way of crime; the passage to the act can be understood to have a specific logic that can be obviated by way of analytic treatment. Via the spectacular cases of Aimee and the Papin sisters, Lacan was able to understand their crimes as the logical outcome of an impasse, and make sense of them in the case history elaboration. The psychotic is outside of discourse but not outside of language, which means s/he is outside of a social tie, due to the fact that jouissance is not relinquished by way of Oedipus and metaphor. This paper examines the case of Adam Lanza and Seung Hui Cho in light of Lacan's theory and offers ways to better designate and work with psychotic children and college students who are often lost both to their peer groups, and to the "mental health system." I aim to show how a social tie can be built with such subjects – even if not yet a dialogue. If only by making their monolgues heard and valued, we can allow them to exist in the memory of others before they become unforgettable to all of us.

SB-10 Philosophy, Identity and Autonomy

Monique Greveling, MA Philosophy

As we grow up, we are philosophical animals, constructing and reconstructing logical, metaphysical and anthropological ideas and a lot of moral do's and don'ts. I believe that most people in serious mental and emotional distress have gone wrong somewhere in this unique and mostly implicit, unconscious process of acculturation. This manifests itself sometimes in weird judgements, big emotions, fearful experiences or strange, unwanted behaviour, but most of all it influences the (in)possibility of developing a coherent, grounded and 'livable' identity. Bystanders can try to change ideas or systems of ideas considered to be untrue or delusional by opposing them to 'right' ideas or 'right' ways of thinking, but that doesn't strengthen autonomy, it only enhances the lack of it. To become a healthy person, capable of developing a 'true' and strong identity one must have direct power and control over what it means, at least practical, in thinking, feeling and acting to be human, especially being this human being, and thus one can become 'of one's own making'.

People who want to assist persons in distress and who value empowerment and autonomy can offer the security and thinking/feeling space to freely roam and search for their own liveable (or non-liveable) ideas, value systems and norms, that fit their personality, and fit the social price they can and want to pay. It takes a lot of philosophical self awareness of one's own identity-bound judgements, of one's unquestioned daily do's and don'ts to be capable to assist such a journey. I know from experience that being non-judgemental and even philosophically curious of someone's search and its outcome are essential for the sense of safety needed to go on this journey into immense uncertainty. But with Kant I'd say: Aude Sapere—dare to think!

SB-11 Interoception Sensitivity and Autonomic Regulation in Schizophrenic Patients During Social Interaction

Martina Ardizzi, Psychologist | Marianna Ambrosecchia, Psychologist | Simone Donnari, Art Therapist | Claudia Mazzeschi, Psychologist | Vittorio Gallese, MD, PhD, Neurologist | Maurizio Peciccia, Psychiatrist

During social interaction the individual engagement appears modulated by the awareness of one's body, which constitutes a basic experience of Self. Interoception Sensitivity (IS) is an index of individual ability to represent one's own internal body states that is implicated in the autonomic regulation in interpersonal context. Researchers are interested in Schizophrenia deficits in Self-experience and awareness, which frequently entail anomalies in self-other relationship. However, IS and autonomic regulation of schizophrenic patients in social contexts are completely new and not yet investigated issues of Schizophrenia.

Aim: To investigate whether Schizophrenia could be associated with lower IS and with a dysfunctional autonomic regulation during social interaction.

Methods: 24 chronic schizophrenic patients, and a matched group of healthy controls, performed a Social and a Non-social task while respiratory sinus arrhythmia (an index of autonomic regulation) was measured. In the Social task participants viewed an experimenter performing a caress-like movement at different distances from their hand. In the Non-social task a metal stick was moved at the same distances from the participants' hand. A cardiac Mental Tacking Task was performed as measurement of IS.

Results: Comparing to controls, schizophrenic patients showed lower IS, absence of relation between IS and autonomic regulation, and an anomalous autonomic regulation in social and non-social contexts.

Conclusions: Deficits in Self-experience, associated with Schizophrenia, could be extended to patients' sensitivity to internal bodily signals. Moreover, the observed alteration in autonomic regulation would be part of the interpersonal interaction deficits frequently associated to Schizophrenia.

SB-12 Acceptance and Commitment Therapy for Comorbid PTSD in Psychosis

Jens Einar Jansen, MA

A number of studies and a recent meta-analysis have shown that persons with psychotic disorders have experienced significantly more traumatic events compared with people without psychosis. While a causal link to psychosis is yet to be scientifically established there seems to be strong evidence linking specific symptoms of psychosis with specific traumatic experiences. In psychotic disorders, comorbid difficulties often remain after remission of positive psychotic symptoms. They often cause a lot of distress, hampers the process of recovery and represent an important risk factor for relapse. Recently, attention has been drawn to posttraumatic stress-disorder (PTSD) as one such comorbid challenge that often goes unnoticed in the treatment services. However, less is known about how to deal with comorbid PTSD symptoms. While short-term interventions for PTSD have been shown feasible for persons with psychosis, there are a number of challenges, one of them being exposure interventions. Acceptance and Commitment Therapy (ACT) is one promising approach that has been shown to encompass some of these challenges.

Aim: The primary aim of the study is to investigate whether an ACT intervention: 1) is feasible and acceptable to persons with PTSD and psychosis, and 2) will reduce PTSD symptoms.

Method: Two persons meeting ICD-10 criteria for PTSD and a first-episode non-affective psychotic disorder are offered a manualised ACT intervention of 12-15 sessions. Participants can have PTSD symptoms due to the experience of childhood trauma or to the experience of an acute psychotic episode. The following measures will be administered at baseline, midway and end of treatment: PANSS, BAI, BDI-II, IES-S, PCL-C, FFMQ and AAQ-II.

Discussion: While ACT has shown promising results for the treatment of psychosis and PTSD, there are currently no studies on comorbid PTSD in persons with psychosis. This case study could inform the choice of interventions in future larger scale studies.

SB-13 Stories of Ordinary Life Therapy

Hanna Lundblad-Edling, Psychotherapist

In this workshop our joint and very unique work with clients at the Family Care Foundation in Sweden is shared and explored. Family Care Foundation works with persons who are coming for help when they are deeply distressed. Most people are placed with ordinary families, called family homes and receive individual psychotherapy. Others, who may not be in a family home, engage with family therapy and individual psychotherapy. The family homes are supported with fortnightly supervision, an important aspect of this work. The recently published anthology Nine Lives- Stories of Ordinary Life Therapy from Sweden, the stories of nine clients, will provide the backdrop to presenting "ordinary life therapy". The importance of the ordinary life at the family homes and its significance for clients as well as therapists will be illustrated.

SB-14 The Essence of Dialogue: Two Young-Adult Serviceusers and Clinician Psychosocial Intervention in an Early Psychosis Program

Michelle Freeric, BSc Occupational Therapy | Klaudia Parsberg Jensen, Serviceuser | Chris Skovgaard Ramming, Serviceuser

OPUS Copenhagen is an intensive assertive treatment model for treatment of first episode psychosis for young adults 18–35yrs, based on CBT principles, with a holistic approach, tailoring intervention to the service users individual needs including psychosocial rehabilitational elements. Central in OPUS intervention is the unique function of casemanager through whom serviceusers engage with and form a close alliance with during the 2-year treatment period. Therapeutic alliance is consistently associated with treatment outcome. The presentation will involve 2 service users and a clinician describe and discuss what determines therapeutic alliance, and the challenges in relation to therapeutic alliance. There will be an introduction focusing on the prerequisites for establishing alliance between casemanager and client, particularly when serviceusers are young adults. The presentation will include discussions of collaborating with family in treatment, serviceuser expectations to treatment, the experience of progression from the serviceusers point of view, access to services, consistency in having the same member of staff throughout treatment, discussion of the psychological and social effects of continuity of care, the characteristics of the "contractual relationship" and 2 serviceusers subjective experience/journey within the mental health system in Denmark with first episode psychosis.

SB-15 Research Into Peer-Facilitated Interventions for Psychosis: Unique Therapeutic Potentials of Shared Lived Experience

Neil Thomas, DClinPsy | Cassy Nunan, | Bronte McLeod, PhD Student | Nev Jones, PhD

This symposium presents research being conducted in Australia and the United States on what is unique about therapeutic interventions conducted by peers with shared lived experience. The session starts presenting on work conducted in collaboration with Voices Vic in Australia who co-ordinate the hearing voices network in Victoria, Australia. This will discuss results of a qualitative study of peer-facilitated hearing voices groups and a randomised controlled trial of an individual peer work program for voice hearers, considering

findings on the unique contributions of peers in helping others with shared lived experience. In the second paper, we describe and present results from a baseline controlled trial of the MI Recovery peer-facilitated education program on recovery, showing effects of an education program run in peer-only space on empowerment, internalised stigma and social connectedness. The third paper presents on the evolution from the MI Recovery program to the development of peer videos for a tablet computer application and website to promote discussion about personal recovery by mental health workers, basis of the Self Management and Recovery Technology research program in Victoria, Australia. The final paper presents research conducted on how peer support and peer leadership (e.g. in program development and outreach) impacts on identity development, and the integration of service users' experiences with their personal and cultural identities.

SB-16 Fragmentation to Integration: Multidimensional Approaches for Working with Complex Trauma

Gillian Stephens Langdon, MA, MT-BC, LCAT | Kristina Hilde Muenzenmaier, MD | Faye R. Margolis, PhD | Kelly E. Long, LCAT, MS, R-DMT | Toshiko Kobayashi, ATR-BC, LCAT | S. Alison Cunningham-Goldberg, MAT

This proposal will present an interdisciplinary dialogue that integrates a trauma informed approach in the context of a public psychiatric hospital system. The setting is located in an underserved urban environment characterized by recent immigration, violence, poverty, discrimination and substance abuse. The inevitable traumatic circumstances of this environment often require complex adaptations and resilience. The fragmentation of people's lives is reflected in the individual, the community and the mental health system. While the fragmented world is often reenacted in the systems with which trauma survivors engage we try to overcome the challenges by developing a holding environment. The main goals of our work are to promote a multilayered, trauma-sensitive, and integrative approach to healing and to identify ways to increase safe communication between survivors and staff, different disciplines and systems. Survivors' different preferences for expressions are enabled by safe connections and increased dialogue. In this context trauma survivors are able to find their "voice" through art, music, movement and words embracing the cultural diversity of the Bronx. This workshop will describe the multimodal approaches integrated in the healing process. We will discuss how we developed this approach and present examples of individual and group work. This also will include some hands-on experiences.

SB-17 Early Career Professionals Debate the Relationship Between Dissociation and Psychosis

Jeremy Ridenour, PsyD | Megan Kolano, PsyD | Jason Moehringer, PsyD | Noel Hunter, MA & MS | Andrew Moskowitz, PhD

Over the past two decades the relationship between dissociation and psychosis has been investigated as research has found the frequent occurrence of psychotic symptoms in individuals diagnosed with dissociative disorders and dissociative symptoms in individuals diagnosed with psychotic disorders. While this had led some to argue that psychotic symptoms are driven by dissociative processes, blurring the boundary between psychosis and dissociation, others maintain that dissociation and psychosis are distinct processes. This conflicting messages leave important questions for clinicians to consider. Where does psychosis end and dissociation begin? Is there a meaningful difference? What unites dissociation and psychosis?

To enliven this debate, this panel will bring together four early career professionals to engage in a dialogue on the relationship between dissociation and psychosis from different theoretical perspectives: phenomenological, interpersonal and psychodynamic. This conversation will be facilitated by a senior researcher in the field of dissociation and psychosis. We will consider how psychosis and dissociation impact various ego functions and psychological boundaries based on psychological testing research and psychodynamic theory. Another presenter will argue that the state of mind termed "psychosis" could not exist without ego fragmentation, compartmentalization, and dual consciousness. These dissociative processes may manifest in numerous unique patterns and it is often the interpretation of these experiences rather than the experience itself that determines whether it is labeled "psychotic". There will also be a theoretical exploration into the contingencies of truth and knowledge both within individuals experiencing psychosis and/or dissociation as well how this impacts the therapeutic relationship. A presentation of clinical material will offer ideas about how to differentiate dissociation from psychosis and will also highlight the diagnostic challenges that emerge when treating individuals who exhibit both dissociative and psychotic symptoms. The final thirty minutes of the panel will be allotted to foster conversation between panelists and audience members.

SATURDAY, MARCH 21

SB-18 The Icarus Project: A Counter Narrative for Psychic Diversity

Sascha DuBrul, MSW candidate 2016

Over the past 12 years, I've had the good fortune of collaborating with others to create a project which challenges and complicates the dominant biopsychiatric model of mental illness. The Icarus Project, founded in 2002, not only critiqued the terms and practices central to the biopsychiatric model, it also inspired a new language and a new community for people struggling with mental health issues in the 21st century. The Icarus Project believes that humans are meaning makers, that meaning is created through developing intrapersonal and interpersonal narratives, and that these narratives are important sites of creativity, struggle, and growth. The Icarus counter narrative and the community it fostered has been invaluable for people around the world dealing with psychic diversity—particularly for people alienated by mainstream approaches. But, despite the numbers of people who have been inspired by this approach, the historical background of the Icarus Project is hard to find. It exists primarily in oral history, newspaper articles, unpublished or self-published Icarus documents, and in internet discussion forums. As the co-founder of the Icarus Project, I use this article to make my understanding of that history and its key documents more widely available. ■

ABSTRACTS

SUNDAY, MARCH 22

10:55 AM – 11:25 AM | POSTER PRESENTATIONS

The Importance of Interpersonal Interactions in the Recovery of Individuals with Severe Mental Illness: Case Studies in the United States Mental Health System

Diana Semmelhack, PsyD, ABPP | Larry Ende, PhD, MSW

This poster explores interaction interaction dynamics that promote psychological growth (e.g.,facilitate a culture of inquiry, decrease stigma and are based on unconditional positive regard, empathy and congruence, etc.) versus those that diminish it (e.g.,grounded in conditions of worth including punishment, projection and projective identification, etc). Learning will be accomplished through the emotionally moving lives of three individuals with severe mental illness (MI) in the U.S. mental health system. Also, demonstration and group work will be utilized to facilitate an understanding of the power of interpersonal interactions in recovery. The poster includes a brief overview of differences between the US and other countries in the quality of interactions that promote recovery.

Dissociation Mediates the Relation Between Racial Discrimination and Attenuated Positive Psychotic Symptoms

Lillian Polanco-Roman, MA

Recent findings suggest that racial discrimination may increase vulnerability to psychotic-like experiences (Anglin, Lighty, Greenspoon & Ellman, 2014; Saleem et al., 2013), which supports socioenvironemental models of psychosis that highlight the role of social adversity (Morgan, Charalambides, Hutchison, & Murray, 2010). However, the mechanism by which racial discrimination may increase risk for psychosis is not well understood. Considering that racial discrimination may be experienced as a trauma (Carter, 2007), and that dissociation is a common response to trauma, dissociation may help explain the relation between racial discrimination and elevated risk for psychosis. Perhaps racial minority individuals, for whom experiences of racial discrimination are common, may dissociate in response to racial discrimination, which may make them more susceptible to attenuated positive psychotic symptoms (APPS).

Participants (N=549) were recruited from a public university in Northeastern U.S. The sample was predominately female (66%) and comprised of emerging adults ranging in age 18-29 years old, with 33% identifying as non-Hispanic Black; 27% Asian; 24% Hispanic. Hierarchical linear regression models were constructed to examine the main effect between ethnic discrimination, dissociation and APPS, and the mediation effect of dissociation on the relation between ethnic discrimination and APPS, adjusting for race, gender and age. The mediation effect was further examined using bootstrapping procedures through the computational tool PROCESS (Hayes, 2013).

Results indicated that dissociation partially mediated the relationship between racial discrimination and APPS among racial and ethnic minority emerging adults. Specifically, dissociation accounted for some of the relation between racial discrimination and APPS. These findings suggest that racial discrimination may increase risk for APPS to the degree that it increases dissociation. A better understanding of how racial discrimination may be experienced as a trauma that leads to dissociative responses may provide some insight into the etiology of psychotic-like symptomatology.

Implications of Media Depictions of Auditory Verbal Hallucinations

Ruvanee Vilhauer, PhD

A recent study found that the news media tend to present a misleading view of auditory verbal hallucinations (AVHs). Most news articles examined for the study suggested that AVH are symptomatic of mental illness, although an emerging body of research indicates that, while AVH do co-occur with several psychological disorders, voice hearing experiences are not always indicative of pathology. News media depictions also associated AVH with criminal behavior, violence and suicidality. A review of the research literature relevant to these results will be presented. This literature suggests that pathologizing media depictions have the potential to affect how AVH are interpreted, because such depictions may affect how voice hearers are viewed by individuals who interact with them. Other people's reactions when individuals disclose having AVH appear to affect not only the distress experienced by voice hearers but also the voice hearers' ability to cope with their hallucinatory experiences. If other people's reactions are perceived as negative, voice hearers may resort to trying to suppress these unwanted experiences. Studies of experiential avoidance suggest that attempts to inhibit unpleasant perceptions tend to increase the distress associated with such experiences. Appraisals of AVH, and beliefs about AVH, such as those relating to their meaning and controllability, could also be influenced by stigmatizing media depictions. In addition, it is conceivable that self-stigma may be harmful to those who experience AVH. Voice hearers who perceive themselves to have less power and status in the social world also appraise their voices as being more powerful, and perceived voice dominance is related to distress in voice hearers.

The Mediating Role of Child Maltreatment in the Relationship between Schizotypy and Theory of Mind Impairments

Lindsay Schenkel, PhD | Corey Clark, MS | Ryan Odland, BS | Terra Towne, MS

Past studies have documented impairments in theory of mind (ToM), or the ability to understand the mental states of others, among individual with schizotypal traits (Jahshan & Sergi, 2007; Gooding & Pflum, 2011). Impairments in ToM have also been documented among individuals with histories of child maltreatment (CM) (Nazarov et al., 2014). In addition, studies have identified significant associations between CM and schizotypal symptoms (Berenbaum et al., 2003, 2008). In light of these findings, however, relatively little is known about the interrelationships between CM, ToM, and schizotypy. The aim of the present study was to examine associations between these variables and the extent to which CM is a mediator in the schizotypy-ToM relationship.

Methods: Participants (N=165) were college students who completed two measures of ToM: The Cognitive and Emotional Perspective-Taking Task (CEPTT) and the Mind-in-the-Eyes Task (MET), along with the Childhood Trauma Questionnaire (CTQ), and the Schizotypal Personality Questionnaire (SPQ).

Results: As expected, CM, schizotypy, and ToM were all significantly correlated with each other, with increased rates of CM being associated with increased symptoms on the SPQ and poorer performance on the MET and CEPTT (ps<.001). Increased symptoms on the SPQ were also associated with poorer performance on the MET and CEPTT (ps<.01). Linear regression analyses were performed to explore the mediating role of CM. Independently, schizotypal symptoms significantly predicted performance on the MET ($t(164)=-3.27$, $p=.001$; $\beta=-0.25$) and CEPTT ($t(164)=-2.65$, $p<.01$; $\beta=-0.21$). However, after adding CM to both models, the initially significant impact of schizotypy disappeared with only CM remaining as a significant predictor of MET ($t(164)=-2.65$, $p<.01$; $\beta=-0.23$) and CEPTT performance ($t(164)=-2.85$, $p<.01$; $\beta=-0.25$).

Conclusions: CM is associated with symptoms of schizotypy and poorer mentalizing ability. In addition, CM fully mediated the relationship between schizotypy symptoms and ToM impairments on two separate ToM tasks. Findings provide evidence that CM is an important factor to consider when examining the relationship between symptoms of psychosis and social-cognitive impairments.

Boredom, Symptom Severity and Hallucination Proneness in Psychiatric Inpatients

Carolyn Khanian, MA | Nicole Anderson, BA

Largely ignored in the field of psychology, despite being a widely cited emotion throughout history (Vodanovich, 2003; Todman, 2003). Boredom can be interpreted as a discrepancy between stimuli in the environment and an individual's cognitive abilities to engage (Vodanovich, 2003; Todman, 2003). Boredom has been studied as a correlate of psychopathology (Todman, 2004). In a previous study conducted in the United Kingdom examining boredom in a psychiatric inpatient population, boredom proneness was positively correlated with depression. (Newell et al., 2011). However, there continues to be a significant lack of research on the effects of boredom in clinical populations, particularly among those who experience positive psychotic symptoms, such as hallucinations or delusions. Many patients with psychotic symptoms are hospitalized, where a consistent routine is given to them in an unchanging environment, having the potential to induce boredom (Todman, 2003).

The present study was conducted at Pilgrim State Psychiatric Center in New York, investigating boredom proneness, state boredom, symptom severity, and hallucination proneness in adult involuntary inpatients. Structured interviews were conducted to assess symptom severity and psychiatric history, including number of past hospitalizations. Further, self-report measures were used to determine level of depression, proneness to hallucinations and boredom, as well as current state of boredom. A two-week follow-up assessing state boredom and symptom severity was in place to determine the patients' progress and response to treatment. Using the aforesaid measures, relationships between each dimension was investigated. The likelihood to experience boredom was found to be related to overall symptom severity, hallucination proneness, and depression. Increased state boredom was found to be associated with less improvement of overall symptom severity at a two-week follow up. The preceding results indicate that boredom should be assessed to allow for improvement and receptivity to treatment in psychiatric patients.

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