ISPS-US Twelfth Annual Meeting: Abstracts

In chronological order

Friday, October 14

7:30-9:30 p.m.

Film and Discussion:
Healing Homes: An Alternative, Swedish Model for Healing Psychosis, a film by Daniel Mackler, LCSW-R
http://www.iraresoul.com/dvd2.html
Discussion led by Matthew Morrissey, MA, MFT. (Mr. Mackler will not be present at the meeting.)
Healing Homes, a feature-length documentary film directed by Daniel Mackler, chronicles the work of the Family Care Foundation in Gothenburg, Sweden -- a program which, in this era of multi-drug cocktails and psychiatric diagnoses-for-life, helps people recover from psychosis without medication.

The organization, backed by over twenty years of experience, places people who have been failed by traditional psychiatry in host families -- predominately farm families in the Swedish countryside -- as a start for a whole new life journey.

Host families are chosen not for any psychiatric expertise, rather, for their compassion, stability, and desire to give back. People live with these families for upwards of a year or two and become an integral part of a functioning family system. Staff members offer clients intensive psychotherapy and provide host families with intensive supervision.

The Family Care Foundation eschews the use of diagnosis, works within a framework of striving to help people come safely off psychiatric medication, and provides their services, which operate within the context of Swedish socialized medicine, for free.

Healing Homes weaves together interviews with clients, farm families, and staff members to create both a powerful vision of medication-free recovery and an eye-opening critique of the medical model of psychiatry.

Saturday, October 15

9:00-10:15 a.m.

Jeffery Gehring
CASE PRESENTATION AND DISCUSSION I: A Beginning Care Manager's Experience with Milieu Treatment
This presentation will attempt to elucidate the significant role that paraprofessionals play in milieu treatment. Case material will be presented that highlights the way in which a Care Manager creates a safe, containing, structured environment for a resident with mental illness at Elpida House in San Rafael, CA. The presenter will discuss the ways in which he works with the resident’s symptoms in the milieu, and how this differs from, yet compliments the work being done by other members of the clinical team.

10:30-11:45 a.m.

Keynote Address:

Richard P. Bentall, PhD

The Psychology of Paranoid Delusions

Persecutory (paranoid) delusions are one of the most common symptoms of psychosis, present in up to 90% of first-episode schizophrenia patients. However, less severe forms of paranoid thinking are common in the lives of ordinary people. Nevertheless, there seem to be some important differences between the paranoid thinking of patients with psychosis and that of ordinary people. Specifically, patients with paranoia most often experience 'poor-me' beliefs in which they feel themselves to be innocent victims of undeserved persecution whereas paranoid non-patients typically have 'bad-me' beliefs in which self-esteem is low and in which they feel that persecution is deserved.

Research showing that paranoid symptoms often occur against a background of insecure attachment and experiences of chronic victimisation suggests that they co-opt normal psychological mechanisms involved in the anticipation and avoidance of social threat. At the neurophysiological level, these mechanisms may involve dopamine circuits in the basal ganglia. At the psychological level, the evolution of paranoia during the lifetime of the individual from 'bad-me' during the prodromal phase to 'poor-me' during an acute psychotic crisis can be understood in terms of the development of internal working models (or schemas) about the self and others, and also defensive self-regulatory processes which become important in the transition from bad-me to poor-me paranoia. Hence, research on paranoia provides a bridge between biological and psychological approaches to psychosis, and between cognitive-behavioural and more psychodynamic models of symptom development. The clinical implications of these observations will be discussed if time allows.

11:45-12:45 p.m.

Optional Lunchtime Panel: Jessica Arenella, PhD, Heather-Ayn Indelicato, MS, Ross Tappen, MA

Doing the Work: A Practical Guide for Students and Early Career Professionals

Internship is over, you have to pay your student loans, and everyone thinks you're crazy for listening to patients talk about hearing voices. Perhaps you have been inspired by the epic tales of recovery from Chestnut Lodge or the innovative rehabilitation models in Europe, but your current work / internship situation seems light years away. This panel of a recent psychology graduate and two ten-year veterans will address these issues and provide an insight into current institutional and private practice work with patients diagnosed with psychosis. Mr. Tappen will detail his work creating and maintaining therapeutic integrity in a state psychiatric hospital, including running trauma services and cognitive skills groups, as well as his involvement with internship and group training. Dr. Arenella will recount her early tumultuous encounters with institutional work and the establishment of a full-time private practice with patients diagnosed with schizophrenia and bipolar disorder. She will address how to obtain referrals and navigate the Byzantine world of health insurance and social services. Mr. Tappen and Dr. Arenella will also discuss strategies to cope with stigma and to weather clinical and ethical crises on the job. Dr. Indelicato, a very recent graduate of Nova Southeastern University, will reflect on her

struggles to translate her desire to provide treatment for individuals enduring severe psychiatric disabilities and the challenging realities that emerge when configuring these concerns into a viable career. She will discuss the importance of connecting to a larger community and pose questions to the other presenters.

12:45-1:45 p.m.

Concurrent Sessions

A. Ronald Abramson, MD, Irene C. Coletsos, MD, Thomas Nowell, LICSW, Burton Norman Seitler, PhD

There is More on Heaven and Earth Than the DSM

Recent decades have seen a change in dominant psychiatric thought from the psychoanalytic/ psychodynamic, with an assumption that mental disorders can be best understood and treated by understanding individual psychopathology, to the biological/psychopharmacological, understanding them as brain diseases. This change has been driven by exciting advances in bio-genetics, neuro-pharmacology, and brain imaging technology. The publication of the DSM-III in the early 1980s signified the change in the basic paradigm of psychiatric practice from "behind the couch" psychoanalytic psychotherapy to a practice resembling primary care. The currently reigning practice methodology consists of making a diagnosis followed by 15 minute monthly medication visits. This model is sustained by a conviction that there is a firm scientific basis for it, and that there is a poor scientific basis for psychoanalysis and psychotherapy. There are also strong economic forces that support it.

This panel is based on the theme that reducing Psychiatry to its biological substrate is having unfortunate consequences for clinical practice. Psychiatrists engaging in this clinical practice can't possibly know their patients well psychologically. "Management" replaces "treatment" with the goal of recovery not in sight. The panel will discuss the limitations in the "DSM" paradigm as well as a scientific basis for adapting an approach to treatment that takes into account the psychological and social dimensions of treatment as well as the biological. Different experiences in the treatment of patients who have psychotic problems will also be presented.

B. Paul U. Alexander PhD

Collective Metabolization of Psychotic Elements in a Therapeutic Community

The focus of this paper presentation is a group-dynamics application of the famous paper by Harold Searles, *The Patient as Therapist to the Analyst*. In a psychoanalytic treatment center for chronically mentally ill adults that was run as a therapeutic community, the fate of un-metabolized emotional experience in the entire community is traced through a series of encounters at the group level. Both patient and staff groups, feeling the strain of psychotic anxieties that were at once independent of and constructed within the respective groups, reached a point of de-compensation in functioning. In the particular case example offered, it could be seen that the patient group, unconsciously mindful of staff vulnerabilities, presented a series of enactments, or dramatizations, that required the staff to take up their proper containing functions and resume a bounded relationship with the patient group. The idea of unconscious communication between patient and staff groups is considered, such that the "healers" are asked to make repairs to their group mind so that the "patients" can then be tended to. A process, termed *collective metabolization*, is proposed as a way to understand one form of the unconscious "use" of psychotic experience in a treatment community.

C. James E. Gorney, PhD, Beverly C. Gibbons, PhD

Wounds Speak, Objects Scream: Whereof One Cannot Speak, Thereof One Cannot Stay Silent

In History Beyond Trauma (2004), Davoine and Gaudilliere delineate the complex links between memory, trauma, symbolization and madness. This panel will draw upon two clinical cases to illustrate how trauma can be represented, remembered and worked through via the social link of the psychotherapeutic dyad. In both instances, traumatic memory was first expressed through the spontaneous production of symbolic, visual images,

For Davoine and Gaudilliere, symptoms of trauma are markers pointing toward a Place; a place of unspeakable catastrophe inhabited in the past and still relived in the present. The symptom both masks and begins to communicate the unspoken horror of this as-yet-unsymbolized location. The unsymbolized trauma comes to haunt the subject, while at the same time foreclosing free access to individual, familial or social history. It is only when this place can be represented and inserted into the symbolic order of language, or art, via the human relationship that the catastrophe can be remembered, and not just re-lived repetitively as if branded or carved into one's very being.

Davoine and Gaudilliere assert that within the therapeutic encounter both participants bring shards of their own traumas and histories with them. In both cases to be described surprising points of connection emerged which generated artistic re-creations of traumatic experience. These powerful images will displayed to illustrate ways in which trauma becomes branded in memory - the place of the Real, where even material objects come to speak and scream.

1:55-2:55 p.m.
Concurrent Sessions

A. Kate Hardy, Clin.Psych.D., Fanya McDaniel, Melissa Moore, PhD, Demian Rose, MD, PhD

Providing Early and Integrative Intervention in Psychosis: The PREP Model

The Prevention and Recovery from Early Psychosis program (PREP) is a program that delivers cutting edge evidence based interventions to individuals with a recent onset of psychosis. The aim of PREP is to prevent psychosis from becoming severe and disabling and to minimize the disruption and impact of a psychotic episode in the life of young person. PREP is a recovery-oriented community-based service providing interventions to young adults with a recent onset of psychosis or those who may be at risk of developing psychosis.

This presentation will describe the development of PREP in two different geographical locations and the innovative funding that was secured to finance this project. The program is the result of a community-academic partnership and the process involved in the establishment and maintenance of this partnership will be reviewed. The panel will include members from the two different PREP sites and will provide an overview of the services offered through PREP including medication management, CBT for psychosis, case management, and multi-family groups with a particular focus on the integration of these different treatment approaches. Preliminary data will be presented from these programs and a description of how PREP engages in outreach to this

young and notoriously difficult to engage population will be addressed. A consumer, who will be identified closer to the conference date, will be in attendance to portray their journey through, and experience of, the PREP service.

B. Charles Knapp, MA, LPC, Anne Marie DiGiacomo, MSW, LCSW
A Whole Person Approach to Family Integration and Recovery Within a Windhorse Therapeutic Environment
The Windhorse Therapy approach was developed in 1981 by Chogyam Trungpa and Dr. Edward Podvoll. It is based on the Buddhist understanding of fundamental health, fundamental sanity, and the inseparability of one's entire life from one's environment, while integrating applicable Western psychology. The primary activity involves creating whole person, individually tailored, therapeutic living environments for people with a wide variety of mental health recovery issues.

This presentation will focus on how the path of recovery involves synchronizing the body, speech, and mind of the therapeutic environment, which is an integration of the entirety of the client's life. Significantly, besides the clinical team, this includes the client's family and all aspects of their relationships: physical and financial support, relationship dynamics, communication, expressed emotion, attitudes, expectations, spirituality, love, forgiveness, mutual recovery and the eventual acceptance of the unique sanity and gifts of the client and each family member. We will present an overview of these concepts from the perspective of the beginning, middle, and end phases of recovery, and will include a brief case presentation that illustrates this integrated recovery process for the client, clinical team, and family.

Nick Luchetti, MS
Common Ground: Recovering the Natural Infrastructure of Compassion
…the experience of compassion and the impulse to cultivate its expression always remains as a basic element of our human nature…made possible by taking hold of what is already there: the spontaneous ebb and flow of exchange, our natural infrastructure of compassion. We need only to seize it in the service of caring for others."--Edward Podvoll M.D.

At its heart psychotherapy is an expression of compassion. Recent developments in a variety of fields have revealed compassion is an innate human faculty. However, our awareness of this inborn tendency for interpersonal connection is typically obscured by opposing developmental agendas of separation and individuation. As psychotherapists we are faced with the dilemma of attempting to employ a skill for which we have developed a diminished capacity. Our own process of recovery of our potential for compassionate presence may be essential to our effectiveness at helping those recovering from the alienation and loneliness of psychosis. The therapeutic relationship can then become the common ground for mutual recovery.

This presentation will explore the vital role of compassion in the process of recovery from psychosis. I will present the work of the Windhorse Project - a unique approach utilizing Buddhist principles of mindfulness and compassion to create healing physical and social environments for recovery. Meditations for rediscovering our intrinsic potential to send and receive compassion will be presented, as well as ways to integrate these practices of exchange into our therapeutic service.

C. Brian Koehler, PhD

Relational Psychosis Psychotherapy: A Neuropsychoanalytic Model

Cichetti (2010), from a developmental psychopathology perspective, emphasized that the abnormalities in the broad domains of genetics, neurobiology, cognition, emotion and interpersonal relationships in severe mental disorders do not exist in isolation. He encouraged researchers to strive to comprehend the interrelationships between the biological, psychological and social in these disorders. I have conceptualized this as a non-reductionistic, translational, more three-dimensional approach which is integrative across the domains of brain, mind/self and culture. In this paper, I will attempt to demonstrate that looming threats of non-relatedness expressed in annihilation anxieties may be the core situation which helps to explain some of the neuroscience, epidemiological, sociocultural, and clinical findings in many persons diagnosed with a severe mental disorder. Although this model includes both "bottom-up" neurobiological processes, such as the effects of various polymorphisms and neural alterations on psychological and psychosocial functions, and "top-down" processes, such as the effects of the environment on gene expression and neural morphology, it privileges the latter in its hierarchy of etiological factors. Relational psychosis psychotherapy (RPP), which will be broadly described, is one form of psychosocial therapy that seeks to address the terrifying threats of unrelatedness, the effects of relational trauma and social isolation. Relational psychosis psychotherapy is built primarily on contributions from such attachment-oriented psychoanalysts such as Christian Muller, Gaetano Benedetti (Benedetti, 1987; Koehler, 2003) and Otto Will (Sacksteder et al., 1987), contemporary relational psychoanalysis, attachment-based cognitive-interpersonal psychotherapies (e. g., Gumley & Schwannauer, 2006), compassion focused therapy (Gumley et al., 2010) as well as the current attempts being made by CBTp clinicians/researchers to link emotions, cognitions, trauma and the social world with the emergence and maintenance of psychotic experiences (Fowler et al., 2006; Bebbington et al., 2008). RPP is an approach that place the capacity for relatedness and containment of the dual terrors of unrelatedness and emotional closeness, i.e., loss of a sense of self, at the center of its model of care. The relational psychotherapist attempts to not lose sight of the forest for the trees by keeping in close contact with the anxieties and terror of unrelatedness embedded in psychotic symptomatology.

3:15 – 4:00/4:15 p.m.
Concurrent Sessions

A. 3:15-3:35 p.m. Noel Hunter, MA

Does Risk of Violence Account for Resistance to Utilizing a Trauma-Informed Framework for Treating Psychosis?

Patients with schizophrenia often do not voluntarily seek treatment or they disengage from treatment early on in spite of the disruption this illness often brings to one's life. Recent publications have called for a renewed focus on psychotherapy and psychosocial interventions, including the need for trauma assessment and trauma-specific models as part of a comprehensive treatment plan for schizophrenia (Read & Ross, 2003). Taking a trauma informed, accepting, therapeutic approach has been shown to be effective across several studies, and is the first line approach for treatment of PTSD. Yet, standard practice for treating schizophrenia continues to rely on a biological model that tends to preclude psychotherapeutic measures, and may result in stigmatization and less effective treatment for this patient population. There may be a perception that individuals with schizophrenia present a greater danger than do patients with PTSD. This

review attempts to compare rates of violence between these two patient populations. Although there is a risk of increased violence associated with acute psychosis, this association is minimal. However, there is a direct risk of violence, especially domestic violence, associated with symptoms of PTSD. If patients with schizophrenia are not more likely to be violent than those with PTSD, then an empirically validated, therapeutic, normalizing approach, as is standard in the treatment of PTSD, should be incorporated into treatment for patients suffering from schizophrenia who may benefit from such an approach.

3:35-4:00 p.m. Clancy D. McKenzie, MD
Research into Origin of Serious Mental and Emotional Disorders
Longitudinal studies are described in which peak age-of-origin and age range-of-origin of each symptom and each diagnostic category related to infant trauma can be identified.

These are precise measurements, calibrated to the month of origin and using statistical analysis of hard data. Implications of such findings are far reaching in the field of mental health.

B. 3:15-4:00 p.m. Laura McCormick, PhD, Kristin Felch, PsyD, Nikki Sachs, LCSW
An Integrated Approach to the Treatment of a Psychotic Process: The Secret's in the Team
This hour will use a case as a starting point for a conversation about the benefits and challenges of working with psychosis as a treatment team. We'll observe how a man came to depend less on delusions to explain his world and protect himself from unbearable feelings as a result of residential treatment at Elpida House in San Rafael, CA. A unique aspect of his treatment is a comprehensive team of providers including an individual therapist, a group therapist, and a care manager who coordinates services and acts as an agent for integration. This comprehensive team allows the client to use these relationships as a container for fantasies, projections, delusions and re-enacting old relationship patterns. The team works together to hold different aspects of the client, to offer several practical and psychic functions, and to provide each other with new perspectives and respite. We'll observe how the team treatment process was transformative for members of the team and ultimately, for the client.

Our hope is that vignettes from this case will spark a rich discussion, addressing the following questions: 1.) What is the etiology of the psychotic process: organic, traumatic, defensive or all of the above? 2.) How does fragmentation manifest in the client's thinking, experience of self, and amongst providers? 3.) How do you provide insight-oriented therapy to someone with limited insight? 4.) How do optimism and hope thrive in the face of acknowledging a mental illness with its inherent stigmatization? 5.) Can a psychotic process remit or even be cured?

C. 3:15-4:15 p.m. Michael O'Loughlin, PhD, Marilyn Charles, PhD, ABPP, Jay Crosby, MA, Almas Merchant
A Qualitative Inquiry into the Experience of Persons with Chronic and Delimiting Psychiatric Disabilities
Recent studies in psychoanalysis, medical anthropology and phenomenological psychiatry have expanded our understanding of schizophrenia and the psychoses, and the implications of these studies are just beginning to emerge in the areas of diagnosis and treatment. However, while each of these perspectives offers important strands of knowledge to the field, no one study has

attempted to combine these perspectives – the psychodynamic, the psychosocial and the phenomenological – under one umbrella, thereby bringing out the historical, social and subjective dimensions of schizophrenia within a single research study. We report on preliminary data from 20 persons designated schizophrenic who participated in three one-hour interviews exploring respectively (1) core dynamics; (2) traumatic antecedents and psychosocial stressors; and (3) experience of "being a patient" including phenomenological and cognitive understandings of psychosis, and notions of internalized stigma.

Criteria for participation:

- Having had a formal diagnosis of schizophrenia or other severe psychosis in adolescence/adulthood
- Having had at least one hospitalization for schizophrenia or other severe psychosis in adolescence/ adulthood
- Be functioning currently at a level that precludes sustaining gainful employment and long-term intimate partner relations. On the GAF scale [Global Assessment of Functioning] this will be reflected in a score of 55 or less.
- Reside in a residence and participate in day-treatment or partial hospitalization for the ongoing treatment of chronic schizophrenia or other psychotic disorders.
- Not be currently experiencing florid episodes of psychosis or in need of hospitalization.

Qualitative analysis of transcribed data will begin in Summer 2011.

4:30-5:30 p.m.

Video of Dance Performance and Live Panel Discussion Sarah St. Onge, MA, Nathan Trice, Discussant: Marilyn Charles, PhD, ABPP

One's Trilogy: Dancing in the Spaces Between Self and Other

This work is part of a therapeutic inquiry into the relationship of a son and his mother who struggled with childhood abuse, paranoid schizophrenia, homelessness, therapy, and relapse. We are a therapist-in-training and dancer/choreographer who spent the past year discussing and reflecting on the dancer's (the son's) journey to understand himself, his mother, and their relationship. The dance is an interpretive theatrical work based on the narratives that emerged from the therapeutic sessions. Nathan Trice, dancer/choreographer, is the founder and artistic director of nathantrice/RITUALS, a project-by-project dance theater company in New York City. Sarah St. Onge is a doctoral candidate in clinical psychology at Adelphi University, where she is supervised in this undertaking by Michael O'Loughlin, Ph.D., a professor at Adelphi. In the dance, Nathan plays both his mother and himself. Three other dancers portray the therapist and mother at various points in her life. The work, entitled "One's Trilogy," explores the sociohistorical and psychodynamic underpinnings of self and other. Following a viewing of the dance performance, the therapist and choreographer will engage in a dialogue that elucidates their process and the process of creating the piece. Marilyn Charles, Ph.D., staff psychologist at Austen Riggs Center, will serve as discussant. A video of the dance performance will be shown.

Sunday, October 16

8:30-9:30 a.m.

Concurrent Sessions

A. Marilyn Charles, PhD, ABPP

CASE PRESENTATION AND DISCUSSION II: Meetings at the Edge: Working with Psychosis

When working with individuals who struggle with psychosis, it is important to ways in which trauma ruptures language, so that the unspeakable often manifests through sign, symbol, or psychotic language. In this work, the therapist is called upon to enter into the universe of the other and learn to speak their language. This process entails our ability to accept the 'signs' that are markers of meaning that have not yet been integrated sufficiently to be useful as symbols, so that we can begin to make meanings together. To illustrate this interactive process, I will present the case of a young woman who had been designated psychotic and had come to the limits of what medication and traditional psychotherapy could offer. She came asking whether or not I might meet her halfway rather than insisting, as had been the case with her previous therapist, that she engage only in my way, on my terms. This woman's world was configured according to concepts that were not unfamiliar to me, having lived part of my adulthood on the Navajo Reservation and in Santa Fe, New Mexico, where there is an openness to 'new age' ideas and eastern religions. My willingness to step outside of conventional practice - and enter into this woman's universe – allowed for the elaboration of important nodes of meaning. Recognizing together the signs and symbols of the negative entities and energy fields through which emotional and relational complexities were marked and negotiated helped this woman to build her internal and external resources in sufficient fashion to be able to move forward in her life.

B. Michael Robbins, MD

"I don't think anyone could have hoped for anything better": The psychotherapy of a schizophrenic woman

Abstract not available

C. Martha Rose, MBA

Transinstitutionalization of the Mentally Ill: The Consequences of Social Policy, Social Deviance and Economics

We have changed from a society of social welfare to a society of mass incarceration. The mentally ill have been moved from the state mental hospitals of the 1950s to the criminal justice system of the 21st century.

The US prison population is now the largest per capita in the world. There are currently over 7 million people in the criminal justice system, with 2.3 million, or 1/3 currently serving time in prisons and jails, and an additional 5 million on probation and parole. The Bureau of Justice (2006) estimated that 1.2 million inmates had some form of mental illness, and of those between 10 to 24% experienced delusions and hallucinations. This would mean about 600,000 people in jails and prisons, and 1.3 million on probation and parole are considered seriously mentally ill.

What is the collateral damage to society? How has this transfer of people from the medical system to the criminal justice system redefined treatment? Social policy? Social construct of mental illness, and schizophrenia in particular? How has social deviance been redefined that people who are outside the norm are now locked up rather then treated? What is the relationship of deviance to trauma? To what extent does incarceration add secondary trauma to people who are already severely traumatized?

This paper and presentation will examine changes in criminal justice law and enforcement, as well as the re-definition of public mental health policies. It will present findings from a range of studies and key economic data to help us better understand the costs of transinstitutionalization.

9:45-10:45 a.m.
Concurrent Sessions

A. Ira Steinman, MD
CASE PRESENTATION AND DISCUSSION III: Intensive, Curative, Psychotherapy of Previously Hopeless and "Untreatable" Schizophrenia
This presentation emphasizes that in this era of treating schizophrenic and delusional patients with a primarily antipsychotic drug oriented approach, there may be a better approach via an Intensive Psychotherapy. These cases demonstrate that an exploration of the meaning to the patient of his psychosis - with judicious antipsychotic use, when indicated - leads to internal character and external behavioral change that is far more lasting than that achieved with antipsychotic medication alone. With such a psychodynamic approach, these previously chaotic, disturbed and heavily medicated people were able to integrate delusional systems that had persisted for many years and give up previous extensive antipsychotic medication, as they understood and worked through psychological issues underlying their psychotic orientation.

B. Paris Williams, PhD
An Exploration of the Existential Underpinnings of the Psychotic Process, from Onset to Full Recovery
The purpose of this presentation is to present the research carried out in 2010 that culminated in the presenter's doctoral dissertation. The aim of this research was to explore the psychotic process at the most fundamental level of human experience, with the hope that such an inquiry may offer some guidelines and perhaps even a more or less universal map that can be of service to others struggle with psychosis.

Qualitative multiple-case study methodology was used to inquire into the experience of six participants who had suffered from long-term psychosis and who are now considered to be fully recovered. Data analysis consisted of developing individual and cross case themes for each of six prefigured categories: description of the anomalous experiences, the onset and deepening of psychosis, recovery, lasting personal paradigm shifts, lasting benefits, and lasting harms. After exhaustive analysis of the data, a theoretical model was formulated that assisted in discussing the implications of the data. The results revealed that all six participants had striking parallels in their experiences with regard to all six categories of experience, with the most central implications as follows: an overwhelming existential threat to the self apparently played an important role in the onset of psychosis; the psychotic process was likely initiated by the psyche as an attempt to regain equilibrium in the face of this threat; recovery was primarily assisted by reconnecting with hope, meaning, a sense of agency, and the cultivation of healthy relationships; psychiatry generally caused significantly more harm than benefit in the process of recovery; and the successful resolution of the psychotic process apparently involved a profound reorganization of the self along with significantly more lasting benefits than harms.

Alexander Zinchenko, PhD

Transference: Total Institution

It has been over fifty years since Erving Goffman immersed himself into St. Elizabeth's psychiatric hospital and coined the term "Total Institution." Recent treatment models, while focusing on 'Wellness and Recovery' and underlining the value of patients' individuality and personal choice, when come in contact with psychotic phenomena often acquire such characteristics of "Total Institution" as identity trimming and submission to over-all rational plan of various enforced activities. Drawing from his clinical experience of working at Napa State Psychiatric Hospital, the presenter will suggest looking at this transformation of treatment model as an enactment of institutional counter-transference to psychoses: The treatment model both adjusts to salient features of psychoses and inadvertently reproduces patients' traumatogenic past. The staff often uses this structured treatment approaches to distance themselves from the overwhelm caused by a close contact with psychotic patients. However, the techniques used often resemble the very phenomena of psychotic communication in its emotional flatness and incongruence, disregard for the experience of the other and use of words that are devoid of meaning. Examples of patients' reality- and transference-based reactions to Total Institution will be discussed. They will be contrasted with patients responses to staff's attempts to make real contact.

C. Jeanne Lee Seitler, PsyD

A Novel Integrative Model Illustrating the Etiology and an Approach to Treatment of Psychotic States

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

Objectives:

-Participants will learn a new, non-biological, integrative model for conceptualizing the etiology of Psychotic States.

-Participants will be able to articulate what factors predispose certain individuals, rather than others, to having repeated psychotic episodes.

-Participants will learn several techniques for assisting clients with the self-reorganization necessary for the resolution of psychotic states.

-Participants will discuss the integration of paradigms this new model embraces.

11:00-11:45 a.m.
Honoree: Ann-Louise S. Silver, MD
Early Onset Psychosis: Do we want it in the DSM-5
What would the risks and benefits be, regarding the introduction of the suggested new syndrome "early onset psychosis"? What do we know already about the reliability of the implicit prediction of a deteriorating course for the identified individuals? Should ISPS-US come to a consensus and contribute to the American Psychiatric Association's debates on this issue?

12:45-1:45 p.m.
Concurrent Sessions

A. Sue Saperstein, MFT, PsyD
Possession: From Delusion to Transitional Space
Possession and madness are medieval terms saturated with religiousity and referring to evil: daemonic possession. Yet, Winnicott in his imitable way termed the origin of being " the first not-me possession." In the primal land of first possession lies the potential for intermediate space - a place of illusion - the madness that is a kind of antidote to insanity. In a critique of Winnicott, Green focused on childhood horror and the destructive creativity of delusions and the necessity for play. The therapeutic approach suggested is not a direct confrontation between the internal space of the mind and external space, but engagements that facilitate the move from the space of delusion to transitional space. The remedy would not be reality but rather play in the sense in which Winnicott uses the word applied to a psychoanalysis.

Clinical studies recommend that the alchemy of psychoanalysis of psychosis holds possibilities and potential for these impossible states of possession and their transformations.

B. Burton Norman Seitler, PhD
Suicide Attempts: Possible Wishes to Kill Off "Bad" Introjects and Thus Achieve Rebirth
Many assume when people attempt to kill themselves they are in pain that is so unbearable they would rather sacrifice their lives than endure another moment. Sometimes what is missed is a common belief/wish that underlies many suicidal attempts, one which rests on the fantasy of rebirth, in which, much like the Phoenix, a brand new person will arise out of the ashes of the "destroyed" introject. Such is the case of Benedict, who was plagued by "devilish" voices which persistently humiliated him, telling him he would be tortured, commanding him to end it all, and rebuking him for being a weakling if he did not do it. He felt driven to suicide. He sought comfort in the belief that the "demons" that taunted him would die in the process, but that he would be reborn. Our work felt precarious and tumultuous. One perceived wrong word, an experienced slight, or misattunement on my part left him with a mix of despair and fury. He moved rapidly between wanting to kill himself and me. When I refused to die in the face of his emotionally driven verbal barrage, or give up on him, he was ultimately able to identify with my dogged determination to both survive his fierce attacks and to locate the source of the voices (introjects) that were waging "their" attacks on him (and on me). After the storms subsided, he could begin to relinquish his delusional system and combine forces with me to face and overcome his fears.

C. Ron Unger, LCSW

Dialogs at the Edge of Reason: Addressing Spiritual Issues Within Treatment for Psychosis

Mental health professionals are trained to empathize with clients, and to use the client's own language and metaphors where possible. Yet these same professionals most frequently base their explanations on reason and on empirical knowledge of bio-psycho-social factors, while those diagnosed with psychosis often speak in ways that defy reason and empirical knowledge, and use spiritual concepts or metaphors instead. Professionals are likely to view such spiritual talk as "hyper-religiosity" or simply as part of the disorder, or at best as something they lack the expertise to discuss. These differences create a barrier to an effective therapeutic relationship.

There are ways, though, to overcome this divide. Professionals can learn to humbly recognize the limits of their own reason and knowledge, and the potential validity, in some sense, of even odd spiritual perspectives. At the same time, they can learn how spiritual language and metaphor can be seen as another way of discussing complex dynamic processes and emergent phenomena related to trauma, attachment, and identity, so that even atheistic professionals can perceive spiritual discussions as related to the core issues of psychosis. Then, professionals can gently and non-dogmatically deepen spiritual dialogs by using methods similar to Jung's "archetypal amplification," helping clients identify possibly useful alternative spiritual perspectives while also preserving self esteem and positive aspects of otherworldly experiences.

When recovery does occur, people often report that spiritually played a key role. By becoming willing and skillful participants in discussing spirituality within psychosis, professionals can make recovery from psychosis more likely.

2:00-2:50 p.m.
Concurrent Sessions

A. Wilfried Ver Eecke, PhD, Eva Lingström Eriksson, MD, Christina Norman Villemoes, PsyD

Egostructuring Method Created by Villemoes for Treatment of Persons Afflicted by Schizophrenia

According to Lacan the psychotic person isn't linguistically structured. (S)He has not reached the Oedipal dimension, and hence lacks a metaphorical dimension. The strategy of ego-structuring psychotherapy uses narcissism to introduce a temporal dimension in the structure of the ego. The psychotics are not able to be dialogue partners. Personal pronouns are not handled normally. Past and future are not firmly located.

In the working phase the history of the psychotic person will be written. The patient has the facts, and is asked to present them in as much detail as possible. The therapist has the Oedipal logic and must help the patient write his (her) history piece by piece, as a puzzle, until it becomes a narrative, where the patient is the main character.

The working-alliance is called the "best-pal" -relationship. Best-pals have a relation only because of a common interest. They also identify with each other and think in the same way. In ego-structuring psychotherapy the common interest will be the history of the psychotic patient. The Oedipal thinking and comments from the therapist, given in a non-polarizing manner, will give the pieces from the psychotic´s history a meaning and will also give a temporal structure to the ego.

B. Carolyn Quadrio, MD

Intensive Psychotherapy with Bipolar Disorder

The author presents an intensive psychotherapy with a 35 year old woman who had been diagnosed with rapid cycling bipolar disorder. She had been treated over several years with a range of psychotropic medications, cognitive psychotherapy and several courses of ECT. Her illness was severe and relapsing, episodes were predominantly of major depression and there was a significant risk of suicide. She was referred to a specialist mood disorders unit where she was eventually assessed as treatment resistant and after lengthy consultation with several experts she was finally recommended for leucotomy. At that stage a trial of intensive psychotherapy was undertaken by the author. The therapy took four years with four sessions weekly in the earlier phase and progressively diminishing in frequency. The theoretical framework was one of developing an internal working model of a secure attachment relationship and the capacity to self soothe; there was also exploration of a highly complex family system and issues of childhood trauma that were relatively subtle. Leucotomy did not proceed and at 15 year follow up she remains well.

Elizabeth Waiess, PsyD

The Traumatic Flashback as One Basis of Misunderstanding between Patients and Law Enforcement Officers

(Written with Bert Karon, who will not be present.) 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 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.

C. Judith V. Parker, PhD

Treating Psychosis Through the Understanding of Dreams–An In-Depth Case Presentation

This in-depth presentation will focus on the treatment of one individual whose history included several psychotic breaks and hospitalizations. Detailed process notes of several serial sessions will be presented to illustrate the value of dreams and their interpretation in highlighting and relieving the confusion and fragmentation caused by the deep conflicts and resistances that lie at the heart of psychosis.