

## ISPS-US Annual Meeting: Boston University

By Marie C. Hansen



The ISPS-US annual meeting is just around the corner: October 28-30<sup>th</sup> at Boston University. This meeting, ISPS-US's 15th annual one, features varied perspectives and points of view within our mission. These perspectives address individual and group psychotherapies, case histories, the presentation of data on recovery, and theoretic understandings of extreme states of mind. Experts by experience constitute a vital presence in our organization, and will add dimensions to our collective discussion in Boston. The dilemmas of people who wind up in prisons will be a focus, as will the experiences of family members of people with psychosis. ISPS, and our conferences in particular, have always provided a rich arena for collaboration, inspiration, and debate. Please come join us!

### Keynote speaker: Michael Stein, JD, PhD

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) is the first human rights treaty of the twenty-first century, and the first one to specifically protect the rights of the world's one billion persons with disabilities. One of the fundamental rights contained in the CRPD, and one that is emblematic of the paradigm shift intended by the treaty, is that of legal capacity: the equal right of persons with disabilities to

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## President's Column

By Jessica Arenella



It's been a busy year for ISPS-US! We are expanding our physical and digital presence at a rapid pace. Diana Babcock has started the Upstate New York branch of ISPS-US from her home in the Rensselaer area. If you are in the neighborhood, you can contact her [here](#). Kevin Healey, who has been hosting the Hearing Voices Café for one year and the Hearing Voices Group for six, is now also hosting a new ISPS-US branch in Toronto, Canada. He can be reached [here](#).

ISPS-US now has digital presence across the globe with our new maps on Debate Graph. If you haven't joined Debate Graph yet, now is the time to do so. You will be able to share your ideas and research with other ISPS members, and also the wider community of interested individuals. [Learn more](#).

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## ISPS-US Annual Meeting

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make their own decisions in all aspects of life, including health care provision. At the same time, this right is also the least understood in terms of practice, and the most controversial. The speaker was privileged to have participated in the CRPD's drafting and to have worked on implementing the treaty in over 40 countries. This talk will investigate and provoke discussions around involuntary confinement and treatment, a topic currently dominated by rights advocates but without consultation.

### Honoree: Rachel Waddingham

Whilst hearing voices is often a taboo in western cultures, linked with media stereotypes and images of 'madness', there are some kinds of voices that are even harder to talk about – 'taboo voices'. Taboo Voices may include ones that speak of violent and/or sexual themes - things that person, and those around them, find very distressing. They can be extremely graphic, sometimes overlapping with violent thoughts, impulses or disturbing visions. This talk draws from Rai's personal experience of hearing taboo and violent voices, as well as her work with young people and people in prison and the principles of the Hearing Voices Movement. It explores how we can view them as an opportunity for growth and understanding, rather than a risk to be silenced.

### Featured talks:

Marilyn Charles, PhD, ABPP *Women and Madness in Context: Social Versus Personal Constructions of Identity and Becoming*

Annie G. Rogers, PhD *Incandescent Alphabets: Psychosis and the Enigma of Language*

Matcheri Keshavan, MD *Neuroscience, Neurotics, and Schizophrenia*

Françoise Davoine, PhD *Making Sense of Family Tragedies Across the Generations: A Guide to Understanding the Role of Intergenerational Trauma on Your Family*

Alexandra L. Adame, PhD *The Psychiatric Survivor Therapist Dual Identity*

Bertram P. Karon, PhD, ABPP *Who am I to Treat This Seriously Disturbed Person?*

Brian Koehler, PhD *From Reductionism to the Person: Using a Convergence Science Approach to the Phenomena we call "Psychosis"*

### Special events:

#### Family Members Lunch

Saturday, October 29, 2016: 12:00-1:15 p.m.

Nud Pob Thai Cuisine, 738 Commonwealth Ave. Meet with others following the panel to continue the discussion. Sign up at the registration table.

#### Dinner at Trident Bookstore & Café

Saturday October 29<sup>th</sup> 2016: 6:30-9:30 p.m.

338 Newbury Street, Boston (2 stops on the T from Blandford Street). We have reserved the upstairs of this independent bookstore/café for a buffet dinner. Includes soda, coffee & tea. Cash bar for beer and wine. Vegan options available. Guests are welcome. Dinner is sold out. When you register, you can sign up for the waiting list.

#### Students and Early Career Dessert and Drinks

Saturday October 29<sup>th</sup> 2016: 9:30 p.m.

Sonsie 327 Newbury St., Boston. Join us across the street from Trident Café to enjoy a late evening with other students and early career people attending the conference. Pay as you go. Sign up at the registration table on Saturday.

All three restaurants, as well as the meeting buildings, are wheelchair accessible.

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## President's Column

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Additionally, we have done a complete overhaul of our website, updating content and modernizing the design to be easier to access across a variety of platforms. In Phase 2 of the redesign we will have a classified section for our members to advertise their services, research, volunteer, and employment opportunities. Please [contact Karen Stern](#) for more information.

At last we are hosting our first conference since New Jersey in 2013. We have some changes for this year—Not only do we have a Keynote *and* Honoree, but we are hosting plenaries featuring people with lived experience and family members. We have heard your feedback and want to demonstrate our commitment to ensuring that these voices are heard by all attendees.

In addition, we are thrilled to have a new Chairperson for the Family Members Committee, Pat Wright. If you want to get in contact with other family members, or have questions about this committee, please [contact Pat Wright](#).

As our group expands, we continue to face challenges communicating effectively with each other, with the mental health system, and with those who regulate the mental health system. It is my sincere hope that many of our members will explore the Debate Graph platform, as this establishes our ideas and research on a worldwide platform and encourages thoughtful critiques (and hopefully solutions). I would also like to encourage those of us who participate in the listserv to view it not just as a place to vent, preach to the choir, or share research, but as a space that—to paraphrase Gandhi—exemplifies some of the change that we would like to see in the world.

While there is often praise expressed for the Open Dialogue technique or the psychoanalytic understanding of trauma and distress, we need to do a better job of communicating in non-threatening, trauma-informed, and non-transferential ways toward each other. While we may differ on ideas such as reform versus revolution; if coercion is ever justified; or the role (if any) of medication or diagnosis, we can be a more effective coalition when we practice non-violent communication and good old-fashioned empathy. While I am generally

not a Pollyanna, I honestly believe that those of us who join ISPS-US all have our hearts in the right place and want the least coercive, least violent, most respectful, and most honest assistance available to people who are struggling with experiences often labelled psychotic. Over the next year, I would like to have ISPS-US embrace the practice of non-violent communication.

[Click here](#) for more information.

Peace out,

Jessica Arenella, PhD

## Editor's Note: Fall 2016

**Marie C. Hansen**

As the new editor for the ISPS-US newsletter, I would like to start this issue by first thanking Ross Tappen for his many years in the position and his dedication to continually making the newsletter interesting and informative. Thank you Ross, I hope I do justice to your ISPS-US newsletter legacy!

This issue brings forth much exciting news from ISPS-US, including program highlights from our upcoming meeting at Boston University, a new section of the newsletter called *Member Briefs* where you can learn more about the members of our community, a commentary by Paul Peacock on ways to dialogue across theoretical divides, a beautiful transcription of clinical material by Michael Eigen, a *Member Spotlight* on Dr. Yulia Landa's fascinating work with CBT for Psychosis, Regional Branch updates, Committee updates, the first in a multipart series on voice hearing by Gregory Shankland, and of course, our President's Column.

### Stay in touch with ISPS-US!

**Facebook:** [Isps-Us](#)

**Twitter:** [@ispsus](#)

**Blog:** [isps-us.org/blog/](#)

## ISPS-US Member Briefs

The membership body of ISPS-US is truly a creative mix of people including (but not limited to); people with lived experience, researchers, students, psychologists, psychiatrists, scholars, nurses, social workers, artists, family members, friends, allies, activists, and community leaders. Here are some of their most recent activities:

**Kyle Arnold, PhD**'s book *The Divine Madness of Philip K. Dick*, a psychobiographical study of the writer Philip K. Dick's religious experiences, was recently published by Oxford University Press. Recent pieces by Arnold on Dick have appeared in *The Independent*, *Publishers Weekly*, *Alternet*, and *Aeon*. Arnold was interviewed about the book by Robert Moss on his radio show *Way of the Dreamer*.

**Jay Crosby, PhD** Currently works as a psychologist at Bellevue Hospital Center and serves as the program director for OnTrackNY@Bellevue, providing comprehensive treatment for young adults experiencing a first episode of psychosis. He also has a private practice in Manhattan where he works with individuals experiencing psychosis. Additionally, he is involved in a few psychoanalytic study groups and is engaged in research exploring the phenomenology of psychosis and symbolic processes in psychotherapy.

**Michael Eigen, PhD** has recently published two books: *Image, Sense, Infinities, and Everyday Life* and *Under the Totem: In Search of a Path*, a major theme in his work involves psychosis and mystical experience. He also recently published the chapter "Where is Body?" in *Speaking of Bodies: Embodied Therapeutic Dialogues*, eds. A. R. Ben-Shahar, L. Lipkies, and N. Oster and a paper on teaching Bion for forty years titled, "Tiger Stripes and Student Voices," in *Teaching Bion*, ed. M. H. Williams. He spoke at Tibet House in May for an event sponsored by the Institute for Expressive Analysis in New York City.

**Marie C. Hansen, MA** has recently started her third year of her clinical psychology doctoral program at Long Island University Brooklyn and is

now the editor of the ISPS-US newsletter. She is a current extern with Dr. Yulia Landa's CBT for Psychosis Clinical and Research Group at Mount Sinai Hospital and James J. Peters VA Hospital.

**Noel Hunter, Psy.D.** recently graduated with her doctorate and relocated to Boston, MA for a fellowship at the Trauma Center at Justice Resource Institute, under the directorship of Bessel van der Kolk, MD and Joseph Spinazzola, PhD.

**David Lee** is currently distributing his latest motion picture project, PHARE – a Glimpse of the Circus, about a group of acrobats and comedians from Cambodia. Most of the performers grew up at the bottom of Khymer society, which is emerging from war and genocide. The performers are former "Trash Kids," who, at the ages of 5 or 6, had to scavenge for recyclable objects for small amounts of money. They were subject to domestic abuse, human trafficking, and forced labor, until attending Phare, a school which offers a standard education alongside music, painting and performing arts. Going into its 21st year, the school named Phare is open every day of the year, without charge and presently serves 1200 Cambodian children, covered by 10 Social Workers. 98 minutes. DVD-NTSC. [Email David](#) (with "PHARE" in the subject line) to purchase.

**Casadi "Khaki" Marino, PhD, LCSW** was awarded a PhD in Social Work and Social Research from Portland State University in June 2016. She has a chapter by the title of "My monster, my self" in the forthcoming ISPS Series book, *Women and Psychosis: Multidisciplinary Perspectives* edited by Marie Hansen and Marilyn Charles.

**Constance Shope, PhD** continues to work as a psychologist and research scientist at the Nathan Kline Institute, affiliated with NYU and Rockland Psychiatric Center, in Orangeburg, NY.

Help strengthen our community by sending an update for *Member Briefs*. All that is required is a few sentences stating what you have been up to lately—Published a book? Started a new position? Developed an early psychosis program? Started a hearing voices group? Had a baby? Wrote a paper? Got off psychiatric medication? [Let us know!](#)

## Regional Branch Updates

### *Boston*

The Boston Area Group of ISPS-US is co-chaired by Ron Abramson, MD and by Harold Bursztajn, MD. They meet about 4 times a year in Dr. Bursztajn's home in Cambridge on a Sunday morning. We usually have between 10 and 20 people there, and the atmosphere is cozy and collegial with friendly and interesting discussions.

Here is a sample of our recent meetings:

On November 8, 2015, we had Matcheri Keshavan, MD, Professor of Psychiatry at Harvard, talk to us on, "Nature, Nurture, Brain Plasticity, and Psychological Treatment of Schizophrenia".

On February 21, 2016, we had Mark Poster, MD talk about the Recovery Movement and Psychiatry

On May 8, 2016, we had Don Pachuta, MD who is also a Catholic Priest talk about how he utilizes ideas from Medicine, Theology, and Meditation to help people in his ministry.

On June 26, 2016, we had Robert Whitaker, and Lisa Cosgrove, PhD talk about, "The Corrupting Influence of Big Pharma on Psychiatric Practice."

Our next meeting is planned for December 4 and we have not yet firmed up a speaker. If anyone is interested in presenting to us, please email [Ron Abramson](#).

### *Michigan*

**Branch Head** – Patricia L. Gibbs, PhD

**Patrick B. Kavanaugh, Ph.D**, is a long-time active member in ISPS-US. Retired in May 2014, he has continued presenting papers on confidentiality in psychoanalysis, and how psychoanalysis is situated in philosophy, the humanities, and the arts. His book *Stories from the Bog: On Madness, Philosophy, and Psychoanalysis*, was published in 2012 (Rodopi, NL, Amsterdam.) Currently he is working on a second book, *The Therapeutic Village*, to be published later this year. The book considers "the transformative effects of the medical-scientific narrative on our culture and society . . .

the increased medicalization of the human condition and life, the mythical nature of the social sciences, and how society is moving inexorably towards functioning as a total institution: "a Hospital without walls." (Kavanaugh, 1995)

**Bertram P. Karon, PhD, ABPP**, continues to be active in presenting papers on the treatment of persons diagnosed as psychotic and schizophrenic through the Michigan Psychoanalytic Council. A long-standing member of ISPS-US, and the American Psychological Association, he will be presenting his paper, "Who am I to Treat This Seriously Disturbed Person?" at the ISPS-US 15th Annual Meeting at Boston University, on Saturday, October 29, 2016.

**Patricia L. Gibbs, PhD**, has been the ISPS-US Michigan Branch Head since 2004. She has several publications, including: *The Struggle to Know What is Real*, (2004). *The Psychoanalytic Review*, 91(5)615-641. *Reality in Cyberspace: Analysts' Use of the Internet and Ordinary Everyday Psychosis*, (2007) *The Psychoanalytic Review*, 94(1). *Technical Challenges in the Psychoanalytic Treatment of Psychotic Depression*. In: *Beyond Medication: Therapeutic Engagement and the Recovery from Psychosis*. Eds. D. Garfield and D. Mackler, pp 107-123. New York: Routledge. Her most recent publication is: Gibbs, P. (2016). *The Role of Shame in Treating Maniacal Triumph and Paranoia*. In: *Shame: Developmental, Cultural, and Clinical Realms*. Ed: S. Akhtar, pp. 161-183. London: Karnac Books. She will be presenting a condensed version of clinical material from this paper at the ISPS-US 15th Annual Meeting at Boston University on Saturday, October 29, 2016.

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## Announcement

**ISPS-US** is seeking leaders for Regional Branches in Northern California and Chicago. Starting a regional branch is a great way to meet like-minded individuals dedicated to social, psychological, and lived perspectives of psychosis. For more information, [email Karen Stern](#).

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## Committee Updates

### *Experts by Experience Committee*

The Experts by Experience committee will hold a plenary at the 2016 annual conference. Individuals will explore experiences with distress and disconnection involved in extreme states and the importance of expressing personal realities and finding social connection for recovery. The committee is looking for new members with lived experience of madness or extreme states of consciousness.

[Contact Casadi "Khaki" Marino](#) if you are interested.

### *Student & Early Career Professional Committee*

The SECP Committee has a new co-chair: Halle Thurnauer. Here's a message from her:

My name is Halle Thurnauer and I will be joining Marie as the co-chair of the graduate committee for ISPS-US. I have been extremely fortunate to be able to work with such an active, dedicated, and diverse group of individuals over the past two years as a member of ISPS-US and am looking forward to becoming even more involved with other graduate student members. I am currently a third year clinical psychology doctoral student at Long Island University Brooklyn and have recently begun a clinical placement at Mount Sinai, Beth Israel providing care on both the outpatient and inpatient services. I have recently completed my thesis, which examined the relationship between symptoms of psychosis and social cognition—specifically the ability to accurately label emotional facial expressions. Clinically, I am interested in providing psychotherapy to individuals with psychosis with an emphasis on using the therapeutic relationship as a vehicle for understanding symptoms of psychosis and the impact they may have on an individual's ability to navigate and maintain fulfilling relationships. I am particularly interested in working with individuals who have recently begun to experience symptoms of psychosis with the hope of providing support and guidance as they learn to navigate new symptoms, systems, and sometimes confusing experiences. When I am not working or going to

school, I enjoy reading fiction, doing yoga, and unsuccessfully trying to perfect the art of an omelet. I am so looking forward to organizing events for graduate student members of ISPS-US and welcome any ideas you may have!

The SECP Committee has planned a special event for the Boston conference: Students and Early Career Dessert and Drinks. It will take place on Saturday October 29th 2016 at 9:30 p.m. at Sonsie 327 Newbury St., Boston. All are welcome! The SECP is currently setting goals for the 2016-2017 year; including starting a virtual journal/article club, more networking events, and virtual mentorship meetings.

If you want to join the committee, or have suggestions for us, please email:

[mariehansen@me.com](mailto:mariehansen@me.com) &  
[halle.thurnauer@gmail.com](mailto:halle.thurnauer@gmail.com)

### *Membership Committee*

By Leah Rokeach, LCSW,  
Membership Committee Chair

I am excited to share with you that in 2016, so far, we have registered 41 new ISPS-US members. Out of these new members, 26 were paired with mentors.

One of the benefits for new members is the free Mentorship Program. The purpose of the program is to welcome new members, help them understand the ISPS-US mission, help them make connections, and answer any questions they might have. It also makes new members feel welcomed.

For example, one new member wanted to get some ideas from a mentor about starting an ISPS branch in her location. Another new member wanted information about limiting antipsychotic medications and psychosocial approaches. As you can see, this is a valuable benefit we offer for new members.

We need more mentors! If you are a long-standing ISPS-US member, considered joining us.

The requirement for a mentor is to provide two telephone, Skype, or email contacts. If you are interested, [email Leah Rokeach, LCSW](#).

## Other Member Events

### ADDICTION: A Philosophical & Therapeutic Exploration

With Christine LaCerva & Hugh Polk

Friday, November 18; 7:00 - 8:30 p.m.

106 S. Oxford St., Brooklyn, NY 11217

Registration: \$30; Student/Retired/Low Income: \$20 (At the Door: \$35/\$25)

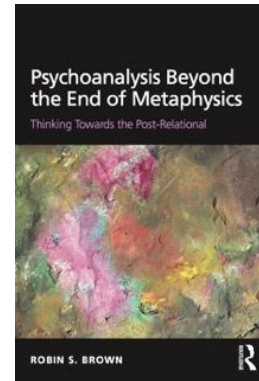
Addiction is often described as the result of specific biological or genetic mechanisms that lock the body into negative patterns of behavior, uncontrollable cravings and traumatic withdrawal. The DSM-V lists thirteen categories of addiction, from drug and alcohol abuse to over indulgence in internet gaming. Is how we label and talk about addiction helpful or can it get in the way of creative treatment? Is addiction inexorable, universal, and irreversible? Does it have a relationship to how we live our lives or a world spinning out of control? Join Social Therapy Group director Christine LaCerva and psychiatrist Dr. Hugh Polk as they philosophize and deconstruct their conceptions of addiction and hear stories from their social therapeutic practices about helping people diagnosed with addiction.

Christine LaCerva, M.Ed. is the director of the Social Therapy Group, a large group practice in Fort Greene, Brooklyn and Manhattan. Trained by Dr. Fred Newman, the founder of social therapy, Christine is now the leading practitioner of this approach. She helps diverse groupings of people create new emotional performances. A talented clinician, educator and artist, Christine has trained in a variety of performance disciplines that she brings to her therapeutic practice to help adults and children grow emotionally. She brings her passion, sensitivity and skill to help clients develop their lives. Christine directs the Institute's clinical training programs and leads a weekly online supervision group with clinicians and coaches who are integrating the social therapeutic approach into their practices nationally and internationally.

Hugh Polk, MD is a psychiatrist and Social Therapist with thirty years of experience in bringing the social therapeutic approach to community mental health centers and hospitals throughout New York City. He completed his undergraduate studies at Harvard University, received his MD from Case Western Reserve University School of Medicine, and completed his psychiatric residency at the Albert Einstein College of Medicine.

For more information, [contact Ann Green](#).

## ISPS-US Member Book Announcement



*Psychoanalysis Beyond the End of Metaphysics* by Robin S. Brown offers a new paradigm approach which advocates reengaging the importance of metaphysics in psychoanalytic theorizing. The emergence of the relational trend has witnessed a revitalizing influx of new ideas, reflecting a fundamental commitment to the principle of dialogue. However, the transition towards a more pluralistic discourse remains a work in progress, and those schools of thought not directly associated with the relational shift continue to play only a marginal role.

In this book, Robin S. Brown argues that for contemporary psychoanalysis to more adequately reflect a clinical ethos of pluralism, the field must examine the extent to which a theoretical commitment to the notion of relationship can grow restrictive. Suggesting that in the very effort to negotiate theoretical biases, psychoanalytic practice may occlude a more adequate recognition of its own evolving assumptions, Brown proposes that the profession's advance requires a return to first principles. Arguing for the fundamental role played by faith in supporting the emergence of consciousness, this work situates itself at the crossroads of relational, Jungian, and transpersonal approaches to the psyche.

The text adopts a psychoanalytic lens to explore the role of belief in the context of clinical work, and seeks to promote a rigorously pluralistic approach to practice reflecting the needs of multiculturalism. Central to this undertaking is the assertion that spiritual commitments are inevitable, and that the apparent secularism of the clinical world often functions as an ideological smokescreen—an outlook with powerful implications for the understanding and ‘treatment’ of psychosis.

## ISPS-US Member Spotlight: Yulia Landa, PsyD, MS



Dr. Landa is Director of Cognitive Behavioral Therapy for Psychosis Program at Icahn School of Medicine at Mount Sinai, and an Assistant Professor in the department of Psychiatry. She is the Director of the Advanced Psychology Fellowship Program at the VISN 2 Mental Illness Research Education and Clinical Center (MIRECC) at James J Peters VA Medical Center. Dr. Landa received a PsyD in Clinical Psychology from the University of Hartford, and an MS in Clinical and Translational Investigation from Weill Cornell Graduate School of Medical Sciences. She completed a post-doctoral fellowship in schizophrenia treatment and research at the Weill Medical College of Cornell University/New York Presbyterian Hospital, and a comprehensive training in Cognitive Behavioral Therapy (CBT) as a Scholar at the Beck Institute for Cognitive Therapy and Research.

Dr. Landa conducts clinical and translational research aimed to improve treatment outcomes for patients suffering from psychosis. Her work focuses on developing and evaluating targeted CBT for the treatment and prevention of psychosis and identifying critical mechanisms (psychological and neurobiological) of their effects. She has established individual, group, and family-based CBT programs for people experiencing delusions, paranoia and voice-hearing. Her work on standardizing and evaluating Group CBT for Delusions is notable as one of the first validated CBT for psychosis models in the U.S. Dr. Landa has received multiple grant

awards, including NARSAD Young Investigator Award to conduct research on her novel "Cognitive Group Treatment for Paranoia" and NIH KL2 Career Developmental Award for her project "CBT for the Prevention of Paranoia in Adolescents at High Risk." To facilitate the dissemination of CBT for psychosis, Dr. Landa has developed CBT for psychosis training programs and has been teaching clinicians both in the US and internationally.

### **Current Research Projects Include:**

#### ***Family Based CBT for Youth at Risk for Psychosis***

The main objective of this study is to decrease the severity of symptoms and functional impairment in adolescents and young adults who are at high risk of developing psychosis by providing a specialized cognitive-behavioral therapy program.

#### ***Communication of Prognosis and Diagnosis of Schizophrenia***

The goal of this project is to develop a better understanding of the issues faced by clinicians, patients and their family members in discussing diagnosis and prognosis of schizophrenia, and to use this information to inform education and support programs focusing on doctor-patient communication in mental health care.

If you or someone you know might be interested in participating in one of these research studies, [email Rachel Jespersen, CBTp Program Coordinator](mailto:Rachel.Jespersen@icm.mssm.edu).

Visit: [www.icanfeelbetter.org](http://www.icanfeelbetter.org)

### **Clinical Services Include:**

Dr. Landa has a Cognitive Behavioral Therapy for Psychosis group practice at Mount Sinai and at the James J Peters VA Medical Center. Services include group, family, and individual sessions. If you or someone you know is interested in CBTp therapy, [email Rachel Jespersen](mailto:Rachel.Jespersen@icm.mssm.edu) for more information.

### **Training Services Include:**

Dr. Landa offers clinical training in CBTp to clinicians across a wide-range of expertise (e.g., psychiatry, psychology, social work, nursing). Her innovative clinical training includes role-plays with a simulated patient-actor, didactics with video demonstrations, and group feedback. Trainings are available for individuals, institutions, as well as grand rounds and guest lectures. Training services are provided through The Institute of Cognitive



Therapy for Psychosis. [Click here](#) for more information.

### For Students & Recent Graduates:

Dr. Landa offers two training opportunities for students: 1) a Psychology Externship with the CBT for Psychosis Clinical and Research Program for Clinical Psychology Doctoral students and 2) VISN 3 Mental Illness Research Education and Clinical Center (MIRECC) 2-year Post-Doctoral Advanced Fellowship Program at James J Peters VA Medical Center. The fellowship is open to Psychologists and Psychiatry graduates.

Externs and fellows get extensive training in CBT for psychosis and many opportunities for research.

[Email Rachel Jespersen](#) for more information or visit [here](#).

### Selected Publications:

**Landa, Y.**, Mueser, K., Shreck, E., Jespersen, Reyna, F.V., Silbersweig, D. A., Beck, A. T., Walkup, J. (2015). Development of A Group-and-Family-Based Cognitive Behavioral Therapy Prevention Program for Youth at Risk for Psychosis; *Early Intervention in Psychiatry*, DOI:10.1111/eip.12204.

Outram, S., Harris, G., Kelly, B., Byland, C., Cohen, M., **Landa, Y.**, Levin, T., Sandhu, H., Vamos, M., Loughland, M. (2015). "We didn't have a clue:" Family caregivers' experiences of the communication of a diagnosis of schizophrenia. *International Journal of Social Psychiatry*, 61:10-16. DOI:10.1177/0020764014535751

### Check out the new ISPS-US website! [www.isps-us.org](http://www.isps-us.org)

It's far easier to read, and contains information about DebateGraph and the Annual Meeting!

Thanks to Web Editor Jessica Arenella and Webmaster Tom Murosky of [Western Mountain Web Design](#) for putting so much effort into the redesign. The overhaul was partly funded by donations earmarked for improving our Internet presence.

## Reframing the Conversation

By Paul Peacock

We seem bogged down at the moment, stuck discussing "mental health" because we don't want to use "mental illness," with accusations of a "turf war" between psychiatry and psychology, resulting in much anger and confusion. It reminds me of a comic book I read about which ended a particular issue with the hero encased in chains, feet buried in cement and drifting to the bottom of the ocean. Everyone wondered how the writers would resolve the predicament. The first words of the next installment were: "With a single bound our hero was free!" I want to suggest a "single bound" to reframe our conversation.

The first thing we need to do is lose the chains and concrete, represented by the two terms "brain" and "mind." These two, entwined, drag us down. Let us instead use the term "consciousness," to mean the total expression of our individual selves and then "mind" becomes just the calculating portion of consciousness.

So far a "brain-based" approach predominates in the presentation of assistance to people suffering from distress of consciousness. This brain-based approach says that the brain is synonymous with consciousness, which regulates behavior, and so feeding drugs or electricity to the brain to "correct" behavior ("incorrect" behavior as defined by the ICD-10, Section V, freely available online) seems perfectly reasonable. The flaw in this argument is that this (equating the brain with consciousness) is simply unproven.

My suggestion is that we all start thinking in terms of a "consciousness-based" approach to psychological problems and not a brain-based or mind-based one. (This is the single bound.) The consciousness-based approach to psychological problems admits of many inputs to changes in consciousness, all of which affect behavior.

One is certainly changes in the brain, through injury or taking of drugs, for example. A second is environment; living in a war zone produces changes in consciousness, for example, which could be interpreted as psychological problems. A third is personal circumstance; living as a refugee, for example, or living after the death of a spouse, again

could produce problematic changes in consciousness. Note that, in the second and third cases, changes in consciousness may be reflected in changes in the brain.

So if all start talking about consciousness-based approach to psychological problems we can, at least, start on the same, new page. We can all, in a single bound, be free.

Paul P. is technical moderator of the [ISPS-US DebateGraph project](#).

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## Every Morning: A Bit of a Session

By Michael Eigen

Stu: Every morning is the scariest morning in my life. Every night is the scariest night in my life.

Mike: Which is scarier?

Stu: Night, because you see things that aren't there.

Mike: Like?

Stu: Witches, devils.

Mike: And day?

Stu: You see scary things that are there. Witches and devils in people. Someone looks at you and you see the scary thing. Not all people. Some yes, some no.

Some look at you and you want more. Others terrifying and you try to shut it out.

It's not so simple to shut out. Inside there's a kind of camera lens that changes with what you're looking at. It takes pictures that stay. Good things, bad things.

Mike: Only your eyes, through your eyes?

Stu: Voices too, good voice, bad voice. Good is comforting, like sky colors only inside. Bad voice tells you to hurt others or yourself. Push someone into the road or walk into the road yourself and get hit by a car.

Mike: Get hit?

Stu: You're saying that makes me think of getting hit when I was little. My father hit me. My mother was a good voice, my father bad. I did wrong things and got hit. I could look at my mother and feel softer, my father fear. Sometimes I looked up to him. He had a lot of life. One moment life force, one moment death force. It's the scariest thing when I don't obey the bad voice. "Push that man into the road." "Walk in front of the cars." When I don't do that it threatens to torture me. Defenseless. Totally alone. A spirit hurls me across the room. The pain follows and finds me, invisible pain. I vanish but not enough. It threatens to torture me but something in me won't do it. I don't push anyone into the road. I don't get hit by a car. It promises if I did it, no more torture. But I'm too weak to do it.

Mike: Only too weak?

Stu: Too weak, not brave. If I were strong –

Mike: If you were strong you would kill?

Stu: Yes, that's what it says. And I would stop being punished.

Mike: But you can't?

Stu: I can't move.

Mike: It's OK not to move.

Stu: I get the feeling you are telling me it's OK not to be strong.

Mike: What kind of strength?

Stu: Killing strength?

Mike: Are there any others?

Stu: This may sound odd and I'm afraid to say but when I am quiet, very quiet, and the bad thing goes away or lessens for a moment --- I feel something that's not strong or weak. Just feels like you feel the way good weather can make you feel. You lie there or take a walk, lie in the grass looking up at the sky and for moments you are between bad things.

Mike: The moment between?

Stu: The moment between.

Mike: I feel tears coming.

Stu: I do too.

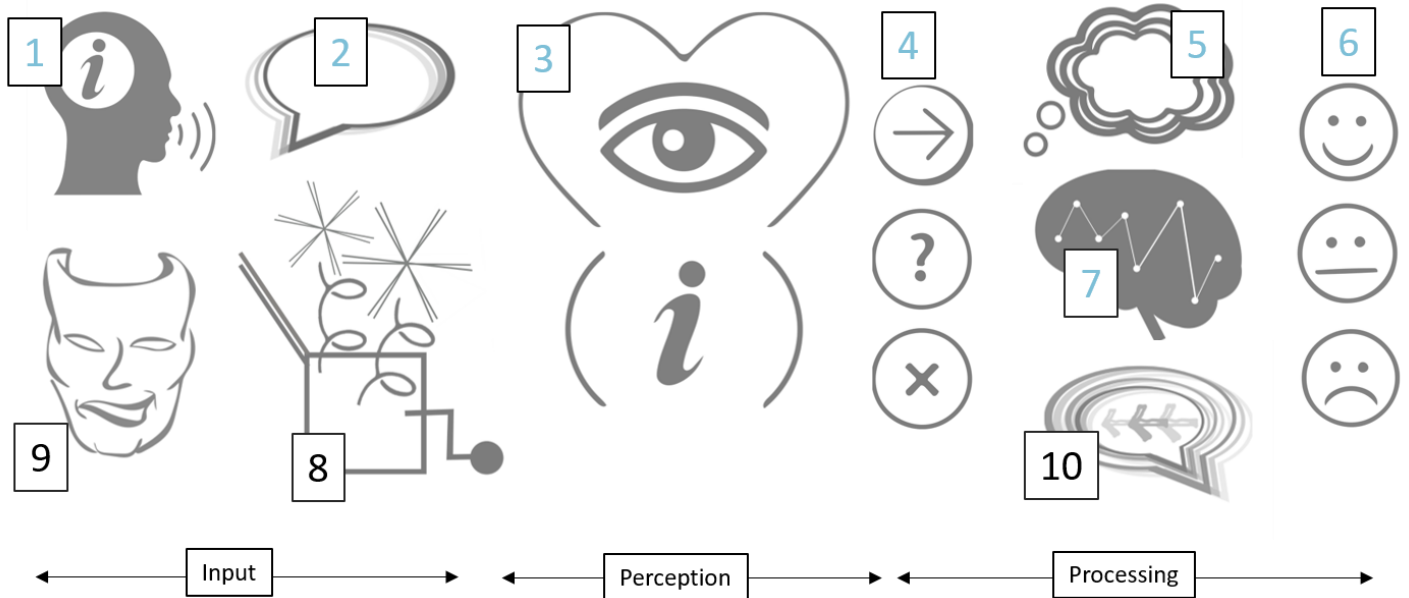
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# A New Paradigm Brings New Understanding: An Introduction to MADsense (Part I)

## MADsense

Copyright Gregory Shankland (Email: [gregoryshankland@icloud.com](mailto:gregoryshankland@icloud.com))

### Components of anomalous perception



By Gregory Shankland

Our history of the MAD experience is littered with confusion about the phenomenon itself, what the experience means to those afflicted, and what the experience means for society as a whole. The lives of over 250,000,000 people today are severely curtailed by the experience, both the MAD individuals and their family and friends who share the strain. Historical interpretations of the experience include revealed gods, spirit-beings, and ancestors. Currently, billions live with limiting beliefs derived from the experience.

Our current understanding of the MAD experience undermines humanity - this is the bigger picture hiding in plain sight. Wellness professionals see the impact and know we can do much better. When we can't see the wood for the trees, how do we decide which evidence is the best for the job? In response to this question, Jessica Arenella says in the Winter 2015 issue of the ISPS newsletter: "I don't know, please share your experience with me" – which prompts me to share insights from my experience.

I have about fifty thousand hours of aware analysis of MAD experience and related phenomenon. I use my professional experience - first principles thinking from

engineering, an improvement mindset gained in international business improvement consulting, with an emphasis on behavior and culture. I have a strong psyche-vigilance system that assures my happiness and wellbeing. My philosophy is - be kind, do good, have fun – please accept my ideas in that spirit.

A huge frustration for all of us is the difficulty of describing the experience – which is essential to gaining a common understanding that we can work with. I am crazy enough to be confident that this perspective will Make A Difference – I call it MADsense! If you take just one idea to focus on, I will be delighted.

Since auditory hallucinations are one of the most common MAD experiences, here is my description of that experience offered via comparison to a simple, familiar experience: when someone you know speaks to you. The numbers correspond to the diagram below. Numbers 1-7 relate to “familiar experiences” and 8-10 to anomalous experiences.

When your friend Joe speaks to you, you (focus) on what he says (content). You forget that your mind automatically adds a range of associated parameters (the stuff in brackets) which you readily bring into focus to process that content.

- (1) Joe, my friend (context) speaks to me (content) which gets my attention (focus)
- (2) The mechanism is sound waves (phenomenon) which reach my ear (a sense organ)
- (3). My **perception** of that is something I synthesize - I select data I care about (relevance). My filters include many variables (feelings, preferences, needs, wishes).
- (4) My (accept/reject) meme knows Joe is fun (personality) and my (frame of mind) is accept
- (5) My (train of thought) taps into my neural network (See #7) to answer my question to self, "What do I/we do with this?"
- (6) I answer the question by (comparing) an anticipated (outcome) to (preferences) – to maximize happy faces
- (7) I store the outcome(s) of this thought chain in my neural network (associations and emotions) to improve my ability to reliably choose happy experiences and speak, act from a happy place.

Talking to Joe is a predictably happy experience – context and content variables keep it interesting.

The hearing voices experience introduces a layer of anomalous **inputs** that upset this process at all levels. **Everything** becomes an unpredictable variable. What makes a perception anomalous is that we notice it as different than usual, by definition. It is in our aware mind and cannot be ignored. We experience it as "other," as external.

(8) The anomalous perception is a jack in the box that disrupts our natural mind processes with poor information. It is an intrusive, **imposed**, complex perception with a variety of special effects (sense + emotion + content + spatial...) which get and keep your attention through weirdness and repetition. It engages survival mechanisms. We do not choose it, nor would we. We can't flee, fight or explain and feel powerless. Anxiety/fear chemistry plays havoc with everything - chronically (conditioning) and acutely (paranoia and mania). The usual physical and emotional outlets are unavailable which spills out as mood swings, outbursts, irritability and anger.

(9) Since the mind usually attaches character, personality and intent to a voice, we fill in the blanks in the usual data set to make sense of it. Voices become whatever we are prepared to believe, and more. Our imagination provides a rich source of unusual 'working truths' which

feed off # 8 above. We give the experience meaning in an attempt to find value, connecting it to our real world without any quality of life benefit whatsoever.

(10) Each thought is experienced as half of a conversation with voices. Voices meddle, interject, redirect, deceive and confuse, polluting and overloading natural mind data and processes, infusing drama and cosmic opera via an 'other' world which occupies the mind. You see it as distraction, to catatonia.

**Summary:** We have different data/info/context than everyone else – trying to interpret this in real world terms fails. Our minds are overwhelmed, not dysfunctional. Replace anomalous inputs and beliefs with good ones and our incredible natural minds work just as well as anyone – perhaps even more creatively, lol.

**To move forward:** we can get closer to root cause by understanding the mechanism by which the anomalous perception is **received** – how Jack jumps out at us from the box with his tricks - common to **all of us**. This is a job for natural scientists, perhaps physicists and neuroscientists working together.

Wellness professionals with this understanding can help elucidate **the process by which unusual beliefs are established** and how we can use our incredible natural minds to dismiss them - interrupt the input, disrupt it's processing to replace with healthy, life affirming inputs and outcomes.

Voice hearers and society in general will benefit when limiting belief systems are dismantled and we rely on natural thrive principles of love, which allows me to be me and respect, which allows each of us to be the best we can be.

Be well, have fun. Gregory Shankland

Greg Shankland is a voice hearer and business strategist. He is the creator of LoveLife.LOL, a model for helping voice-hearers, family members/friends, and mental



LoveLife.LOL

health professionals break through the MAD experience. Services include, research consultation, seminars, public speaking and personal coaching.

*Inspire | Engage | Empower*

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## “Trans-Cultural Dialogues about Mental Health, Extreme States and Alternatives for Recovery”

November 26-28, 2016, Pune, India

INTAR INDIA 2016

INTERNATIONAL CONFERENCE 2016

INTAR in Partnership with Bapu Trust  
for Research on Mind

Supported by Open Society Institute, International  
Disability Alliance

[INTAR INDIA and Conference Brochure](#)

The International Network Toward Alternatives for Recovery (INTAR) has since last 10 years, been working to showcase and promote genuine alternatives for people who are experiencing distressing/alterd/extreme mental states. We know that around the world alternative service models have been developed that show truly promising results. Yet such viable models have been under-utilized, under-funded and continue to operate in relative obscurity.

INTAR, since the beginning, has been guided by two important principles: *full recovery is possible* and that *the dignity and autonomy of the individual is paramount*. INTAR's mission: To document the effectiveness of Alternatives; to refine and expand their use and to make them more accessible to people that need them.

The Bapu Trust for Research on Mind & Discourse resonates with these principles. Bapu Trust is a mental health organization with vision of creating caring and supportive communities in India and Asia. The Bapu Trust has engaged in social innovations in community based mental health care and inclusion services since 2004.

INTAR India 2016 has become all important for India, and the Asian region, with new growing economies, scaling up of urbanisation, natural disasters, conflict zones, poverty and Development emergencies, leading to psychosocial stress, illness and disabilities. At INTAR 2016 we hope to showcase some of the world's best alternatives programs, that have withstood the test of research rigour and people's practices. In this program, we also hope to have cross cultural dialogues between mental health / alternatives service providers, persons with psycho-social disabilities, academics, and activists.

The conference will provide a space for critical dialogue and interaction representing South, East, West & Northern perspectives under the following themes:

- *Crisis/Existential Experiencing*
- *Cultural Experiencing and Responses*
- *Peers/Grass Roots Support/Survivors*

### **Plenary topics and workshop explorations include:**

*UNCRPD – Body Therapies - Supporting through Dialogues – Systemic Family Constellations - Peer Support – Community mental health - Critical psychiatry - Supporting through Crisis - Cultural Psychiatry - Lived realities through arts, performances and stories. GO TO [www.bapustrust.com](http://www.bapustrust.com) for more info and to register.*

**ISPS-US would like to thank the following people for their generous donations (beyond dues) from 2015 to September 2016:**

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Thanks so much for your generosity. We count on your donations for operating expenses and special projects! During this time period, 21 scholarships were funded for people to attend the ISPS International Conference and the ISPS-US 15th Annual Meeting, and 6 people received membership sponsorships. Donations earmarked for improving our Internet presence helped to fund the redesign of the ISPS-US website.

To make a tax-deductible contribution to ISPS-US, please use the membership form in this issue or click the donation button on our website, [www.isps-us.org](http://www.isps-us.org). You may earmark your donation if you like.

We now also have monthly automatic donations set up on our website, or you can make a one-time donation.

Note: If you made a donation but your name is not included, it's because you did not give us permission to print your name. Please let us know if we may thank you publicly!

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**Join us for the ISPS-US 15th Annual Meeting**  
**FROM REDUCTIONISM TO HUMANISM:**  
**MOVING FORWARD FROM PSYCHOSIS AND EXTREME STATES**



**October 28-30, 2016**

Boston University, Boston, Massachusetts

Cosponsored by the Center for Psychiatric Rehabilitation at Boston University

Hosted by the ISPS-US Boston Branch.

[www.isps-us.org](http://www.isps-us.org)

The Institute for the Advancement of Human Behavior (IAHB) is pleased to offer continuing education credit hours to counselors, psychologists, social workers, nurses, physicians, and certain other healthcare professionals for the ISPS-US 15th Annual Meeting. Please see [www.isps-us.org](http://www.isps-us.org) for complete details.

**Keynote Speaker: Michael Stein, JD, PhD**

*Legal Capacity and Mental Disability: A Need for Cross-Disciplinary Dialogue*

**Honoree: Rachel Waddingham**

*Rethinking Taboo & Violent Voices*

*This program will interest psychologists, psychiatrists, social workers, counselors, nurses and other mental health professionals, as well as members of the lay public, including people with lived experience of psychosis, and their families, who are interested in learning about the experience and treatment of psychosis.*

**PRE-REGISTRATION DEADLINE IS OCTOBER 7.**

Register at [www.isps-us.org](http://www.isps-us.org).

You can also register at the meeting, but it really helps us to have registrations in advance.

# MAKING REAL change... HAPPEN

**ISPS** THE INTERNATIONAL SOCIETY  
FOR PSYCHOLOGICAL AND SOCIAL  
APPROACHES TO PSYCHOSIS

**20th International Congress of the ISPS**

**Making Real Change Happen**

**Aug 30th-Sept 3rd, 2017 in Liverpool, UK**

[Call for papers](#)

**Abstract submission deadline: 1st December, 2016**

[Registration now open](#)

**Early bird deadline: 31st January, 2017**

Can a conference be a catalyst for change? It is exactly this wish that inspired the title and theme of the 2017 ISPS international congress.

Sadly, this is a wish born out of frustration. Attitudes, practices, and services too often seem barely touched by the steadily developing understanding of psychological and social aspects of psychosis and of what is helpful for people who experience it. So we aim for this conference to be not only about the valuable sharing of new research, ideas, and developments, but also, as the title indicates, about making real change happen. The large number of organizations who have given their support to this conference can be seen here.

We are delighted to be meeting in the exciting city of Liverpool. Carl Jung saw it as “the pool of life,” and we hope its rich heritage (not just football and music!) will make it an energizing setting for a conference thinking about change. More information about the social program will be available soon.

Delegates at previous international conferences have often commented on how ISPS events stand out. They point to the unique mix of opportunities not only to learn from high-quality presentations, but also to join a rich dialogue between people with a wealth of experience and expertise, a fertile mix of professionals from a wide range of disciplines, and people whose experience and expertise comes through personal experience of psychosis.

ISPS conferences have also traditionally been warm and welcoming gatherings, where people go away feeling inspired and reinvigorated. We hope this one will be no exception, and look forward very much to welcoming you to Liverpool in August 2017.



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