

ISPS-US



THE INTERNATIONAL SOCIETY
FOR PSYCHOLOGICAL AND SOCIAL
APPROACHES TO PSYCHOSIS

UNITED STATES CHAPTER

ISPS-US 19th Annual Meeting

Love + Justice in Engaging Psychosis and Extreme States

Online, October 23-25, 2020

ABSTRACTS, TARGET AUDIENCE, LEARNING OBJECTIVES & REFERENCES

Abstracts are in alphabetical order by lead presenter. Posters are at the end.

Martin Cosgro, PhD *Dealing Effectively with Trauma in Correctional Settings*

Intermediate

This presentation deals with the efficacy of providing psychotherapy in correctional settings and how the environment tends to be both a positive and negative factor in treatment. We'll explore how trauma and subsequent layers of affect contribute to psychosis. Developing trust with this population is essential to facilitating an effective therapeutic alliance, and how it varies in different situations is a key element of a good outcome. The issue of when active exploration of trauma may be contraindicated is presented along with a method for increasing ego-strength. While focused on correctional settings, this presentation is well suited to anyone working with people suffering from psychosis and seeking to be more effective in dealing with trauma.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Describe how correctional settings can have a positive and negative impact on treatment.
2. Describe at least two layers of trauma that might contribute to psychosis.
3. Describe a method increasing ego-strength in sessions.

Yoon, I., et. al., Outcomes of Psychological Therapies for Prisoners with Mental Health Problems: A Systematic Review and Meta-Analysis, *Journal of Consulting and Clinical Psychology*. 2017 Aug; 85(8) 783-802.

Stringer, Heather, Improving Mental Health for Inmates, *APA Monitor*, March 2019, Vol.50, No.3, p.46.

Roth, A., *Insane: America's Criminal Treatment of Mental Illness*, Basic Books, 2018.

Robert Cotes, MD

Coming Together During a Global Pandemic: Open Dialogue and Coordinated Specialty Care

Introductory

Fueled by evidence from the NIMH-funded RAISE study and the 10 percent set aside of the Mental Health Block Grant from the Substance Abuse and Mental Health Service Administration, states are rapidly developing Coordinated Specialty Care (CSC) programs throughout the US for first episode psychosis (FEP). Paralleling these efforts, new models, informed by Open Dialogue (OD), are also being implemented and tested in the US for FEP. Open Dialogue, initially developed in Finland, is an approach to working with individuals in the midst of a mental health crisis that emphasizes shared decision making and engagement of the family/network. Open Dialogue has shown promising results in initial, largely European studies, and the first large scale controlled trial is underway in the UK.

In this session, we propose a starting point of discussion around the acceptability and validity of these models of engagement in the early stages of psychosis. How should OD be implemented in the US,

and can it fit within a CSC framework? In this session, Dr. Cotes will present both models of CSC and OD, and will discuss their origins and specific guiding principles. He will also present a summary of the work that has been done regarding OD in the US to date and will include data from Grady Health System in Atlanta, Georgia. The audience will be encouraged critically think of barriers in our current system when implementing services that are informed by OD and ways that they might be overcome. Finally, Dr. Cotes will discuss how the COVID-19 pandemic affected first episode services in Atlanta, lessons learned, and future directions.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Define Coordinated Specialty Care and Open Dialogue.
2. Describe two differences and two similarities between the models.
3. Identify strengths and challenges to implementing a combined model as experienced by the team in Atlanta.
4. Discuss how the COVID-19 public health emergency affected services.

Kane JM, Robinson DG, Schooler NR, et al. Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program. *The American journal of psychiatry*. 2016;173(4):362-72

Gordon C, Gidugu V, Rogers ES, et al. Adapting Open Dialogue for Early-Onset Psychosis Into the U.S. Health Care Environment: A Feasibility Study. *Psychiatr Serv*. 2016;67(11):1166-8.

Dixon LB, Holoshitz Y, Nossel I. Treatment engagement of individuals experiencing mental illness: review and update. *World Psychiatry*. 2016;15(1):13-20.

Charlie Davidson, PhD, Terresa Ford, CPRP, CPS, Cindy Marty Hadge, IPS, Elizabeth C. Thomas, PhD

The Direct Impact of People with Lived Experience on Training and Research in Mental Healthcare Intermediate

Multiple issues contribute to disparities in access to and engagement in evidence-based healthcare among people living with substance use disorder, psychosis, or other serious mental illness (SMI). Competent evidence-based psychological practice requires collaborative formulation and decision-making, as well as genuine nonjudgmental empathy and rapport. Stigmatized attitudes can make these competencies impossible. In addition, client barriers like mistrust, and systemic issues like involuntary hospitalization and substance use criminalization can create an adversarial relationship.

Contrarily, peer and consumer-led programs within and outside of traditional healthcare settings have demonstrated unprecedented reach and buy-in, as well as a growing evidence-base for effectiveness. Clinical researchers and trainees must learn from and work with people with lived experience of SMI and psychosis if we aim to reduce stigma-related barriers to care and improve effectiveness and impact. This panel discussion aims to challenge traditional attitudes and present several innovative approaches to work that integrally involves people with lived experience.

Cindy Marty Hadge will discuss the Hearing Voices (HVN) approach and other non-medical model approaches developed or brought to the U.S. in large part by the Western Massachusetts Recovery Learning Community, where she is Lead Trainer. Terresa Ford will discuss her experience as an advocate, trained HVN facilitator, and Certified Peer Specialist who has worked in several medical and pastoral healthcare services and contributed to the education of traditional mental healthcare trainees and practitioners. Liz Thomas will discuss data collected from peer specialists and others with lived experience about what early intervention programs can do to promote community participation. Charlie Davidson will briefly report recent work about the impact of first-person narratives on mental health providers and trainees (the Respect Institute) and use this as a jumping-off point to summarize and lead discussion among panelists and the audience.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Describe the Hearing Voices approach and how it differs from traditional psychological support models.
2. Describe several strong models for incorporating people with lived experience into research and clinical work for serious mental illness.
3. Explain the reasons and evidence that lived experience is an essential element of treatment, research, and training in mental health.

Sangill, C., Buus, N., Hybholt, L., & Berring, L. L. (2019). Service user's actual involvement in mental health research practices: A scoping review. *International journal of mental health nursing*, 28(4), 798-815.

Tsoi, O. Y., Chan, S. K., Chui, A. H., Hui, C. L., Chang, W. C., Lee, E. H., ... & Chen, E. Y. (2020). Effect of brief social contact video compared with expert information video in changing knowledge and attitude towards psychosis patients among medical students. *Early Intervention in Psychiatry*.

Thomas, E. C., Snethen, G., O'Shea, A., Suarez, J., Hurford, I., & Salzer, M. S. (2019). An examination of the community participation interests of young adults with serious mental illnesses. *Journal of Behavioral Health Services and Research*. <https://doi.org/10.1007/s11414-019-09678-0>

Thomas, E. C. & Salzer, M. S. (2017). Associations between the peer support relationship, service satisfaction, and recovery-oriented outcomes: a correlational study. *Journal of Mental Health*. <https://doi.org/10.1080/09638237.2017.1417554>.

Thomas, E. C., Despeaux, K., Drapalski, A., & Bennett, M. (2017). Person-oriented recovery of individuals with serious mental illnesses: a review and meta-analysis of longitudinal findings. *Psychiatric Services in Advance*. <https://doi.org/10.1176/appi.ps.201700058>.

Thomas, E. C., Snethen, G., & Salzer, M. S. (2017). A developmental study of community participation of individuals with serious mental illnesses: implications for policy and practice. *American Journal of Orthopsychiatry*, 87, 597-605.

Longden, E., Read, J., & Dillon, J. (2018). Assessing the impact and effectiveness of hearing voices network self-help groups. *Community mental health journal*, 54(2), 184-188.

Styron, T., Utter, L., & Davidson, L. (2017). The hearing voices network: initial lessons and future directions for mental health professionals and systems of care. *Psychiatric Quarterly*, 88(4), 769-785.

Powers, A. R., Bien, C., & Corlett, P. R. (2018). Aligning computational psychiatry with the hearing voices movement: hearing their voices. *JAMA psychiatry*, 75(6), 640-641.

Davidow, S., & Mazel-Carlton, C. (2020). The "alternatives to suicide" approach: a decade of lessons learned. In *Alternatives to Suicide* (pp. 179-199). Academic Press.

Françoise Davoine, PhD

The Birth of a Political Subject

Introductory

Transference in the psychoanalysis of psychosis answers a call for justice about crimes and abuses which have been erased by the social consensus on a domestic, social and historical scale. I will describe critical moments in the psychoanalysis of madness and traumas, when the analyst enters a death area (Benedetti), where people are treated like things. If she analyzes herself, she is able to reach an exiled political subject expressed through symptoms which are not a disease, but an outcry for recognition. Triggered from analogous zones of nonexistence in her own story, the analyst's experience may dialogue on an equal footing, with voices, verbal and non verbal, which have been

silenced. This has been my experience during forty years with people who were reified by defective diagnosis. In our work together, they retrieved an underground intelligence on the faults of our societies, and opened the future for change.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Describe an alternative view of trauma symptoms and use this view to enhance listening in a clinical context.
2. Utilize countertransference to become aware of and formulate parts of both therapist/witness and sufferer that have been exiled.
3. Create a dialogue with non-verbal aspects of the other that allow for translation into history.

Jean Max Gaudillière & Françoise Davoine. *Madness and the Social Link: The Jean-Max Gaudillière Seminars 1985 – 2000*. Routledge 2020.

Jean Max Gaudillière & Françoise Davoine. *The Birth of a Political Self.: The Jean-Max Gaudillière Seminars 2001 - 2014*. Routledge 2020.

Healing Trauma, the power of listening, p. 153-165. Edited by Evelyne Jaffe Schreiber, International Psychoanalytic Books, 2018.

Michael Garrett, MD

Honoree Address: Psychosis Seen As An Autobiographical Play Staged Not In A Theater But In The Real World – Connections Between Psychosis and Ordinary Mental Life

Intermediate

A purely biological view of psychosis that regards psychotic symptoms as neurological disturbances rather than meaningful expressions of a person's emotional life imposes a stigmatizing Otherness on persons suffering from psychosis that, in the minds of some people, sets them apart from their community at large. Appreciating connections between extreme states and ordinary mental life can diminish the stigma of mental suffering that may seem incomprehensibly strange to people who have not had psychotic experiences. When people see analogies between their own mental life and psychotic states, the distance between themselves and the seemingly alien Other diminishes and they are better to regard persons suffering psychosis as essentially quite like themselves, having the same human needs and fears and aspirations that we all share. This presentation will explore connections between psychosis and ordinary mental life by comparing the structure and function of psychotic symptoms with three aspects of ordinary experience.

- 1) The relationship between persecutory delusions and the not uncommon more ordinary experience of feeling that one is "overreacting" to some anxiety provoking event
- 2) The continuity of delusional narratives with fairy tales and the fantasy life of healthy young children
- 3) Personal "myths" that ordinary adults build from a sequence of memories of varying degrees of historical truth from which they create a narrative explanation of how they came to be who they are

The presentation concludes by thinking about the narrative content of a psychosis as an autobiographic play staged not in a theater but in the real world. It has a cast of characters, a plot, and a meaning expressive of the author, as do all stories. Our task as family, friends, and clinicians is to listen for the meaning of the story and to respond from the heart.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. State at least one example of the overlap between psychosis and ordinary mental life.
2. Explain how relating psychosis to ordinary mental processes helps to reduce the stigma often attached to persons suffering psychosis.
3. Provide at least one example of how the narrative content of a psychosis might be considered an autobiographical play staged in the real world.

Garrett, M. (2019). *Psychotherapy for Psychosis: Integrating Cognitive Behavioral and Psychodynamic Treatment*. 354 pgs. New York, The Guilford Press.

Brooke, R. (2017). An archetypal approach to treating combat post-traumatic stress disorder. In D. Downing & J. Mills (Eds.), *Outpatient Treatment of Psychosis. Psychodynamic Approaches to Evidence-Based Practice* (pp. 171-195). London: Karnac.

Pilton M, Varese F, Berry K, Bucci S. (2015) The relationship between dissociation and voices: A systematic literature review and meta-analysis. *Clinical Psychology Review* (40) pg 138-155.

James Gorney, PhD *So What Does Love Have To Do With It?*

Intermediate

Traumatized individuals, whose lives have become marked and shadowed by psychosis, unrepresented experience, and other extreme states often become victims of stigma and injustice. They are also particularly vulnerable to inner experiences of shame, guilt, and self-loathing. For these individuals, the provision of therapeutic love is of particular import in providing the possibility of a safe, trusting, reliable, and truthful human connection.

Bert Karon succinctly captured the essence of the psychoanalytic therapy relationship when he observed, “When in life do we have a bright, concerned person really trying hard to understand us, no matter how confusing, terrifying or obscure our daily life may be?” I here affirm that the security, respect, acceptance, and belief in the human potential for connection, development, and change provided by Karon’s analytic therapist constitutes a special form of love.

While a few psychoanalytic thinkers have employed terms such as “analytic love” or “therapeutic love” (Ferenczi, Loewald, Mitchell), the vast majority of analytic theorists and clinicians have avoided using the term “love” in characterizing the therapist’s role and responses. There has been understandable concern to differentiate sharply the therapeutic relationship from enactments of romantic or erotic love. Nevertheless, there is a special shape of love summoned and manifested by the clinician in any transformative therapy. This therapeutic love contains elements of maternal or parental cherishing, generative care; it represents a brotherly or sisterly affirmation of our shared humanity; it mobilizes and prioritizes a love for the pursuit of truth itself.

Sustained genuine therapeutic love serves to enhance the willingness to face trauma, augments self-acceptance, and enriches the capacity for loving others. The evocation and impact of therapeutic love will be demonstrated here via a detailed account of the course of psychotherapy with a patient tormented by episodic psychotic states subsequent to long-buried childhood trauma.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Differentiate the concept of analytic or therapeutic love from other forms of love.
2. Describe the impact of analytic love or therapeutic love upon the course of psychotherapy.
3. Describe the particular significance of analytic love or therapeutic love in the treatment of trauma, psychosis, or other extreme states.

Celenza, A. (2017). Lessons on or About the Couch: What Sexual Boundary Transgressions can Teach Us About Everyday Practice. *Psychoanalytic Psychology*, 34, 157-162.

Knutsen, T. (2016). N. Trigve Bratoy's Concept of Analytic Love. *Scandinavian Psychoanalytic Review*, 39, 51-60.

Roth, M. (2018). True Love as the Love of Truth, *Psychoanalytic Perspectives*, 15, 186-198.

Dmitriy Gutkovich

Voice Hearing Defense 101: A Toolkit for Conflict and Harmony

Introductory

A standardized tool kit for lived experience aims to guide voice hearers through various likely scenarios. The tools are framework-agnostic, teaching strategies to deal with hostile voices, navigate relationships, and prevent delusions. In keeping with the conference theme, this defense session highlights how bringing love to your voices, and justice to your internal ecosystem, can create the internal harmony with your voices that allows for any desired external lifestyles. It also asserts the justice of giving voice-hearers a prominent place in describing and defining our situation.

The idea of internal control and defense tactics have been validated by significant research, and the particular ideas in this session have been disseminated through workshops around NYC, with positive feedback on improved quality-of-life. Aligned to the Hearing Voices Movement principles for sharing strategies, not every tool will feel right or be useful to every single individual; certain tools will resonate with specific listeners more than with others. The presentation's core principle is that as voice-hearers spend hours a day contemplating and gaining mastery on this topic of particular interest to us, our own lives, we become ever more skilled in developing tools to influence our situation.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Use multiple defense techniques to minimize the impact of hostile voices and incorrect information.
2. Describe additional tools to organize their voices by characters, stories, and goals with the purpose of creating a harmonious ecosystem.
3. Use explanatory metaphors and relationship techniques to improve their physical-world connections.

Baumeister, D., Sedgwick, O., Howes, O. & Peters, E. Auditory verbal hallucinations and continuum models of psychosis: a systematic review of the healthy voice-hearer literature. *Clinical psychology review* 51, 125-141 (2017).

Powers AR III, Kelley MS, Corlett PR. Varieties of voice-hearing: psychics and the psychosis continuum. *Schizophr Bull.* 2017;43(1):84-98. doi:10.1093/schbul/sbw133

Powers AR, Mathys C, Corlett PR. Pavlovian conditioning-induced hallucinations result from overweighting of perceptual priors. *Science.* 2017; 357(6351):596-600. doi:10.1126/science.aan3458

Daalman, K., Verkooijen, S., Derks, E. M., Aleman, A. & Sommer, I. E. The influence of semantic top-down processing in auditory verbal hallucinations. *Schizophr Res* 139, 82-86, doi:10.1016/j.schres.2012.06.005 (2012).

Bentall, R. P., Haddock, G. & Slade, P. D. Cognitive behavior therapy for persistent auditory hallucinations: From theory to therapy. *Behavior Therapy* 25, 51-66 (1994).

Roxburgh, E. C. & Roe, C. A. A survey of dissociation, boundary-thinness, and psychological wellbeing in spiritualist mental mediumship. *Journal of Parapsychology* 75, 279-299 (2011).

Taylor, G. & Murray, C. A qualitative investigation into non-clinical voice hearing: what factors may protect against distress? *Mental Health, Religion & Culture* 15, 373-388 (2012).

Romme, M. A., Honig, A., Noorthoorn, E. O. & Escher, A. D. Coping with hearing voices: an emancipatory approach. *Br J Psychiatry* 161, 99-103 (1992).

Romme, M. & Escher, S. *Accepting voices.* (MIND Publications, 1993).

Peters, E., Williams, S., Cooke, M. & Kuipers, E. It's not what you hear, it's the way you think about it: appraisals as determinants of affect and behaviour in voice hearers. *Psychological Medicine* 42, 1507-1514 (2012).

Singh, G., Sharan, P. & Kulhara, P. Role of coping strategies and attitudes in mediating distress due to hallucinations in schizophrenia. *Psychiatry and Clinical Neurosciences* 57, 517-522 (2003).

Jackson, L. J., Hayward, M. & Cooke, A. Developing positive relationships with voices: A preliminary grounded theory. *International Journal of Social Psychiatry* 57, 487-495 (2011).

Hayward, M. Interpersonal relating and voice hearing: to what extent does relating to the voice reflect social relating? *Psychology and Psychotherapy: Theory, Research and Practice* 76, 369-383 (2003).

Vaughan, S. & Fowler, D. The distress experienced by voice hearers is associated with the perceived relationship between the voice hearer and the voice. *British Journal of Clinical Psychology* 43, 143-153 (2004).

Plenary Panel: Dmitriy Gutkovich, Allisa Fernandez, Carlton Whitmore

Experts-by-Experience: Leading our Own Story

Introductory

Championing the right-to-authorship of our own narratives, members of the lived experience community often play central roles in changing academic research, government policy, and provider strategies. Our panelists are no strangers to creating impact, and will present how an empowered lived experience community changes quality-of-life for the millions of people with voices, visions, and other unusual experiences.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Describe how those with lived experience analyze and develop strategies to influence their situation.
2. Describe some of the most common challenges of voices, visions, and other unusual experiences, and some helpful tools to improve quality-of-life for each.
3. Explain how the NYC Division of Mental Hygiene integrates the perspectives of individuals with lived experience to inform policies and programs that support the NYC Peer workforce.
4. Discuss the role of diversity and inclusion in how the lived experience community interacts with providers, academics, and broader society.
5. Demonstrate growth through stronger inclusion practices in all fields intersecting to voices, visions, and other unusual experiences.

Powers AR III, Kelley MS, Corlett PR. Varieties of voice-hearing: psychics and the psychosis continuum. *Schizophr Bull.* 2017;43(1):84-98. doi:10.1093/schbul/sbw133

Powers AR, Mathys C, Corlett PR. Pavlovian conditioning-induced hallucinations result from overweighting of perceptual priors. *Science.* 2017; 357(6351):596-600. doi:10.1126/science.aan3458

Baumeister, D., Sedgwick, O., Howes, O. & Peters, E. Auditory verbal hallucinations and continuum models of psychosis: a systematic review of the healthy voice-hearer literature. *Clinical psychology review* 51, 125-141 (2017).

Dmitriy Gutkovich, James Marley, PhD, Ron Unger, MSW

ISPS-US Committees: Who We Are and What We Do

Introductory

The committees of ISPS-US each advance the mission for psychological and social approaches to the phenomenon commonly called psychosis. In this session, discover how ISPS-US promotes ethics, incorporates the voices of experts by experience, and disseminates knowledge through education to the public. You will learn about the goals, challenges, and work of several committees, and how you can join in to change the national conversation.

Chelsea Mackey, PsyD

Love and Compassion in Extreme Experiences

Intermediate

In describing how love fits into the experience of extreme states one has the opportunity to look at ways compassion is present in one's life. Aspects of compassion can be directed towards the self, outward towards friends and family, outward towards perpetrators, as well as allowed in from others. Additionally, the therapeutic relationship offers a loving and supportive connection as a basis for continued compassion. Incorporating aspects of Compassion Focused Therapy, self-compassion skills, Loving Kindness perspectives, and spirituality all provide an outlet for love and compassion at each stage of an extreme experience.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Identify 2 evidence-based interventions for enhancing compassion in one's daily life.
2. Discuss research supporting the benefits of self-compassion for someone experiencing extreme states.
3. Demonstrate competency in helping foster loving kindness towards self and others.

Heriot-Maitland, C. & Russell, G. (2019). Compassion focused therapy for relating to voices. In C, Cupitt (Ed). CBT for psychosis: Process-orientated therapies and the third wave (1st ed., pp. 98-114). New York, NY: Routledge

Mayhew, S. (2015) Compassion focused therapy for people experiencing psychosis. In A. Meaden & A. Fox (Eds). Innovations in psychosocial interventions for psychosis (1st ed., pp. 91-110). New York, NY: Routledge

Waite, F., Knight, M.T.D. & Lee, D. (2015). Self-compassion and self-criticism in recovery in psychosis: An interpretative phenomenological analysis study. *Journal of Clinical Psychology*, 71(12), 1201-1217. Retrieved from doi:10.1002/jclp.22211

Chacku Mathai

Keynote Address: The Role of Love, Psychosis and Other Extreme States in Undoing Racism

Introductory

Even in the pursuit of social justice and liberation in our communities, we remain at risk of recreating the qualities of society that outraged us in the first place. How do we avoid the trap of unconsciously carrying the conditions of racism, white supremacy, and psychiatric oppression into our vision and construction of a liberated society? Embracing what we already know about the qualities of love, compassion, empathy, and respect is a good place to start. We must do more, for example, to demonstrate the transformative shift from traditional stances of therapeutic neutrality to the more engaged and liberating practices of restoring personhood and social justice for individuals and families.

Yet, this, and even love, will still not be enough. Our extreme states may actually be a call for a return to collectivism, rather than individualism. We are called to challenge what we know, believe, and set as policy in order to address the collective trauma of our oppression and colonization. We can start

with the limiting beliefs we hold about ourselves and each other. Why do we cling to these beliefs, even if they seem to oppress us and those we love? In this keynote presentation, Chacku Mathai offers some compelling stories of key principles and practices for individual and collective healing and justice that he encountered and discovered through his own extreme states of being, crises, and ancestral practices.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Differentiate between individual and collective healing from trauma.
2. Identify 1-2 cultural norms of white supremacy.
3. Identify 1-2 beliefs that are embedded in norms of white supremacy.

Larry Davidson (2011) Recovery from psychosis: What's love got to do with it?, *Psychosis*, 3:2, 105-114, DOI: 10.1080/17522439.2010.545431

Gone, J. P., & Kirmayer, L. J. (2020). Advancing Indigenous Mental Health Research: Ethical, conceptual and methodological challenges. *Transcultural Psychiatry*, 57(2), 235–249. <https://doi.org/10.1177/1363461520923151>

DiAngelo, Robin J. *White Fragility: Why It's so Hard for White People to Talk About Racism*. Boston: Beacon Press, 2018.

Singleton, Glenn E. (2015) *Courageous Conversations About Race (2nd Edition) A Field Guide for Achieving Equity in Schools* Sage Publications

Smedley, Brian D. (2014) *Eliminating Health Disparities By Advancing Health Equity*, American Psychological Association (APA) Strategic Initiative on Health Disparities

CDC Health Disparities & Inequalities Report – United States, 2013, *Morbidity & Mortality Weekly Report (MMWR) Supplement*, November 22, 2013, Vol.62, Supplement No. 3, pg.1-187

Reicherzer, S., Shavel, S., Patton, J., (2013) Examining Research Issues of Power and Privilege Within a Gender-Marginalized Community. *Journal of Social, Behavioral, and Health Sciences*, Volume 7, Issue 1, Pages 79–97

Oswald, F. L., Mitchell, G., Blanton, H., Jaccard, J., & Tetlock, P. E. (2013). Predicting ethnic and racial discrimination: A meta-analysis of IAT criterion studies. *Journal of Personality and Social Psychology*, 105, 171–92. doi:10.1037/a0032734.

Jones, C. (2012) Levels of Racism: A Theoretic Framework and Gardner's Tale *Am J Public Health*. 2000;90: 1212–1215)

A New Way to Talk About Social Determinants of Health; 2010 Robert Wood Johnson Foundation

Kliman, J. with Bedoya, A. & DiChiara, C. (2008). Intersecting domains of privilege and marginalization: Locating oneself in a social matrix. *Massachusetts School of Professional Psychology*

Jones, K. and Okun, T. (2001) *Dismantling Racism: A Workbook for Social Change Groups*, ChangeWork,

McIntosh, P. (1989) *Peace and Freedom Magazine*, July/August, 1989, pp. 10-12, a publication of the Women's International League for Peace and Freedom, Philadelphia, PA.

Chris Mitchell, MPA, LICSW

Promoting Person-Centered Recovery by Enhancing Behavioral Health and Legal System Collaboration

Intermediate

This presentation outlines King County, WA's efforts to incorporate recovery-oriented principles and improve systems collaboration to better meet the behavioral health needs of individuals involved in the criminal legal system and promote their independence and community integration; recommendations for providers and policymakers are offered.

Assertive Community Treatment (ACT) is one of the most successful treatment models for individuals with severe mental illness, and recent ACT implementation in WA incorporates principles of the Recovery Model, building on ACT's strengths (low-barrier, community-based treatment, peer counselors). The result is greater emphasis on person-centered treatment planning, self-determination, and strong social connections. Concurrently, changes to federal and state policies have led to systematic criminalization of mental health-related behaviors. There have also been dramatic increases in the rates of incarceration of individuals with mental illness. To address such societal inequities, King County uses the Sequential Intercept Model to approach interactions with the criminal legal system as opportunities to connect people to treatment, including crisis diversion services, prosecutorial diversion, in-custody services, and reentry programs. The resulting efforts increase diversion from jails and promote self-determination and personal agency. This presentation showcases some of these programs in King County, WA, discusses the policy environment that makes them possible, and highlights how person-centered and recovery-oriented principles—central to the ACT model—are particularly well-suited to the population at the nexus of behavioral health and the criminal legal systems. Agencies and jurisdictions can learn from King County's experiences. Examples include: on-demand and community-based treatment models; elevating the role of providers and peers with lived experience; enhancing coordination across systems by integrating legal experts into behavioral health teams; increasing cross-training opportunities; and building capacity of provider agencies to address a broader continuum of needs across legal, housing, and behavioral health systems.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Name at least three key person-centered elements of the ACT model that promote recovery.
2. Identify at least three touch-points in the legal system to connect individuals to different on-demand behavioral health services.
3. Describe at least one cross-system collaboration or program improvement that can promote recovery for individuals involved in the criminal legal system.

Ahmed, A. O., Marino, B. A., Rosenthal, E., Buckner, A., Hunter, K. M., Mabe, P. A., & Buckley, P. F. (2016). Recovery in schizophrenia. *Psychiatric Clinics of North America*, 39(2), 313-330.

Lopez, G. (2016). The tragic collapse of America's public mental health system, in one map. *Vox*. www.vox.com/2016/3/7/11173756/prisons-jails-mental-health-map

Lopez, G. (2016). How America's criminal justice system became the country's mental health system. *Vox*. <https://www.vox.com/2016/3/1/11134908/criminal-justice-mental-health>

Morse, G., Glass, A. M. H., Monroe-DeVita, M. (2016). ACT and recovery: What we know about their compatibility. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(2), 219-230.

Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57(4), 544-549.

Nellis, A. (2016). The color of justice: Racial and ethnic disparities in state prisons. The Sentencing Project. <https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>

Jace St. Cyr, MA, Nora McKennedy, Stephen Metas, Nona Sharp, Emily Stanton
Promoting Recovery-Oriented Care in Institutional Settings: A Graduate Student Panel
Introductory

A panel of five psychologists-in-training will discuss critical perspectives on our work in institutional settings, including short- and long-term inpatient settings, partial hospitals, and integrative medical clinics. As students working in institutional settings, our roles can feel very fluid, from the first moments we step into our respective training sites and a supervisor or senior clinician asks, “so how should the patients refer to you?” Themes of authority and power pervade the treatment relationship, and students are in a unique role in this regard. This panel considers how trainees are often “split” in their aims: we occupy both the patient advocate role while also being subordinate in the context of the treatment team. Clinical vignettes are explored to highlight moments of opportunity, where students can serve as patient advocates without “splitting the team” and alienating patients further from the broader institutional setting. We also consider how the language of severe mental illness and the many assumptions about its accompanying diagnoses impact in-the-moment clinical decision-making. Additionally, we discuss how the problems with institutionally-based care are exacerbated by issues of state funding and public policy. Lastly, we describe ways of intervening in the treatment team setting to combat our concerns surrounding flawed implementation practices, and propose several ideas for more empathic and humanizing treatment settings.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Identify the impact of power and authority of different roles and systems on patient interactions.
2. Give fellow psychology students and other student helpers clinical resources to promote healthy membership in the treatment team setting while remaining strong patient advocates.
3. Analyze, critique, and challenge the clinical and working definition of severe mental illness in order to avoid negligent clinical decisions surrounding treatment.

Knafo, D. (2019). Alone in a crowded mind: When psychosis masks loneliness. *Psychoanalytic Psychology*. Advance online publication. <https://doi.org/10.1037/pap0000257>

Mackie, B. (2016). *Treating people with psychosis in institutions: A psychoanalytic perspective*. Karnac Books Ltd.

Stephenson, J. (2018). I, Me, You & Us: Can a psychodynamic model provide a relational perspective on psychosis? *Psychoanalytic Psychotherapy*, 32, 267–281.
<https://doi.org/10.1080/02668734.2018.1487464>

Sen, D. (2017). What stays unsaid in therapeutic relationships. *Psychosis*, 9, 90–94.
<https://doi.org/10.1080/17522439.2016.1270988>

Son, D. (2019). My diagnosis, a label. *Psychosis*, 11, 374–377.
<https://doi.org/10.1080/17522439.2019.1622766>

Anna Tsentsiper

The Relationship Between Trauma, Psychosis and the Impact of Peer Support

Introductory

The purpose of this research gives voice to those with lived experience of psychosis in hopes of building a better understanding on if there is a link between trauma, psychosis, and what the role of peer support and The Hearing Voices Network (HVN) is in the lives of the eight participants that were recruited. The results built on scientific literature that there is in fact a link between trauma and psychosis, and that peer support and the HVN are beneficial to participants. People who experience psychosis often fall through the cracks of the mental health system and it was not surprising that participants did not feel like they received the care which they needed when they initially experienced crisis. This study hopes to build on the greater basis of scientific knowledge so that the definition of evidence-based treatment can change to be more inclusive of psychosocial options for psychosis. It is hoped that others continue to build on the knowledge that was discovered in these findings. Until the mental health system in the United States becomes more trauma informed, HVN is included in more hospital settings, and peer support is more available to those that need it, the work conducted by this research needs to continue. "I aim to challenge some of the assumptions underlying what we think we know about mental health from the mainstream mental health disciplines; and to demonstrate the value of experiential knowledge in helping us reach a better understanding of mental health and mental distress" (Faulkner, 2017, p.1). Through listening to the experiences of the participants in this study, one can gain a better understanding of how to better help those effected by psychosis. (Reference included below.)

(I do realize that many people who will attend an ISPS Conference are people who have been doing this important work for many years, and thus it would not be the first time where they might hear some of the information in my presentation. That being said for all the long time ISPS members, my presentation will solidify their reasoning on why they continue to do the work which they do to in better helping people who experience psychosis. Longtime ISPS members might feel a sense of solidarity and joy that other people are trying to follow in their footsteps in making sure the work that they have been doing is continued. That being said, the information presented will be shared from a new perspective that has previously not been shared before.)

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Utilize the information from this presentation in a way in which they can help make the mental health system better for people who experience psychosis by better understanding the needs of people with lived experience of psychosis through more informed treatment options, general interactions or future research that can build on the information gained in this study.
2. Differentiate between mental health treatments that focus on the needs of people who have lived experience of psychosis and those that speak from conventional psychiatric wisdom that often disregard the story of lived experience.
3. Better critique treatment approaches that do not listen to the lived experience of people with psychotic spectrum conditions.
4. Reflect on the information learned from this presentation and become better allies to people who experience psychosis by being able to speak out for their needs when society as a whole wishes to silence the voices of lived experience.

Beavan, V. de Jager, A. & dos Santos, B. (2017) Do peer-support groups for voice-hearers work? A small scale study of Hearing Voices Network support groups in Australia, *Psychosis*, 9(1): 57-66, doi:10.1080/17522439.2016.1216583

Karon, B. (2018). *The Widening Scope of Psychoanalysis - Collected Essays of Bertram Karon*. Ed. Cosgro, M. & Widener, A. New York: International Psychoanalytic Books- IPBooks.

Faulkner, A. (2017). *Survivor research and Mad Studies: the role and value of experiential knowledge*

in mental health research. doi: 10.1080/09687599.2017.1302320

McGrath. (2017). Trauma and psychotic experiences: transnational data from the World Mental Health Survey. *The British Journal of Psychiatry*, 211(6): 373-380. www.doi.org/10.1192/bjp.bp.117.205955

Mazor, Y., Gelkopf, M. and Roe, D. (2019). Post Traumatic Growth in Psychosis: Challenges to the Assumptive World. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000443

van den Berg, D., de Bont, P. A. J., van der Vleugel, B. M., de Roos, C., de Jongh. A., van, A. Minnen, & et al. (March, 2018). Long-term outcomes of trauma-focused treatment in psychosis. *The British Journal of Psychiatry*. 212(3):180-182. <https://doi.org/10.1192/bjp.2017.30>

Helen Wood, DClInPsy & Joshua Riley-Graham, MD, PhD

ACT for Change: Piloting a Novel Group Therapy on an Inpatient Unit for Individuals Experiencing Psychosis

Introductory

ACT for Change is a 3 session Acceptance and Commitment Therapy (ACT) group we established on our psychosis inpatient unit based on a UK 4 session model (O'Donoghue et al., 2018). Our story is one of mixed success. The group was novel for our context given its cross-disciplinary facilitators (psychiatrist, clinical psychologist and peer specialist), as well as in its outlook and therapeutic orientation. ACT aims to support individuals to practice acceptance (with the use of strategies such as mindfulness) with the aim of increasing commitment to value-oriented action (Harris, 2019). Evidence suggests ACT can have significant benefits for individuals experiencing psychosis, including a decreased length of hospitalization, decrease in negative symptoms, and decreased rehospitalisation at follow-up (Tonarelli et al. 2016, Jansen et al., 2019; Tyrberg et al., 2017).

ACT is highly compatible with a recovery-oriented approach, encouraging individuals to live and act in line with their values. It is 'transdiagnostic', universal in its application, allowing all (facilitators and participants) to share experiences as appropriate. However, ACT's emphasis on value-oriented action and finding workable ways to live with so-called symptoms can be at odds with a treatment orientation focused on symptom reduction predominantly via medical treatment. While our treatment context was welcoming of the group, we encountered challenges in relation to the pace of discharge, readiness of participants to take part in the group, and how to incorporate ACT philosophy into standard treatment team conversations. Outcomes suggested a positive participant experience and decreased or no change to stress levels. Participants valued the intervention as providing a different and more hopeful perspective than their interactions with the inpatient treatment team. We believe that it is possible to anticipate and to decrease the challenges we encountered. We hope that this presentation will inspire others to introduce novel therapeutic approaches and to challenge the status quo.

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Identify main components of Acceptance and Commitment Therapy.
2. Describe ways of adapting Acceptance and Commitment Therapy to an inpatient setting, including navigating potential challenges.
3. Decide on means of measuring outcomes of inpatient group therapy.
4. Summarize potential benefits of Acceptance and Commitment Therapy.

O'Donoghue, E. K., Morris, E. M. J., Oliver, J. E., & Johns, L. C. (2018). *ACT for psychosis recovery: A practical manual for group-based interventions using acceptance and commitment therapy*. Context Press/New Harbinger Publications.

Harris, R. (2019). *ACT Made Simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications: Oakland, CA.

Jansen, J. E., Gleeson, J., Bendall, S., Rice, S. & Alvarez-Jimenez, M. (2019) Acceptance- and mindfulness- based interventions for persons with psychosis: A systematic review and meta-analysis.

Tonarelli et al. (2016). Acceptance and Commitment Therapy Compared to Treatment as Usual in Psychosis: A Systematic Review and Meta-analysis. *J. Psychiatry*, 19:3

Tyrberg et al. (2017). Brief acceptance and commitment therapy for psychotic inpatients: A randomized controlled trial in Sweden. *Nordic Psychology*, 69, 2, 110-125.

Wood, H. J. & Brown Padilla, S. (2019). Peer support work on an inpatient unit for adults experiencing psychosis. *Psychosis*, 11 (2), 128-137. DOI: 10.1080/17522439.2019.1603321

Pat Wright, MEd & Cindy Marty Hadge, IPS

Families/Friends of Hearing Voices Network

Introductory

The Hearing Voices Network has been a fast growing movement that began in Europe over 30 years ago and in recent years has begun to spread across the US. HVN has always been a joint venture including: experts by experience, experts by education and friends and family of voice hearers. HVN has reached a point in its US development where there is growing effort to bring families and their unique experiences to the movement. Fortunately families are ready to move beyond the medical model as the only way to view “extreme states” and instead provide peer support for each other along with friends of voice hearers. By integrating families and friends within the HVN movement, a paradigm shift is being created which decreases the isolation and marginalization of those involved in the mental health system by offering a way forward in the healing of families as systems of individuals discovering their own unique paths.

By including HVN values in family groups, what are the challenges in creating a healing connection within the parent-child relationship recognizing the inherent power difference and present practice of having an “identified patient” - usually the child, demanded by the clinical viewpoint? What if parents were given the space (and support) to examine their own feelings and beliefs? How do we vision families where each person’s viewpoint is respected, accepted and encouraged even though vastly different from each other’s and perhaps the “mainstream”?

Learning Objectives: At the conclusion of this activity, participants should be able to:

1. Name 3 HVN values.
2. Discuss 4 skills to “opening dialogue” will be taught to encourage non -judgmental communication to encourage and strengthen family relationships by building trust.
3. Explain why having an “Identified patient” is harmful to all family members and discuss the challenges and gifts of creating mutually satisfying family relationships.

Branitsky, A (2017). Commentary: Assessing the impact and effectiveness of Hearing Voices Network self help groups. *Frontiers in Psychology*. 20 Oct: doi: 10.3389/fpsyg.2017.01856.

Froyen, B. (2019). *Psychotic Mum*. Borgerhoff & Lamberigts.

Hornstein, G., Robinson Putnam, E. & Branitsky, A. (2020) How do hearing voices peer-support groups work? A three-phase model of transformation, *Psychosis*, DOI: 10.1080/17522439.2020.1749876

McDermott, Z. (2017). *Gorilla and the Bird: A Memoir of Madness and a Mother's Love*. Back Bay Books.

Oakland, L and Berry, K (2015) "Lifting the veil": a qualitative analysis of experiences in Hearing Voices Network groups., *Psychosis*, 7:2, 119-129, DOI: 10.1080/17522439.2014.937451

Payne, T., Alle, J. & Lavender, T. (2017). Hearing Voices Network groups: experiences of eight voice hearers and the connection to group processes and recovery. *Psychosis*, 9:3, 205-215, DOI: 10.1080/17522439.2017.1300183

Longdon, E, Read, J. and Dillion, J. (2017). Assessing the impact and effectiveness of Hearing Voices Network self help groups. *Community Mental Health Journal*. 54 (2) 184-88

Styron, T., Utter, L. & Davidson, L. (2017). The hearing voices network: initial lessons and future directions for mental health professionals and Systems of Care. *Psychiatr Q* 88, 769–785. <https://doi.org/10.1007/s11126-017-9491-1>

Wang, E. W. (2019). *The Collected Schizophrenias: Essays*. Graywolf Press.

Watkins, S., Gupta, A. & Sanderson, C. (2020). The experience of talking about hearing voices with family, friends, and others, *Psychosis*, 12:1, 1-10, DOI: 10.1080/17522439.2019.1690561

ePOSTER ABSTRACTS

Please visit our interactive ePosters on the online conference platform. You may leave a comment or question for the authors. Credits are not offered for posters.

Katie Beck-Felts & Charisse Tay

Impact of an aerobic exercise intervention on symptomatology in schizophrenia: A single-blind, randomized controlled pilot trial

Introductory

Background: Individuals with schizophrenia experience a spectrum of positively and negatively valenced symptoms to varying and malleable severities. Findings from studies on clinical populations have linked symptom improvements to increases in aerobic fitness (AF) via aerobic exercise training (AE). Our aim was to examine the potential impact of AE to alleviate positive and negative symptoms in individuals with schizophrenia.

Methods: 33 individuals with schizophrenia were randomly assigned to treatment-as-usual, or a 12-week, 3 sessions/week, 1h/session, trainer-led AE program utilizing active-play video games and traditional AE equipment. Participants completed pre- and post-intervention assessments of clinical symptoms using the Scales for Assessment of Positive and Negative Symptoms (SAPS/SANS). Following the 12-week period, participants completed a follow-up clinical assessment.

Results: 13 participants in the AE group and 13 in the control group completed the study and were included in the analysis. Participants in the AE group showed significant improvement on the SAPS compared to controls. On the SANS, participants showed improvement versus controls but results did not reach significance, potentially owing to sample size limitations.

Discussion: Previous literature reporting on the impact of aerobic fitness improvement on symptomatology in individuals with schizophrenia is both limited and inconclusive as individual study results vary. The current study adds support to the hypothesis that aerobic fitness improvements ameliorate positive symptoms of psychosis, with the advantage of a strong methodological design, implementing state-of-the-art assessments. Our study, however, is limited by a small sample, and replication in a larger cohort is recommended.

Firth, J., Cotter, J., Elliott, R., French, P., & Yung, A. R. (2015). A systematic review and meta-analysis of exercise interventions in schizophrenia patients. *Psychological Medicine*, 45(7), 1343-1361. <https://doi.org/10.1017/s0033291714003110>

Dauwan, M., Begemann, M. J. H., Heringa, S. M., & Sommer, I. E. (2015). Exercise Improves Clinical Symptoms, Quality of Life, Global Functioning, and Depression in Schizophrenia: A Systematic Review and Meta-analysis. *Schizophrenia Bulletin*, 42(3), 588-599. <https://doi.org/10.1093/schbul/sbv164>

Tarpada, S. P., & Morris, M. T. (2017). Physical activity diminishes symptomatic decline in chronic schizophrenia: a systematic review. *Psychopharmacology Bulletin*, 47(4), 29.

Kathleen Hodgkin

A pilot group therapy protocol for individuals with psychosis: integrating acceptance-based and ecotherapy methods

Introductory

Acceptance and Commitment Therapy (ACT) can be a useful treatment for psychosis. This form of therapy may reduce distress associated with symptoms and improve functioning (Wakefield et al., 2018; Cramer et al., 2016). Ecotherapy, or the application of nature-based methods, may present additional avenues for alleviation of distress with this population. Prior research has suggested that nature-based therapies may reduce stress, improve mood, and increase self-esteem (MIND, 2007; Brown et al., 2013; Barton et al., 2012), and that they may be beneficial as an adjunctive treatment for individuals utilizing mental health care services (Wilson et al., 2008). Thus, combining ACT, particularly acceptance-based and mindfulness techniques, with ecotherapy methods may be useful in group settings for individuals with psychosis. This pilot study seeks to develop and test a group protocol incorporating both acceptance-based and ecotherapy methods for potential use with individuals with psychosis. Participants will include adults with serious mental illness (primarily diagnoses of schizophrenia, schizoaffective, and bipolar disorders) who attend an outpatient day treatment program at a community mental health clinic. Groups will be conducted once weekly for 10 weeks at two levels of care (intensive and rehabilitative). Outcomes assessed will include change in self-reported experiential avoidance and nature connectedness. Pre- and post-intervention measures will include the Brief Experiential Avoidance Questionnaire (BEAQ; Gámez et al., 2014), the Acceptance and Action Questionnaire-II (AAQ-2; Bond et al., 2011), and the Nature Connection Index (NCI; Richardson et al., 2019).

Charisse Tay

Psychosocial strategies for positive symptoms of psychosis endorsed by Internet forum users: A content analysis

Introductory

Background: Schizophrenia is a severe chronic mental disorder that can result in hallucinations and delusions. While antipsychotic medications often provide the basis for treatment, psychosocial strategies can result in meaningful improvements in symptoms and functioning. Internet self-help forums are a resource for medical and psychological problems and are commonly used to share information about symptom management. The aim of the study was to investigate psychosocial strategies used by internet self-help forum participants to effectively manage positive symptoms caused by psychosis spectrum disorders.

Method: Three international self-help internet forums on schizophrenia were identified using a search engine. 1,181 threads regarding psychosocial management of positive symptoms underwent screening, resulting in the final identification, coding, and analysis of 53 threads and 113 posts from 84 unique forum users. Posts were coded for details on psychosocial strategies endorsed by users and categorized. Only strategies explicitly indicated to be successful for positive symptom management were included in the final analysis. Frequencies of symptoms and strategies used were calculated and trends were identified from the data.

Results: Effective symptom management strategies personally endorsed by online forum users to address positive symptoms in the sample were cognitive strategies (e.g. re-focusing, reality checking; n=77; 91.67%), engaging in activities (e.g. exercise, working/volunteering, hobbies; n=55; 65.48%), social/familial support (n=31; 36.90%), psychotherapy (n=19; 22.62%), diet (n=9; 10.71%), and religion/spirituality (n=8; 9.52%). Cognitive strategies were the most endorsed strategy in managing hallucinations, delusions, and paranoia.

Discussion: Individuals with schizophrenia rely on a variety of different psychosocial methods to manage their symptoms. This may help to inform treatment strategy and tailoring for individuals experiencing positive symptoms (e.g., auditory/visual/tactile hallucinations, delusions, paranoia). List

self-help strategies used by individuals with schizophrenia to manage their symptoms. Describe differences in strategies used depending on the type of symptoms experienced. Explain that a multitude of strategies exist to manage schizophrenia and are already endorsed as being successful for treatment.

Hernandez, M. Y., Hernandez, M., Lopez, D. H., Gamez, D., & Lopez, S. R. (2019). What do health providers and patients tweet about schizophrenia? *Early Intervention in Psychiatry*.

<https://doi.org/10.1111/eip.12888>

Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health care: peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122.

<https://doi.org/10.1017/s2045796015001067>

Santesteban-Echarri, O., Álvarez-Jiménez, M., Gleeson, J., & Rice, S. M. (2018). Social Media Interventions for Adolescents and Young People with Depression and Psychosis. In *Technology and Adolescent Mental Health* (pp. 187–205). Springer International Publishing.

https://doi.org/10.1007/978-3-319-69638-6_14

Villani, M., & Kovess-Masfety, V. (2017). How Do People Experiencing Schizophrenia Spectrum Disorders or Other Psychotic Disorders Use the Internet to Get Information on Their Mental Health? Literature Review and Recommendations. *JMIR Mental Health*, 4(1), e1.

<https://doi.org/10.2196/mental.5946>

Anna Tsentsiper

The Relationship Between Trauma, Psychosis and the Impact of Peer Support

Introductory

The purpose of this research gives voice to those with lived experience of psychosis in hopes of building a better understanding on if there is a link between trauma, psychosis, and what the role of peer support and The Hearing Voices Network (HVN) is in the lives of the eight participants that were recruited. The results built on scientific literature that there is in fact a link between trauma and psychosis, and that peer support and the HVN are beneficial to participants. People who experience psychosis often fall through the cracks of the mental health system and it was not surprising that participants did not feel like they received the care which they needed when they initially experienced crisis. This study hopes to build on the greater basis of scientific knowledge so that the definition of evidence-based treatment can change to be more inclusive of psychosocial options for psychosis. It is hoped that others continue to build on the knowledge that was discovered in these findings. Until the mental health system in the United States becomes more trauma informed, HVN is included in more hospital settings, and peer support is more available to those that need it, the work conducted by this research needs to continue. "I aim to challenge some of the assumptions underlying what we think we know about mental health from the mainstream mental health disciplines; and to demonstrate the value of experiential knowledge in helping us reach a better understanding of mental health and mental distress" (Faulkner, 2017, p.1). Through listening to the experiences of the participants in this study, one can gain a better understanding of how to better help those effected by psychosis.

See the presentation of the same name for learning objectives and references.