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Psychosis

Psychological, Social and Integrative Approaches

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**PSYCHOSIS — PSYCHOLOGICAL, SOCIAL AND
INTEGRATIVE APPROACHES**

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Key

F = Film

FC = Free Communication

P = Poster Presentation

PL = Plenary

S = Symposium

W = Workshop

The abstracts in this supplement are ordered by date, time and then Plenary, Symposium, Free Communication, Film and finally Workshop. The Poster abstracts are located at the end of the supplement.

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S11 The integration of psychodynamic understanding into 'everyday' work with psychosis

This symposium will be led by practitioners from four different European countries to present their experiences of introducing psychodynamic understanding and expertise into the culture of professional teams working with patients with psychosis. It is hoped that by sharing their experiences –of successful and less successful outcomes: Participants who are psychodynamic specialists will learn of different approaches to achieving the goals. Participants who are not psychodynamic specialists will have an enhanced understanding of the value of bringing in psychodynamic expertise into their team. The presenters work in a variety of mental health settings - primary care, early intervention in psychosis and general psychiatric teams.

S11.1 Psychodynamic approaches in an Early Detection and Prevention of Psychosis team in Barcelona (Spain).

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The EAPPP (Early Detection and Prevention of Psychoses Team) is the first team fully specialized and dedicated to these tasks in Spain. Now in our third year, we present some of its foundations, objectives and developments. The theoretical and technical foundations of our work are based on a 'psychoanalytically informed' community perspective. Through this route we have developed some applications of psychoanalysis, both for PHC (Primary Health Care) and, more specifically, for mental health care in PHC: the model of Primary Mental Health Care (PMHC). Psychoanalysis can contribute to PHC and Early Detection and Prevention of Psychosis (EDPP) in six basic ways:

- 1) Proposing a developmental psychopathology applicable to psychoses.
- 2) Giving support to many of those who work in health, social and educational centres in terms of personal development, protecting the therapeutic setting, professional training and group organization: 1+2 are our clinical-preventive and developmental contributions.
- 3) Theoretical contributions.
- 4) Offering psychotherapeutic elements, which can be used by our teams and by primary health care, social and educational professionals: They are technical contributions.
- 5) Offering a number of pragmatic elements both to PHC-PMHC and social and educational teams.
- 6) Offering elements of the previous five types for a revised practice of Community Mental Health Care of the Psychosis and At Risk of Psychosis persons and groups.

In short: Psychoanalysis contributes to our work mainly from clinical perspectives, using theoretical knowledge that takes account of the internal world, and by giving basic frames for prevention and a integrated clinical assistance.

S11.2 A manualised work with persons in first-episode psychosis - experiences from the Danish National Schizophrenia project (DNS)

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In opposition to the free-floating and evenly hovering attention in the psychoanalytic process, the modern inpatient and outpatient psychodynamic psychotherapy with persons in first episode psychosis may be exerted according to more or less elaborated manuals. Admittedly this step has been harder to take for the community of psychodynamically oriented psychotherapists than for psychotherapists within some other orientations. On the other hand, in the history of psychodynamic psychotherapy wellknown, professionally respected and experienced analysts have never withhold their opinions on how technically to handle different phases and different problems that the therapist may be confronted with during the therapy. This knowledge was used to create a manual for the psychotherapy of persons in first episode psychosis in DNS. Elements of this manual will be presented, and its facilitating and difficult elements will be discussed. For many reasons, establishing and employing manuals in research based psychodynamic psychotherapy is highly recommended even though it harbours many difficulties in both the technical, scientific and ethical dimension.

S11.3 Implementing a psychodynamic understanding of the psychotic patient through joint team supervision.

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The work with psychotic patients is with good reason regarded as 'emotionally demanding'. Many care and treatment staff sometimes find it very trying to mix with,

take care of and treat patients who communicate in the form of delusions, dramatic behavior, violence, suicide attempts, panic, resentful silence, or total uncontactability. Most of us find it additionally difficult to find simple ways of coping with this kind of emotional stress when we are unable to understand the patients. There is definitely a risk that we become exhausted, irritated and distant. These signs indicate the kind of stressful unconscious identification processes that make us lose our empathy. Over and over again there is a need to find more conscious ways of identifying with the patients as the fellow human beings they actually are. At this point of time psychodynamic theory seems to be the most usable kind of knowledge in existence when we try to bring a deeper meaning to the patient's symptoms and inner world. Regular joint group supervision using a psychodynamic starting point and with a focus upon the more "primitive", influential forms of emotional communication that many psychotic patients use can make us more persistent, patient and empathic. Better understanding of which particular processes are set in motion in psychiatric milieus and insight into these processes and phenomena facilitates the long-term and uphill work carried out by so many. Reference: Belin, S.: *Galskabens magt*. Hans Reitzels Forlag AS. København 1999.

S11.4 The Alien (a psychoanalyst)

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Four years ago, I was appointed as a consultant psychiatrist to a newly formed early intervention service. The fact that I had a psychoanalytic training was probably a source of perplexity, curiosity and anxiety. NONE of the staff initially had any awareness or knowledge that psychodynamics could have any contribution to their work with patients with psychosis. However the team also employed skilled senior staff as trainers in CBT and family therapy. The staff were however generally keen and enthusiastic in their work and all were excited to work in early intervention because they felt that current practice was seriously flawed and could be greatly improved on in this framework. I will describe how things are four years later from the perspectives of the emerging psychodynamic contribution to the team culture: some of the satisfactions and some of the continuing struggles and challenges in this complex but rich setting of a multi-disciplinary multi-modality approach.

S12 Therapeutic relationships and communication in the treatment of psychosis

In the treatment of psychotic disorders, specific treatment effects (e.g., of antipsychotic medication) explain only part of the variance in outcome, whilst a large proportion of the variance is due to non-specific effects of treatment. These non-specific processes are reflected in relationships and negotiated through interactions between patients and clinicians, which are at the centre of psychiatric care delivery. However, the therapeutic relationship is neglected in psychiatric research. The session will present current evidence on therapeutic relationships and interactions in mental health care. It will consider both theoretical aspects and empirical findings on relationships in the treatment of psychosis.

We will present the following completed studies, all focussing on patients with a psychotic disorder: a multi-centre observational study of psychiatrist-patient