Faculty of Medical Psychotherapy
Annual Conference 2015
‘New paradigms in Psychiatry and Psychotherapy’

Royal College of Psychiatrists
London
22-24 April 2015

Conference Booklet
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Please note a presentation link (with non-editable pdf versions) will be sent shortly after the conference to all delegates after obtaining the authorisation of the authors of the presentations.

Unfortunately, it is not always possible to supply presentations due to some items being unpublished and copyright issues.
# Final Programme

## WEDNESDAY 22 APRIL

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<td>&quot;Whither psychiatric care?&quot; Cultural and psychoanalytic reflections</td>
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<td>David Bell</td>
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### THURSDAY 23 APRIL

**‘The brain and internal world in depression’**

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<td>The separation-shutdown hypothesis of depression</td>
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<td>11:45-13:00</td>
<td>The Neuroscientific Case for Homologous primal emotional feeling in all</td>
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<td>14:00-15:00</td>
<td>Born for hope and joy in intimate companionship, what brings anger,</td>
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<td>What can the findings of the Tavistock Adult Depression study tell us</td>
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| 16:45-17:45 | **Plenary Session 4**  
  Chair: Sue Mizen |
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| 16:45-17:45 | **Panel discussion**  
Simon Wessely, Jaak Panksepp, Colwyn Trevarthen, David Taylor, Mark Solms, Celeste Ingrams and Helen Gill |
| 17:45 | Close |
| 18:00-18:45 | AGM |
| 19:30 | **Conference dinner**  
*After dinner speaker: Mark Solms* |
**FRIDAY 24 APRIL**

*The brain and the mind in practice*

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| **09:15-11:15** | **Plenary Session 5**  
Chair: Paul Rowlands |
| 09:15-09:20 | Welcome                                                                 |
| 09:20-10:15 | Psychopathy as a defence against psychosis                            
Rob Hale                                            |
| 10:15-11:00 | Mindfulness for mental health problems                                
Paramabandhu Groves                                   |
| 11:00-11:15 | 60 second Poster presentations                                       |
| An Integrated Biopsychosocial View of Childhood Maltreatment, Attachment 
and Psychosis  - Dr Victoria Barker                 |
| The importance of family dynamics with children and adolescents who suffer from medically unexplained symptoms  - Dr Anthony Brown |
| Balint Groups for Medical Students: Benefits & Challenges. A Literature 
Review  - Dr Alexandros Chatziagorakis               |
<p>| An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification  - Dr Anna Croxford |
| Meta-analysis of Brief Focused Psychological Interventions for Adults with Attention Deficit Hyperactivity Disorder  - Dr Jinny McDonald |
| Service use in patients with borderline personality disorder: before and after completing a day-hospital programme  - Dr Sarah Dorrington |
| A five item screening questionnaire for hoarding disorder  - Dr Louise English |
| Potential for Diagnostic and Predictive Markers of Clinical Response from Neuroimaging Studies in Depression  - Professor Cynthia Fu |</p>
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<td>Mindfulness-based cognitive therapy: A promising new psychological treatment&lt;br&gt;Willem Kuyken</td>
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<td>12:05 - 12:35</td>
<td>CATBiD: A phase one randomised controlled study of Cognitive Analytic Therapy for Bipolar Affective Disorder&lt;br&gt;Mark Evans</td>
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<td>12:35 - 13:05</td>
<td>TaCIT: The Therapeutic Community Intervention Trial&lt;br&gt;Steve Pearce</td>
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<td>Room:1.7</td>
<td><strong>W1: Mindfulness: an introduction to the practices</strong>&lt;br&gt;Paramabandhu Groves</td>
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<td>Room:1.2-1.4</td>
<td><strong>W2: Improving IAPT Model (1)</strong>&lt;br&gt;Patrick Pietroni</td>
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| Room: 1.1       | **W3: Missing out? Psychoanalytic psychotherapy for people with Intellectual disability**  
|                 | Georgina Parkes & David O’Driscoll                                                  |
| Room: 1.6       | **W4: An A to Z of the future of medical psychotherapy training**                   
|                 | James Johnston & Wendy Burn                                                         |
| 15:15-15:45     | **Afternoon Refreshments, Exhibition and Poster Viewing**                           |
| **15:45-17:00** | **Plenary Session 7**                                                               
|                 | Chair: Andy Soutter                                                                   |
| 15:45-16:45     | **The Place of Psychotherapies in the Treatment of Patients with Severe and Chronic Depression**  
|                 | David Christmas, Sue Mizen and Kathleen Yates                                         |
| 16:45-17:00     | **Closing plenary & poster prize presentations**                                     
|                 | Sue Mizen                                                                            |
| 17:00           | **Close of Conference**                                                             |
Useful information

Exhibition
The Royal College of Psychiatrists is pleased to welcome UK Council for Psychotherapy (UKCP), British Psychoanalytic Council, Association of Psychoanalytic Psychotherapy in the National Health Service and RCPsych publications – – their stands can be viewed in the Members area on the ground floor.

Certificates of attendance
Certificates of attendance will be emailed to delegates within one week of the conference. This conference is eligible for 3.5, 5.5 and 6 CPD hours on Wednesday, Thursday and Friday respectively, subject to peer group approval.

Speaker presentations
A link to all of the speaker presentations we have permission to share will be emailed to registered attendees after the meeting.

Feedback
A detailed online feedback form can be found at https://www.surveymonkey.com/s/MedPsych15
All comments received will remain confidential and are viewed in an effort to improve future meetings. This link will be emailed to all delegates after the conference.

Cloakroom
The cloakroom can be found on the first floor, on the left near the entrance to Room 1.1.

Multi-faith room
This is located on the lower ground floor. Please ask a member of staff for access.

Fire exit
No fire drills scheduled for today, so if alarm sounds it is a real fire! Please take the stairs to reception and out through the front doors (where you came in this morning). Then turn left and the assembly point is on the corner of Prescot Street and Chamber Street. There’s an alternative exit at the back of the building. Diagrams can be seen on the fire route plans around the room.

Wi-fi
There is free wi-fi available through-out the building. The network name is ‘RCP guest’ and the password is ‘RCP2013!’

Mobile phones
Please turn off or switch to silent.
Toilets
1st floor - out of the double doors and follow the railings around to the right and then through the white door. There are also toilets on the ground floor in the same position.

Twitter
@RCPsych #MedPsychConf
**WA. Neuroscience for psychotherapists: why does it matter?**
Dr Sue Mizen and Professor Jaak Panksepp

_Not available at time of print_

**WB. Working with Medically Unexplained Symptoms**
Dr Julian Stern and Dr Simon Heyland

In this joint presentation the speakers will introduce and develop some ideas relating to the history, epidemiology and management of patients with so-called MUS (Medically unexplained Symptoms). A case example will illuminate some of the complexity and challenges of working with such patients, and different theoretical models to understanding and managing such complex presentations will be introduced.

Thereafter two current and specific operational models, in the modern NHS, will be described, to show what is possible. One of these is based in London (the Tavistock Centre's City and Hackney Primary Care Psychotherapy and Consultation Service) and the other in the Midlands (Birmingham MUS project)

**Dr Julian Stern** trained in Psychiatry and Psychotherapy at the Maudsley Hospital. He is currently Consultant and Psychiatry lead in the Adult Department of the Tavistock Centre. For 17 years until 2012, he developed and headed the unique Psychological Medicine unit at St Mark’s Hospital, Harrow, a hospital for patients with gastrointestinal disorders.

At the Tavistock and Portman NHS Foundation trust, one of his main roles is as clinical and academic lead for the innovative PCPCS-the Primary Care Psychotherapy and Consultation Service in City and Hackney, the winner of the 2013 RCPsych team of the year award. His particular interest is in working psychotherapeutically in a medical setting.

He has published widely, in medical psychotherapy and psychiatry journals and is co-editor of the popular textbook “Core Psychiatry”.

**Dr Simon Heyland** works as a consultant psychiatrist in medical psychotherapy in Birmingham. His interest in MUS stems from an evidence-based psychodynamic approach. He currently delivers and supervises psychotherapy for MUS in a tertiary setting, and is a clinical lead for the Birmingham MUS
20:00 – 21:30
WEDNESDAY EVENING SESSION
Faculty of Medical Psychotherapy “Chairs Lecture”
Chair: Dr William Burbridge James

"Whither psychiatric care?" Cultural and psychoanalytic reflections
Dr David Bell
This presentation will start with some general considerations as regards the socio-cultural transformations that we have witnessed over the last 30 years. It will be suggested that the hegemony of the market form, and its penetration into nearly all aspects of our socio-cultural life, has been accompanied by an increasing domination of a perverse ideology, an ideology that has very damaging implications for us all but particularly for those who suffer from mental illness. Having set this context the speaker will then discuss the deterioration in psychiatric care over this period focusing on the fragmentation of resources, the loss of continuity of care, the disappearance of inpatient care as a resource for asylum, and replacement by the long term view by a damaging short-termism. The speaker will suggest that psychiatry has been a silent partner in what is tending towards an industrialisation of human suffering.

Dr David Bell is a consultant psychiatrist in the Adult Dept of the Tavistock where he is director of Fitzjohns Unit, a specialist unit for serious/complex psychological disorders. He is the past President of the British Psychoanalytic Society and was (2012-2013) visiting Professorial Fellow, Birkbeck College London.

Throughout his professional career he has been deeply involved in the relation between psychoanalysis and other disciplines such as psychiatry, literature, philosophy, culture and socio-political issues and has made numerous contributions in these areas. He is one of the UKs leading psychiatric expert in asylum/human rights. Books include 'Reason and Passion', 'Psychoanalysis and Culture: a Kleinian Perspective' and 'Living on the Border' and 'Paranoia'.

His discussion of Othello with Simon Russell Beale and Terry Hands is now available as a DVD 'Iago on the Couch'.

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10:00-11:15:  
**The separation–shutdown hypothesis of depression**  
Professor Mark Solms

It is well known that most psychiatric drugs are discovered by chance. Why should this be so? Today, in affective neuroscience, we know a great deal about the brain mechanisms underpinning the emotional systems that go awry in psychiatric disease. Why is this knowledge not the obvious starting point of modern psychiatric drug discovery? Odd as it may seem, the reason appears to be that psychiatric disorders pivot around emotions -- emotional feelings -- that is, around the dreaded qualia of reductionist neuroscience. In this talk, I will illustrate these points with reference to SSRI’s and depression.

**Professor Mark Solms** is best known for his discovery of the forebrain mechanisms of dreaming, and for his integration of psychoanalytic theories and methods with those of modern neuroscience. Born in 1961, he was educated at Pretoria Boys’ School and the University of the Witwatersrand, South Africa. He emigrated to London in 1988, where he worked academically at University College London (Psychology Department) and clinically at the Royal London Hospital (Neurosurgery Department), while he trained at the Institute of Psychoanalysis. He returned to South Africa in 2002. Currently he holds the Chair of Neuropsychology at the University of Cape Town and Groote Schuur Hospital (Departments of Psychology and Neurology) and is President of the South African Psychoanalytical Association. He is also currently Research Chair of the International Psychoanalytical Association. He was awarded Honorary Membership of the New York Psychoanalytic Society in 1998 and the American College of Psychoanalysts in 2004. Other awards include the George Sarton Medal of the Rijksuniversiteit Gent, Belgium (1996), the Arnold Pfeffer Prize of the New York Psychoanalytic Institute (2008) and the Sigourney Prize of the American Psychoanalytical Association. He will be named Honorary Fellow of the American College of Psychiatrists in 2016.

He founded the International Neuropsychoanalysis Society in 2000 and was Founding Editor of the journal *Neuropsychoanalysis*. He is on the editorial boards of several other major journals.

He has published widely in both neuroscientific and psychoanalytic journals, including *Cortex*, *Neuropsychologia*, *Trends in Cognitive Science* and *Behavioral & Brain Sciences*. He is also frequently published in general-interest journals, such as *Scientific American*. He has published more than 250 articles and book chapters, and 5 books. His second book, *The Neuropsychology of Dreams* (1997), was a landmark contribution to the field. His latest book (with Oliver Turnbull) is *The Brain and the Inner World* (2002) is a best-seller and has been translated into 12 languages. He is the authorised editor and

**11:45 – 13:00**

**PLENARY SESSION TWO**

Chair: Dr Jo Stubley

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**11:45 – 13:00**

**The Neuroscientific Case for Homologous primal emotional feeling in all mammals: with a focus on three novel psychiatric (Anti-depression) implications**

Professor Jaak Panksepp

**Abstract:** Because of its bipolar positive and negative valenced structure, raw emotional feelings are an optimal way to make scientific progress on the neural constitution of emotional-affective consciousness. Such research has revealed the existence of profound neuroanatomical and neurochemical homologies in the systems that control emotionality across mammalian and avian species: Namely, wherever in their brains one applies localized Deep Brain Stimulation (DBS) and obtains coherent instinctual emotional behavior patterns, animals treat these within-brain state shifts as ‘rewarding' and 'punishing' in various simple learning tasks. Humans consistently report desirable and undesirable affective changes to such DBS. These effects serve as gold prelude for the detailed neuroscientific study of affective qualia in animal and human brains. Abundant convergent evidence indicates that various “instinctual” subcortical neural networks generate homologous emotional feelings in all mammals. This knowledge allows neuroscientists to understand how brains generate affective states across species (i.e., “hard problems” of consciousness). Such work clarifies brain systems that promote psychiatric disorders, which can promote development of new mind medicines. Three anti-depressant concepts clarified by such work will be summarized (see, Panksepp, et al., 2014, *Clinical Psychological Science*, 2, pp 472-494) Thus, progressive understanding of the evolutionary infrastructure of cross-species subcortical emotional networks can illuminate the affective origins of our own minds, and thereby promote new and more effective psychiatric therapeutics.

**Professor Jaak Panksepp** is Professor of Neuroscience & Baily Endowed Chair of Animal Well-Being Science, Department of Integrative Physiology and Neuroscience College of Veterinary Medicine Washington State University, Pullman WA 99163 USA

Panksepp’s scientific contributions include more than 400 papers devoted to the study of basic emotional and motivational processes of the mammalian brain, including work on energy-balance regulation, sleep physiology, and emotional processes. He introduced the concept of *Affective Neuroscience* in 1990 (AN textbook appeared in 1998, Oxford), which has guided inquiry in how mammalian brains generate experienced emotional states, as models for affective feelings in humans. This work has implications for advances in Biological Psychiatry, especially new therapeutics for depression, three of which are currently being evaluated in humans. His most recent book is *Archaeology of Mind* (Norton, 2012, NYC).
14:00 – 15:00

Born for hope and joy in intimate companionship, what brings anger, fear and shame?
Professor Colwyn Trevarthen

In the past 50 years, detailed examination of infants’ intentions, movements made with delicate prospective control in awareness, both of the body and of outside environmental objects and their affordances, has required new theory of how human self-other awareness and intelligence develop. Now psychologists can speak of the ‘infant mind’. We are born with a coherent imagination for the rhythmic intentions in movements of the uniquely complex body of a human person, and how to use it to know the outside world, and to relate to the minds of other persons. Especially important, and controversial at first, has been proof of neonatal imitation, by which the infant shows initiative to engage in a proto-conversational dialogue with an attentive partner. This is essential for the development of intersubjective coordination of purposes and feelings in friendship and for cultural learning. It demonstrates a fine awareness of the motives and feelings expressed by another’s hands, eyes, face and voice. Age-related transformations of the child’s motives with developing body and brain lead to participation conventional rituals of action-games and baby songs, then cooperation in tasks and the mastery of language. The regulation of a naive human vitality and the development of hopeful experience by feelings of pride and shame in relationships between the young child and others in the family and community has importance for how we conceive the proper conduct of education, and especially for the practice of psychiatric care for persons of any age who have lost affection, enjoyment and self-confidence. I will present findings from descriptive psychobiological studies that establish and evaluate the imaginative vitality of the child through the first two years, and the emotions of relating that develop and protect it.

Professor Colwyn Trevarthen is Professor (Emeritus) of Child Psychology and Psychobiology at Edinburgh. He has a PhD in Psychobiology from Caltech, and began infant communication research in 1967 as a Research Fellow at Harvard’s Center for Cognitive Studies. He has published on neuropsychology, brain development, infant intersubjectivity, and disorders of autism and depressive illness. His current work concerns how attention to rhythms and joyful expressions of ‘communicative musicality' in movement can support child communication and benefit learning. He is a Fellow of the Royal Society of Edinburgh, and a Vice-President of the British Association for Early Childhood Education.
15:00 – 15:45 What can the findings of the Tavistock Adult Depression study tell us about the emotionality in depression?
Dr David Taylor

The concept of a group of affective disorders rests upon the view that some mental disorders are primarily disorders of mood while others primarily affect thinking. Although the dichotomy has a certain validity, it only holds up to a point. For example, the characteristic modes of functioning in both depression and mania are in fact complex interactions of thought, feeling and relationships. Understanding the nature of these helps form a picture of how affects and value operate at the level of the person/experiencing subject/ person/psyche/mind. I will argue that what they reveal is essential to accounts of depression and to understanding the role of affects at the neurobiological level. To set this out, my presentation will give a clinical account of an individual case exemplifying particular salient features located in the framework provided by the larger series of patients all suffering from chronic or treatment resistant forms of depression (N=129) whose treatments were evaluated in the Tavistock Adult Depression Study. The findings of this RCT will be reported shortly. It has assessed the effects of psychoanalytic psychotherapy and a naturalistic management in primary care comparison control.

Dr David Taylor is a training and supervising analyst of the British Psychoanalytical Society, Hon. Consultant Psychiatrist and Psychotherapist at the Tavistock & Portman NHS Trust and a Visiting Professor in the UCL Psychoanalysis Unit, where he is responsible for the annual UCL Psychoanalysis Conferences. After completing psychiatric training at the Maudsley Hospital, he was appointed as a consultant at the Tavistock & Portman NHS Trust in 1980. He held many positions there including Clinical Director of its Adult Department and Medical Director of the Trust. From its beginning in 2000, he has been jointly responsible for the Tavistock Adult Depression Study, first with Phil Richardson, and subsequently with Peter Fonagy. Its findings will be published shortly. He wrote the manual for the psychoanalytic psychotherapy tested in this RCT. The same manual has been used by a German multi-centre trial also evaluating the psychoanalytic treatment of chronic depression.

Throughout he has maintained a five times weekly psychoanalytic practice. Currently he is chair of the International Psychoanalytic Association’s Clinical Research Sub-Committee as well as a trustee of both - the Melanie Klein and Simenauer Trusts. Publications include Talking Cure, edited to accompany a BBC TV series on the Tavistock, as well as chapters and papers on topics such as the work of Bion, psychotic functioning, the difference between ideal and real objects, depression and the relationship between psychoanalytic and empirical forms of research. He regularly supervises and teaches in Heidelberg, Vienna and New York, as well as having supervised and lectured in Brazil, Australia, Taiwan and India.
PLENARY SESSION FOUR
Chair: Dr Sue Mizen

16:45 – 17:45 Panel discussion
Professor Sir Simon Wessely, Professor Jaak Panksepp, Professor Colwyn Trevarthen, Dr David Taylor, Professor Mark Solms, Ms Celeste Ingrams and Ms Helen Gill

Ms Helen Gill Having experienced the Mental Health system Helen developed a keen interest in how patients can work alongside professionals in to provide a more complete package of care. Helen has spent a year and a half working as an Expert by Experience in the Cassel Hospital and within West London Mental Health Trust. She also has experience of working with young people around mental health through Young Minds and other organisations and is particularly interested in developing the use of the arts to support and engage vulnerable young people with mental health problems.

Professor Sir Simon Wessely MA BM BCh MSc MD FRCP FRCPsych FMedSci FKC FMedSci (born Sheffield, 1956) is a British psychiatrist. Simon is professor of psychological medicine at the Institute of Psychiatry, King’s College London and head of its department of psychological medicine, vice dean for academic psychiatry, teaching and training at the Institute of Psychiatry, as well as Director of the King’s Centre for Military Health Research. Simon is also honorary consultant psychiatrist at King’s College Hospital and the Maudsley Hospital, as well as civilian consultant advisor in psychiatry to the British Army. In his academic career Simon has authored over 750 scientific papers on a variety of subjects. In 2014 Simon was elected president of the Royal College of Psychiatrists.

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**Friday 24 April**

**09:15 – 11:15**

**PLENARY SESSION FIVE**

Chair: Dr Paul Rowlands

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**09:20 – 10:15**

**Psychopathy as a defence against psychosis**

Dr Rob Hale

The presentation will explore the relationship between psychopathy, drug addiction and psychosis, challenging the concept of separate diagnoses and proposing a single entity using a developmental and dynamic model leading to a new paradigm for understanding the observable phenomena.

After training in general psychiatry and psychoanalysis Dr Rob Hale worked for the past 35 years at the Portman Clinic. For the past 20 years I have consulted to medium and high secure units on a weekly basis.

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**10:15- 11:00**

**Mindfulness for mental health problems**

Dr Paramabandhu Groves

Mindfulness has been practised in the Buddhist tradition for two and a half millennia. Over the last 30 years it has become increasingly used to treat a range of mental health problems. The strongest evidence is for recurrent depression and anxiety, although mindfulness is also being used to help with addiction, eating disorders and psychosis. The talk will describe how mindfulness has been developed as a therapeutic modality and how mindfulness is thought to help with mental health disorders.

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**11:00 – 11:15**

**60 second poster presentations**

- **An Integrated Biopsychosocial View of Childhood Maltreatment, Attachment and Psychosis** - Dr Victoria Barker

- **The importance of family dynamics with children and adolescents who suffer from medically unexplained symptoms** - Dr Anthony Brown

**Dr Anthony Brown** has a BSc in Management and graduated from the Imperial College School of Medicine in 2011. Following foundation training, he has started core psychiatric training under the Maudsley scheme. He is currently working as a second year Core Trainee on the Lishman Unit – A tertiary inpatient service for patients with Brain Injury and Neuropsychiatric presentations.
Balint Groups for Medical Students: Benefits & Challenges. A Literature Review - Dr Alexandros Chatziagorakis

Dr Alex Chatziagorakis was born and raised in Thessaloniki, Greece. He studied Medicine there, and then moved to the UK to train as a Psychiatrist. Having completed his Foundation Training and Psychiatry Core Training in West Yorkshire, Alex is now an Academic Clinical Fellow Specialty Trainee in General Adult Psychiatry in Yorkshire & the Humber Postgraduate Deanery.

During his career, Alex has developed an - academic and clinical - interest in Psychotherapy and Medical Education. Alongside his clinical work and research, he has also been actively involved in teaching 2nd, 3rd and 4th year medical students at the University of Leeds and he set up a Psychoanalytic Film Discussion Club in Leeds.

An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification – Dr Anna Croxford

Not available at time of print

Meta-analysis of Brief Focused Psychological Interventions for Adults with Attention Deficit Hyperactivity Disorder - Dr Jinny McDonald

Dr Jinny McDonald is a mature psychiatry trainee who originally worked in the City of London. This has left me with a strong commitment to proper statistical analysis of all forms of data. My more recent training has introduced me to the importance of psychotherapy and the difficulties of such evaluation in this field. I was therefore delighted to take part in a meta-analysis of the efficacy of brief focussed psychological interventions for Adult ADHD.

Service use in patients with borderline personality disorder: before and after completing a day-hospital programme – Dr Sarah Dorrington

Dr Sarah Dorrington is an Academic Clinical Fellow currently working at the Intensive Psychotherapy Treatment Service (IPTS) at the Munro Centre, Guy's Hospital.

A five item screening questionnaire for hoarding disorder – Dr Louise English

Ms Louise English is a fourth year medical student at St George's University of London. I completed my intercalated BSc last year, and my research project was undertaken at Springfield University Hospital at the National OCD/BDD unit. My supervisor is Dr Lynne Drummond. My dissertation, which this poster and presentation is based on, examined the sensitivity and specificity of a Five Item Screening Questionnaire
for Hoarding Disorder. This screening tool has fantastic potential to identify individuals who present to general practice as well as psychiatric services, who may be at risk of suffering from Hoarding Disorder.

I have a special interest in Psychiatry; I have also completed a project at the OCD/BDD unit which examined Self-Harm and Suicidal behaviour in patients with Body Dysmorphic Disorder. I was the president of my university’s Psychiatry Society last year.

**Potential for Diagnostic and Predictive Markers of Clinical Response from Neuroimaging Studies in Depression** – Professor Cynthia Fu

*Not available at time of print*

**Borderline Personality in First Episode Psychosis – an evaluation of comorbidity rates in Wandsworth Early Intervention in Psychosis Service and pilot of an evidence-based** – Dr Jonathan Garabette

**Dr Jonathan Garabette** is currently ST6 Specialist Registrar in Medical Psychotherapy at Springfield University Hospital, South West London & St George’s Mental Health NHS Trust. Prior to his medical psychotherapy training he completed his CCT in General Adult Psychiatry, also at South West London and St George’s. Prior to this he trained on the Oxford and South London and Maudsley psychiatry training schemes. He is UCL-Partners Higher Specialist Trainee rep for Medical Psychotherapy pan-London. His research and clinical interests include investigation of the role of attachment and personality difficulties in Axis I disorders, the epidemiology and epigenetics of childhood adversity, and application of psychoanalytic knowledge to general adult psychiatry settings.

**Metabolising Difficult Doctor-Patient Relationships: Reflections on the Leeds Balint Group for Higher Trainees** – Dr Turlough Mills

Dr Turlough Mills is a Consultant Child and Adolescent Psychiatrist working in Leeds. She has a special interest in working with young offenders and also work in an intensive outreach service in Leeds. She has just completed a Masters in Foundation Psychodynamic Psychotherapy and am hoping to continue my training.

**New Perspectives in Diagnosis from Trainee Balint** – Dr Victoria Nimmo-Smith and Dr Katrina Graham

Dr Victoria Nimmo-Smith studied at the University of Bristol; intercalated in Neuroscience in 2008 and qualified with an MBChB in 2011. It was during the last year of medical school when her interest for psychiatry grew and she continued to pursue this after qualifying. Victoria has been working as a core trainee in Bristol and is in her second year of core training.
Dr Katrina Graham worked as an Account Manager for an International Marketing Agency after completing a BA in Comparative American Studies before retraining as a doctor in order to become a Child Psychiatrist. Since qualifying from Bristol Medical School in 2011 she has pursued her interests in both Psychotherapy & CAMHS by undertaking a number of projects which span both. She aims to become a higher trainee in CAMHS in 2016 and to continue to pursue her interest in Psychotherapy both at work within the family therapy realm, and privately in a Psychodynamic field.

The EFPT Psychotherapy Working Group and The Survey on Training in Psychotherapy 2013-2015 – Dr Alina Petricean-Braicu

Dr Alina Petricean-Braicu is currently a psychiatric trainee in Birmingham with a major interest in psychotherapy. Over the past few years I have been involved in improving the training of the young European psychiatrists as the chair of the Psychotherapy Working Group of the EFPT (European Federation of Psychiatric Trainees), in collaboration with other trainees and different organisations.

Neural effects of cognitive behavioural therapy on dysfunctional attitudes in depression – Dr Anjali Sankar

Dr Anjali Sankar is a PhD student at the Centre for Affective Disorders, Institute of Psychiatry, Psychology & Neuroscience. My research examines the effects of treatment, both psychotherapy and pharmacotherapy on brain regions affected by depression. My research also explores the possibility of applying machine learning techniques to neuroimaging measures for diagnosis and prediction of clinical response in depression.

Postmodernism in Psychotherapy: A Critical Appraisal – Dr Daniel Titheridge

Not available at time of print

Medical Psychotherapy Membership Engagement Survey – Dr Mustafa Alachkar

Not available at time of print

11:35 – 13:05
RESEARCH PLENARY
Chair: Ms Janet Weisz

11:35 – 12:05
Mindfulness-based cognitive therapy: A promising new psychological treatment

Professor Willem Kuyken

Professor Willem Kuyken is a research clinical psychologist. I earned my PhD from the Institute of Psychiatry, Kings College London, and my Doctorate in Clinical Psychology from the Salomon's Clinical Psychology Training Programme. I learned cognitive-behavioural therapy over two years as a
Postdoctoral Fellow at the Center for Cognitive Therapy, University of Pennsylvania / Beck Institute, working with Aaron T. Beck. Since the mid-1990s, my training in mindfulness-based cognitive therapy has included: participation in MBCT/MBSR workshops and retreats; supervision with John Teasdale, Trish Bartley and others; and support of my mindfulness practice in the insight/vipassana tradition from Christina Feldman and Catherine McGee.

From 1999 to 2014, I worked at the University of Exeter, where I held a number of roles including heading up the doctoral clinical psychology training programme (2001-2004) and leading the clinical research group (2001-2010). During my time in Exeter, I co-founded the Mood Disorders Centre, directing it through its formative years (2004-2012) and co-founded the Masters in Mindfulness-based Cognitive Therapies (2008). Since 2014 I have directed the Oxford Mindfulness Centre. I was awarded the May Davidson award for clinical psychologists who "have made an outstanding contribution to the development of clinical psychology within the first ten years of their work as a qualified clinical psychologist." I am a "grand-fathered" Fellow of the Academy of Cognitive Therapy.

My work focuses on depression and evidence-based approaches to depression. In particular, my research examines how mindfulness-based cognitive therapy can prevent depression and enhance human potential across the lifespan. Several studies have arisen out of this work that suggest MBCT as an alternative to maintenance antidepressants (Journal of Consulting and Clinical Psychology, 2008; Lancet, 2015), as well as a universal approach to preventing depression in adolescence (British Journal of Psychiatry, 2013). I am also interested in the interface of ancient wisdom traditions and contemporary science, in particular the role of compassion. I co-authored Compassion in the Landscape of Suffering, with Christina Feldman.

Another research focus is cognitive-behavioural therapy, with a particular emphasis on collaborative case conceptualization, the crucible where "science and art/practice“ come together. My work explores how therapists develop and share conceptualizations to enhance the effectiveness of therapy. I co-authored Collaborative Case Conceptualization: Working Effectively with Clients in Cognitive-behavioral Therapy, with Christine Padesky and Rob Dudley (2009). This book was described by Aaron T. Beck as “setting a gold standard for how to develop individualized case conceptualizations with our clients.” I have supervised and mentored more than 40 graduate students, many of whom have gone on to productive careers in research, teaching and the health service. My research has been supported by the National Institute for Health Research, Wellcome Trust, Economic and Social Research Council, NHS, Oxford Mindfulness Foundation, Medical Research Council and British Academy.
12:05 – 12:35

CATBiD: A phase one randomised controlled study of Cognitive Analytic Therapy for Bipolar Affective Disorder

Dr Mark Evans

Introduction
Bipolar disorder is a severe and enduring mental disorder with a lifetime prevalence estimated at about 1% for which there is little clear evidence of the efficacy of psychological treatments.

Aims
This pilot project evaluated the acceptability of cognitive analytic therapy (CAT) as a treatment for patients with bipolar disorder as well as various secondary outcomes. The evidence for its efficacy in reducing relapse, service use and symptoms are presented.

Methods
Study design was a randomised controlled trial. Participants in the active treatment arm of the trial received treatment as usual (TAU) plus 24 weekly sessions of CAT followed by four review sessions (at 1, 2, 3 and 6 months post therapy). Participants in the control arm of the trial (TAU) received usual care from their clinical team consisting of psychiatric outpatient appointments and community team support when required.

Primary outcome measures included: total number of CAT sessions completed and acceptability of the therapy using qualitative methodology. Secondary outcome measures include: no of relapses, use of community and inpatient mental health services and a variety of symptom measures (BDI, MADRS-Depression, Bech Rafaelson Mania Rating scale, CORE, Personality Structure Questionnaire) and a measure of work and social adjustment (WSAS).

The electronic health record system (AMIGOS) was used to review number and length of any admissions to inpatient wards, crisis resolution and Home Treatment teams or Assertive Outreach Teams. This record was also used to gauge the number of community team and outpatient appointments.

Results
The results of the acceptability of CAT as a potential treatment for Bipolar disorder together with results from secondary outcome measures will be presented.

Dr Mark Evans is a Consultant Medical Psychotherapist, Psychotherapy Training Programme Director and medical manager working in the Manchester Mental Health and Social Care Trust. He originally trained as a general practitioner and then became a lecturer in Psychiatry in Bristol before specialising in Medical Psychotherapy. As a psychotherapist he is trained in both Psychoanalytic Psychotherapy and Cognitive Analytic Therapy. He has always been active in research and topics have included the
management of deliberate self harm, teaching psychotherapy to psychiatrists and other doctors and the use of Balint group in medical education.

12:35 – 13:05  
**TaCIT: The Therapeutic Community Intervention Trial**  
Dr Steve Pearce

Democratic Therapeutic communities (DTCs) have a long history in the UK. Residential TC provision for personality disorder has gradually been replaced by community TCs. Despite the fact that TCs represent one of the most available, and the most long lived, intervention for PD in the UK, there have been no randomised trials carried out comparing DTC treatment with treatment as usual in a single location. Various reasons for this have been given.

This presentation will consider these objections before presenting design and initial results from TaCIT, an RCT of DTC treatment for PD being carried out in Oxford.

**Dr Steve Pearce** worked in general medicine before training in Psychiatry. He now works as a consultant psychiatrist and medical psychotherapist in Oxford, UK, where he runs the Complex Needs Service, a specialist service for people with personality disorders and related conditions. He is the editor of the International Journal of Therapeutic Communities, Chair of the Tier 4 PD Clinical Reference Group for NHS England, and outgoing President of the British and Irish Group for the Study of Personality Disorder.

14:00 – 15:15  
**PARALLEL WORKSHOP SESSION**

**W1 Mindfulness: an introduction to the practices**  
Dr Paramabandhu Groves

This will be an experiential workshop to introduce participants to key mindfulness practices. The workshop will explore how the practices are used in standard mindfulness treatments such as MBSR (mindfulness-based stress reduction) and MBCT (mindfulness-based cognitive therapy for depression).

**W2 Improving IAPT Model (1)**  
Professor Patrick Pietroni

One of the great achievements by the Department of Health (DH) in 2007 was the establishment of the Improving Access to Psychological Therapies (IAPT) programme. This followed the Layard Report on the economic impact of depression and anxiety in society (Centre for Economic Performance Mental Health Policy Group, 2006).
The core therapeutic modality chosen for this programme was cognitive behavioural therapy (CBT). Much of the concern and criticism from the psychotherapeutic organisations has been concerned with this sole method of intervention. There are however, significant benefits that have occurred as a result of the Layard Report which include:

- Redressing the balance after what has been chronic under-funding of mental health provision.
- Improving the profile of psychological therapies as a key component of mental health care and an effective alternative to antidepressant prescribing.

Steve Griffiths and his colleagues report on two outcome studies of the IAPT programme which challenge some of the published claims made by the National IAPT team as to both the efficacy and cost of their programme.

Not only are the “recovery rates” of patients referred to the IAPT programme (claimed to be 40% by the DH impact assessment team (DH, 2011) found to be much lower (12%), but the cost per session of CBT (claimed to be £55.20 (DH, 2011) is, as calculated by Griffiths, found to be £173.88.

The paper will outline how the original model for IAPT delivery could be improved and we report on the two pilot projects currently in progress.

**W3 Psychoanalytic Psychotherapy for people with Intellectual disabilities**

Dr David O’Driscoll & Dr Georgina Parkes

We explain the main technical differences used when working with people with intellectual disabilities. These are broadly applicable to most disability groups. We explain the disability psychotherapy model, the historical aspects including a link with President Kennedy of USA. We use an interactive model to demonstrating the techniques and question and answer sessions.

We also discuss the major differences and challenges you may encounter and above all we hope to inspire you in your work to feel able to adapt your own techniques when working with this client group.

**Dr David O’Discroll** works as a psychoanalytic psychotherapist specialising in loss and bereavement for Hertfordshire Partnership University NHS Foundation Trust. This involves individual and group work with service users as well as training and consultancy to staff teams. He is also a Research Fellow at Centre for Learning Disability Research, Hertfordshire University. He is joint conveyor for the learning disability section of the Association for Psychoanalytic Psychotherapy in the National Health Service (APP), founder member of the Institute of Disability and Psychotherapy (IPD) and is also a member of the Social History of the Learning Disability Research Group based at The Open University.
Dr Georgina Parkes has been a Consultant Psychiatrist in Intellectual disabilities for 8 years for Hertfordshire Partnership University Trust.

As a Specialist registrar I spent a significant period in a dual training post in both ID and medical psychotherapy at Springfield Hospital. Also for at least four years, I spent one day a week as an honorary psychotherapist working with Professor The Baroness Sheila Hollins and Dr Valerie Sinason at the Joan Bicknell Centre, part of Springfield Hospital, part of the south West London and St George's Hospital University Trust.

I was supervised by Sheila and Valerie to see patients with intellectual disabilities for psychoanalytic psychotherapy, both in groups, for short and long term individual therapy and for assessments for therapy. Both Sheila and Valerie are pioneers of this work and the model that I use which some call Disability Psychotherapy.

I now continue this work by providing the same supervision in a group setting initially in Harlow, Essex and now with David O Driscoll in HPFT for both CTs and STs. We have also been co therapists in long term group work using the same model.

I am an Educational and Clinical Supervisor for higher trainees and also teach medical students. I have been Chair of the Institute of Psychotherapy and Disability for 2 years and a trustee for 2 years prior to that. I am a co opted council member of the Association of Psychoanalytic Psychotherapy in the NHS.

We ran a successful joint HPFT and APP conference in Hatfield highlighting the use of psychoanalytic psychotherapy for this client group.

I was also a Medical lead for HPFT for four years until recently and am aware of the paucity of psychoanalytic thinking within NHS managers and of like minded people managing services -maybe a topic for future conferences?

W4 An A to Z of the future of medical psychotherapy training
Dr James Johnston & Dr Wendy Burn

An A to Z of the future of medical psychotherapy training will we hope stimulate thought and feeling by offering A to Z of the state of the art of psychotherapy training in psychiatry.

The presentation will acknowledge the limitations inherent in the educational task, using this very limitation as a platform for discussion about the aims of psychotherapy training in psychiatry.

A selection of some A to F themes in the psychotherapy zeitgeist will whet the appetite:

A Affects: analysis, anxiety and attitude
RCPsych: accessible, achievable and affordable
Dr Johnston will speak to the internal world level of psychotherapeutic psychiatry training experience and Dr Burn will speak to the external world level of contextualising psychotherapy training in the changing educational landscape.

The future of medical psychotherapy training in psychiatry is being delivered in the Thinking Cradle to Grave therapeutic education strategy of the Medical Psychotherapy Faculty Education and Curriculum Committee of the Royal College of Psychiatrists.

The aim of the Cradle to Grave strategy is to foster a therapeutic attitude in medical students, foundation doctors, core and advanced trainees and to maintain and develop this therapeutic attitude amongst consultant psychiatrists and specialty doctors.

The future of medical psychotherapy training would therefore help and be helped by the development of psychotherapeutic medicine because it will help foster psychotherapeutic psychiatry, with medical psychotherapy as a recruitment key and retention glue in sticking and developing therapeutically minded doctors in psychiatry.

Dr Wendy Burn became a Consultant Old Age Psychiatrist in Leeds in West Yorkshire in 1990 and currently works fulltime in a community post.

She has been involved in the organisation and delivery of postgraduate training since she started as a consultant. She has held many roles in Education including College Tutor, Training Programme Director, Director of Postgraduate Medical Education, Chair of Specialty Training committee and Associate Medical Director for Doctors in Training. She set up the Yorkshire School of Psychiatry and was the first Head of School.
On behalf of the College she has been an examiner, a Senior Organiser of clinical examinations, a Deputy Convenor, Regional Co-ordinator for CPD and the Deputy Lead for National Recruitment. She became College Dean in 2011.


He integrates psychoanalytic psychotherapy in psychiatry as a medical psychotherapist, bridging biological, social, cultural and psychological paradigms clinically, educationally and politically.

His central aim is to help to develop psychotherapeutic psychiatry.

He trained as a Psychoanalytic Psychotherapist with the North of England Association of Psychoanalytic Psychotherapists and is currently training as a psychoanalyst with the British Psychoanalytical Society.

He was vice chair of the British Psychoanalytic Council until 2012.

He was appointed Chair of the Royal College of Psychiatrists’ Medical Psychotherapy Faculty Education and Curriculum Committee in June 2011, aiming to stand down in July 2015.

In his role in the Medical Psychotherapy FECC he has developed and leads a Thinking Cradle to Grave medical student to consultant therapeutic education strategy for the Medical Psychotherapy Faculty. This extends beyond psychiatry to develop psychotherapeutic medicine, with a programme to offer psychotherapy experience in the form of Balint groups in every UK medical school by 2017.

15:45-17:00
PLENARY SESSION SEVEN
Chair: Dr Andy Soutter

15:45 – 16:45
The Place of Psychotherapies in the Treatment of Patients with Severe and Chronic Depression
Dr David Christmas, Dr Sue Mizen and Mrs Kathleen Yates

Mrs Kathleen Yates is a Top Grade Adult Psychotherapist, Advanced Interventions Service Department of Neuroscience, University of Dundee.

Kathleen Yates has worked as a psychoanalytic psychotherapist in the NHS since 1990 and with the Advanced Interventions Service since 2003. Prior to this she worked as a mental health worker/psychotherapist in a Community Mental Health Project for Young People. She has worked for NHS
Tayside since 1995. Between 1996 and 1998 she also worked on the Edinburgh Project: A Pilot Study for Psychotherapeutic Treatment of Borderline and Severe Personality Disorders. She a UKCP registered psychotherapist.

**Dr David Christmas** is a Consultant Psychiatrist in the Advanced Interventions Service, a Scottish National Specialist Service for the assessment and treatment of chronic, treatment-refractory depression and Obsessive-Compulsive Disorder (OCD). He works in Dundee and has been in his current post since 2006. Prior to this, he was a clinical lecturer in the University of Dundee (2003-2006), and he did his basic specialist training in Forth Valley.

His research interests include the neuroimaging of mood disorders, and the neurosurgical treatment of chronic, treatment-refractory mood disorders and OCD. He often speaks about the use of antidepressants, the management of treatment-refractory mood disorders, and the importance of evidence-based approaches to the treatment of mental disorder.
1. Medical Psychotherapy Membership Engagement Survey

Dr Mustafa Alachkar, SpR in Psychotherapy and General Adult Psychiatry, Dr Mark Evans, Consultant Psychiatrist in Psychotherapy and Manchester Mental Health and Social Care Trust

Aims:
To explore the Medical Psychotherapy Faculty members’ views on issues related to the Faculty, its newsletter and conference.

Methods:
Using Survey Monkey, we asked members of the Faculty questions related to the above.

Results:
- Survey e-mailed to 4369 members of the Faculty. 224 members responded. (5% return only).
- Respondents stated that they joined the Faculty because ‘they practice psychotherapy in their core role’ (63%), ‘to stay informed about the psychotherapy developments’ (63%) and ‘to hear about relevant CPD events’ (46%).
- In terms of what members find useful about being a member of the Faculty, 61% said it is receiving the newsletter, 58% said it is notice of the Faculty conference, 23% said ‘very little’.
- 77% of respondents read the Faculty newsletter and 86% of those find it useful especially to keep up-to-date with developments within the Faculty and the NHS. Some said that the newsletter is “not very interesting”, or it needs to be “less Londoncentric”, whereas others thought “it is thought-provoking and educational”.
- 57% of respondents have never attended the Faculty conference, 28% have attended it once and about 10% have attended it twice. When asked what would encourage them to attend the Faculty conference, some referred to practicalities related to the location, timing and cost of the conference. Others pointed to the choice of speakers and topics, whereas others preferred the conference to have more experiential and reflective sessions. “It’s too psychoanalytic”, one member commented, whereas others felt it needs to emphasize the role of neuro-psychoanalysis and relationships with other branches of psychiatry.
- The majority (83%) of respondents like the idea of holding the conference jointly with other College faculties or other Royal Colleges.

Conclusions:
The responses received from members reflected a variety of views regarding their interest in the Faculty, its newsletter and its conference. The majority seem to appreciate the role that the Faculty plays in “Maintaining psychoanalytic thinking in a psychotic NHS” as one member put it.
2. An Integrated Biopsychosocial View of Childhood Maltreatment, Attachment and Psychosis

Dr Victoria Barker ST6, Division of Psychiatry, University of Edinburgh; Dr Andrew Gumley, Institute of Health and Wellbeing, University of Glasgow; Dr Matthias Schwannauer, Division of Psychiatry, University of Edinburgh; Prof Stephen Lawrie, Division of Psychiatry, University of Edinburgh

There is now a well-established link between childhood maltreatment (CM) and psychosis. The hypothalamic-pituitary adrenal axis and stress response have been implicated as mediating this relationship. Certain components of this pathway have been linked to CM and implicated in the development of psychosis including oxytocin, brain derived neurotrophic factor (BDNF) and the glucocorticoid receptor (GR). Epigenetic changes enable external environmental factors to influence long-lasting phenotypic change. Epigenetic variations in oxytocin, BDNF and GR have been suggested as being involved in the mechanisms mediating the long-term influence of early adverse experiences. Attachment can be seen as reflective of early care experiences. Maltreated children are more likely to be insecurely attached and to show a disorganised pattern of attachment than those who have not experienced CM. Individuals with psychosis more commonly have insecure-avoidant/dismissing attachment styles also. This attachment style has been found to relate to higher levels of positive symptoms in those with chronic schizophrenia or schizoaffective disorder and to poorer symptomatic recovery prospectively in individuals with first episode psychosis. Oxytocin is well established as being associated with attachment and enhances the experience of attachment security. Here, we propose a pathway linking the experience of CM and attachment with biological changes in the brain related to psychosis and suggest mentalization based treatment (MBT) as an intervention which re-establishes a secure attachment relationship and may potentially reverse these CM induced epigenetic changes in the stress response pathway in those with psychosis.

3. The importance of family dynamics with children and adolescents who suffer from medically unexplained symptoms

Dr Anthony Brown CT2, South London & Maudsley NHS Foundation Trust; Dr James Smith, Central & North West London NHS Foundation Trust; Dr Nitisha Patel, Camden & Islington NHS Foundation Trust

Aims:
A literature review was conducted to investigate the management of medically unexplained symptoms (MUS) in children and adolescents, focussing on the positive and negative effect of parental influence. This study aims to consider these issues when identifying factors which could influence treatment success.

Background:
The use of the term MUS was coined in the early 1990s by Professor David Goldberg. The Royal College of Psychiatry cites about 1 in 3 people who see their GP have such symptoms. Traditionally, the support of one's family in a patient's care has been considered vital, however recent research also suggests an
association between parents' own anxieties and ill health with their children's MUS. Further investigation is required to assess the beneficial and detrimental effects of parental involvement.

Methods:
MEDLINE, Embase, CINAHL and PsycINFO were systemically searched to find appropriate studies. The keywords used to identify papers were 'medically unexplained symptoms', 'somatization', 'family', 'parents' and 'children'. Each paper was reviewed systematically using thematic analysis.

Results:
19 papers were identified and discussed. There were five main themes: parents as a source of support, family illness identified as a precursor for children with MUS, parental psychiatric diagnoses as a risk factor for MUS in children, parental excessive concern with the child's symptoms and the family imposing realistic goals and boundaries upon children with MUS.

Conclusions:
Whilst the diagnosis and management of MUS remains complex, evidence suggests parental influences can facilitate the development of MUS in children. Considering the child as a product of a home environment which predisposes to MUS may lead to increased treatment success. Efforts should be directed at identifying and treating parental physical or mental disorder, acknowledging life adversities affecting any family member, as well as managing household health anxieties and help seeking behaviour.

Dr Alexandros Chatziagorakis CT3, South West Yorkshire Partnership NHS Foundation Trust

Aims & Hypothesis:
Research on Balint groups for medical students is limited. Aim of this review is to examine the impact of Balint group participation on medical students. Primary objective is to examine whether and how medical students benefit from participation in Balint groups. Secondary objectives are to identify any challenges associated with medical student Balint group participation and to identify gaps in existing literature that would inform future research.

Background:
In many countries, Balint groups are part of the curricula for training in Psychiatry and General Practice. However, very few universities have introduced Balint groups into their medical student curricula. The UK Medical School Psychotherapy Scheme Working Group established in June 2014 has begun to establish or plan student psychotherapy schemes in 12 medical schools across the UK. The aim is to establish Balint groups in all 45 UK medical schools by 2017.

Methods:
The following databases were searched: PubMed, PsycINFO, EMBASE, CINAHL, AMED, BNI, HBE and HMIC. Following this initial search, titles and/or abstracts were screened in order to identify relevant papers. These were acquired in full and evaluated for eligibility. References from all eligible papers were also searched by hand. A data extraction form was used to extract data from all eligible papers. Heterogeneity allowed only for qualitative synthesis and analysis.

Results:
Overall, Balint groups have been well-received by medical students. Specific benefits include better understanding of the doctor-patient relationship, emphasis on the psychological aspects of care, increased empathy and contribution towards professional growth. However, there have also been challenges and limitations. Some students have questioned their relevance to their clinical practice, while others found it difficult to get accustomed to the process. Limited opportunities for sustained clinical contact with patients and some students’ immaturity have also been identified as potential challenges.

Conclusions:
There is currently limited research on Balint groups for medical students. However, existing evidence suggests that they can be beneficial. Rigorous research is required in order to systematically evaluate them.

5. Core Psychiatry Trainees' Perception of Homophobia in Psychoanalytic Psychotherapy Survey

Dr Alexandros Chatziagorakis CT3, South West Yorkshire Partnership NHS Foundation Trust & Dr Gearoid Fitzgerald Leeds & York Partnership NHS Foundation Trust

Aims & Hypothesis:
The aim was to gather opinions from Core Psychiatry Trainees about their experience of Psychoanalytic Psychotherapy (PAP) and to explore whether they find it homophobic.

Background:
In 2009 the Royal College of Psychiatrists revised the curriculum for psychiatric training to include psychotherapy elements into the core curriculum. Trainees are now required to provide evidence of treating patients psychotherapeutically. Psychoanalytic theory has largely viewed homosexuality as immaturity or pathology. Psychoanalytical theory and practice have not been able to successfully integrate homosexuality into themselves and this has had significant consequences both on clinical practice and training.

Methods:
This was a cross-sectional questionnaire survey. The participants were Core Psychiatry Trainees in Leeds and Wakefield Training Scheme (current or previous) who had undertaken a Psychoanalytic Psychotherapy case within the last 5 years under the supervision of Psychoanalytic Medical
Psychotherapists working in the Department of Psychotherapy in Leeds. The study was done via an internet-based questionnaire survey. Simple descriptive statistics were used to analyse the results.

Results:
Most trainees do not find PAP homophobic in theory, practice or supervision. A minority of trainees considered PAP as homophobic prior to their undertaking a case and none following their undertaking a case. Some trainees find that their experience of PAP has broadened their views on their sexuality.

Conclusions:
A minority of respondents considered Psychoanalytic Psychotherapy as homophobic prior to their undertaking a case but none did so following their undertaking a case. Respondents who found PAP homophobic did so in theory rather than in practice or supervision. This shows that the prevailing psychoanalytic views of homosexuality as immaturity or pathology are not shared by the majority of the Core Psychiatry Trainees. Furthermore, there is some evidence that their experience of Psychoanalytic Psychotherapy has actually enabled them to perceive it as less homophobic as previously considered and it certainly has not been regarded as a negative one in relation to this issue. This may have a positive impact on trainees’ choice of future career pathways but warrants further investigation.

6. Setting up the Leeds Psychoanalytic Film Discussion Club

Dr Emily Williams & Dr Alexandros Chatziagorakis CT3, Leeds & York Partnership NHS Foundation Trust

Aims:
In November 2013 the authors set up the Leeds Psychoanalytic Film Discussion Club in order to encourage psychoanalytical thinking and discussion through the media of film.

Background
Psychoanalytic Film Discussion Clubs are well established in various parts of the country and abroad. However, there was none in Leeds. The authors’ passion for cinema and psychoanalysis was the driving force behind their initiative to set this club.

Methods:
The club runs monthly with advertising starting at least 3 weeks in advance. We advertise to Core and Higher Trainees in Psychiatry as well as GP trainees and Foundation Year doctors currently working in Psychiatry in Leeds. However the door is open to anyone with an interest in analytical thinking (e.g. medical students and psychologists). Each film discussion is led by a psychoanalyst who presents his or her interpretation of the film.

The films themselves are short films, around 30 minutes duration. We start with viewing the selected film and we then discuss it from a psychoanalytic point of view.
The club is hosted at the authors’ homes in order to create a comfortable atmosphere conducive to free association. We encourage each attendee to bring something by way of food or drink as it is held during the evening so that we can have some ‘food for thought’.

Results:
Each month brings a different group of attendees together with there being some regular attenders and those just trying it out. So far the club has been a success and we have had a lot of positive feedback from the majority of attendees who generally feel more attuned to psychoanalytical thinking.

Conclusions:
The Leeds Psychoanalytic Film Discussion Club illustrates the power of film to promote psychoanalytical thinking among trainees in Psychiatry. We encourage similar initiatives to be widely introduced and offered in order to supplement psychoanalytic training for Psychiatry trainees.

7. An exploratory qualitative study seeking participant views evaluating group Cognitive Behavioral Therapy preparation for alcohol detoxification

Dr Anna Croxford CT3, Camden and Islington Mental Health Trust, London; Dr Caitlin Notley, School of Medicine, Health Policy & Practice, University of East Anglia, Norwich; Ms Vivienne Maskrey, School of Medicine, Health Policy & Practice, University of East Anglia, Norwich; Prof Richard Holland, School of Medicine, Health Policy & Practice, University of East Anglia, Norwich; Dr Christos Kouimtsidis, Surrey and Borders Partnership NHS Foundation Trust, iHEAR, Pharmacia House, London

Aims:
There is a strong consensus that detoxification from alcohol should be planned. Six sessions of Group Cognitive Behavioral Therapy as structured preparation for detoxification for alcohol dependence have been developed and evaluated. To our knowledge this is the only structured preparation intervention reported in the literature. The aim of this study was to provide a client centered evaluation of this intervention to build upon initial quantitative evidence.

Methods:
Eleven telephone and two face-to-face qualitative interviews were conducted in four community alcohol teams in South England. Detailed inductive coding, and coding around CBT concepts, of all transcripts was undertaken. Participants were purposively sampled after completion of the six-week group intervention.

Results:
Key benefits of group attendance from the participant perspective included not feeling “alone”, being supported by, and supporting peers. Participants demonstrated self-efficacy and coping strategies for reducing drinking and managing high-risk situations. Some reported pre-group anxiety, or difficult group
experiences due to disruptive clients.

Conclusions:
Although the study has limitations, the intervention appears to be well accepted, and appears to prepare participants for detoxification. These exploratory findings suggest that both generic groups as well as theory specific factors are important. Effectiveness and cost-effectiveness of the intervention need to be further assessed.

8. Meta-analysis of Brief Focused Psychological Interventions for Adults with Attention Deficit Hyperactivity Disorder

Dr Vijay Delaffon CT, Kent and Medway NHS and Social Care Partnership Trust; Mrs Evridiki Anagnostara, Kent and Medway NHS and Social Care Partnership Trust; Dr Christine McGrady, Kent and Medway NHS and Social Care Partnership Trust; Dr Pramod Menon, Kent and Medway NHS and Social Care Partnership Trust; Dr Daniel Chetcuti, Kent and Medway NHS and Social Care Partnership Trust; Dr Annabel McDonald

Aims:
Psychological interventions are available for Adult Attention Deficit Hyperactivity Disorder. Their efficacy has been demonstrated in small studies with a range of interventions and varying methodology. This meta-analysis seeks to evaluate the efficacy for treating adult ADHD patients with brief focused psychological interventions.

Methods:
A literature search of electronic databases was carried out using a defined search strategy. Published Randomized Controlled Trials investigating the efficacy of brief psychological interventions for patients with adult ADHD were identified. Relevant data was extracted and analyzed with the Cochrane Review Manager (RevMan) statistical package to establish pooled estimates.

Results:
The search strategy identified a potential 219 papers of which 9 studies were included in the meta-analysis. Analysis produced positive and statistically significant results favoring brief psychological interventions (Standardised Mean Difference = -0.48 (95% CI -0.67 to -0.30)). The positive and statistically significant result favouring brief psychological interventions remained after excluding studies with self-reported outcome measures (Standardised Mean Difference = -0.55 (95% CI -0.77 to -0.33)). Adjustment for publication bias did not change the significant positive result.

Conclusions: Brief focused psychological interventions produce small but significant improvement in adults with ADHD when used as a stand alone or as adjuvant treatment to pharmacotherapy. Further research is needed to fully explore the overall benefits of brief focused psychological interventions particularly on co-morbid conditions. Better evidence is needed to support the use of psychological
interventions for those adults with ADHD who experience residual symptoms despite pharmacotherapy or those who are intolerant of medication.

9. Service use in patients with borderline personality disorder: before and after completing a day-hospital programme

Dr Sarah Dorrington CT3, Intensive Psychological Therapy Service, South London and Maudsley NHS Trust; Dr Elinor Hynes, Intensive Psychological Therapy Service, South London and Maudsley NHS Trust; Dr Anna Barnes; Dr Caroline Biddle; Dr Louise Murphy; Dr Angel Santos

Aims:
A comparison of service use by patients with borderline personality disorder before and after attending a day-hospital programme in South London.

Methods:
We selected 21 patients who had completed the intensive psychological therapy service (IPTS) programme between 2007 and 2013. We compared their contact with services before attending IPTS with their contact with services in the two years after completing the IPTS program. A positive change was a reduction in acute and CMHT service use after attending IPTS, a negative change was an increase in emergency and CMHT service use.

Findings: We found 11 positive changes, 3 negative changes and 8 with no change.
Comments: This small service evaluation points to a need for a more nuanced and indepth understanding of the impact of intensive psychotherapy on long term service use and its cost effectiveness.

10. A five item screening questionnaire for hoarding disorder

Miss Louise English Med Stu, SGUL; Dr Lynne Drummond, SW London and St George's Mental Health NHS Trust

Aims and hypothesis:
The aim of this study was to conduct preliminary validation of a self-administered five item screening questionnaire for Hoarding Disorder.

Background:
Hoarding disorder has been estimated to affect 2-5% of adults during their lifetime. It is a chronic condition, which tends to manifest as a clinical problem later in life. It is defined as acquisition and failure to discard objects of little value or use. This results in heavily cluttered living spaces, making them unusable. This condition is very disabling and accidental fatalities have occurred.
Although there are instruments which measure the severity of Hoarding Disorder, there is a lack of a simple- self-administered screening questionnaire for the condition. This study therefore chose to conduct preliminary validation on the HOARD Questionnaire, which is a five-item, binary response, screening questionnaire for Hoarding Disorder. It has been developed at the National and Trustwide OCD/BDD Service, South West London and St George's Mental Health NHS Trust.

Method:
Patients treated by the National and Trustwide Service for OCD/BDD, were asked to complete the HOARD questionnaire. All patients’ responses were compared with their diagnosis of Hoarding Disorder which was made following observation and interviews in their home by specialist mental health workers.

Results:
Fifty-two patients completed the questionnaire, five of whom, had significant Hoarding Disorder on clinical assessment. Using a score of 3/5, the HOARD identified three of these five patients (false positive result in 13/52) (sensitivity 60.0% and specificity 72.3%).

Conclusions:
Further investigation with a larger number of subjects is necessary before the use of the HOARD can be advocated widely. This preliminary investigation suggests it is an easy to use, sensitive and specific tool, which may have a future role in early identification of individuals at a risk of developing Hoarding Disorder.

11. Potential for Diagnostic and Predictive Markers of Clinical Response from Neuroimaging Studies in Depression

Prof Cynthia Fu Consultant, School of Psychology, University of East London; Ms Anjali Sankar, Centre for Affective Disorders, Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King’s College London; Dr Herbert Steiner, East London NHS Foundation Trust; Dr Sergi Costafreda, Faculty of Brain Sciences, University College London

Aims:
Structural and functional magnetic resonance imaging studies have sought to delineate the neural networks underlying depression and to investigate the effects of treatment. Understanding the neurobiological mechanisms that contribute to the pathogenesis of depression may provide models to aid in the development of biomarkers for diagnosis, prognosis and response prediction. However, for an individual patient, it is still not possible to predict his or her clinical response before the initiation of treatment.

Methods:
We performed a meta-analysis of neural predictors of response to psychological and pharmacological therapies in major depressive disorder. Investigations of positron emission tomography (PET) or functional or structural magnetic resonance imaging (MRI) scans prior to the initiation of treatment were reviewed. Results of 20 studies from 15 independent samples were included in the functional imaging meta-analysis and 9 studies from 6 independent samples in the structural neuroimaging meta-analysis.

Results:
Regional activations with prognostic value include the well replicated finding that increased baseline activity in the anterior cingulate is predictive of a higher likelihood of improvement. As well, increased baseline activation in the insula and striatum is associated with higher likelihood of a poorer clinical response. Structural neuroimaging studies indicated that a decrease in right hippocampal volume is a statistically significant predictor of poorer treatment response.

Conclusions:
Longitudinal studies have most commonly examined the effects of antidepressant treatments, while there have been fewer studies of psychological treatments. Proposed mechanisms of the effects of cognitive therapy and findings from functional MRI studies reveal concordant as well as distinct effects in comparison with pharmacological therapy. In order to translate these findings into clinical applications, it is important to identify biomarkers with high predictive accuracy at the individual level.

12. Borderline Personality in First Episode Psychosis – an evaluation of comorbidity rates in Wandsworth Early Intervention in Psychosis Service and pilot of an evidence-based psycho-educational group

Dr Jonathan Garabette ST6, South West London & St George’s Mental health NHS Trust; Dr Sarah Mansfield, South West London & St George’s Mental health NHS Trust; Katie Bogart, South West London & St George’s Mental health NHS Trust

Aims:
The aims for this project are: i) to collect data regarding the local rates of comorbid borderline personality disorder or traits in First Episode Psychosis patients under the care of the Wandsworth Early Intervention in Psychosis Service (EIS); ii) to review for this “EIS-BPD” population symptom a) severity scores, b) economic costings and service use, and c) the perceived usefulness and relevance of an existing psycho-educational resource for patients with BPD or BPD traits.

Methods:
Identification of estimated prevalence rates of BPD in the Wandsworth EIS caseload was conducted in two steps – i) identification of “likely-BPD” cases via case-note keyword search, screening of current and past diagnoses and care-coordinator report and ii) assessment of this “likely-BPD” group using the MSI-BPD screening instrument with a cut-off 7/10 to give an estimated prevalence rate of EIS patients with BPD or significant BPD traits – “EIS-BPD” patient.
A subset of EIS-BPD patients were invited to participate in a psychoeducational group, and further symptom severity scales were completed. This psychoeducational group is a Mentalisation Based Treatment introductory (MBTi) group run in the Wandsworth complex Needs Service for patients with BPD or BPD traits. Qualitative and quantitative feedback of patient experience of the group will be collected upon its completion.

Results:
Our provisional results indicate that approximately 15% of EIS patients were identified as "likely-BPD" cases. Although the MBTi group is currently not yet completed, initial feedback from EIS-BPD patients suggest that such a psycho-educational resource can be relevant and useful in their recovery. (Further results to be available at the time of the conference.)

Conclusions:
There appears to be a small but significant subgroup of EIS patients who have comorbid BPD or BPD traits. Details of how this comorbidity affects their patient journey and recovery require further investigation. Provision of an MBT psychoeducational group may be a useful resource for these patients and may help provide links into structured MBT treatment programmes for some patients.


Dr Turlough Mills Consultant, Leeds Community NHS Healthcare Trust

Summary
This paper describes a Balint group in Leeds which is unique in the country for being aimed at Higher Level trainees. The experience has been so useful that the group has concluded that this should be an integral part of all Higher training schemes. The paper discusses two cases brought to the group which illustrate some of the challenges faced by trainees at this level of their training. It also aims to inform the reader of the need for such an experience for higher level trainees. The cases presented were experienced by the doctors involved as troubling and disturbing to their sense of self. The Balint Group provides a safe environment for discussion of the most disturbing cases, especially those which involve a hard-to-bear countertransference, and as such, fosters ongoing personal development. Standard supervisory models are considered unable to provide such a space. The Leeds group, which is made up of trainees from all specialties, rate the Balint experience as one of the most important in their professional lives.


Dr Vishal Mittal ST4, South West London and St George’s Trust; Dr Jale Cilasun, South West London and St George’s Trust
Introduction
The Wandsworth Complex Needs Service is a specialist service providing the assessment and treatment of adults with personality disorder. The service uses Mentalisation Based Treatment, an 18 month treatment programme of one individual and one group session per week.

Aims:
To assess if the Service is meeting its Key Performance Indicators (KPIs).
The KPIs for the service are:
- A reduction in admissions and occupied bed-days for service users (SUs)
- A reduction in use of emergency services

Methods:
Data was collected from a review of SU electronic records. Data was analysed for the 25 SUs who commenced treatment between September 2012 to September 2013. A ‘like for like’ analysis of the data for the SUs was carried out i.e. each SUs before data was compared to their own data in the reporting period. The ‘before’ data refers to one year prior to the start of treatment. The ‘after’ data refers to the period between the start of treatment sessions up till 12 December 2014. The length of time in ‘after’ is not equal for all SUs but all SUs had been in treatment for at least 15 months.

Results:
1. Bed days were reduced by 66% from a total of 327 at one year prior to the start of therapy, to a total of 91 in the reporting period. A saving of 236 bed days in total.
2. The number of psychiatric inpatient admissions were reduced by 61% - from 18 admissions ‘before’ to 7 admissions ‘after’.
3. The acts of deliberate self-harm were reduced by 36%.
4. Liaison psychiatry contacts were reduced by 78% - from 40 to 9.
5. Contacts with Crisis Teams were reduced by 63% - from 30 contacts to 11.
6. Medication use was reduced by 32%.

Conclusions:
In relation to the KPIs the service evaluation demonstrates:
1) A reduction in admissions and occupied bed-days
2) A reduction in use of emergency services

For the future to put in place systems for capturing all CORE and WSAS data, and improving self-harm documentation.
15. New Perspectives in Diagnosis from Trainee Balint Groups
Dr Victoria Nimmo-Smith CT2, Avon and Wiltshire Partnership; Dr Katrina Graham, Avon and Wiltshire Partnership

Traditionally, Balint Groups have been considered helpful to broaden the thinking of participants by providing a safe and secure space to reflect together. This thinking often centres around the doctor-patient relationship, but also allows the unique practice of introspection out loud and provision of a space to unconditionally engage with the patient’s narrative in a different way, offering a plethora of alternatives to the more traditional biomedical model.

Having participated in a Balint Group for over eighteen months now, our experience would support this. However, we feel there is also something more: The product of insightful listening and less rigid thinking can sometimes bring to light important aspects of cases that would not otherwise be considered. This often occurs by illuminating gaps in the available narrative and allowing reference to be made to the real or projected, and helpful or uncomfortable aspects of the case; supporting the old adage that the whole body of pooled knowledge trainees bring to the group is other and perhaps even greater too, than the sum of its parts.

We cite the example of a carer who apparently inexplicably seemed to dominate the narrative when a patient was brought to Balint Group. The process of examining the case in a different way resulted in an intangible feeling of fragmentation and unease within the group. The shared process of reflection on this then gave space to allow a formulation around the carer to develop – something which would never have occurred in the medical consultation room. This prompted further exploration of the carer’s mental state at subsequent encounters, also shared with the group; and resulted in his latent psychosis being exposed and ultimately appropriately addressed. Facilitating a more holistic approach to the care of both patient & carer alike, this outcome also yielded a sense of achievement for the doctor bringing the case, and the group as a whole. In our experience, this was not a unique outcome from Balint Groups.

Dr Alina Petricean-Braicu CT3, Birmingham and Solihull Mental Health Foundation Trust; Dr Robert Klotins, Tavistock Clinic

“A working knowledge of psychotherapy is an integral part of being a psychiatrist and this must be reflected in training in psychiatry. All trainees must gain the knowledge, skills and attitudes to be competent in psychotherapy.
Training in psychotherapy must include supervision by qualified therapists. A personal psychotherapeutic experience is seen as a valuable component of training. It is crucial that trainees have access to relevant psychotherapy experience to cater to the needs of the appropriate patient group that the trainee is dealing with or is expected to deal with, in the future.” (EFPT statements on Standards of Psychiatric Training)

The European Federation of Psychiatric Trainees (EFPT) is an independent federation of psychiatric trainee associations, and is officially recognized in Europe. The Federation serves the European psychiatric trainees in all branches of psychiatry.

Psychotherapy was identified as a deficient area and EFPT is looking into improving and harmonizing training in psychotherapy across Europe. For this, the EFPT Psychotherapy Working Group is carrying out a Survey on Training in Psychotherapy for the European Psychiatric Trainees, which explores the level of satisfaction of European psychiatric trainees with their training in psychotherapy.

This survey will be carried out in 35 European countries, and 17 countries were already enrolled: Albania, Belgium, Bosnia-Herzegovina, Bulgaria, Estonia, Finland, France, Germany, Greece, Israel, Italy, Latvia, Lithuania, Netherlands, Malta, Romania, Spain. Preliminary results were also presented in three different conferences in September 2013 in Greece and Romania.

The EFPT Psychotherapy Working Group will carry out The Survey on Training in Psychotherapy for the European Psychiatric Trainees in United Kingdom between March-April 2015, in collaboration with The Psychiatric Trainees' Committee of The Royal College of Psychiatrists.

17. Neural effects of cognitive behavioural therapy on dysfunctional attitudes in depression

Miss Anjali Sankar PhD, Centre for Affective Disorders, Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King’s College London; Prof Jan Scott, Department of Psychological Medicine, University of Newcastle; Mr Adrian Paszkiewicz, Faculty of Medicine and Health Sciences, University of Nottingham; Dr Vincent Giampietro, Centre for Neuroimaging Sciences, Institute of Psychiatry, Psychology & Neuroscience, King’s College London; Dr Herbert Steiner, East London NHS Foundation Trust; Prof Cynthia Fu, School of Psychology, University of East London

Aim:
Dysfunctional attitudes are a feature of depression which has been correlated with receptor binding abnormalities in limbic and cortical regions. We sought to investigate the functional neuroanatomy of dysfunctional attitudes in major depressive disorder (MDD) and the effects of treatment with cognitive behavioural therapy (CBT).

Method:
Participants were 16 patients with unipolar depression in an acute depressive episode (mean age 40.0 years) and 16 matched healthy controls (mean age 39.9 years). Patients were medication free and received a course of treatment with CBT. All participants underwent functional MRI scans at baseline and at week 16, prior to the initiation of therapy and following the course of CBT for patients. During each fMRI scan, participants indicated their attributions to statements from a modified Dysfunctional Attitudes Scale (mDAS-48).

Results:
MDD patients in an acute depressive episode endorsed a greater number of extreme responses to DAS statements, which normalised following CBT treatment. Extreme attributions were associated with greater activation in the left hippocampal region, inferior parietal lobe and precuneus in MDD patients as compared to healthy controls as a main effect of group. An interaction effect was found in the left parahippocampal region, which showed less attenuation in MDD patients at the follow up scan relative to healthy controls.

Conclusions:
Attenuation of activity in the parahippocampal region may be indicative of an improvement in dysfunctional thinking following CBT treatment in depression, while persistent engagement of regions involved in attentional processing and memory retrieval with extreme attributions reflect a trait feature of depression.

Dr Daniel Titheridge FY2, Milton Keynes Hospital NHS Trust

Further to work presented at last year’s conference we present a critical analysis of the application of postmodernism to the field of psychotherapy. There exists a small body of literature on this topic with the prevailing body of work lying in the fields of family and narrative therapy.

Within the field of psychotherapy the issues of the postmodern world already exist. Pluralism of theory is rife; relativism is inherent in modernist psychologies; context is underappreciated. Whilst family therapy and narrative therapy embrace components of postmodernism, I believe they fall short of achieving its potential. More concerningly we find reference to eclecticism as a postmodern force in psychotherapy, yet the eclectic approach seldom has an underlying theoretical coherence.

Postmodernism is dismissed as a rejection of universal truth, yet this does not mean that postmodern thought rejects criticality. Given the plurality of psychological approaches and scientific rules, the postmodern agent relies on their reflective ability to move and judge across both a multiplicity and heterogeneity of language games. The process of postmodern critical thought is akin to aesthetic judgement, and through this we are able to reconstitute modernist structures into a postmodern framework.
Using postmodernism as a base on which to build a structure is the approach taken by the family and narrative therapies. The proponents of such a structure should remain aware that their actions are either paradoxical or ironic, depending on whether they are elevated to the level of truth. Postmodernism at its best represents not the end of modernist thought, but the extension of modernism to its logical conclusions. The application of postmodernism to psychotherapy should not to be taken lightly as it can lead as equally to nihilism as it can to positive constructivism.

If we are too lost in rigid theoretical structures we run the risk of losing sight of the human condition we work with. In the words of William Blake ""If the doors of perception were cleansed every thing would appear to man as it is, Infinite. For man has closed himself up, till he sees all things thro' narrow chinks of his [theoretical] cavern.""
HISTORICAL CHILD SEXUAL ABUSE FOCUS GROUP

Friday 24 April

Lunchtime Meeting

In February 2015, the Psychotherapy Faculty Executive formed a small task group to consider the impact and effects of Historical Childhood Sexual Abuse (HCSA) on adults to inform a wide-ranging multi-partner strategic approach to this important issue.

A paper was drafted and distributed to the Executive asking for comments, which have been received and discussed, and the document now forms a part of the Executive’s operational strategy.

For our next step, we would like to open the discussion to a wider audience to consider how to take forward the strategy outlined in the attached document. We therefore invite anyone with an interest in this area to attend the consultation meeting on Friday 24th April 2015 at 13.10pm in room 1.1 and we look forward to delegates' contributions.

Dr Maria Eyres, Consultant Medical Psychotherapist
Dr Joanne Stubley, Consultant Medical Psychotherapist
Co-chairs of HCSA Focus Group
Courses that may be of interest to you ..... 

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**Working with Long Term Physical Illness & Medically Unexplained Symptoms**  
Using the five areas assessment CBT model to help patients improve

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<td>Professor Chris Williams</td>
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<td>Audience</td>
<td>The day will be relevant to all clinicians who work with patients who have prolonged physical illnesses and medically unexplained symptoms, for example, GPs, Psychiatrists, Psychologists, Nurses, Occupational Therapists, and Physiotherapists</td>
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Please visit [http://rcpsych.ac.uk/traininpsychiatry/conferencestraining/courses.aspx](http://rcpsych.ac.uk/traininpsychiatry/conferencestraining/courses.aspx) for further information