



**Vendor for Mental Health and Substance Abuse Treatment Services
Bureau of Correctional Healthcare Services
Delaware Department of Corrections**

**Psychosis Seminar: Experience and Care
Summer 2017**



Annotated Syllabus

Tuesday 1415-1515

RTC Director's office (MHU admin area)

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This seminar serves as an introduction to a constellation of human experiences referred to as “schizophrenia” or “psychosis.” The lived experiences of people who become psychotic, or are referred to by others as psychotic, will be emphasized. An approach to facilitative participation in the lives of some psychotic persons that is trauma-informed and recovery-oriented, and integrates existential, psychoanalytic, and cognitive psychological traditions, will be considered. Seminar participants will have the opportunity to relate their direct clinical experiences with readings from relevant bases of literature in weekly small group discussions. Readings will be emailed out to participants on Tuesday evenings. A poem expressive of the participant's experience in the seminar will be shared in the last session.

CE credits for successful completion available upon request.

Psychosis?

“The real understanding is not a simple abstraction, but specific understandings of specific patients in detail” (*B. Karon, personal communication, 07/26/2012*)

Lived Perspectives

WK1 (Marquez, Mae Harden, Ron Coleman, Ron Bassman) - 6/27/17

WK2 (Pat Deegan, Berta Britz, Read) - 7/6/17

Can People Recover?

WK3 (The Harding Studies, Whitaker & Deikman) - 7/11/17

How? An Integrated Model of Care in Confinement

WK4 Connection: Meaningful Relationship - 7/18/17

WK5 Empowerment: Meaningful Activity - 7/25/17

WK6 Understanding: Meaning & Purpose - 8/1/17

Endings

WK7 Review (Where are you now?) - 8/8/17

WK8 Poetry Presentations and Acknowledgements - 8/15/17

Outline and Readings

Lived Perspectives

- “I only came to use the phone.” From García, M. G., & Grossman, E. (1993). *Strange pilgrims: Twelve stories*. New York: Knopf.
- Mae Harden et al
 - Parks, J. (2014, October 07). Those troubled by hearing voices learn to manage the cacophony. *The Philadelphia Inquirer*.
- Ron Coleman et al
 - Burling, S. (2015, October 30). Hearing voices, and living with them. *The Philadelphia Inquirer*.
- Ron Bassman
 - Bassman, R. (2000). Consumers/Survivors/Ex-Patients as Change Facilitators. *New Directions for Mental Health Services*, 88, 93-102.
- Pat Deegan
 - Deegan, P. (1996). Coping with: Recovery as a journey of the heart. *Psychiatric Rehabilitation Journal*, 19, 3, 91-97.
- Berta Britz
 - Britz, B. (2017). Listening and hearing: A voice hearer’s invitation into relationship. *Frontiers in Psychology*, 8, 387, 1-4.
- Read et al
 - Read, J., Fosse, R., Moskowitz, A., & Perry, B. (2014). The traumagenic neurodevelopmental model of psychosis revisited. *Neuropsychiatry*, 4, 1, 65-79.

Can people recover from psychosis? Yes.

- The Harding Studies
 - Harding, C., Brooks, G., Ashikaga, T., Strauss, J., & Breier, A. (1987). The Vermont longitudinal study of persons with severe mental illness, II: Long-term outcome of subjects who retrospectively met DSM-III criteria for schizophrenia. *The American Journal of Psychiatry*, 144, 6, 727-735.
 - longitudinal study term look at course of illness for “schizophrenia” patients; found heterogeneity of course (*contra* Kraepelin)
 - Vermont State Hospital
 - program of psychosocial rehabilitation; social psychiatry, medicine, vocational rehabilitation; organized around self-sufficiency
 - “blurring of roles...intensified relationships, and new expectations for patients and staff” (DeSisto, Harding, et al, 1995)
 - involved many “profoundly ill, back-ward, chronic patients”

- 62-68% showed no signs of schizophrenia 32 years later
 - 50% of these were found not to use psychotropic medication
 - Maine (Augusta State Hospital)
 - comparison group of chronic schizophrenic patients
 - medical model of treatment
 - 48% recovery showed no signs of schizophrenia 32 years later
- DeSisto, M., Harding, C., McCormick, R., Ashikaga, T., & Brooks, G. (1995). The Maine and Vermont Three-Decade Studies of Serious Mental Illness. I. Matched comparison of cross-sectional outcome. *British Journal of Psychiatry*, 167, 331-342.
 - remaining subjects matched by age, sex, dx, chronicity
 - Vermont participants were found to be more productive, have fewer symptoms, and with better community adjustment and GAF scores
 - Authors propose that the differences in outcome were due to the treatment model as well as a policy in Vermont of allowing an earlier opportunity to reintegrate with community life
- The Empathic Ward
 - Whitaker, L. & Deikman, A. (2009). The empathic ward: Reality and resistance in mental health reform. *Ethical Human Psychology and Psychiatry*, 11, 50-62.
 - Deikman, A. & Whitaker, L. (1979). Humanizing a psychiatric ward: Changing from drugs to psychotherapy. *Psychotherapy Theory, Research and Practice*, 16, 2, 204-214.
 - Whitaker and Deikman opened an “experimental” inpatient ward consisting only of psychosocial interventions for one year
 - Rather than focusing on reduction of psychotic experiences and medication compliance as discharge criteria, the goal of this ward was to help residents of the ward gain psychological strength, and become more actively and creatively engaged with their own experiences and in helping others. With time, staff and residents developed a truly therapeutic milieu and sensibility in the ward, cultivated through empathy, camaraderie, and the sharing of power and responsibility.
 - At the end of one year, the “empathic ward” boasted fewer elopements (even with the ward being unlocked), fewer incidents of violence towards others and self-harm, and lower rates of readmission at follow-up than comparable units in the hospital with psychiatric treatment as usual

- Karon's Michigan State Psychotherapy Project
 - Karon, B. & VandenBos, G. (1994). *Psychotherapy of schizophrenia: The treatment of choice*. New York, NY: Aronson.
 - Three experimental groups: psychotherapy without medication, psychotherapy with medication, only medication no therapy
 - *After two years:*
 - *medication only group - 2:1 chance of being rehospitalized*
 - *psychotherapy group (particularly with experienced therapists) - 2:1 change of not being rehospitalized*
- Open Dialogue (Finland, Western Lapland)
 - Seikkula, J., Alakare, B., & Aaltonen, J. (2011). The comprehensive open-dialogue approach(II). Long-term stability of acute psychosis outcomes in advanced community care: The Western Lapland Project. *Psychosis*, 3, 1–13.
 - Open Dialogue is a recovery-oriented psychosocial approach that emphasizes patient-centered care and engaging an individual's family and social network
 - improved outcomes for acute psychosis: fewer and shorter hospitalizations, less recidivism, reduced neuroleptic medication dosage, improved likelihood of employment, and greater improvements in functioning

People can - and do - recover. How?

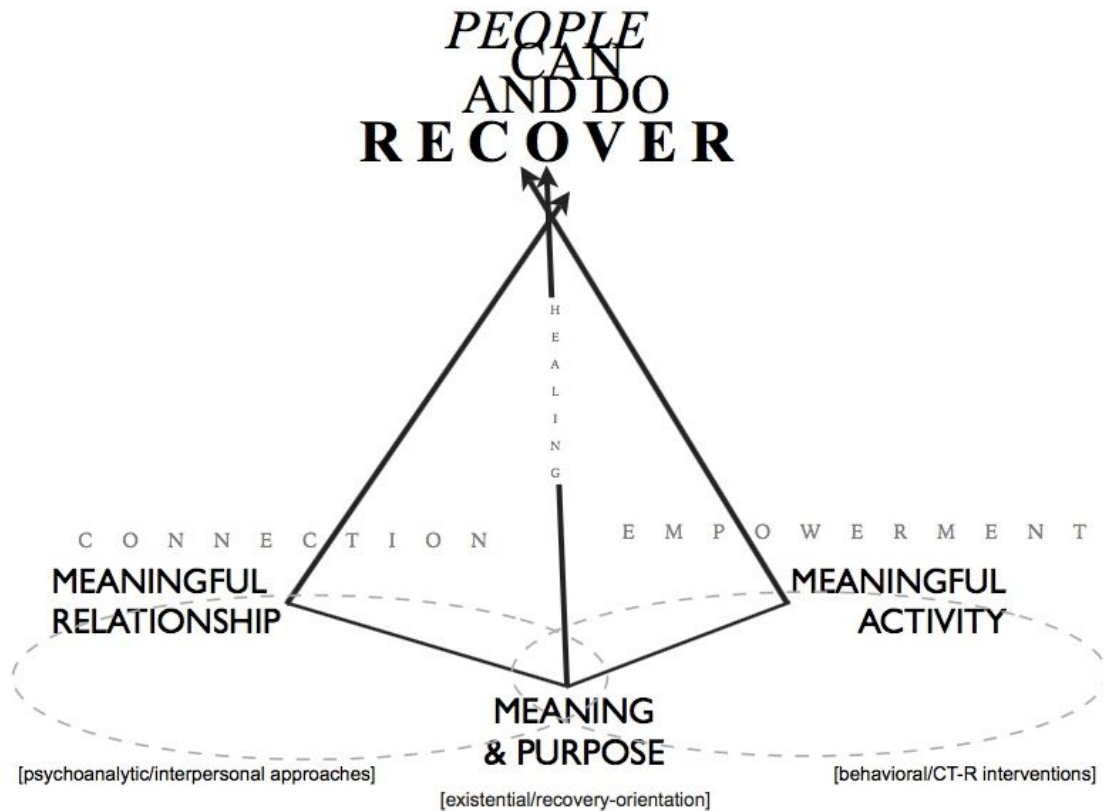
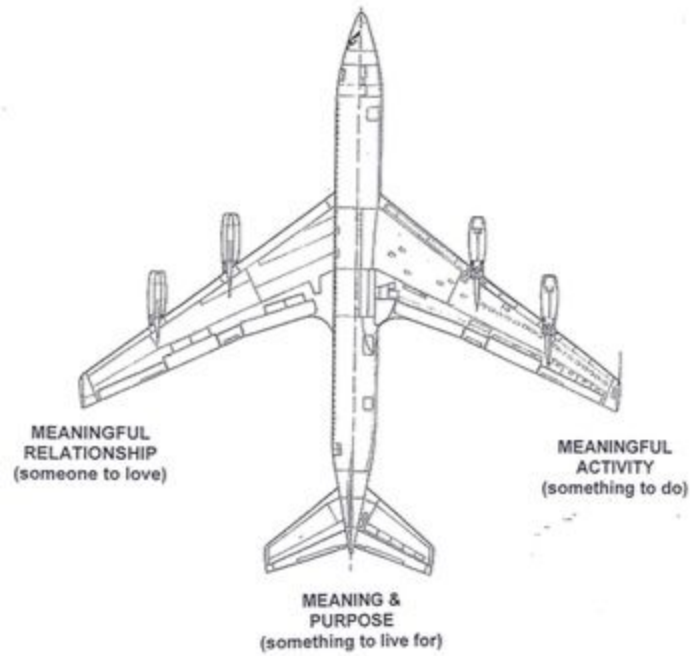
Components of Recovery



Resources
www.samhsa.gov

AN INTEGRATED APPROACH TO CARE IN CONFINEMENT

The Airplane



- AN INTEGRATED APPROACH TO CARE IN CONFINEMENT
 - A model that weaves experiential and empirical threads together to focus and organize resources and intentions
 - The triad of meaningful relationship, meaningful activity, and meaning & purpose are necessary for integrated care of people in settings of confinement
 - Three underlying constructs conspire to motivate the approach:
 - *Connection* - through Meaningful Relationship, I begin to sense myself and the potential for wholeness
 - *Empowerment* - through Meaningful Activity, I begin to sense that I can contribute to the healing and growth of others
 - *Understanding* - through Meaning & Purpose, I begin to make sense of my experiences and my life
 - Meaningful relationship: Connection
 - Fromm-Reichmann, F. (1939). Transference problems in schizophrenia. *The Psychoanalytic Quarterly*, 8, 412-426.
 - Whitaker, L. (2013). Resolving the trouble with schizophrenic thinking. *Ethical Human Psychology and Psychiatry*, 15, 1, 50-58.
 - Lysaker, P. & Gumley, A. (2009). Psychotherapeutic and relational processes and the development of metacognitive capacity following five years of individual psychotherapy: A case study of a person with psychotic symptoms. *Psychosis*, 1, 1-9.
 - Meaningful activity: Empowerment
 - Grant, P. M., Reisweber, J., Luther, L., Brinen, A. P., & Beck, A. T. (2013). Successfully Breaking a 20-Year Cycle of Hospitalizations With Recovery-Oriented Cognitive Therapy for Schizophrenia. *Psychological Services*. Advance online publication. Doi: 10.1037/a0033912
 - Perivoliotis, D., Grant, P., & Beck, A. (2009). Advances in cognitive therapy for schizophrenia: Empowerment and recovery in the absence of insight. *Clinical Case Studies*, 8, 6, 424-437.
 - Meaning and purpose: Understanding
 - Laing, R. (1960). *The divided self: An existential study in sanity and madness*. Harmondsworth, UK: Penguin.
 - Laing, R. (1967). *The politics of experience and the bird of paradise*. Harmondsworth, UK: Penguin.
 - Searles, H. (1961). Schizophrenic communication. *The Psychoanalytic Review*, 48A, 3-50.

Other Points of Interest

People-once-diagnosed-with-schizophrenia-and-hospitalized-for-years-now-recovering and are professionals-psychologists, speaking out about diagnosis, treatment, and personal recovery:

Anita Sawyer PhD http://www.youtube.com/watch?v=Wt_h0Ro26Lw

Daniel Fisher MD, PhD <http://ncmhr.org/emotional-cpr.htm>

Pat Deegan PhD <https://www.patdeegan.com/commonground>

Elyn Saks PhD <http://www.nytimes.com/2013/01/27/opinion/sunday/schizophrenic-not-stupid.html>

Eleanor Longden <http://www.youtube.com/watch?v=syjEN3peCJw>

Ronald Bassman <http://www.ronaldbassman.com>

What Are the Characteristics of a Person Who has Recovered from Mental Illness?

By Daniel Fisher, M.D., Ph.D.

National Empowerment Center

- 1 Makes their own decisions in collaboration with other supportive people outside the mental health system
- 2 Has a meaningful and fulfilling network of friends outside the mental health professionals
- 3 Has achieved a major social role/identity other than consumer (such as student, parent, worker)
- 4 Medication is one tool among many freely chosen by the individual to assist in their day to day life (used as the chronically normals use medication)
- 5 Capable of expressing and understanding emotions to such a degree that the person can cope with severe emotional distress without it interrupting their social role and without them being labeled symptoms
- 6 A Global Assessment of Functioning Scale score of greater than 61: “functioning pretty well, some meaningful interpersonal relationships and ‘most untrained people would not consider him sick’ ”
- 7 Sense of self is defined by oneself through life experience and interaction with peers

<http://www.power2u.org>

<http://www.intervoiceonline.org>

<http://www.samhsa.gov>

https://www.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/understanding_psychosis_-_final_19th_nov_2014.pdf

Further readings for psychoanalytic psychotherapy of psychosis

Karon, B. (1992). The fear of understanding schizophrenia. *Psychoanalytic Psychology*, 9, 191-211.

(2003). The tragedy of schizophrenia without psychotherapy. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 31, 1, 89-118.

(2008). An “incurable” schizophrenic: The case of Mr. X. *Pragmatic Case Studies in Psychotherapy*, 4, 1, 1-24.

Karon, B. & VandenBos, G. (1994). *Psychotherapy of schizophrenia: The treatment of choice*. New York, NY: Aronson.