

# THE INTERVENTION TRIANGLE

## 2<sup>ND</sup> INTERNATIONAL MENTAL HEALTH CONGRESS

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& CONTROVERSIES

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# THE INTERVENTION TRIANGLE

**PSYCHOTHERAPY | PHARMACOLOGY | NEUROBIOLOGY**

# 2<sup>ND</sup> INTERNATIONAL MENTAL HEALTH WEIGHTS, MEASURES & CONTROVERSIES CONGRESS

## WEIGHTS, MEASURES & CONTROVERSIES

**21/22**  
**OCTOBER**



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**MADALENA SERRA**, Espírito Santo Hospital and Romão de Sousa Foundation

## REX HAIGH



Professor Rex Haigh is an NHS Consultant Psychiatrist who has been fascinated by therapeutic communities since learning his psychiatry in one, as an Oxford medical student.

He has been Chair of the Association of Therapeutic Communities, founder of the Community of Communities quality network at the Royal College of Psychiatrists Research Unit, series editor of the Jessica Kingsley 'Community, Culture and Change' book series, and member of the editorial board of the International Journal of Therapeutic Communities. His professional background is general practice, psychiatry, psychotherapy and group analysis.

He has been an NHS Consultant Psychiatrist since 1994, has worked with the Department of Health as Clinical Advisor for the National Personality Disorder Programme, is a Senior Fellow of Nottingham University's Institute of Mental Health and leads the Royal College of Psychiatrists' "Enabling Environments" project.

He founded the current style of LLE workshops in 1995.

## SUSAN MIZEN



Dr Mizen is a Consultant Medical Psychotherapist and SAP Jungian Analyst.

She trained at the Cassel Hospital in West London before becoming a Consultant at Charing Cross Hospital Fulham.

She currently leads the Devon Personality Disorder Service.

She has an interest in severe and complex patients with Personality disorder and is developing a treatment pathway and practice guide for psychotherapeutic teams working with this patient group, The Relational Affective Model.

She is interested in the interface between neuroscience and psychoanalysis and is undertaking a PhD in Neuroscience.

She is the chair of the Medical Psychotherapy Faculty at the RCPsych.

## MARTIN DEBBANÉ



Martin Debbané is Associate Professor and director of the Developmental Clinical Psychology Research Unit at the Faculty of Psychology and Educational Sciences, University of Geneva (Switzerland) and Senior Lecturer at the Research Department of Clinical, Educational, and Health Psychology, University College London (UK).

His research activities focus on developmental psychopathology, examining the developmental roots of severe disorders in the psychosis or personality spectrum disorders. The scientific projects involve a number of different methodologies, including but not restricted to clinical measures and cognitive paradigms, as well as structural and functional neuroimaging. He is involved in a number of longitudinal projects following youth cohorts with clinical risk (schizotypy, borderline or antisocial traits) or genetic risk (22q11.2 Deletion syndrome) for severe psychopathology.

Martin Debbané is a trained and licensed psychotherapist, acting as associate, supervisor and trainer in mentalization-based therapies at the Anna Freud Centre in London and in French-speaking countries.

## ALBINO J. OLIVEIRA MAIA



Albino Oliveira Maia completed a medical degree at Universidade do Porto, and a doctorate in neuroscience, developed at Duke University, under the supervision of Profs. Miguel Nicolelis, and Sidney Simon.

After returning to Portugal, Albino trained in adult psychiatry at the University Department of Psychiatry of NOVA School of Medicine, in Lisbon. During residency, he was engaged in postdoctoral training at the Champalimaud Neuroscience Programme, under the supervision of Prof. Rui Costa, and completed a Master Degree in Public Health at the Harvard School of Public Health, in Boston, where he also trained in non-invasive brain stimulation with Prof. Alvaro Pascual-Leone.

Currently, Albino coordinates the Neuropsychiatry Unit at the Champalimaud Clinical Centre and is Psychiatrist and Invited Professor of Psychiatry at the University Department of Psychiatry of NOVA School of Medicine.

Recently he has started a collaborative research programme on clinical and research use of transcranial magnetic stimulation.

# 21<sup>ST</sup> OCTOBER

8:30 - 9:15

## ROOM A

Registration

9:20 - 9:25

## MAIN AUDITORIUM - WELCOME ADDRESS

José Romão de Sousa and João G. Pereira

9:30 - 9:45

## MAIN AUDITORIUM – OPENING CEREMONY

Adalberto Campos Fernandes, Minister of Health (to be confirmed)

9:45 - 10:45

## ROOM A

### Parallel Sessions - Group Psychotherapy, Therapeutic Communities and Group Analysis

#### Group Analytic Intervention with Parents

Patrícia Poppe, Portuguese Group Analytic Society (PT); Other Speakers to be confirmed

**Chair:** Dimitris Moschonas, Open Psychotherapy Centre and National Organization for Psychotherapy, Greece

## MAIN AUDITORIUM

### Parallel Sessions - Phenomenological, Existential and Humanistic Psychotherapies

#### Phenomenological Perspective of Schizophrenia

Tatiana Ferreira and Ana Carvalho, Romão de Sousa Foundation (PT)

#### Phenomenological-Existential Therapy with Children and Adolescents: building a community based research project

Branca Sá Pires, AJU Foundation - Jerónimo Usera and Portuguese Society for Existencial Psychotherapy (PT)

**Chair:** João Paulo Albuquerque, Centro de Recuperação de Menores, Assumar (PT)

## BREAK AND POSTER PRESENTATIONS

11:15 - 12:15

## MAIN AUDITORIUM - INTERNATIONAL PRESENTATION

### Psychologically Enabling Environments - the therapeutic community tradition and legacy

REX HAIGH (UK), Aldo Lombardo (IT), Jan Lees (UK), Veronica Bailey (UY) and Shama Parkhe (IN)

12:15 - 13:15

## ROOM A

### Parallel Sessions - Qualitative Research Methods

#### Parenting, and/or mental health?

Dora Pereira, University of Madeira (PT)

#### The Loss of Balance: Burnout

Ashok Bhattacharya, private practice (CA)

**Chair:** Inês Hipólito, Doctoral College Mind-Brain, University of Lisbon, Portugal

## MAIN AUDITORIUM

### Parallel Sessions - Psychopathology and Special Interventions

#### A phenomenological approach to psychopathologies: schizophrenia and autism as intersubjective diseases

Valeria Bizzari, University of Pisa (IT)

#### Psychiatric rehabilitation: the efforts for conceptualization and meaning construction – a review

Alexandre Gomes, Faro District Hospital (PT)

**Chair:** Chris Evans, East London NHS Trust and Nottingham University, UK

13:15 - 14:30

## LUNCH

14:30 - 15:30

## ROOM A

### Parallel Sessions Philosophical Psychiatry



## Empathy in Psychiatry

Jorge Gonçalves, New University of Lisbon  
and Nova Institute of Philosophy (PT)

### The ontology of intervention: Herman Dooyeweerd's contribution to the multidisciplinary treatment

Pedro Dulci, Universidade Federal de Goiás  
(BR), Universidade Livre de Amesterdão  
(NL)

**Chair:** Tatiana Ferreira, Romão de Sousa  
Foundation and Portuguese Society for  
Existential Psychotherapy (PT)

## MAIN AUDITORIUM

### Parallel Sessions - Quantitative and Qualitative Research Methods

#### Is PSYCHLOPS useful in a psychiatric service? Proximity of patient reported problems at intake and the clinician interview

Célia Sales (PT), Cláudia Brinquete (PT),  
Adam Horvath (CA), Sofia Tavares (PT),  
Alberto Magalhães (PT), Carlos Falcão (PT)  
and Mark Ashworth (UK)

#### Multidimensional Study of Children and Young People with Severe and Profound Learning Disability at the Young People Recovery Centre D. Manuel Trindade Salgueiro (CRM)

João Paulo Albuquerque, Centro D. Manuel  
Trindade Salgueiro

**Chair:** Adelinda Candeias, University of  
Évora (PT)

## BREAK AND POSTER PRESENTATIONS

16:00 - 17:00

### MAIN AUDITORIUM - KEYNOTE ADDRESS

The interface between brain and mind in  
personality disorder, the breakdown of the  
old biological/psychological divide and its  
implications for clinical practice

Susan Mizen

17:00 - 18:00

### ROOM A

### Parallel Sessions - Experiential and Emotion Focused Therapies

#### Integrative Mental Health, new therapeutic ways: Hypnoacupuncture.

José Freitas Dinis

**Chair:** Célia Sales, University of Porto,  
Portugal

## MAIN AUDITORIUM

### Parallel Sessions - Pharmacology and Psycho Physiology

#### Assessing the effects of transcranial direct current stimulation upon attention in Lewy body dementia: a crossover trial

James Ashcroft, University of Manchester  
(UK)

#### Psychedelic Therapy: pharmacotherapy, psychotherapy or both?

Inês Macedo, Centro Hospitalar de Lisboa  
Occidental and Portuguese Society for  
Existential Psychotherapy (PT)

**Chair:** Inês Hipólito, Doctoral College Mind-  
Brain, University of Lisbon (PT)

18:00 - 18:30

### MAIN AUDITORIUM - CLOSING REMARKS

20:30

### SOCIAL DINNER

(Adega Vila Santa, João Portugal Ramos)

# 22<sup>ST</sup> OCTOBER

9:30 - 10:30

## MAIN AUDITORIUM - ROOM A

### Parallel Sessions - Pharmacology and Psycho Physiology

#### Day Treatment Psychiatry Program:

##### A systemic model of Intervention

Diana Cruz and Ana Sousa, Beatriz Ângelo Hospital, Loures (PT)

##### Can biogenetic explanations of mental illness reduce stigma?

Elisabetta Lalumera, Università di Milano-Bicocca (IT)

**Chair:** Francisco Ortega Beviá, University of Seville (ES)

## MAIN AUDITORIUM

### Parallel Sessions - Cognitive Neuroscience and Neurobiology

#### The CogSmart and The REHACOG: intervention programs

Ana Paula Couceiro Figueira, University of Coimbra

#### The phenomenology of the intersubjective impairment

Inês Hipólito, Doctoral College Mind-Brain, University of Lisbon (PT)

**Chair:** Simon Du Plock, Metanoia Institute, (UK)

## BREAK AND POSTER PRESENTATIONS

11:00 - 12:00

### MAIN AUDITORIUM - KEYNOTE ADDRESS

#### From Drugs to Brain Stimulation in the Treatment of the Troubled Mind

Albino J. Oliveira Maia

12:00 - 13:00

## ROOM A

### Parallel Sessions - Qualitative Research Methods

#### The Pathology of Boredom from Contemporary Psychology and Psychiatry: Humanizing or Dehumanizing Treatment?

Josefa Velasco, Universidad Complutense de Madrid (ES)

#### Adaptation and meaning in practice based research: the patient's perspective in Casa de Alba

João G. Pereira (PT), Célia Sales (PT), Daniel Guerra (PT) and Cláudia Pedro (PT)

**Chair:** Sofia Tavares, University of Évora and Research Center for Psychology and Education (PT)

## MAIN AUDITORIUM

### Parallel Sessions - Family, Multifamily and Psychoanalytical Psychotherapies

#### Finding the missing triangle - the multifamily group

Maria João Centeno, Paula Godinho and Teresa Fialho, Psychiatric Day Unit, Hospital de Santa Maria, PT

**Chair:** Constança Biscaia, University of Évora and Portuguese Psychoanalytical Society (SPP) (PT)

13:00 - 14:15

## LUNCH

14:15 - 15:15

## ROOM A

### Parallel Sessions - Attachment, Mentalization and Affective Neuroscience

#### Mentalization Based Treatment introductory groups in therapeutic Community settings

Cláudia Pedro and João G. Pereira, Romão de Sousa Foundation (PT)

#### Dialectic of the first and third person accounts in mental health – therapeutic implications

Victor Amorim Rodrigues, ISPA Instituto Universitário and Portuguese Society for Existential Psychotherapy (SPPE)

**Chair:** Isaura Manso Neto, Portuguese Group Analytic Society, Portugal

## MAIN AUDITORIUM

**Parallel Sessions - Group Psychotherapy, Therapeutic Communities and Group Analysis**  
**Neuroscientific hypotheses about certain intrapsychic and interpersonal phenomena as new contributions to an neuro-dynamic understanding of therapeutic groups**

Mário David, Centro Hospitalar Psiquiátrico de Lisboa and Portuguese Group Analytic Society (PT)

**Integrated Socioterapy: Introducing STEPPS and SCHEMA Therapy in a Residential Therapeutic Community**

Aldo Lombardo, La Sapienza Universities of Rome and Raymond Gledhill Therapeutic Community (IT)

**Chair:** João G. Pereira, University of Évora and Romão de Sousa Foundation (PT)

## BREAK AND POSTER PRESENTATIONS

**15:45 - 16:45**

### MAIN AUDITORIUM - KEYNOTE ADDRESS

**Mentalization and Psychosis: An Integrative Perspective**  
Martin Debané

**16:45 - 17:45**

## ROOM A

**Parallel Sessions - Experiential and Emotion Focused Therapies**

**Creative Recovery: personal narratives created in intermodal expressive therapy with mental health clients**

Patrícia Claudino, Romão de Sousa Foundation and Associação Chão dos Meninos (PT)

**Music Therapy Experiences**

Pablo Vidal and Casa de Alba Residents, Romão de Sousa Foundation and ARASS, Évora, Portugal

**Chair:** Célia Sales, University of Porto, PT

## MAIN AUDITORIUM

**Parallel Sessions - Philosophical Psychiatry On Psychiatry and Values**

Jorge Gonçalves, New University of Lisbon and Nova Institute of Philosophy (PT)

**Distinguishing concepts from conceptions of mental disorders**

Elisabetta Lalumera, Università di Milano-Bicocca (IT)

**Chair:** John Gale, International Network of Democratic Therapeutic Communities (PT)

**17:45 - 18:15**

## MAIN AUDITORIUM - CLOSING REMARKS

## POSTER PRESENTATIONS

**Dual Diagnosis - Characteristics, Diagnosis and Trends**

Carla Silva, National Federation of Social Cooperatives

**The CogSmart: Portuguese Compensatory Cognitive Training**

Ana Paula Couceiro Figueira, University of Coimbra

**The REHACOG: a Portuguese neuropsychological intervention program**

Ana Paula Couceiro Figueira, University of Coimbra

**Day Treatment Psychiatry Program: A systemic model of Intervention**

Diana Cruz e Ana Sousa, Beatriz Ângelo Hospital, Loures

**Mental disorders, functions, and values**

Jorge Gonçalves, New University of Lisbon and Nova Institute of Philosophy

**Short Psychodynamic Psychotherapy for Depression: Empirical Evidence and Conceptual Background**

Felisa Muñoz, Facultad de medicina, Badajoz (ES)

**Therapeutic community as a factor of recovery among people with mental disorders**

Izabela Filov, Higher medical school Bitola, Macedonia, FYR

**Intrapersonal conflicts and psychological adaptation in adolescence: a contribution**

Maria João Carapeto, University of Évora

# 2<sup>ND</sup> INTERNATIONAL MENTAL HEALTH CONGRESS

Romão de Sousa Foundation, in collaboration with the New University of Lisbon (Institute of Philosophy) and Évora University, is delighted to present the second International Mental Health Congress of Romão de Sousa Foundation on the 21st and 22nd of October and three associated events, taking place in Estremoz and Évora (Alentejo, Central East Portugal) between the 17th and 25th of October 2016.

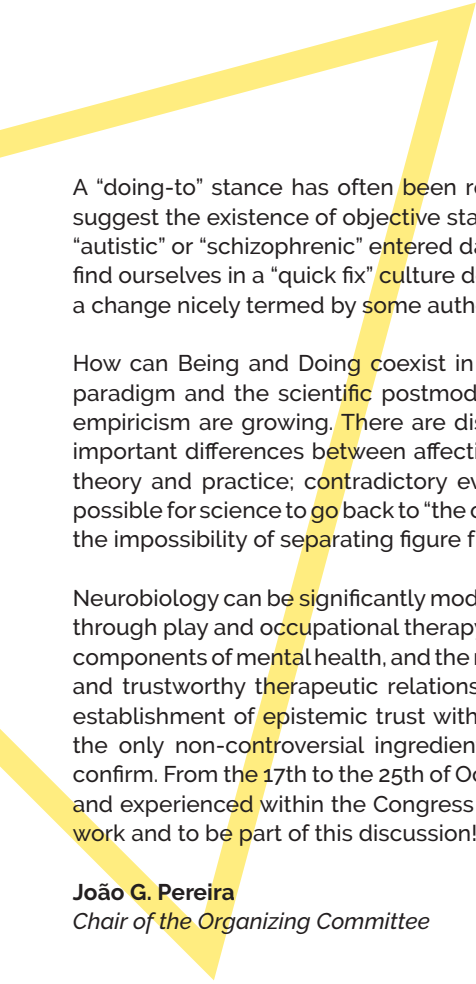
The theme of the Congress is **"The Neurobiology - Psychotherapy - Pharmacology Intervention Triangle: weights, measures and controversies"**.

In the 19th century, the Western World went through dramatic changes in the understanding of mental health and in provision of services. William Tuke (1732 - 1822) in the UK and Philippe Pinel (1745 - 1826) in France were in the forefront of a humanizing movement known as "moral treatment".

This humanization of services lost ground through the 19th and 20th centuries, giving rise to the maintenance and spreading of large mental health institutions where people suffering mental distress were severely separated/segreated from external reality and not given the rights of "normal" (adapted) people. A positive idea of asylum was replaced with segregation...

During the second world war, a number of British doctors started the Therapeutic Community movement in the UK, in many ways returning to the ideas of Tuke and Pinel. They observed that transforming the environment of the "mentally ill" would also dramatically change their condition. A number of similar movements spread through Europe and the US giving rise to a new understanding of mental illness, sometimes even contesting the term illness itself, and often attempting treatment without medication.

Alongside the growing therapeutic community movement and the humanization of services another dominant trend was rising: the "technologisation" of interventions based on value-free science. Whilst not the aim of that trend, it often dehumanized relationships. There is an implicit tension between "being-with" (humanistic values) and "doing-to" (technical expertise).



A “doing-to” stance has often been rooted in psychiatric manuals like DSM or ICD which suggest the existence of objective states which are valuefree and where concepts such as “autistic” or “schizophrenic” entered daily discourse and gained legitimacy. Increasingly we find ourselves in a “quick fix” culture dominated by a technical-rationality model of science, a change nicely termed by some authors the “McDonaldization of society”.

How can Being and Doing coexist in the service of patients and families? The relational paradigm and the scientific postmodern era arose at the same time that positivism and empiricism are growing. There are disparate movements of integration and sectarianism; important differences between affective and cognitive neuroscience; large gaps between theory and practice; contradictory evidence for and against “broken-brain” models. Is it possible for science to go back to “the ordinary” and start being human again, acknowledging the impossibility of separating figure from ground?

Neurobiology can be significantly modified through medication and psychotherapy, but also through play and occupational therapy, and by diet and life style. The right weighting of the components of mental health, and the right measures of it, can only be known through secure and trustworthy therapeutic relationships, helping to give meaning to interventions. The establishment of epistemic trust within psychologically enabling relationships is perhaps the only non-controversial ingredient of change, as research and practice consistently confirm. From the 17th to the 25th of October 2016, these themes will be presented, debated and experienced within the Congress and associated events. We invite you to submit your work and to be part of this discussion!

**João G. Pereira**

*Chair of the Organizing Committee*





**abstracts**

# MÁRIO DAVID

CINTRA Mental Health Centre and Portuguese Group Analytic Society

## NEUROSCIENTIFIC HYPOTHESES ABOUT INTRA-PSYCHIC AND INTERPERSONAL PHENOMENA AS CONTRIBUTIONS ON NEURO-DYNAMIC UNDERSTANDING OVER FUNCTIONING OF THERAPEUTIC GROUPS

This paper proposes neuroscientific hypotheses concerning an new neuro-dynamic understanding over some interpersonal mental processes from the Mind, although some existing epistemological limitations. The author tries to correlate relevant neuroscientific information over certain brain structures which are involved in interpersonal interaction phenomena and the conceptualization obtained from individual and group psychotherapy processes. This theoretical reflection is supported by published literature from targeted scientific research done by neuroscientists, psychoanalyst, group analysts and other investigators from different areas of knowledge about the Mind/Brain connection, on behalf of the initial challenge raised by S. Freud in his monographie: "*Project towards a Cientific Psychology*" (Freud, 1895/1968).

### KEY-WORDS

*Affective Neuroscience, Group Analysis, Groups, Mental Processes, Neurobiology, Neuro-Psychoanalysis*

Psychiatrist at the Mental Health Center in Sintra (CINTRA) from the Psychiatry Hospital Center from Lisbon (CHPLisboa). Full Member of The Portuguese Group Analytic Society (SPG-PAG), Group Analytic Society International (GASI) and International Society for Neuro-Psychoanalysis (N-PSA).



# JORGE GONÇALVES

New University of Lisbon and Nova Institute of Philosophy

## “ON PSYCHIATRY AND VALUES”

The classification and explanation of psychiatric disorders (or mental illnesses) imply reference to ethical and social norms; they cannot be defined only in terms of causal-mechanical laws. That fact does not implicate, *per se*, that Psychiatry does not have the same scientific status of physical medicine, for bodily illnesses cannot be defined only by lesions either. Despite the fact that an analogy between physical medicine and Psychiatry can be made, there is, however, a differentiating fact between the two: values assumptions of physical medicine are rather more easily and widely accepted than those of Psychiatry. Trying to overcome these difficulties some researchers proposed that one should try to find the basic capacities which could serve as a base to define illness in any society. It is, however, just a project and does not really insert in the current scenario of Psychiatry. If Psychiatry refers to ethic and social norms – and these are not universal- this means it cannot claim to be a neutral science, value free. Yet, it does not seem to me that the possible relativism of mental illness necessarily implicates the renunciation of neurologic or psychotherapeutic research. Our experience is limited and our current problems, not being universal, are those with which we have to deal with. However, awareness of the relativity of psychiatric value assumptions should give the psychiatrist a sense of some humble pragmatism, by weakening the idea that he possesses an absolute truth about the nature of “mental illness”.

### KEY-WORDS

*Values, likeness argument, relativism, pragmatism*

Degree in Psychology (1988) and in Philosophy (1997), both in Lisbon. Completed a Masters degree in Philosophy (2002) and a PhD (2007) also in Philosophy (“Consciousness and Natural Order”). Between 1988 and 1999 I worked in Psychology (educational, mental retarded, chronic mental illness). I currently work at IFILNOVA (New University of Lisbon) as a post-doctoral researcher. I was the principal researcher of the Project “Cognitive Foundations of the Self” (funded by FCT). My currently research interests are Consciousness and Self Studies, Philosophy of Psychology, Philosophy of Psychiatry, and Philosophy of Film. I am Founder Member of the Portuguese Society for Clinical Psychology (SPPC), Portuguese Society of Analytic Philosophy and of the Portuguese Centre of Psychoanalysis – International Lacanian Association.

# VALERIA BIZZARI

University of Pisa

## A PHENOMENOLOGICAL APPROACH TO PSYCHOPATHOLOGIES: SCHIZOPHRENIA AND AUTISM AS INTERSUBJECTIVE DISEASES

The aim of this talk is to provide a phenomenological description of schizophrenia and autism as essentially intersubjective diseases. Drawing upon the work of Thomas Fuchs, who gives an account of schizophrenia as a *disembodiment* of Self, I will argue that this progressive alienation of the Self involves structural loss in the most important perceptual, cognitive and affective fields of human life: for this reason, a phenomenological analysis seems to be useful to the scientific approach in order to clarify how this tacit bodily structure of the Self is lost and how our bodily Self is central to our common understanding of reality and to our intersubjectivity.

After sketching a phenomenological account of what is to experience and relate to someone as a person, I will show how schizophrenia and autism involve a change in the structure of that relation. Emphasizing the role of the lived body in such disruptions, I will suggest a therapy focused on the fortification of intercorporeality and of bodily awareness: I call this approach D.I.R.E., with an explicit link to the D.I.R. model proposed by Stanley Greenspan and Serena Wieder in 1997 for the treatment of autistic patients. The idea is that the treatment should be focused on Development, Individual difference and should be Relationship-based. I will argue the importance of Embodiment too, in order to strengthen the sense of (essentially intersubjective) Self that in autism (and schizophrenia) is lost.

### KEY-WORDS

*Phenomenology, Leib, Schizophrenia, Autism, Intersubjectivity, Emotions*

Valeria Bizzari is a PhD Candidate at the University of Pisa and a Junior Researcher of the Center in Phenomenology and Science of the Person at San Raffaele University in Milan. Her areas of research are phenomenology, philosophy of mind and philosophy of emotions. She is the coordinator of the research group "Theories of Emotions", a section of the research project Zetesis (<http://zetesisproject.com>), and she contributes as coordinator and editor to the magazines in phenomenology, political and social philosophy "La Società degli Individui", "I Quaderni della Ginestra" and "Phenomenological Reviews". She has been a visiting PhD student of the Center for Subjectivity Research in Copenhagen, and now she is working on her dissertation entitled "Phenomenology and Leib in the Contemporary Debate": her project is a focus on the notion of Leib from classical phenomenology (the "late" Husserl and Merleau-Ponty) to contemporary studies, with a special attention to interdisciplinary areas (such as psychiatry and "medical phenomenology") and a focus on the American reception of phenomenology. The final aim is to demonstrate the practical benefits of phenomenology and the constitutive significance of embodiment. Accordingly, her work faces the problem of a "naturalized phenomenology", and the necessity of a revised notion of "body" and of a revised conception of "subjectivity".

# ELISABETTA LALUMERA

Università di Milano-Bicocca (IT)

## CAN BIOGENETIC EXPLANATIONS OF MENTAL ILLNESS REDUCE STIGMA?

Mental illness is generally associated with stigma, a negative attitude from others that generates social exclusion, and self-stigma, a devalued perception of oneself, which may cause insufficient access to care. Indirectly, stigma and self-stigma negatively influence the efficacy of therapies, thus representing a major problem for mental health care. In this paper I consider the hypothesis that biogenetic explanations of mental disorders reduce stigma, because they discharge the diagnosed person from responsibility of her condition. The hypothesis has been defended with arguments from the conceptual analysis of stigma, and is frequently assumed by supporters of the strong medical model of mental disorder as a further pragmatic advantage of the model. From a review of different positions in the current literature, both experimental and philosophical, I show that biogenetic explanations per se do not produce more tolerant attitudes towards mental patients. In fact, the genetic component of such explanations tends to increase the perceived difference towards people suffering from mental disorders, but does not erase the imprevedibility component, which, together with responsibility, are components of stigma. However, a certain familiarity with biogenetic explanations may reduce self-stigma through reducing the perception of responsibility and guilt.

### KEY-WORDS

*Mental disorders, biogenetic explanations, medical model, stigma, conceptual analysis*

I am a Lecturer at the University of Milano-Bicocca, Psychology Department, where I teach Philosophy of Science. I am currently in the board of directors of the Italian Society of Analytic Philosophy (SIFA). I received my PhD in Philosophy of Language and Mind from Vercelli (Italy) in 2003. My dissertation was on theories of concepts and rule-following. Before coming to Bicocca I held appointments in the universities of Modena, Parma, and Bologna, where I studied for the BA. I also studied in London (Birkbeck) and Aberdeen (NIP). My broad view is that philosophical analysis and psychological research could profitably collaborate, with different methods. Specifically I have published on concepts, the language-cognition interface, and rule-following. Recently I have been working in the epistemology of psychological research, and in the epistemology of medicine and psychiatry.

# JOÃO PAULO ALBUQUERQUE

Youth Centre D. Manuel Trindade Salgueiro (CRM)

## MULTIDIMENSIONAL STUDY OF CHILDREN AND YOUNG PEOPLE WITH SEVERE AND PROFOUND LEARNING DISABILITY AT THE YOUTH RECOVERY CENTRE D. MANUEL TRINDADE SALGUEIRO (CRM)

The Mental Disability, here called Intellectual Developmental Disorder (IDD), according to the working group of ICD 11, shows high prevalence of others conditions associated, wich are poorly diagnosed. The Dual Diagnosis perspective in IDD seeks to clarify this situation in the global context of the difficulties presented by the person with IDD. This article presents the data resulting from the application of selected instruments by the CRM staff to children and young people with IDD, in order to obtain a set of evaluation instruments that clearly identify all the conditions presented in each individual. Between the selected instruments we find some existing, and others created by the staff on the basis of their experience, when none of the existing intruments satisfy their needs. The vast majority of the studied population presents serious limitations in their quality of life and autonomy associated with multiple pathology related with IDD . These are limitations of sensory, expressive, and motor type. Even in a study designed to meet the specific needs of people with IDD with Severe and Profound levels, the difficulties faced are significant.

We conclude also that even with appropriate instruments, assessment of people with PDI, especially with Severe and Profound levels, is always a challenge. The exploration of new instruments and their translation, admeasurement, and validation for the Portuguese population can be an asset for people with IDD.

Psychiatrist, Clinical Director of the Youth Centre D. Manuel Trindade Salgueiro (CRM).

### KEY-WORDS

*Intellectual Disability; Double Diagnosis; Assessment Instruments*

# ELISABETTA LALUMERA

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## DISTINGUISHING CONCEPTS FROM CONCEPTIONS OF MENTAL DISORDERS

In the debate about the classification of mental disorders, etilogists argue that nosology should be based on sameness of mechanisms and causes, while descriptivists point to the failures of the search of such robust explanations so far, and to its vulnerability to the anti-psychiatry movement's objections. In this paper I argue that an aetiological approach to psychiatric constructs is compatible with descriptive, criterial and also similarity-based operational definitions of them. For this aim I draw on the philosophical distinction between a *concept*, the representation of a category, and *conceptions*, specifications of how we identify and discriminate elements of such category. Conceptions are often similarity-based and fallible criterial heuristics; concepts comprise what is known, and sometimes involve deference to experts. For example, the layperson's conceptions of gold may employ yellow colour, brilliance or high price, whereas the concept involves deference to experts that know the chemical structure of the substance. The distinction is familiar from the debate on the nature of concepts in the philosophy of language and mind. A viable option in is thus that mental disorders are aetiological concepts, presumably with deference to future development of research, with criterial conceptions current employed in diagnosis. This conciliatory position makes room both for descriptive nosologies, like DSM and ICD, and for etiologically based approaches, such as the RdoC project.

### KEY-WORDS

*Concept, conception, philosophy, mental disorder, classification, nosology*

I am a Lecturer at the University of Milano-Bicocca, Psychology Department, where I teach Philosophy of Science. I am currently in the board of directors of the Italian Society of Analytic Philosophy (SIFA). I received my PhD in Philosophy of Language and Mind from Vercelli (Italy) in 2003. My dissertation was on theories of concepts and rule-following. Before coming to Bicocca I held appointments in the universities of Modena, Parma, and Bologna, where I studied for the BA. I also studied in London (Birkbeck) and Aberdeen (NIP). My broad view is that philosophical analysis and psychological research could profitably collaborate, with different methods. Specifically I have published on concepts, the language-cognition interface, and rule-following. Recently I have been working in the epistemology of psychological research, and in the epistemology of medicine and psychiatry.

# CÉLIA M. D. SALES\*, CLÁUDIA BRINQUETE, ADAM HORVATH, SOFIA TAVARES, ALBERTO MAGALHÃES, AND MARK ASHWORTH

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## IS PSYCHLOPS USEFUL IN A PSYCHIATRIC SERVICE? PROXIMITY OF PATIENT REPORTED PROBLEMS AT INTAKE AND THE CLINICIAN INTERVIEW

Selecting clinically useful outcome measures is important practice. In selecting such instruments qualities such as good psychometric properties and acceptability for users, are important. But equally relevant that selected outcome measures should provide relevant clinical information that clinicians can use in their practice. We present an exploratory study of the adequacy of PSYCHLOPS and CORE-OM to provide information for therapists about the patients' clinical condition at intake. At a secondary mental health service in Évora, 57 out patients who were about to start their first psychotherapy session completed PSYCHLOPS and then CORE-OM. Immediately after the session, the therapist was asked to complete PSYCHLOPS and CORE-OM from the perspective of the patient and put himself in the position of the patient he had just interviewed. Therapists' and patients' answers were compared, for their content (PSYCHLOPS) and scoring (both measures). From the initial 57 participants, 16 were excluded from the analysis because of incomplete protocol or missing data. Results from the 41 patient-therapist dyads show that in 29 (70.7%) the problems indicated by the patient in PSYCHLOPS are the same problems identified by the therapist at the 1st psychotherapy session. CORE-OM of therapist and patient were correlated for the total score ( $r=.675$ ) and for the dimensions of Problems ( $r=.578$ ) and Risk ( $r=.377$ ). We conclude that there was strong matching of problem descriptions between patient and therapist but only moderate matching of item scores. Implications for use of PSYCHLOPS as a routine outcome assessment are discussed.

### KEY-WORDS

*Individualised assessment, PSYCHLOPS, outcomes*

\*Psychologist, Master in Systemic Family Therapy and PhD in Mental Health (University of Seville). Senior Researcher at the Department of Psychology in the University of Porto and Researcher at the Centre for Research and Social Intervention at ISCTE-IUL. Her research interests cover the areas of personalized assessment in mental health and primary care (i.e. development of personalized measurement systems that can be implemented as part of routine mental health care) as well as systemic intervention in psychiatric, educational and social exclusion contexts. Célia is the Vice-President of the Portuguese Association of Family and Community Therapy and has designed several programs of advanced training in family therapy (e.g., Master in Family and Community Therapy, Eduardo Mondlane University, Mozambique). She has worked as an expert (e.g. Maastricht University, Portuguese Government) and as a trainer (e.g. University of Seville, Diputación de Alicante) in international projects and training programs.

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# ALEXANDRE PÉRTEGA-GOMES, MD

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## PSYCHIATRIC REHABILITATION: THE EFFORTS FOR CONCEPTUALIZATION AND MEANING CONSTRUCTION - A REVIEW

**Background:** The several evolutions in the mental health paradigm lead to the notion that the recovery of psychiatric patients is a reality, being the psychiatric rehabilitation a core concept and practice in this process.

**Aims:** In this review poster, we provide a panoramic view of the psychiatric rehabilitation - focusing on its background and concept contextualized in the paradigm shift in Mental Health.

**Methods:** this broad review included governmental and WHO reports, and original and review articles available on pubmed database - selected by publication date and relevance.

**Results:** The origins of psychiatric rehabilitation are founded in several historical events, where the deinstitutionalization process stands out, and sociocultural features. It's essentially a field devoted to the recovery of psychiatric patients, with a broad and multidisciplinary nature, based on two main strategic axes: the person and the environment. In this dialectic, the psychiatrist gets an expanded role, beyond diagnosis and symptomatic control.

**Discussion/Conclusions:** There has been a growing interest in the psychiatric community towards psychiatric rehabilitation - reflected in the various reports and guidelines edited by the WHO, in the specialization of hospitals and professionals, and in the research and publishing growth. The concept, rationale and objectives of the rehabilitation process are identified. Nevertheless, plenty of challenges remain, from the difficulties in funding, motivation and services coordination, adding the prejudice, stigma and the lack of knowledge and professionals.

### KEY-WORDS

*Psychiatric and Psychosocial rehabilitation; Recovery; Mental Health.*

Graduated of Instituto de Ciências Biomédicas de Abel Salazar (2008 - 2014), Universidade do Porto, Portugal. Scholarship student (2013/2014) in LKH-Univ. Klinikum Graz, Austria, and Univerza v Mariboru, Slovenia. Master Thesis on Psychiatric Rehabilitation, in cooperation with Hospital de Magalhães Lemos, Porto, Portugal. Internship year (2015) in Unidade Local de Saúde do Alto Minho, Viana do Castelo, Portugal. Currently attending the 1st year of Psychiatry Residency in Hospital Distrital de Faro, Portugal.

# INÊS VIEGAS HIPÓLITO

Doctoral College Mind-Brain, Centre for Artificial Intelligence (University of Lisbon),  
Lisbon Mind & Cognition Group (New University of Lisbon)

## THE PHENOMENOLOGY OF THE INTERSUBJECTIVE IMPAIRMENT

Several studies suggest that the disorders of the self include a disturbance of the most elementary component of self – the minimal self. Characterizing these disorders and understanding the mechanisms involved remain a challenge to medical epistemology and health care professionals. In the present work, I bring together concepts of different fields, such as neuroscience, epistemology and phenomenology. The main goal is to show that the second-person perspective can be used to point out particular features of social cognition and its related psychopathology. Taking the hypothesis that the second-person perspective is the congruence point between an objective process and the subjective experience, I will attempt to explain schizophrenia as a self-related deficit, first in the light of the first-person and the third-person perspective and afterward, in the light of the poorly less understood second-person perspective. On the one hand, the first-person experience is correlated both with space and time. In fact, psychiatric patients report subjective experiences that can be understood within research on the bodily self, such as (1) spatially incongruent proprioception and (2) impaired sense of time as the basic mechanism that allows conscious experience. On the other hand, the second-person approach has already begun to prove productive within social cognition research, pointing out the importance of experiencing and interacting with others as our primarily way well-being. I will phenomenological analyse subjective and intersubjective experience in the disorders of the self and derive practical consequences to evidence-based medicine.

### KEY-WORDS

*Clinical care, knowledge, medical epistemology, schizophrenia, self, space, subjectivity, time*

Ines is graduated in Philosophy. Her work falls under the scope of Philosophy of Mind, Phenomenology and Cognitive Science, and include subjective experience; perception; cognition; consciousness; multisensory integration. Philosophy of Mathematics and Logics. She has been awarded several research scholarships, and published more than ten peer-reviewed scientific work in journals such as Elsevier, Willey, De Gruyter, and Springer. She has also presented and participated at more than two-dozen international scientific events, and co-organized several international scientific events.



# DORA ISABEL FIALHO PEREIRA

University of Madeira (PT)

## “PARENTING, AND / OR MENTAL HEALTH?”

**Background:** In child protection, parenting and mental health issues are frequently related; questions about continuity of care, and family reunification are answered mostly by assessing parents and implications for child development.

**Aims:** Based on the Functional Model of Parenting Behavior we pretend to re-locate those assessments on parenting capacity evaluation main frame and present the results of the exploratory study developed in Alentejo about the reliability of the Parenting Capacity Assessment Guide (De Ran-court, Paquette, Paquette & Rainville, 2006, adapt. Pereira & Alarcão, 2013) in portuguese context. The Guide includes 9 assessment dimensions, one of them directly related with mental health implications for parenting (Personal factors that affect parenting capacity – dimension 7). Examples of the questions will be presented.

**Method:** This qualitative research was developed through the Guide's application by 3 evaluators to 10 cases of children (aged 0 to 5) looked after in temporary shelters of Évora, Beja and Portalegre in two moments (M1,M2) and inter-rater agreement was calculated for each one.

**Results:** High values of inter-rater agreement in M2 for the dimension 7 (97%) and the global tool (93%) points the Guide as a promising tool to parenting capacity assessments. Results will be discussed, pointing to the challenges faced by professionals involved.

**Conclusions:** Parenting and mental health relation isn't just a question of presence/absence of psychopathology. It's one of parenting capacity elements, requiring that professionals from in and out mental health work be focused on the main and common aim of optimal children development and parents' well being.

I'm a Senior Lecturer in Clinical Psychology at University of Madeira and previously worked on child protection (in Évora) for 17 years, I developed my Phd investigation (2014, University of Coimbra) about Parenting Capacity Assessment.

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## KEY-WORDS

*Parenting capacity, psychopathology, assessment, child protection*

# PATRÍCIA CLAUDINO

Casa de Alba, Fundação Romão de Sousa and Associação Chão dos Meninos, Évora

## CREATIVE RECOVERY - PERSONAL NARRATIVES CREATED IN INTERMODAL EXPRESSIVE THERAPY WITH MENTAL HEALTH CLIENTS

**Background:** This poster presents intermodal expressive therapy sessions in Casa de Alba, Fundação Romão de Sousa, Portugal, since August 2014. Here we integrate several things together: imagination, play, aesthetics, research through the arts and experiential learning. A closer approach is made between how the arts activities combines with the manners "we think ourselves" and how our performing of each self's contributes to wellness or stagnation.

**Aims:** To examine the therapeutic alliance and client satisfaction. It is hypothesized that it contributes to some benefits as improved functioning of clients and their recovery through meaningful activity and supporting interpersonal connectedness; it also facilitates creative expression and improvements in the cohesion for the community as a whole.

**Method:** The interventions comprises 2 sessions per month, during the past 17 months, with a range of 16 clients of Casa de Alba therapeutic community. We will present some aesthetical materials from one of them, in order to illustrate personal narratives that have been worked.

**Results:** descriptive analysis using data collected with clinical records and client's artistic workbook, based in a single case description. All clients described benefits from their participation identified in five commonly "areas", namely: pleasure, connectedness, mental stimulation, learning and creativity; engagement in purposeful occupation and relief from boredom and reconnection with self/life.

**Discussion/conclusions:** This work pretends to exemplify how expressive arts interventions provide a positive and valuable experience contributing to clients mental well being during an otherwise distressing illness and as part of a therapeutic process in a community stay.

Psychologist and Expressive arts therapist, MA in Transdisciplinary Therapy and Human Development in ISPA (Barcelona).

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### KEY-WORDS

*Intermodal expressive therapy, creativeness, mental health, client satisfaction, therapeutic process, personal narratives*

# PATRÍCIA POPPE

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## GROUP ANALYTIC INTERVENTION WITH PARENTS

All parents face considerable challenges when raising children and many are afraid of not being good parents. When their children have difficulties, at school or at home, parents often experience this as their own failure. However, parents rarely have a space where they can be contained in order to elaborate their difficulties. This study provides evaluation of analytic oriented parents groups, focussing on possible emerging group factors that mobilize the development of internal resources of parents, bringing along enrichment and change.

Talking and reflecting according to the group analytic model should facilitate each member to internalize his/her experience of maternity/paternity, to process past links and experiences and to change or adjust present relationships. Three groups of 10 mothers and fathers met weekly for one hour during 3 months in their children's school with a group psychotherapist. All parents were interviewed, completed written questions and a questionnaire, before entering and after ending the group. Data concerning feelings and experience in the group, self-perception on self and child understanding, relationships and changes or parenting sense of competence were evaluated using qualitative and quantitative analysis.

Parents valued this experience and felt contained in the group. Through the group they developed the understanding of their own needs, desires and competences as well as those of their children; they improved their relationships and parenting confidence. Some transformations were characteristic of analytic group psychotherapy.

### KEY-WORDS

*Analytic group psychotherapy, parents groups, intervention with parents, short term groups, groups in school, emotional development, internal resources*

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# BRANCA SÁ PIRES

Fundação AJU – Jerónimo Usera.

## PHENOMENOLOGICAL-EXISTENTIAL THERAPY WITH CHILDREN AND ADOLESCENTS: BUILDING A COMMUNITY-BASED RESEARCH PROJECT

**Background:** Working at a community-based clinical practice entails several particular challenges. Clients typically come from at-risk families – families possessing multiple psychological and social risk factors, for example, a personal history of trauma/abuse/aggression; child neglect; very low income near poverty limits etc. As a clinical service, we are always looking for ways to evaluate our work as clinicians in the community thus aiming to provide the best service possible. In collaboration with ISPA –University Institute, we have been building a project with three main objectives a) Help evaluate the service provided, b) Assess how change in therapy is experienced by our clients c) Evaluate how clients feel therapy has impacted their lives.

**Population:** Children/adolescents and parents/caregivers from “at-risk” families.

**Aim:** To present the creation of a community-based research project focusing on Phenomenological-Existential Psychotherapy with children/adolescents and Change in Therapy.

**Method:** We will present the theoretical foundations of the psychotherapeutic intervention as well as its practical applications; How the research project has been developed; The instruments used – producing both qualitative and quantitative data; Procedures implemented; Client participation (caregivers and children) in both therapy and the research project.

**Results:** Preliminary results, as available, will be discussed.

**Discussion/Conclusion:** Concluding remarks will be presented regarding the experience of implementing the project and the relevance of the results for psychotherapy and psychotherapeutic practice, in particular regarding work with children and youth in the Phenomenological- Existential Tradition.

Clinical Psychologist and Existential Psychotherapist. Develops her work at Fundação AJU- Jerónimo Usera, Portugal.

She is also a lecturer and supervisor at the Portuguese Society for Existential Psychotherapy - SPPE. Areas of interest: psychotherapy with clients from “high-risk” families, in particular children and young people.

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### KEY-WORDS

*Change in Therapy, Children and Adolescents, Parents, Phenomenological-Existential; Therapy*

# ALDO LOMBARDO

Raymond Gledhill Therapeutic Community, Marino.  
Cattolica and La Sapienza Universities, Rome.

## INTEGRATED SOCIO THERAPY: INTRODUCING STEPPS AND SCHEMA THERAPY IN A RESIDENTIAL THERAPEUTIC COMMUNITY

**Objective:** In order to reduce the length of stay, usually 18 to 24 month, we decided to introduce cognitive approaches STEPPS and SCHEMA Therapy (ST), into our residential Therapeutic Community (TC) program. "Raymond Gledhill" TC is one of two recovery places for persons with borderline personality disorders and "dual diagnosis". It adopts Maxwell Jones' Living Learning Experience approach, better known as Sociotherapy.

**Methods:** Dialectic Behavior Therapy, attempted in the past, appeared to be too complex and long. It also required long and expensive staff training. We translated STEPPS Manual into Italian and Renee Harvey from UK coached us. We delivered a two hours lesson once a week followed by daily homework throughout the twenty weeks STEPPS protocol. Our TC timetable was rearranged to allow for weekly ST group sessions.

**Results:** Since STEPPS and ST integration motivation among residents has increased, staff communicate better with a common language, mutual support is more effective, and trust, empathy and personal awareness have increased. STEPPS and ST restructured program positively contributed to a rational reorganisation of weekly therapeutic activities enhancing cohesion and general improvement of the perceived quality of life in the treatment environment.

**Conclusions:** ST and STEPPS integrated program seems a good, simple tool to add to Sociotherapy: it is well received by patients and gives a more rational structure to recovery programs. We call this approach to recovery "Integrated Sociotherapy" (IS). More experience and practice will tell us if IS will also contribute to reduce the length of stay in residential programs.

After graduating in medicine from the Università degli Studi di Perugia, Aldo moved to London to train in general practice and psychiatry. He returned to Italy to become a specialist in psychotherapy from Ordine dei Medici di Roma, and later trained in different psychotherapeutic techniques including Systemic Family Therapy, EMDR and Schemabased group therapy. Since 1998 he has been involved in delivering and planning Living Learning Experiences, in UK and Italy. With Gian Carlo Decimo, he set up the first Living Learning Experiences in Italy. He works in private practice in Rome and is the Director of the Raymond Gledhill Therapeutic Community in Marino. He teaches at the Cattolica and La Sapienza Universities of Rome.

### KEY-WORDS

*Sociotherapy, psychosocial, recovery, psycho-education, therapeutic communities, Schema therapy, borderline, STEPPS, psychiatric rehabilitation, integrated therapy, personality disorders*

# MARIA JOÃO CENTENO\*, TERESA FIALHO AND PAULA GODINHO

Psychiatric Day Unit, Santa Maria Hospital, Lisbon

## FINDING THE MISSING TRIANGLE - THE MULTIFAMILY GROUP

Introduced in Portugal on the Psychiatric Day Unit of the Santa Maria Hospital in Lisbon on April 2001, the Multifamily Group, inspired on the Multifamily Psychoanalysis of Garcia Badaracco and on the Portuguese School of Group Analysis, is both an excellent diagnostic instrument and a psychotherapeutic treatment. Among the several therapeutic factors, the multifamily group gives the chance to introduce the third element on a pathological and pathogenic interdependent bond, leading to important psychological changes in all participants. To evaluate the outcome of this psychotherapeutic intervention, a preliminary study was done, involving 35 patients and their families. The assessment took place in two phases, pre and post intervention, applying a clinical method, nomothetic and ideographic measures.

### KEY-WORDS

*Multifamily Group; Relational Psychopathology; Day Hospital*

\*Psychologist and Group Analyst  
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# JORGE GONÇALVES

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## EMPATHY IN PSYCHIATRY

In this article I sustain that a phenomenological approach to psychiatry could contribute to give more importance to the subject and its feelings and not only to "behavior traces" and "dimensions". The knowledge of psychiatric patients poses additional questions to the general knowledge of others. One feature that is very frequent in all psychiatric patients is a difficulty in feeling empathy towards others. They feel they do not understand others and that others do not understand them. The capacity to feel empathy for others resides on a "shared space of possibilities", in the very words of Ratcliffe. In the case of psychiatric patients, the modal space of possibilities is no longer completely shareable. One needs more openness to the other, a kind of "radical empathy". In some mental disorders as depression and schizophrenia there is more than a quantitative alteration in the modal space of possibilities; there is a real disruption. One way to understanding this kind of empathy is through the model of narratives (Gallagher). After two years of age, children begin to be embedded in stories of their culture. Narratives are finite stories and not theories (which consists of a set of theses and timeless general rules, supposedly applicable in most cases). In place of trying to simulate the experiences of a psychiatric patient in our mind one can try to understand his/her narratives and because they are abnormal one can use an enactive imagination, approaching to the life-world of the patient, even if in a partial way.

### KEY-WORDS

*Empathy, phenomenology, narrative, life-world*

Degree in Psychology (1988) and in Philosophy (1997), both in Lisbon. Masters degree in Philosophy (2002) and a PhD (2007) also in Philosophy ("Consciousness and Natural Order"). Between 1988 and 1999 I worked in Psychology (educational, mental retarded, chronic mental illness). I currently work at IFILNOVA (New University of Lisbon) as a post-doctoral researcher. was the principal researcher of the Project "Cognitive Foundations of the Self" (funded by FCT). My currently research interests are Consciousness and Self Studies, Philosophy of Psychology, Philosophy of Psychiatry, and Philosophy of Film. I am Founder Member of the Portuguese Society for Clinical Psychology (SPPC), Portuguese Society of Analytic Philosophy and of the Portuguese Centre of Psychoanalysis – International Lacanian Association.

# JAMES ASHCROFT

University of Manchester (UK)

## ASSESSING THE EFFECTS OF TRANSCRANIAL DIRECT CURRENT STIMULATION UPON ATTENTION IN LEWY BODY DEMENTIA: A Crossover TRIAL

**Introduction:** Lewy body dementia (LBD) is the second most common form of dementia affecting over 700,000 people in the UK. Individuals with LBD display impaired attentional function and current treatments for this attentional dysfunction are limited in efficacy, therefore alternative therapeutic options are needed. Transcranial direct current stimulation (tDCS) is a simple, cheap and non-invasive technique used to activate areas of the brain by applying a weak electrical current across the scalp through two electrodes. tDCS applied to the dorsolateral prefrontal cortex (DLPFC) has been found to improve cognition in healthy individuals and dementia cohorts without worsening pre-existing symptoms.

**Aim:** This study aimed to conduct a cross over trial to assess whether a single session of tDCS improved attentional performance in LBD patients.

**Results:** Twenty-three participants diagnosed with LBD received 20 minutes of both active tDCS ( $0.08\text{mA}/\text{cm}^2$ ) applied to the left DLPFC and sham stimulation in two separate sessions. Following stimulation participants completed four attentional tasks (simple reaction time, choice reaction time, digit vigilance and an attentional network task). There were no significant differences in any attentional measures between post-sham and post-active tDCS attentional task outcomes (percentage of correct response, correct response reaction time, power of attention, cognitive reaction time, executive control and conflict control).

**Conclusion:** A single session of active tDCS did not lead to attentional improvements in LBD patients. Implementing repeated tDCS sessions, adjusting the current density of stimulation, and stratification of patients in terms of cognition among other methodological modifications should be considered to improve tDCS efficacy.

James Ashcroft is a final year medical student at Manchester Medical School who has recently completed his MRes in Neuroscience. For his MRes project James travelled to the Institute of Neurosciences, Kolkata, India to investigate the effect of transcranial direct current stimulation on attentional function in Lewy body dementia, the results of which he will be presenting today.

### KEY-WORDS

*Lewy body dementia, transcranial direct current stimulation, attention*



# INÊS MACEDO

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of Existential Therapy (SPPE)

## PSYCHEDELIC THERAPY: PHARMACOTHERAPY, PSYCHOTHERAPY OR BOTH?

In the last years, scientific advances on the neurobiology of psychedelic substances led to renewed interest on its clinical applications for multiple psychiatric conditions. The most extensively studied indications include alcohol and drug addiction, obsessive compulsive disorder and anxiety in terminally ill cancer patients, suggesting that different therapeutic mechanisms may be involved. There are some approaches using psychedelics as tools for facilitating and supporting various types of psychotherapy, such as psychedelic therapy that has been practiced essentially in North America. It relies on the temporary induction of a dramatically altered state of consciousness by means of the administration of high doses of hallucinogens, in a friendly, permissive and psychologically safe environment. While in this altered state patients often have extremely profound subjective and mystical experiences that seem to be crucial for therapeutic effects. Psychedelics are agents with neurochemical and pharmacodynamic effects and the evidence reveals that the 'core psychedelic effects' are transmitted via an action on 5HT-2A receptors, while different substances interact with multiple receptor types. The aim of this work is to review the ways how psychedelic drugs may exert their therapeutic effects.

### KEY-WORDS

*Hallucinogens, psychedelics, psilocybin, LSD, substance-assisted psychotherapy, psychedelic therapy, obsessive-compulsive disorder, substance addiction, terminally ill cancer patients*

Inês Macedo completed her medical studies at the NOVA School of Medicine in Lisbon and she is now a psychiatry resident at the Centro Hospitalar de Lisboa Ocidental. In January of 2015 she started the 4 year course of existential psychotherapy at SPPE. She collaborates in a project named Kosmicare, that provides crisis intervention in psychological emergencies related to the use of psychoactive substances in recreational environments. Her areas of interest are philosophic psychiatry, psychopathology, the field of psychotherapies, especially the existential and phenomenological approaches as well as substance use related disorders.

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# TATIANA FERREIRA AND ANA CARVALHO

Fundação Romão de Sousa (Casa de Alba)

## PHENOMENOLOGICAL PERSPECTIVE OF SCHIZOPHRENIA

Rooted in clinical phenomenology and its use in psychopathology, this literature review aims to suspend causal hypothesis in schizophrenia research and broaden the understanding about this disorder on the experiential self. From an evidence base, we aim to gain knowledge on the development stages of schizophrenia, as to increase the establishment of an early diagnosis as well as expanding awareness of living with this disorder and the changes which occur on the self. In this analysis, phenomenological psychopathology's empirical and theoretical data, as well as first hand accounts were gathered, as a means to increase insight of emerging phenomena in schizophrenia.

### KEY-WORDS

*Schizophrenia, phenomenology, psychopathology, experiential self*

Tatiana is a Clinical Psychologist and Phenomenological Existential Psychotherapist in the latest stages of her training at the Portuguese Society of Existential Psychotherapy.

Ana is a Clinical Psychologist, full member of the Portuguese Order of Psychologists.

# ASHOK BHATTACHARYA

Private practice

## THE LOSS OF BALANCE: BURNOUT

**Background:** Everything that works breaks and mental health professional works very hard from the moment they enter their training. Doctors are one of the most stressed of the professions, yet we are expected to be a model of health, wellness, and optimism. Burnout is the inevitable result of the imbalance of work and life outside of work. This presentation is a review of the current understanding of burnout and its effect on health professionals.

**Aim:** Define burnout and distinguish it from other conditions such as depression and addiction.

Provide a brief history of the emergence and current relevance of burnout.

Burnout is a multi-determined condition caused by work/life imbalance, poor time management, and perception of job satisfaction. These factors will be discussed separately and dynamically to be able to formulate a unique personal assessment.

**Discussion/conclusions:** As healers, we are all role models of health and wellness. This talk examines and evaluates the level of burnout we may be experiencing. Furthermore, the attendee will be able to analyze the effect of their burnout on their practice and the transmission of it to their clients. The prevention of burnout is summarised.

### KEY-WORDS

*Burnout, Doctor, work/life balance*

Graduated from Memorial University Medical School in 1984. He completed his specialty training in Psychiatry at the University of Toronto. He has been in private practice for 30 years as a psychotherapist for individuals and couples. He has been married for 29 years, has three adult children, bikes 5000 kilometers a year and writes, records, and performs musically. He is the author of two books: CAKE: A guide to Reciprocal Empathy for couples; and Deep Fried Nerves. The study of Burnout in doctors.

# JOÃO G. PEREIRA\*, CÉLIA SALES (PT), DANIEL GUERRA (PT), AND CLÁUDIA PEDRO (PT)

\*Romão de Sousa Foundation and Évora University

## ADAPTATION AND MEANING IN PRACTICE BASED RESEARCH: THE PATIENT'S PERSPECTIVE IN CASA DE ALBA

Casa de Alba (Romão de Sousa Foundation) is a democratic therapeutic community for severe mental health problems where residents (preferred name for patients) get involved in decision making processes, including the evaluation of the quality of the service.

For this reason, the evaluation protocol of Casa de Alba, included individualized measures, where change is measured according to the problems residents feel are of greater importance.

Despite many claims that individualized measures allow for a patient-centered evaluation, and that patients perceive them as useful, research studies that look into patients' perceptions of these instruments are rare.

This study presents the results of a focus group undertaken at Casa de Alba, where residents rate and discuss the evaluation protocol used by the service, with a special emphasis on individualized measures.

The diagnostic specificity of the group of residents (severe personality disorder and schizophrenia) also paves the way for future studies, where measures could be tailored and adapted, depending on the diagnostic criteria.

### KEY-WORDS

*Patient centered research, therapeutic Community, service evaluation, qualitative*

João G. Pereira is Senior Lecturer in Psychology at Évora University and Clinical Director of Romão de Sousa Foundation (Casa de Alba).

He holds a Doctorate in Psychotherapy by Middlesex University, following a number of years in the UK National Health Service developing and researching therapeutic programs.

He is a Chartered Member of the British Psychological Society (BPS), a Registered Psychotherapist with the United Kingdom Council for Psychotherapy (UKCP) and has been awarded the European Certificate of Psychotherapy by the EAP.

He is interested in understanding what goes on in developing and sustaining therapeutic relationships and in the intersection between psychoanalysis, philosophy and neuroscience.

He is currently a Post-Doctoral Researcher in Philosophical Psychiatry at NOVA University of Lisbon and a member of international research groups. João is the author and editor of a number of mental health publications and an editorial board member of the British Journal of Psychotherapy Integration. He is currently on the organizing and scientific committee of a number of scientific events.

# PEDRO DULCI

Centro Hospitalar de Lisboa Ocidental and Portuguese Society  
of Existential Therapy (SPPE)

## THE ONTOLOGY OF INTERVENTION: HERMAN DOOYEWEERD'S CONTRIBUTION TO THE MULTIDISCIPLINARY TREATMENT

Universidade Federal de Goiás,  
Brasil; Universidade Livre de  
Amsterdão.

In an effort to articulate the modern knowledge in the field of health with the research in the multidisciplinary field, a question of first magnitude arises: the ontology that supports this articulation. For researches in integrative therapies have adequate rigorous, it is important to ask: What is the understanding of wholeness that is behind our analysis? What are the limits of such anti-reductionist approach? How do we know that some aspect is being overlooked in our holistic evaluation of a patient? These questions are part of the ontology of intervention. In this branch of philosophy, we believe that the contributions of the Dutch philosopher Herman Dooyeweerd - and its current successors Dr. Gerrit Glas - are unique to promote interdisciplinary discussion of bioethics and medical ethics issues. Although it is a thinker with a vast work, and with multiple entrance gates, there is a central point. This is a modal ontology which resulted in a description of the structure of each sphere of reality. Through a hierarchically organized and interdependent scale, Dooyeweerd provided the widest possible analytical diversity. This communication will take care to the reasoning Dooyeweerd in relation to the clinical and ethical issues.

### KEY-WORDS

*Ontology; holistic; treatment; interdisciplinarity; clinic*

# JOSEFA ROS VELASCO

Complutense University of Madrid.

Department: History of Philosophy, Aesthetics and Theories of Knowledge

## THE PATHOLOGY OF BOREDOM FROM CONTEMPORARY PSYCHOLOGY AND PSYCHIATRY: HUMANIZING OR DEHUMANIZING TREATMENT?

At the beginning of the last century the metaphor of "boredom as a disease" began to be taken at face value in the context of the psychological and psychiatric research from industrial psychological tests of efficiency in the workplace. Since then, the study of boredom has been carried out from the mental health field, from which it has been spread the idea that boredom is a problem that concerns the individual development and appears on the inside of the subject as a mental health problem with serious psychosocial consequences. It has been in the last two decades when boredom has become a matter of scientific and clinical interest: to be analyzed from its neurological and psychiatric conditions. To date, it is estimated that boredom arises from a discontinued relationship between the patient and the environment caused by diseases of boredom themselves as the pathology of chronic boredom, for instead. Consequently, much of the literature on boredom focuses on the proposal of boredom-fighting treatments from psychoanalysis and existentialism such as avoidance or confrontation, 'aways, occupational therapy and many other antidotes. Meanwhile, psychiatrists consider that boredom deserves to be treated as a common psychotic disorder (as depression and stress) due to its neurotic implications. Not only boredom is associated with the range of mental illnesses, but with dysfunctional behaviours deriving from the patient's efforts to get rid of it. In this sense, the study of boredom is motivated by the need to predict deviant behaviours and avoid or treat these. We will raise the debate about whether psychology and psychiatry may be leading to the phenomenon to an extreme that neglects the importance of socio-cultural context, incurring in a process of dehumanization.

Degrees in Philosophy (2010) and in Advertising and Public Relations (2011) with Honors at University of Murcia. Master's in Contemporary Thought (2011) and in Teacher Training (2012) with Honors from the same institution. Ph.D. Candidate at Complutense University of Madrid. FPU Scholar supported by Spanish Ministry of Education, Culture and Sports at Department of History of Philosophy, Aesthetics and Theories of Knowledge.

### KEY-WORDS

*Anthropogenesis, Boredom, Neurobiology, Pathology, Philosophy, Occupational Therapy*

# CLÁUDIA PEDRO\* AND JOÃO G. PEREIRA

\*Romão de Sousa Foundation (PT)

## MENTALIZATION BASED TREATMENT INTRODUCTORY GROUPS IN THERAPEUTIC COMMUNITY SETTINGS

Casa de Alba is a mixed Therapeutic community for adults with severe mental health problems which relies on both the Democratic Model of the Therapeutic Communities and the Millieu Therapy Model and is based on a relational - integrative philosophy. The MBT-i group provides a series of therapeutic scenarios that allow for the development of personal and social skills on participants. To that extent, and considering the support coming from a research level, which has shown the success of treatments based on mentalization, Casa de Alba has kept its focus on the development of this capacity, since its residents show serious failures within interpersonal interactions. The MBT-i group is based on explicit awareness and stands on a psycho-educational base meant to prepare its participants for a psychotherapeutic program where Mentalization is, frequently, implicit and not always spoken. The group consists of 8 sessions of 45 min each, on which we provide an open space to stimulate self-reflection through validation, active listening, curiosity, interest, and encouraging the verbalization of affect. The expected outcome of the MBT-i groups are: better understanding of the therapeutic program, higher attendance to the activities and, additionally, an increase of both the reflective ability and emotional regulation. At this stage, there are no specific objective measures that allow us to evaluate the impact of the group, and therefore we can only measure/compare the program success before and after its occurrence.

### KEY-WORDS

*Mentalization, therapeutic groups, Therapeutic community, reflective capacity*

\* Cláudia is a Clinical Psychologist at Casa de Alba (Romão de Sousa Foundation) and a Family Therapist in training at the Portuguese Society for Family Therapy.

# SUSANA HENRIQUES

CEDIARA – Associação. de Solidariedade Social de Ribeira de Fráguas

## COGNITIVE INTERVENTION IN INSTITUTIONS THAT BACK UP ELDERLY PEOPLE

**Introduction:** For a valid and efficient intervention in the support of elderly people, as well as in other stages of life, it is fundamental to make a holistic evaluation of each user's, in order to identify his/her needs and potentials, and from the results, define a complete intervention program in all areas: Motor Functions, Cognitive, Sensory and Social. We know that with the aging process, the cognitive capacity will diminish, notwithstanding, will remain available to new acquisitions of knowledge having, therefore, to be stimulated. Because of this, it is imperative to create programs empowered with the ability to rehabilitate some neuropsychiatric pathology, each time more common and of hard intervention, like the Alzheimer and other cognitive disturbances. This project, intends to present a module of intervention, based on neurological works, developed by Cediara. The results have proven the importance of creating cognitive stimulation programs adequate to this population.

**Method:** The method used, is characterized by an evaluation of the capacities and deficiencies of the elderly, and thereafter is developed a plan of rehabilitation sessions with objective to stimulate the competence of the elderly. The sessions take place in the Neurological Rehabilitation Room and Memory Workshop, places equipped with innovative materials, totally developed and created by Cediara's technical team, to train the cognitive functions, namely: memory, attention and concentration, thought, language, orientation, reality orientation and spatial-temporal, executorial functions, exercise of visuomotor functions (coordination of movement and visual perception by the brain), sensory and training of daily and instrumental activities of daily life.

**Results:** The results obtained, reflect not only an improvement of the cognitive capacities, sensory, visuomotor, as well as a betterment of the self-esteem and motivation of the beneficiaries.

Doctorate in Neuroscience and Clinical Psychology, Master in Clinical Psychology, Expert in Tools for Cognitive Development and Rehabilitation.

### KEY-WORDS

*Cognitive Stimulation, Geriatric Intervention, Mild Cognitive Impairment, Neurological Rehabilitation*



# PABLO VIDAL\* AND CASA DE ALBA RESIDENTS

Romão de Sousa Foundation and ARASS, Évora, PT

## OWNERS OF THEIR OWN VOICES-INTERVENTION IN MUSIC THERAPY AT CASA DE ALBA

The professional practice of music therapy has grown through its theoretical development and consolidated its practices in the areas of education, health and community. Music therapy is a therapeutic practice that makes use of the musicality of songs and sounds as a privileged resource for intervention on emotions, communication and relationships at any life stage.

The intervention of music therapy with residents of Casa de Alba is based on the multi-modal approach, uses active music therapy techniques, vocal and instrumental improvisation, creating lyrics and songs.

The purpose of this presentation is to share some of the work undertaken within music therapy sessions and to integrate the work within the whole treatment program of Casa de Alba and its team. Understanding the creative process developed in music therapy sessions promotes emotional expression and communication, which can serve as ground for the construction of a process of change.

### KEY-WORDS

*Music Therapy, Mental Health, Songs, Improvisation*

\*Pablo holds a degree in Musitherapy from the Faculty of Medicine of the University of Salvador, Buenos Aires (Argentina). He works as musictherapist in Évora at Associação de Reabilitação Apoio e Solidariedade Social (ARASS) since the year 2000 and in several other projects, including Casa de Alba Therapeutic Community. He is currently the Director of CAO (Occupational Centre) of ARASS.

# VICTOR AMORIM RODRIGUES

ISPA Instituto Universitário and Portuguese Society for Existential Psychotherapy (SPPE)

## DIALECTIC OF THE FIRST AND THIRD PERSON ACCOUNTS IN MENTAL HEALTH – THERAPEUTIC IMPLICATIONS

Twentieth first century psychiatry, and most of contemporary psychology, relies on a third-person account with an emphasis on objectivity and quantification. On the other hand, phenomenology brings the first person perspective to the clinical practice giving voice to the suffering and lived experience of the patients. Contrary expectations notwithstanding, this study of subjectivity isn't in and of itself subjective due to the rigour of the phenomenological method. The author contrasts psychiatric and psychological reports with reports of lived experience recorded on clinical sessions. He also proposes an ontological foundation for the clinical practice which renders the object-subject distinction, and the related distinctions between internal world/external reality and normal/pathological, inoperative and bypasses these aporetic dichotomies. The emerging conclusion is that 'care' provides structure and is the *conditio per quam* to therapeutic relations.

### KEY-WORDS

*Clinical phenomenology, care, first-person account*

Psychiatrist, Psychotherapist and University Lecturer, ISPA Instituto Universitário and Portuguese Society for Existential Psychotherapy (SPPE).

# JOSÉ FREITAS DINIZ

Private practice

## “INTEGRATIVE MENTAL HEALTH, NEW THERAPEUTIC WAYS: HYPNOACUPUNCTURE”

On a global level, mental healthcare has failed to adequately address urgent unmet needs of the mentally ill. These circumstances call for change in the paradigm and practices of mental healthcare. In this conference we will discuss the challenges facing mental healthcare and talk about new therapeutic ways such as Hypnoacupuncture and the role of Integrative Mental Health. In a theoretical basis, for now, because of the lack of more profound evidence based studies, hypnosis and acupuncture could potentially augment each other if administered at the same time. In my practice I can notice that treatments often work better when patients expect that they will help, and that this expectation could potentiate the effect of acupuncture and hypnosis used together. In my practice I observed and verified that acupuncture could help deepen the hypnotic state, which makes patients more suggestible and can heighten the effect of hypnotherapy. I can state for my experience that more studies are needed before recommending that hypnosis and acupuncture be used together on a routine basis. But I am optimistic that studies will prove that the combination of the two therapies will work better than either used alone in some clinical situations.

### KEY-WORDS

*Hypnoacupuncture; Spirituality*

José Freitas Diniz is a Psychotherapist and Lecturer, he holds degrees in Psychology and Theology, specialized in Psychopedagogy, Personal and Social Development, Counseling, Psychotherapy, Clinical Hypnosis and Bioethics. He is also a licensed practitioner of Naturopathy and Acupuncture. He practices all as a psychotherapist within the field of Integrative Medicine. Trainer and researcher of Integrative Medicine and Integrative Mental Health, Hypnoacupuncture and Neuroethics, is member of several scientific associations such as: SPPB (Sociedade Portuguesa de Psicoterapias Breves), ACA (American Counselling Association), ASERVIC (Association for Spiritual, Ethical, and Religious Values in Counseling), IAMFC (International Association of Marriage and Family Counselors), IMAGINAL (Associação Portuguesa de Hipnose Clínica e Experimental) among others. Is a collaborator of LIMMIT (Laboratory of Mind-Matter Interaction with Therapeutic Intention, Clinical Research Unit for the study of the effect of a patient's mind on the matter of Disease in the Faculty of Medicine of the University of Lisbon). Research interests: Altered states of consciousness, Neurofeedback, Ethnomedicine, Spirituality, Paranormal Phenomena, Integrative Mental Health and Art Psychotherapy. He is also General Director of «Serenum, Clínica de bem estar», in Lisbon.

# MARIA NOBRE

CRMEP- Centre for Research in Modern European Philosophy,  
Kingston University, London

## PSYCHOSIS AND MORAL TREATMENT: A LACANIAN APPROACH FOR REDUCING DELUSION THROUGH SPEECH ETHICS IN THERAPEUTIC COMMUNITIES

The general aim of this communication is to produce a theoretical account for the therapeutic effects of moral treatment. In order to do so, the author produces a conceptual framework for treating delusion, based on reframing its productive aspects into a new savoir that establishes the basis for a new relation. Parting from the Lacanian considerations on psychosis as a disorder of language (1955-1956), De Matos concept of new relation (2005), and on the current therapeutic practice of the Centre 388, the author argues that if both the staff and the client agree to follow a speech ethics based on the injunction of honouring one's word, the subject is led to a symbolic conversion of his own speech, and to experience elements that resist symbolic conversion, being the therapeutic effect correlative to this limit - Lacanian concept of subjectivation as barred subject. In other words, following an ethos of speech introduces a progressive blockage to interpretation that reorganizes the subject's structures of language to work with primal repression rather than foreclosure. This new defensive arrangement will lead the client to slowly accept the contingent aspects of his or her experience (present and past), and reduce the need to produce substitutive formations. The communication will also include considerations for technique.

### KEY-WORDS

*psychosis, moral treatment, Symbolic Order, primal repression, foreclosure*

Maria Nobre completed a degree and a Masters in Clinical Psychology at ISPA – University Institute, and is now finishing an MA in Modern European Philosophy at the CRMEP, Kingston University in London. She is a member of the Portuguese Board of Psychologists, and worked with psychotics and children. Her research interests are intersections between psychoanalysis and philosophy. She's currently working on the relations between subjectivity and hystericization, on one hand, and subjective destitution and obsessionalization on the other, and in how these positions interact with each other differently in Lacan, Freud, Hegel and Adorno.







**posters**

# MAFALDA FERREIRA, ISA FIGUEIRA AND CARLA SILVA\*

\*FENACERCI – National Federation of Social Cooperatives, Portugal

## DUAL DIAGNOSIS CHARACTERISTICS, DIAGNOSIS AND TRENDS

This research had as main goals provided: a) an review of literature on intellectual disabilities (ID) and dual diagnosis (DD); b) Portuguese/international contexts upon care services providers for people ID&DD and c) recommendations. Within was also developed a national study (NS) Portugal on DD, collecting information from non-profit organizations/professionals (disability area). From the analysis was possible to determine: a) nowadays intervention is focused on abilities and in inclusive set interventions; b) there's a clear discrepancy between what's defined in (inter)national law and what's really performed by services providers; c) there's a clear trend for non-completion of mental health (MH) diagnosis for people with ID attributing some of the symptoms incorrectly to disability itself. NS enabled to identify 122 non-profit organizations witch 51 of them actively participated. Results showed that professionals, on average, accompanied 63 clients which 58% have a plain DD diagnose. Half states that there are clients with DD that are not properly flagged due to lack of articulation between health professionals and also because of their absence in primary health care services. As recommendations was stress out need to: a) promote complementary intervention using multidisciplinary teams (partnerships by professionals with specific expertise in ID&MH); b) involve directly families in different processes such as training approaches & awareness-raising initiatives; c) invest in training & increasing knowledge on MH&ID; d) intervene at primary health care services aiming a person-centered approach; e) inclusion of ID/MH&DD themes in academic curricula (medicine, psychology&others); f) redesign existing health care services for people with ID&DD.

### KEY-WORDS

*Dual diagnosis, vulnerability, services*

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# MARIA JOÃO CARAPETO

University of Évora and Universitat de Barcelona

## INTRAPERSONAL CONFLICTS AND PSYCHOLOGICAL ADAPTATION IN ADOLESCENCE: A CONTRIBUTION

Developmental theories stresses the important role of internal conflicts in the development and (mal)adjustment in adolescence. However, conflicts are difficult to measure, so they have been invited more frequently for theory than for empirical inquiry. Our proposal is that of combining a developmental approach with a recently line of research on the so called implicative dilemmas, a kind of internal conflict concerning personal change that is conceptualized in the context of personal construct psychology. The aims are: to compare both the presence of implicative dilemmas and the level of global self-knowledge differentiation in early and late adolescents (study 1), and in late adolescents with depressive symptoms and with no symptoms (study 2). Method: the repertory grid technique was used to identify the implicative dilemmas and to measure the global differentiation of two samples of 7th and 12th graders (study 1), and two samples of 12th graders with and without symptoms, as indicated by statistically extreme scores on a depressive symptoms inventory (study 2). Results: implicative dilemmas was found more likely among later, than early, adolescent girls, and among depressed, compared to without symptoms, late adolescents; these more conflict prone subsamples showed higher global self-knowledge differentiation, also. Discussion/conclusions: results support the cognitive-developmental hypothesis about self-knowledge development and psychological adjustment in adolescence, mainly for females. The repertory grid and the psychology of personal constructs showed to be sensitive to developmental differences of self-knowledge organization during adolescence, and offer another possibility to the study of conflicts in the self-system and to psychological intervention.

### KEY-WORDS

*Self-knowledge, adolescence, internal conflicts, repertory grid technique, depression*

Maria João Carapeto graduated in Psychology at the University of Lisbon (1988), and got her PhD at the University of Barcelona (2009) with a thesis entitled "Self-knowledge and psychological adaptation in adolescence". After several years living in Braga, Portugal, where she taught and supervised several master thesis at the Universidade Católica Portuguesa, she came back to Évora, Portugal. At the moment, she teaches courses on developmental psychology and developmental psychopathology at the Universidade de Évora, as Invited Assistant Professor. As a psychologist she had been combining a practice in private and diverse educational contexts, higher education teaching, in service training of teachers and other psychosocial professionals, for instance. Her research interests are based on the human development and change, psychological (mal)adaptation and preventive interventions – especially concerning the role of self-knowledge and especially concerning young people.

# ANA PAULA COUCEIRO FIGUEIRA AND RUI PAIXÃO

Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra

## THE COGSMART: PORTUGUESE COMPENSATORY COGNITIVE TRAINING

Ana Paula Couceiro Figueira  
(Apcouceiro@fpce.uc.pt)

**Introduction:** The neuropsychological rehabilitation designed to provide persons with skills, strategies, and tools to improve attention, concentration, learning, memory, organization, and problem-solving. That improving these abilities will help people with cognitive symptoms or impairments perform better in their everyday activities and reach their goals pertaining to school, work, social functioning, and independent living.

**Objectives:** We present the CogSMART program, adaptation from Figueira and Paixão of the Dr. Twamley, Arizona State University. This program stands for Cognitive Symptom Management and Rehabilitation Therapy.

**Materials and methods:** The full program consists of two manuals, one for the therapist and one for the patient. The CogSMART intervention has been used by therapists with individual clients and groups or classes. Is consisting of 12 sessions. The group sessions usually last for 2 hours, and individual 1 hour.

**Results and discussion:** In USA and in others countries, not yet in Portugal because is a new resource, still no applications or empirical evidence, this approach to cognitive training (TCC) has been successful for people with psychiatric symptoms, brain injuries, and other brain-related conditions resulting in cognitive challenges.

**Conclusion:** CogSMART uses compensatory cognitive training, rather than extensive drills and practice. We teach people how to improve their cognitive skills by using strategies, have them practice their strategy use in the real world, and then troubleshoot any difficulties that come up. Our goal is to help make these strategies become habits, so they can be used automatically when they are needed in the real world.

## KEY-WORDS

*Intervention; promotion; cognition; neuropsychology*

# ANA PAULA COUCEIRO FIGUEIRA AND RUI PAIXÃO

Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra

## THE REHACOG: A PORTUGUESE NEUROPSYCHOLOGICAL INTERVENTION PROGRAM

Faculdade de Psicologia e  
de Ciências da Educação da  
Universidade de Coimbra.

**Introduction:** We present a portuguese neuropsychological intervention program: REHACOG.

**Objectives:** The REHACOP, spanish, originally, it is assumed as a neuropsychological rehabilitation program in psychoses.

**Materials and methods:** The REHACOG has a functional orientation, seeking to improve the quality of life and functional autonomy of clients. In this sense, all modules include practical exercises. It is a comprehensive and structured program consisting of eight intervention modules: attention, language, memory, executive functions, activities of daily living, social skills, social cognition and psychoeducation. It consists of a total of 300 exercise intervention, accessible administration, with instructions and solutions and guidelines for assessment of changes, tracking forms and tracking suggestions of tasks to accomplish in the family context.

The materials are accessible and colorful and include instructions for patients and solutions for the therapist. Can be used with individual or group sessions.

The full program consists of two manuals, one for the therapist and one for the patient.

**Results and discussion:** The result of a long process of several years, several specialists in neuropsychology. This time, the authors of the original version, Spanish, have use projects with other populations. It will be tried in Portugal.

**Conclusion:** Although already evidence at the level of intervention with clinical samples, we rehearse in other populations of various age levels, both at the remedial and preventive level.

### KEY-WORDS

*neuropsychological, rehabilitation, social cognition, psychoeducation, social skills*

# DIANA CRUZ,\* ANA SOUSA AND ANTÓNIO LUENGO MARIA JOÃO HEITOR

Hospital Beatriz Ângelo, Loures

## DAY TREATMENT PSYCHIATRY PROGRAM: A SYSTEMIC MODEL OF INTERVENTION

The psychiatric treatment has suffered huge transformations from the '60s until nowadays. Efforts have been made to rehabilitate and reintegrate these people in the society and day treatment programs have been contributing to this main goal. Psychiatric patients show several limitations that go beyond symptoms: they lack daily routines, coping strategies, emotional regulation skills and relational skills. Frequently, the family context of these patients is also in need both because of eventual disorders in family elements, or because the patients' difficulties have high impact in all family system, working as a stressor.

Our model of intervention has the main goal of dealing with these issues, so we adopted an integrationist model, systemic in nature. Our public population is adults with ages between 18 and 64 years old, identified as suffering from psychosis, humor disorder and personality disorders. These patients are referred from the external consultation or the inpatient service, from the Hospital, and the day treatment program admits 12 patients at once, in accordance with human and logistic resources.

Our program goals are: 1) support the stabilization of patients after inpatient discharge; 2) support the stabilization of acute outpatients; 3) individual, social and occupational rehabilitation; 4) psychoeducation; 4) family support. Group therapy - focused on an interpersonal approach, occupational therapy, social skills development, individual therapy and occupational therapy, are the main approaches.

### KEY-WORDS

*Day-treatment, systemic intervention, group therapy, rehabilitation*

\*Diana Cruz. Clinical Psychologist. PhD in Family Psychology (Faculdade de Psicologia da Universidade de Lisboa), Family Therapist in training. Currently working at the Psychiatry Department of Hospital Beatriz Ângelo. She has worked in public and private contexts mainly with adults, adolescents and families, suffering from psychological and psychiatric disorders. Her CV also counts with publications in this study field.

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# JORGE GONÇALVES

New University of Lisbon and Nova Institute of Philosophy

## MENTAL DISORDERS, FUNCTIONS, AND VALUES

During the 1960-70's the antipsychiatry movement, along with some philosophers such as Foucault and Szasz, held that Psychiatry is an institution destined to sustain certain values and social norms. On the other hand, other psychiatrists maintain that the mental disorder is something objective, existing independent from the human mind, such as physical illnesses. Wakefield tried to combine the different stances into a model on which he defines mental disorder as a "harmful mental dysfunction". Based on the idea that mental mechanisms can be explained just like bodily organs - through their functions- the author thinks that mental disorders have a component which can be explained as being a "dysfunction". According to Darwinism, this could be reduced to natural causes. However, in the context of the model in analysis, it is not sufficient. One needs to evaluate the harmful side of the dysfunction on a normative social context. I criticize the mentioned model in the sense that it does not seem possible to me to define mental disorders in terms of natural functions, being that for the human species there is not a clear distinction between nature and cultural norms.

### KEY-WORDS

*Mental disorder, harmful, natural function, values*

Degree in Psychology (1988) and in Philosophy (1997), both in Lisbon. Completed a Masters degree in Philosophy (2002) and a PhD (2007) also in Philosophy ("Consciousness and Natural Order"). Between 1988 and 1999 I worked in Psychology (educational, mental retarded, chronic mental illness). I currently work at IFILNOVA (New University of Lisbon) as a post-doctoral researcher. I was the principal researcher of the Project "Cognitive Foundations of the Self" (funded by FCT). My currently research interests are Consciousness and Self Studies, Philosophy of Psychology, Philosophy of Psychiatry, and Philosophy of Film. I am Founder Member of the Portuguese Society for Clinical Psychology (SPPC), Portuguese Society of Analytic Philosophy and of the Portuguese Centre of Psychoanalysis – International Lacanian Association.

# FELISA MUÑOZ

Departamento Terapéutica Médico-Quirúrgica Facultad de Medicina

## SHORT PSYCHODYNAMIC PSYCHOTHERAPY FOR DEPRESSION: EMPIRICAL EVIDENCE AND CONCEPTUAL BACKGROUND

Departamento Terapéutica  
Médico-Quirúrgica Facultad  
de Medicina.

**Background:** Although short-term psychodynamic psychotherapy (STPP) is a time-honored treatment for depression, its efficacy in this regard has not been studied as extensively as the efficacy of other psychotherapies, such as cognitive behavioral therapy. This is reflected in treatment guidelines, which typically have not considered STPP a first-choice treatment for depression (Driesen et al. 2015).

**Aims:** To review the efficacy of STPP and its conceptual background.

**Method:** Systematic search for high-quality methodological studies of STPP for depression fulfilling inclusion criteria.

**Results:** Eleven RCTs fulfilled the inclusion criteria. Conceptual background showed the most prominent authors (e.g. Luyten and Blatt 2012 clinically, and Luborsky 1984, technically).

**Discussion/conclusions:** Clinically, STPP for depression may be an evidence-based treatment and may use in the health system (primary care and outpatient) like the first step and later using long-term psychotherapeutic treatment approach. Severity of depression and comorbidity with personality disorders may guide the treatment plans and their changes in the long-term. Finally, the unified protocol based on empirical-supported methods of Leichsring and Schauenburg (2014) may solve the problems in training of psychotherapy and in transfer of research into clinical practice.

### KEY-WORDS

*Depression; Short-term psychodynamic psychotherapy; efficacy; empirically supported treatments*

# IZABELA FILOV

Medical school Bitola, Macedonia, FYR

## THERAPEUTIC COMMUNITY AS A FACTOR OF RECOVERY AMONG PEOPLE WITH MENTAL DISORDERS

**Background:** Therapeutic community as a form a therapeutic milieu and rehabilitation proved to be particularly important in terms of long hospitalizations in psychiatric hospitals. It is particularly important in the light of new reforms in psychiatry in the last decade in the country.

**Aims:** Present that participation in the therapeutic community of hospitalized patients allows faster recovery in terms of active participation in the own treatment and acceptance of their own mental disorder along with all the difficulties and stigma.

**Methods:** The investigation was conducted among two groups of hospitalized patients - group of 20 active participants in the therapeutic community and a group of 20 patients who refuse participating in the therapeutic community. It were created two questionnaires for the needs of the research that provided demographic data and questionnaire for obtaining insight into the effects of therapeutic community on the patient's condition.

**Results and discussion:** The results indicate that male patients are dominate, divorced and unemployed patients among participants in the therapeutic community. Also the results indicate a shorter hospital stay (1 to 3 months), smaller numbers of hospitalizations (1 -2 hospitalizations), more frequent visits home between the participants in the therapeutic community. Regarding the influence of drugs are no differences between the two groups. The results indicate the development of this model of social therapy, particularly in areas where the lack of sufficient mental health services in the community.

### KEY-WORDS

*Therapeutic community, recovery, reforms*

Izabela Filov, MD, PhD- psychiatrist with 18 years of clinical experience as a doctor in a psychiatric hospital and head of the Center for Mental Health. Currently working as a professor at the Higher Medical School in the subjects Psychiatry and Forensic Medicine. An active participant in the process of reforms in psychiatry in the country supported by the WHO.

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## NOTES

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## NOTES

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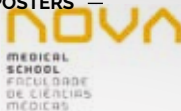
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— POSTERS —



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