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EDITORIAL

Dear Colleagues,

The IFP board is glad to send you this latest Newsletter.

The present issue first presents an editorial from President Driss Moussaoui which addresses the relevance of offering mental health care also in middle and low income countries as well as psychotherapy during and after the Covid-19 pandemic.

Tom K J Craig, Emeritus Professor of Social Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, King's College, London, updates on a sophisticated model of AVATAR therapy for voices which might represent a great innovation in the treatment of hallucinations. A multi-centric controlled trial jointly intending to strengthen the evidence of efficacy and safety to the point where the therapy can move out of research into service delivery in the NHS and be disseminated to interested parties internationally is ongoing.

Then, Hamid Peseschkian, Managing and Academic Director of the Wiesbaden Academy of Psychotherapy, Medical Director of the Wiesbaden Psychotherapy Center, Wiesbaden, Germany, President of the World Association for Positive and Transcultural Psychotherapy illustrates an interesting teaching programme in Positive Psychology which is ongoing in Ethiopia.

Maria Ammon, President German Academy for Psychoanalysis, presented the relevant interests and several activities of the German Academy for Psychoanalysis which is an IFP society member. Congratulations for the many proposals you continuously make to your affiliates!

Then, Franz Caspar, Emeritus Professor for Clinical Psychology and Psychotherapy, University of Bern, and Board member of the International Federation for Psychotherapy, briefly illustrates the spirit and purpose of IFP Research Award. For 2021, the IFP Young Research Award was granted to Dr. Thomas Probst, from Austria. Warm congratulations! Call for Nominations is now open for Mid-Career IFP Research Award.

In the end, the obituary of Professor Julian Paul Leff who was a leading light in Social Psychiatry and made a hugely important contribution to the care and treatment of people suffering from schizophrenia and other severe mental disorders. We have lost a great human being, a leading figure, a dear and loved friend.

The IFP Board wishes all of you a pleasant reading.

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Fiammetta Cosci. Associate Professor of Clinical Psychology, Associate Editor of the Journal Psychotherapy and Psychosomatics, Past President of the International College of Psychosomatic Medicine, General Secretary of the IFP and Newsletter Editor, General Secretary of the Academy of Well-Being Therapy

EDITORIAL FROM THE PRESIDENT

Driss Moussaoui, M.D.

President, International Federation for Psychotherapy

No bad moment in life comes without positive aspects. Indeed, the period we are going through is very challenging, as Covid-19 impacted and still impacts socially, economically, but also psychologically the entire population of the world. It is challenging, but it also represents an opportunity. As a matter of fact, all governments have recorded psychological consequences of lockdowns, social isolation and other restrictions of basic freedom that goes with them, the impact of continuous broadcast of bad news, frightening entire populations, the role of fake news and the hesitation of scientists and decision makers towards the pandemic. The result of this psycho-social atmosphere is an increase of the prevalence of depression, anxiety disorders and substance abuse throughout the world. Governments became more and more aware of the necessity to address this issue, which was much less the case before.

The problem of access to care for people with mental disorders was never a permanent priority, but this pandemic showed clearly the magnitude of the suffering of people and the need to help them, including with psychotherapy. A country like France, for example, started an experiment to allow general practitioners to prescribe psychotherapies conducted by clinical psychologists in regions with lack of mental health services. These psychotherapies are reimbursed by French social security, and this system will be generalized in the whole of the country. At present, the French academy of medicine created a working group on Psychotherapies at the request of the government in order to clarify the rules for the status of psychotherapists. Moreover, French government decided to reimburse ten psychotherapy sessions for all adolescents in the country who feel they are in need of psychological help. This is of course an excellent move. What about when the pandemic will be over, when 'normal' life will come back again? Will suffering disappear with the pandemic? Of course not. How can we, mental health workers at large, make this possibility to access psychotherapy permanent? The duty here is also one of lobbying, explaining to the general population how useful a psychotherapy can be, in the most didactic way. I remember the extraordinary impact a radio programme had in the

1970's in France by a psychoanalyst, Françoise Dolto, who explained in simple words the importance of raising children, of the relationship between children and parents, between users and psychotherapists. A true piece of anthology that is still listened to by a number of people today. The same principle would apply for all kinds of psychotherapy and IFP would be eager to help set up such endeavour in various countries.

The situation is of course different from one European country to another, mostly because of the diversity of educational systems and the great variety of psychotherapies. This will continue to be a major concern for the decades to come. The situation is even less clear in low and middle income countries and speaking about psychotherapy looks sometimes odd in countries with one or two psychiatrists only and no clinical psychologist at all. In a number of highly developed countries, one should not forget that this was also the case some decades ago. For example, in 1945, the number of psychoanalysts in a country such as France was four and CBT psychotherapists less than five in 1977.

Access to care in mental health will continue to be a major public health problem worldwide. Currently, half of the people with schizophrenia in the United States of America have no access to care and half of depressions in France are neither diagnosed nor treated. How many mental patients in need of psychotherapy have access to this treatment at large, especially in rural and remote areas, even in the richest countries of the world? This is important as we know that the best treatment is a combination of both psychotropic medications and psychotherapy. What about much poorer countries in Africa, Asia or Latin America? In this regard, a number of IFP member societies provide training in Psychotherapy for professionals in low and middle income countries. This is highly appreciated and should be commended. The role of IFP is and will continue to bring together such experiences during and after the Covid-19 pandemic.



Founder and chairman of the Ibn Rushd University Psychiatric Centre in Casablanca from 1979 to 2013, director of the Casablanca WHO Collaborating Centre in Mental Health from 1992 to 2013. Founding member and past president of the Moroccan Society of Psychiatry and of the Arab Federation of Psychiatrists. He is past-president of the World Association of Social Psychiatry (2010-2013) and is currently Member of the French Academy of Medicine; World Psychiatric Association and World Association of Social Psychiatry Honorary Fellow

AVATAR therapy for auditory verbal hallucinations: an update

Tom K J Craig, Philippa A Garety
Institute of Psychiatry, Psychology and Neuroscience,
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Background

AVATAR therapy for voices in psychosis was invented and first described by Professor Julian Leff and colleagues (2013) and was subsequently tested for efficacy in our single centre randomised controlled trial (Du Sert et al., 2018). In AVATAR therapy, the voice hearer in collaboration with the therapist uses computer software to create an 'avatar' that is a very close match to the appearance and vocal characteristics of the entity that the person believes to be behind the voice s/he hears. Voice transforming software, developed by Professor Mark Huckvale at University College London, transforms the therapist's voice to match the hallucinated voice. The voice hearer and therapist then sit in separate rooms and carry out a three-way conversation with this avatar, the therapist switching between talking as the avatar or as him/herself gradually 'shaping' the avatar so that it changes in response to the ongoing dialogue, becoming more friendly and supportive with the intention that the voice hearer gains a sense of power and control. The therapy involves two 'phases' – initially a focus on standing up to anxiety provoking verbatim comments from the avatar and a later phase involving a more dialogic exploration of the key themes thought to be important in the genesis and maintenance of the hallucinations. Two pilot studies and our randomised controlled trial that compared AVATAR therapy to supportive counselling have demonstrated substantial reductions the frequency and associated distress of the hallucinations (Leff et al., 2013; Craig et al., 2018; Du Sert et al., 2018).

Subsequent work and the new controlled trial

Later analyses and reflections on the experience of AVATAR therapy have both illuminated what we think are the core therapeutic ingredients and raised further questions. As we have commented previously, we believe understanding the person's relationship with their hallucinated voice is a vital aspect of effective therapy for some participants. Around three quarters of the avatars in our clinical trial were

of characterised entities, a third very much so (i.e., were of someone known to the participant or at least very detailed description in terms of appearance, personality, and behaviour). Understanding and using this detail presented the greatest challenge to the therapist's ability to enact the entity. When this went well, those with the highest characterisation showed greater behavioural involvement and longer, more complex dialogue with their avatar than those with lower levels of characterisation. An analysis of the content of therapy (Ward et al., 2020) identified 10 therapeutic targets, the most frequent of which involved issues of power and control as originally described by Leff et al (2013), the avatar coming to recognise that the participant was 'stronger than I thought and beyond my control'. Another key focus, present in all but one course of therapy was on self-esteem, typically the avatar commenting 'I only say the things you feel about yourself; if that changes I will have nothing to say' with the therapist encouraging the participant to draw on a list of positive personal qualities, sometimes discussing a prepared testimonial from a close and supportive relative or friend to prompt some conciliatory response from the avatar. Other key targets included working with trauma, shame and grief, compassion and challenging the avoidance and safety behaviours that serve to maintain distress.

The latter draws attention to another observation – that reported anxiety decreased across sessions as did the perceived hostility of the avatar while the sense of immersion in a conversation with the voices remained high. Furthermore, some very anxious participants experienced marked reductions in the frequency and distress of voices early in therapy, well before any substantial work on the core themes tackled in the later phase. The reduction in fearfulness clearly followed supported exposure to the avatar and reducing avoidance behaviours, the therapist typically encouraging the person to 'look the avatar in the eye' and express determination to continue with the sessions despite the provocation of the avatar. One participant, for example, told his avatar that he was so fearful he considered pressing the panic button (a way of terminating the session) but resisted this and felt a real sense of achievement and mastery over his fear. Furthermore this led in the subsequent week to his going shopping, despite his voices, for the first time in over a decade, that in turn was followed by 'silence from the voice for the

first time in years'. Although a striking outcome, several participants reported similar early-phase outcomes. Taken together these observations suggest that there may be some voice hearers who would benefit from a much simpler therapy, focused on techniques of anxiety management including reducing avoidance and safety behaviours while there may be others who require the more detailed character based work.

These observations, together with the need to replicate earlier findings, demonstrate cost-effectiveness and show that the therapy can be disseminated more widely is the purpose of the new AVATAR2 clinical trial that will hopefully pave the way for the dissemination of the therapy into routine mental health care (Garety et al., submitted). The research will take place in 4 University sites and their associated NHS mental health services in England and Scotland, recruiting 345 participants to be randomised to three 'arms', one providing brief therapy (6 sessions) focused on reducing anxiety and increasing power and control; the second an extended therapy (12 sessions) with the additional time given to working with the more interpretative, formulation based detail, with both therapy approaches compared with a 'treatment as usual' control condition. In addition to the measures of voices used in the earlier studies, we will also capture real-time experience of voice hearing using event sampling methodology that will give further insight on the daily occurrence of voices before and after completing therapy. The study ought to have got going last year but was significantly delayed by the Covid-19 pandemic. We have taken the opportunity to develop a version of the software that can be used to deliver therapy remotely. Pilot testing has shown this remote delivery is feasible although many of the people who would come forward for the new study either do not have access to the required technology or are very reluctant to use it, fearing malign consequences or simply lacking suitable privacy at home, so face to face working continues to be our priority. Results of the study will not be available before 2025 but we will continue to update progress on our trial website www.avatartherapytrial.com

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Tom K J Craig MD PhD FRCPsych. Emeritus Professor of Social Psychiatry at the Institute of Psychiatry, Psychology and Neuroscience, King's College, London, and. Past President World Association of Social Psychiatry.

Tom qualified in medicine at the University of the West Indies and trained in psychiatry in Nottingham UK. He was appointed to Kings College London as Professor of Community Psychiatry in 1990 with his clinical base in the South London and Maudsley NHS Trust. His clinical research focuses on developing and evaluating community-based psychiatric services and the promotion of these solutions at a National and International level. These programmes have included residential alternatives to the hospital asylum, specialized services for homeless mentally ill people, supported employment programmes, services for first episode psychosis and studies of the computer-based AVATAR programme for the treatment of auditory hallucinations

Positive Psychotherapy Trainings in Ethiopia

Hamid Peseschkian

Managing and Academic Director of the Wiesbaden Academy of Psychotherapy, Medical Director of the Wiesbaden Psychotherapy Center, Wiesbaden, Germany, President of the World Association for Positive and Transcultural Psychotherapy

In Ethiopia, trainings in Positive and Transcultural Psychotherapy (PPT after Peseschkian, since 1977)TM are provided in three training centers aligning with the three big universities: School of Psychiatry, Addis Ababa University, College of Education and Behavioral Science (CEBS) Jimma University and Bahir Dar University. In Ethiopia, PPT is probably the first psychotherapy approach officially provided for mental health professionals as a specialization.

So far we have 26 certified psychotherapists. Initially, the trainees in their basic course took **200** hours of theoretical and practical training. Two hundred hours allocated the following way: 120-hour theory, group work, practice and self-discovery in PPT, 40-hour literature in PPT, 30-hour regular intervention group, 10-hour assessment and self-discovery. The basic course has 4 modules and it includes the following contents:

Module 1: Introduction of PPT

Module 2: Positive conflict resolution

Module 3: Consultant-client relationship

Module 4: Application of PPT.

After finishing the basic course, they were awarded as basic consultant of positive psychotherapy. The status of basic consultant of positive psychotherapy was given by World Association of Positive Psychotherapy in collaboration with School of Psychiatry, Addis Ababa University, Ethiopia.

In the master course, they have invested a total of **885**-hour module based training. Eight hundred eightyfive hours allocated in the following way: **300**-hour theory, and group work, 240-hour literature and other modalities, **60**-hour regular between each seminars intervention group, 100-hour self-discovery, **150**-hour practical work, **35**-hour 5 case study.

The master course contains **10** modules and the content of the training includes the following:

Module 1: Resource oriented counseling and Psychotherapy-Introduction.

Module 2: Advanced concepts of Positive and Transcultural Counseling and Psychotherapy.

Module 3: Conflict dynamic, psychodynamics and human development, salutogenesis, resilience and coping.

Module 4: Therapeutic relationship, factors of effectiveness in psychotherapy and counseling.

Module 5: First interview, diagnostic and techniques.

Module 6: Schools of Psychotherapy and counseling.

Module 7: Specific disorders: mental behavioral, psychosomatic.

Module 8: Positive Family Therapy, counseling marital problem, stress management.

Module 9: Methods of trauma therapy. Cultural specify in counseling, crisis intervention in groups, self-help groups, group psychotherapy.

Module 10: Applications of resource oriented counseling and positive psychotherapy in therapy, consultation, education, training and coaching.

At the end of the training, trainees receive a certificate of Certified Positive Psychotherapist. The status of Certified Positive Psychotherapist was given by World Association of Positive Psychotherapy in collaboration with School of Psychiatry, Addis Ababa University, Ethiopia.

The first Certified Positive Psychotherapists are drawn from Medical, Psychiatry, Psychology and Counseling field. Presently, majority of Psychotherapists serving in the country as mental health practitioner and university instructor. Some of certified psychotherapists officially established their own psychotherapy center and supporting the community by providing psychotherapy services and some of them are providing self-development training for different community groups.

The first certified psychotherapists also established Ethiopian Positive Psychotherapy Association and using this opportunity to enhance their capacity in psychotherapy field and expanding the value of psychotherapy at the national level. The association is closely working with the World Association for Positive and Transcultural Psychotherapy and planning to expand PPT training in the African continent and increase PPT centers to reach the unreached parts of the population.

Currently, PPT basic training and master training is well under way in the three centers and the national association is planning and working with the world association to produce basic and master trainers in the coming 2-3 years.

The training is provided according to the European standard so far trainers are from European countries and WAPP is strongly working to ensure the standard of the training and this will continue even in the future.

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Dr. Hamid Peseschkian, MD, DM, DMSc, IDFAPA, is the Academic and Managing Director of the Wiesbaden Academy of Psychotherapy (WIAP), the Head of its psychotherapy residency program, and the Medical Director of the Wiesbaden Psychotherapy Clinic (Germany). He serves currently as the President of the World Association for Positive and Transcultural Psychotherapy (WAPP).

Dr. Hamid Peseschkian is Editor of The Global Psychotherapist, a scientific journal which can be retrieved at http://www.positum.org/files/the_global_psychotherapist_vol.1_no.1_jan.2021.pdf

The German Academy for Psychoanalysis

Maria Ammon

President German Academy for Psychoanalysis

History

The German Academy for Psychoanalysis (DAP) e. V. was founded on December 14, 1969 in Berlin and is dedicated to training, research and therapy according to the Berlin School of Dynamic Psychiatry or Human Structural Psychoanalysis developed by Günter Ammon (1918-1995). The training entitles the student to apply for a license as a psychological psychotherapist in accordance with the Psychotherapists Act or further training in medical psychotherapy. The two teaching and research institutes (LFI) of the DAP are located in Berlin and Munich.

Organization

The German Academy for Psychoanalysis (DAP) e. V. has two teaching and research institutes, the Berlin Teaching and Research Institute and the Munich Teaching and Research Institute. Affiliated with the DAP is the German Society for Group Dynamics and Group Psychotherapy (DGG) e. V.. General meetings of the DAP are held at least once a year. International congresses and symposia have been held continuously since 1969 through the internationally active World Association for Dynamic Psychiatry (WADP).

Board of Directors

Prof. Dr. phil. Dr. h.c. Dipl.-Psych. Maria Ammon, Berlin (President)

Ingeborg Urspruch, physician, Munich (Vice president)

Dipl.-Psych. Petra Kiem, Berlin (Vice President)

Dipl.-Psych. Gabriele von Bülow, M.A., Berlin (Supraregional Teaching Committee)

Dipl.-Psych. Erwin Lessner, Munich (Treasurer)

Dipl.-Psych. Gisela Finke, Munich (Executive Secretary)

The DAP is a non-profit organization because of the Promotion of public health (§ 52 Abs. 2 Satz 1 Nr. 3 AO) Promotion of vocational training (§ 52 para. 2 sentence 1 no. 7 AO)

Purpose of the association

a) The association serves the union of psychoanalysts in the Federal Republic of Germany. It shall promote the exchange of scientific knowledge and experience in the field of psychoanalysis.

b) The aim of the Association is to contribute to ensuring psychotherapeutic care for the population and to train psychoanalysts, psychotherapists, child and adolescent psychotherapists as well as to provide continuing education in medical psychotherapy. In this context, it carries out teaching and research activities in the field of psychoanalysis. It establishes and commissions teaching and research institutes and sets training rules and qualification requirements for psychoanalysts. The teaching and research institutes may adopt their own statutes. The members of the association understand the science of psychoanalysis founded by Freud as a living science, which is constantly developing on the basis of newly gained knowledge from research and practice. They assume that psychoanalysis can only develop its emancipatory power if it does not conceive of people as isolated beings, but understands the group as the decisive dimension of the individual. In this sense, psychoanalysis as a field of self-experience and self-realization must therefore include social processes in its work.

The joint publication organ with the German Society for Group Dynamics and Group Psychotherapy e. V. (DGG) is the journal "Dynamische Psychiatrie | Dynamic Psychiatry". The tasks of the association include in particular the organization of national and international congresses.

The German Academy for Psychoanalysis (e. V.) also operates conference centres where it holds events.

The German Academy for Psychoanalysis has trained in psychoanalysis, psychotherapy and group psychotherapy hundreds of students over 50 years in the 2 training institutes in Berlin and in Munich.

Students of different nationalities e. g. Germany, Russia, Turkey, Syria, Kosovo, Poland etc. have completed their training as psychological and medical psychotherapists after 3 to 5 years.

In close cooperation with the World Association for Dynamic Psychiatry, we have organized 19 international congresses in Germany, Italy, Poland and Russia.

The 20th international World congress of the World Association for Dynamic Psychiatry will be held in Krakow, Poland planned in about 2 years.

More information will be available when the pandemic allows personal meetings : www.wadpinternational.com

For more information:

<https://www.dap-psychoanalyse.de/>

<https://wadpinternational.com/>



Professor Dr. habil. Dr. phil. Dr. h. c., Dipl. Psych. Maria Ammon is Psychoanalyst and psychotherapist, Group psychotherapist, Training and Control Analyst, Scientific head and head of education for the training for psychologic and psychotherapist in psychoanalysis at the Berliner Lehr- und Forschungsinstitut der Deutschen Akademie für Psychoanalyse (DAP), Former therapeutic managing director of the dynamic-psychiatric hospital Meterschwaige, Munich for more than 30 years, President of the German Academy for Psychoanalysis (DAP), Executive secretary of the World Association for Dynamic Psychiatry (WADP), Honorary Doctor of the Bekhterev Institute St. Petersburg 2006, Professor of the Bekhterev Institute St. Petersburg 2012.

The IFP research award

Franz Caspar

Department of Clinical Psychology and Psychotherapy,
University of Bern

What is the idea of the IFP research award? The IFP is not an association of psychotherapy researchers, but a general psychotherapy association, in which only a part of the members are researchers. But also for psychotherapists without a genuine, active interest in research, the empirical foundation of their practice is important. For patients, insurances, and other stakeholders it is increasingly obvious that psychotherapeutic treatments should be guided by systematic empirical knowledge. Empirical knowledge does, of course not mean research related to the effects of therapy only. For practitioners research on processes and mechanisms of change are at least as important. Empirical knowledge is also not equal quantitative research. Qualitative research can be as demanding and informative, and it has become common to combine the two in studies.

Valuing research does also not mean a one-way street from research to practice. Practitioners should be encouraged and as far as necessary supported to use data from their practice to extract knowledge that can be passed on to colleagues. A good model are scientist-practitioner networks (see IFP newsletter 1/2017, 1/2012, accessible on the IFP website).

The role of the award is to highlight the importance of research also for the IFP and to stimulate research considered important for the membership.



Franz Caspar is Professor Emeritus for Clinical Psychology and Psychotherapy (University of Bern, Switzerland) and member of the National Research Council, Swiss National Science Foundation. Before Bern, he has been professor in Freiburg (Germany) and Geneva. He has practiced psychotherapy throughout his career and has also served as Head psychologist in a psychiatric hospital. Among many honorary engagements he has been president of the Society for Psychotherapy Research (SPR), Chairman of the Research Committee of the Society for the Exploration of Psychotherapy Integration (SEPI), and President of the International Federation for Psychotherapy (IFP). He has received the SPR Distinguished Career Award of the SPR in 2018.

2021 IFP Young Research Award

Dr. Thomas Probst, Austria, was awarded by the IFP based on the IFP Research Committee proposal for 2021 Young Research Award.

Prof. Thomas Probst (37 years old) finished his research training (Ph.D in Psychology at Humboldt-University of Berlin, Germany) in 2015, after he received a diploma in Psychology and license as CBT psychotherapist. He is Professor for Psychotherapy Sciences at the Danube University Krems in Austria. Since 2019 he has been deputy head of the Department for Psychotherapy and Biopsychosocial Health. He already authored 77 publications in journals with impact factor. In his PhD, during which he worked with Prof. Dr. Michael J. Lambert (Brigham Young University, USA), he investigated whether the delivery and practice of inpatient psychotherapy can be improved by monitoring and feedback. After the PhD, his work in psychotherapy research focused on a broad spectrum of psychotherapy orientations (psychodynamic, humanistic, systemic, behavioural approaches) and psychotherapists of different professional and personal backgrounds. He was one of the first during the COVID-19 pandemic who examined on the European level (Austria, Germany, Czech Republic, Slovakia) how provision of psychotherapy of different psychotherapeutic schools changed during COVID-19 and how psychotherapists experienced these changes. During the pandemic, he became a consultant for the Austrian Federal Association for Psychotherapy. He carried out innovative research with excellent cooperation partners examining, among others, how bug-in-the-eye supervision influences Grawe's general change mechanisms in trainees or how professional self-doubt and negative personal reactions of trainees are associated with the outcome. His main focus of research is on personalized/precision psychotherapy ("what works best for whom and why").

Overall, Prof. Probst made a substantial contribution to the field of psychotherapy, including delivery, training and transcultural issues, published in high impact journals. Besides an impressive list of cutting-edge research papers demonstrating high productivity, the scientific quality and relevance of the scientific publications of Dr. Probst are also evident. The committee sees the work of Dr. Probst as particularly scholarly and worthy of this Award. The scientific value and the social impact of his research in psychotherapy matches perfectly with the objectives of the IFP.

IFP Research Award: Call for Nominations

Dear IFP Community,

This is a call for nominations for the 2022 IFP Research Award. IFP Research Awards seek to foster a broad spectrum of psychotherapy research that furthers the purposes of IFP, with special emphasis on studies relating to cultural issues, psychotherapy delivery, clinical excellence, and training.

The IFP Research Committee accepts nominations for the following three awards, which will rotate each year:

1. Young Researchers who have completed a doctoral dissertation and published a minimum of 3 research papers in refereed journals;
2. Mid-Career researchers who have conducted and published important research beyond the post-dissertation level;
3. Distinguished Senior researchers whose research and publications represent a lifetime of significant achievements.

For the current year, nominations are invited for the Mid-Career Researcher Award.

Nominations can be made by:

(a) Member societies represented by their officials, (b) individuals who are members of IFP member organizations, and (c) IFP Individual members.

A nomination must include: (1) a completed nomination form (found at <https://www.ifpnet.org/>), (2) a letter of recommendation by the nominating person/society, (3) a current Curriculum Vitae, (4) copies of the publications on which the decision will be made, and (5) a brief statement by the nominee summarizing his/her work and explaining how it is related to the aims of IFP. Additional letters of recommendation may be included or submitted separately by any colleague familiar with the nominee's work.

All documents should be sent as email attachment to the IFP Awards Committee Chair, Prof. Chiara Rafanelli (chiara.rafanelli@unibo.it).

The deadline for nomination is December 31th 2020.

The IFP Research Committee, in its function as Awards Committee, will propose an awardee and the IFP Executive Board will decide about the proposal. The award will be granted in Spring following the submission with a diploma, as well as an official declaration in the IFP Newsletter. The awardee and her/his work will then be presented at the IFP World Congress of Psychotherapy (which takes place every 4 years) following the distinction. If feasible, the recipient of the award will be invited to this meeting.

There are several ways that you can assist us with selecting best candidates:

- Disseminating the information via your professional list,
- Posting the information on your professional website,
- Forwarding this newsletter to your colleagues,
- Nominating researchers you believe deserve this IFP Research Award.

For questions, please contact the IFP Research Committee Chair: chiara.rafanelli@unibo.it

Obituary

Tom K J Craig

Past President World Association of Social Psychiatry
Emeritus Professor of Social Psychiatry, Institute of Psychiatry,
Psychology and Neuroscience, King's College, London



Professor Julian Paul Leff (1938-2021), passed away peacefully after a long illness on the 23rd February 2021 surrounded by the family he loved.

Julian was a leading light in Social Psychiatry who made a hugely important contribution to the care and treatment of people suffering from schizophrenia and other severe mental disorders. He qualified in medicine at London University in 1961, worked in a variety of London hospitals for 3 years becoming a Member of the Royal College of Physicians (MRCP) before entering the field of psychiatry at the Maudsley Hospital in 1965. His gift for research was apparent in his early study of the effects of sensory deprivation in healthy volunteers, which rapidly brought on hallucinations. His excellence was quickly spotted and he entered the prestigious MRC Social Psychiatry Unit at the Institute of Psychiatry under the direction of John Wing, carrying out one of the first UK studies of the benefit of antipsychotic medication in reducing relapse in schizophrenia and working with colleagues on the WHO international studies of the incidence of schizophrenia around the world. These two studies were to prompt much later research: expanding understanding of the contribution of social conditions to varying incidence rates in schizophrenia and developing novel treatments for auditory verbal hallucinations. But in the meantime, he became interested in apparently puzzling findings that showed an association between 'expressed emotion' in family carers and relapse in patients with schizophrenia. He developed a family intervention aimed at helping families to better manage the demands of care and showed this approach to be highly successful in a series of clinical trials, reducing relapse in people suffering from schizophrenia from over 50% to less than 10% on average. He went on to teach the intervention to other mental health professionals including on the

Thorn Nurse Training initiative. The findings of his research were replicated in some 34 controlled trials world-wide, became citation classics and are arguably among the most important developments in our field.

Julian left the Maudsley in 1981 to establish the Team for the Assessment of Psychiatric Services (TAPS) that evaluated the closure of two hospital asylums and the re-provision of the care they provided in new community settings. This research, spanning more than 10 years, remains the most comprehensive study of this important change in how long-term care was provided in England. When the TAPS research came to an end, Julian returned to the Institute of Psychiatry as Deputy Director of the MRC Unit and turned his attention to another puzzle. Research from several centres in the UK had found higher incidence rates of schizophrenia and other psychoses among black Caribbean migrants and their children compared to the indigenous White British population. Julian and colleagues quickly established that the incidence in Trinidad and Barbados were no different than those in the white British population, suggesting that some features of the migration or subsequent life in the UK were responsible. In the subsequent AESOP study with colleagues in three UK cities, he showed that the higher rates might be explained by social conditions, notably those resulting in relative social isolation.

That, one might think, was a very good set of achievements for a career but more was to come even after retirement. In 2008 he became intrigued by reports that some patients who had been plagued by hostile verbal hallucinations, might be helped by a therapy that tried to develop a dialogue with these voices. He took this forward by inventing an approach in which patients could create and converse with a computerised avatar in a dialogue controlled by the therapist so that the patient gradually felt empowered and more in control. He showed in a pilot study, that this approach was hugely successful in reducing both the frequency and distress associated with hearing voices. These findings were replicated in a later controlled trial and are currently being taken forward in a large multi-centre study preparatory to dissemination in routine care.

As this brief resume of his career attests, Julian was an inspired original thinker whose ideas and research made a clinically and theoretically significant contribution to social psychiatry. His contributions are widely applauded internationally. His many awards include the inaugural Burgholzli Award from the University of Zurich in 1999, the Marsh Award for Mental Health Work in 2010, lifetime membership

of the International Society for Psychological and Social approaches to psychosis (ISPS) and the Yves Pelicier Lifetime Achievement Award from the World Association of Social Psychiatry in 2017. In 2015 he was awarded honorary Fellowship of the Royal College of Psychiatrists - the highest honour given by that institution.

Despite these stellar achievements, Julian remained a modest, warm-hearted colleague, a brilliant teacher and communicator with a lively sense of humour that brought him admirers and friends around the world. His talents extended beyond psychiatry though skills as a silver smith, playing the piano in a chamber group and singing in a local choir. Julian is survived by his wife, Joan Raphael-Leff, his four children [Alex, Jessa, Jonty and Adriel] and nine grandchildren

CONGRESS CALENDAR

37th ANNUAL MEETING of the Society for the Exploration of Psychotherapy Integration

June 10-12, 2021

Venue: Lausanne, Switzerland (Virtual Format)

<https://www.sepiweb.org/page/meetinginfo>

Deutscher Kongress für Psychosomatische Medizin und Psychotherapie

June 16- 18, 2021

Venue: Berlin, Germany

<https://deutscher-psychosomatik-kongress.de/>

21st WPA World Congress of Psychiatry

October 18-21, 2021

Venue: Cartagena, Colombia

<https://website.psiquiatria.org.co/21st-wpa-world-congress-of-psychiatry-cartagena-colombia-18-21-october-2021/>

The 26th World Congress on Psychosomatic Medicine (ICPM)

Fall, 2022

Venue: Rochester, US

<http://www.icpmonline.org/26th-world-congress-rochester-2021>

30th European Congress of Psychiatry

April 2-, 2022

Venue: Budapest, Hungary

<https://2022.epa-congress.org/>

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Please send information about your Society activities (e.g., training, congresses, new Boards, pictures of activities).

Please send material on the role of psychotherapy in the COVID-19 era.

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