

05.22



Florence, May 2022

2	Fiammetta Cosci: Editorial
3	Driss Moussaoui: Editorial from the IFP President
4	Shigeru Iwakabe. Psychotherapy in Japan: A brief overview
7	César A. Alfonso. 23rd World Congress of Psychotherapy, Casablanca, Morocco, 9-11 February 2023
11	IFP WCP 2023 Scientific Committee
13	Congress Calendar

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 summarizes the news in IFP. We have a new society member, the Iranian Psychotherapy Association, The Moroccan Association of Dynamic Psychiatry organized its first congress in Oujda, the IFP Board is working on a new version of the IFP statutes, with some significant changes. It will be circulated to IFP member societies for comments in the few coming weeks and will be proposed during the General Assembly that will take place during the 23rd World Congress of Psychotherapy in Casablanca, Morocco from 9 to 11 February 2023.

Shigeru Iwakabe, Ritsumeikan University, Osaka, Japan, illustrates psychotherapy in Japan in a brief overview of traditional Japanese interventions such as Morita therapy and Naikan therapy as well as on the Western culture interventions which have been embraced by Japanese therapists.

Then, César A. Alfonso, Department of Psychiatry, Columbia University, US, illustrates the terrific programme of the 23rd World Congress of Psychotherapy which will be in Casablanca, Morocco, from 9 to 11 February 2023. The theme of the World Congress is "Psychotherapy and World Mental Health 2023". The congress will be held in person at the ample facilities of the University Hasan II Casablanca, Faculty of Medicine and Pharmacy. The Scientific Committee responsible for organizing the congress has close to 100 members from 38 countries. The conference will include 7 half-day courses specifically designed to improve the clinical skills of early career clinicians and trainees, 12 panel discussions where senior experts will debate controversial topics, and 7 plenary addresses by internationally recognized experts from Africa, America, Asia, and Europe.

More details on IFP WCP 2023 Scientific Committee are also provided.

The IFP Board wishes all of you a pleasant reading.

Fiammetta Cosci, MD, MSc, PhD

IFP Newsletter Editor

fiammetta.cosci@unifi.it



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

Since my last editorial in December 2021, I am pleased to bring other good news, as the positive dynamic of IFP continues. The following has been achieved since then:

1- The Moroccan Association of Dynamic Psychiatry organized its first congress in Oujda, North-East of Morocco. It was a success under the leadership of its president, Dr. Hachem Tyal. Not only the number of participants was more than expected (about 250), with the academic and administrative strong support of the city leadership, but participants from other countries contributed to the scientific programme from France, Germany and Canada. An interesting visit followed to the Taforalt cave, where the very first trepanned skull was discovered: the patient was operated circa 12,000 years ago and survived. This is the first archaeological trace of a probably successful neurosurgical operation in the world.

2- I would like to welcome into IFP a new member society: the Iranian Psychotherapy Association, under the leadership of its president, Dr. Saman Tavakoli. This is the third new member society in the last few months to join IFP, with the Moroccan and the Czech associations. I have no doubt that other member societies from various countries will do the same soon.

3- The IFP was created in 1934, making it one of the oldest international associations in the world, may be the oldest still functioning. Its statutes were changed a number of times. The last edited version goes back to 2010, under the leadership of Ulrich Schnyder, IFP President at that time. The IFP Board is working on a new version of the statutes, with some significant changes. It will be circulated to IFP member societies for comments in the few coming weeks. These new statutes will be presented during the General Assembly that will take place during the 23rd World Congress of Psychotherapy in Casablanca, more precisely on the 10th of February 2023 at 5:00 pm.

4- The organization of the World Congress of Psychotherapy is progressing well. In the scientific programme, we have already the agreement of outstanding plenary lecturers; we have also excellent symposia, courses and debates on controversial issues in the field of Psychotherapy, as well as other scientific activities. A track will be designed for young professionals, as well as one for patients' families and carers. Concerning the health situation in Morocco, it is even better now than the one described last December. Borders are widely open for tourism and we expect this situation to last for the year to come. Among the many added values of the Congress, we will have an outstanding cultural plan in the beautiful city of Casablanca and a post-congress programme in other cities such as Marrakech and Essaouira. This congress will be remembered as the first to take place in Africa, which is historical. Africa represents in many ways one of the futures of the world in the decades to come, and not only because of its natural wealth, but also because African people are changing very fast towards the better. Psychotherapy must be part of this improvement worldwide, and especially in Africa.

The website of the World Congress is now functional: ifpwcp2023.com. Please disseminate this link to your networks.



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

Psychotherapy in Japan: A brief overview

Shigeru Iwakabe

Ritsumeikan University, Osaka, Japan

Japan is often represented as an intricate yet contradictory society in which the elements of the most advanced technologies and ancient cultural traditions as well as the most playful fantasy world such as anime and the serious, controlled, and hard-working attitude of Japanese businessmen coexist to create a distinct aesthetic and moral order with interpersonal rules of conduct impermeable to outsiders. Japan is a cosmopolitan country, with 2.56 million legal foreign residents, of whom 7.5% are from China, followed in numbers by Koreans and Vietnamese, with those from the United States making up 3.7% of the total. Yet in spite of increasing globalization, Japan still maintains its ideal of mono-culturalism by emphasizing a singular national culture distinct from all others, particularly from those of Western countries but also from those of neighboring countries such as China and South Korea, which, from a larger international perspective, share many very similar cultural practices.

Psychotherapy practice in Japan had been remained limited within the community of aspired academics and psychiatrists for many years, although major theories of psychotherapy such as psychoanalysis, client-centered therapy, and cognitive therapy have all been introduced as soon as they were developed in the US and in European countries. There has been strong stigma around psychological problems and disorders. People are reluctant to seek help from professionals. In addition, an overwhelming majority of Japanese psychiatrists are biologically oriented. Many of them think that psychotherapy is adjunct to medication and useful only for small groups of patients when medication is not effective. A number of other factors associated with medical and social systems contributed to the slow development of the practice of psychotherapy in Japan.

A tide started to shift in 1990s with a series of social challenges following the burst of so-called 'bubble economy', an infatuation with materialistic satisfaction and never-ending economic expansion and success. For example, *karoshi*, death from overwork, which often takes the form of heart attacks or strokes as well as suicide started to be recognized as a psychological problem that is closely associated with economic crisis. In response to problems in education, such

as the sharply growing number of truancy and bullying in middle schools, the first governmental program to place a school counsellor in every public middle school started. Almost all school counsellors were certified clinical psychologists. In 1995, Kobe-Awaji earthquake hit Japan's second most populated areas. Psychiatrists and clinical psychologists immediately responded to this disaster by providing psychological support for those who survived gaining social recognition for the psychology and related professions. In the same year, sarin gas attack in Tokyo subway shook the whole nation and undermined the widely held sense of security in Japanese people. The 2011 Tohoku earthquake was another disaster that contributed to the recognition of importance of psychological treatment. The earthquake followed by large tsunami which swallowed the coast of North-Eastern region of Japan instigated a major nuclear accident at a power station along the coast, threatening the whole nation. These social challenges and natural disasters set a stage for social demand for psychotherapy and other psychological support. A growing number of hikikomori or socially withdrawn individuals is also a major problem that Japan faces (Iwakabe, 2021).

Even though indigenous psychotherapies widely known outside of Japan such as Morita therapy and Naikan therapy have existed for over half a century, the majority of Japanese psychotherapists follow major models of psychotherapy developed in Western countries. Psychodynamic, humanistic and cognitive-behavioral therapies respectively have a relatively long history. Jungian psychology was popularized by Hayao Kawai who wrote a number of popular psychology books applying Jungian principles to understanding Japanese psyche (Kawai, 2020). Client-centered therapy has been widely practiced in university counseling centers throughout Japan. Cognitive-behavioral therapies have been now gaining its place in medical settings for last 10 years. Family therapies and short-term therapies have also captured the attention of psychotherapists as interest. These theoretical schools form a respective academic association organizing annual meetings and have published a peer-reviewed journal since the beginning of the 1980s. Japanese psychotherapists are eager to incorporate new developments and trends from Western countries. Many psychologists took training in Eye Movement Desensitization Reprocessing (EMDR) after the Kobe-Awaji earthquake in 1995 to work with survivors of earthquake disaster. Most

recently, professional and academic associations of so-called third wave of cognitive behavioral therapies such as acceptance and commitment therapy, schema therapy, and mindfulness training have been established.

The introduction and development of these Western psychotherapies takes a similar path to Japanese modernization in late 1800s, which was led according to the slogan of *wakon-yosai*, which means “maintaining Japanese spirits and acquiring and integrating Western Technology”. This slogan long mobilized Japanese people toward incessant efforts to advance its development while maintaining close emotional ties to traditional Japanese identity. In introducing Western psychotherapies, Japanese psychotherapists often modified some aspects of practice to meet Japanese clientele from theoretical concepts to structures of sessions.

There are three unique features of the practice and research of psychotherapy in Japan. The first is a strong eclectic orientation (Iwakabe, 2008). According to a survey of membership conducted by the Japan Society for Certified Clinical Psychologists (2006), 73.7% of Japanese clinical psychologists identified themselves as having an eclectic orientation, with 51.3% endorsing humanistic as a primary orientation, 42.3% as psychoanalytic/dynamic, 39.7% as behavioral/cognitive-behavioral, and 16.5% as systems oriented. Another survey by Iwakabe and Kanazawa (2006) revealed similar results, with over 70% of psychologists endorsing an eclectic approach. Interestingly, many of these integrative/eclectic therapists are not trained in any particular eclectic or integrative approaches and their eclecticism is based mostly on the needs of their clients and clinical settings. Many of them maintain part-time positions in clinics, educational and other settings and work with a wide range of problems and populations; therefore, it is necessary for them to well versed in a variety of approaches. Their eclecticism, furthermore, might take a form of syncretism in that different models and concepts are fused and combined relatively freely without any clear framework and guiding principles that are central to technical eclecticism.

Second, Japanese therapists value nonverbal expressive tasks such as painting, drawing, and sandbox play and clay sculpture. In particular, sandbox play (*hakoniwa*) is most widely used not only for children but also for teenagers and even adult patients (Enns & Kasai, 2003). The popularity of sandbox techniques is reflective of the clinical reality of psychotherapy in Japan. Many psychotherapists work with children and adolescents with interpersonal problems, who were often not comfortable discussing personal problems or

verbally expressing their feelings in a face-to-face encounter. Selective mutism is very common. Culturally based beliefs about language and verbal communication also underlie and contribute to the integration of such techniques in therapeutic practice. Some psychotherapists believe that inner feelings may be more vividly and directly communicated by images evoked through these expressive media than language. Indeed, indigenous Japanese psychotherapies such as Naikan therapy and Morita therapy can be referred to as ‘non-talking cures’ due to the fact that many important therapeutic processes occur through silence and solitary introspection (Reynolds, 1982). For instance, in Naikan therapy, clients are asked to think about three questions in solidarity for a whole week: what did you receive from others? What did you do in return? And What troubles did you cause to others? At the end of every few hours, clients report to their therapist on their reflection for 3 to 5 minutes (Reynolds, 1995).

Third, there is a strong emphasis on case-based learning and research (Iwakabe, 2015). The Association of Japanese Clinical Psychology is the largest psychological organizations in Japan with over 30,000 members. In its annual conferences which consistently host 7000 to 10,000 attendees, the largest audience gather in 2-hour long case discussions. Furthermore, sixty percent of published articles in its official journal are clinical case studies in which therapists reflect on a case of personal significance based on their clinical notes. Systematic and empirical psychotherapy research has not received much attention until very recently. A strong emphasis on case contributed to Japanese psychotherapists’ orientation toward psychotherapy integration and eclecticism as well as attention to personalizing psychotherapy to each individual client.

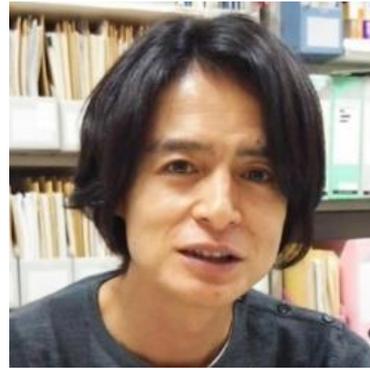
With the establishment of national licensure system for psychologist in 2017, Japanese psychologists are finding their roles in various sectors of the society including medical, educational, social welfare, organizational, and forensic/legal system. This national license emphasizes the importance of psychologists working in collaboration with other professionals. There appears less emphasis on traditional individual psychotherapy. Private practice remains small in Japan as the national insurance does not cover the service provided in private practice.

We are seeing a burst of mental health issues with a prolonged pandemic. The number of suicides is rising especially in women. Many psychotherapists are moving their service to online. Teletherapy and other supports based on

texting and chat are also available. This is an opportunity for psychotherapists to advocate the importance of mental health and lessening stigma around help seeking.

References

- Enns, C. Z., & Kasai, M. (2003). Hakoniwa: Japanese sandplay therapy. *The Counseling Psychologist*, 31, 93-112.
- Iwakabe, S. (2008). Psychotherapy integration in Japan. *Journal of Psychotherapy Integration*, 18, 103-125.
- Iwakabe, S. (2015). Introduction to Case Study Special Issue-- Case Studies in Japan: Two Methods, Two Worldviews. *Pragmatic Case Studies in Psychotherapy*, 11(2), 65–80.
- Iwakabe, S. (2021). Working with social withdrawal, or hikikomori, in Japan: From shame to pride. *Journal of Clinical Psychology*, 77(5), 1205-1218.
- Iwakabe, S., & Kanazawa, Y. (September 2006). Professional development of clinical psychologists (2): Difficulties encountered by clinical psychologists and their coping strategies. Paper presented at the Association of Japanese Clinical Psychology 25th Annual Convention (in Japanese). Japanese Society of Certified Clinical Psychologists (2006). Dai 4kai "Rinsho-shinrishi no doukou narabini ishikichousa" Houkokusho (Report on clinical psychologists' recent trends and opinions, No. 4). Tokyo: Author. (in Japanese)
- Kawai, H. (2020). *The Japanese Psyche: Major motifs in the fairy tales of Japan*. Spring Publications.
- Reynolds, D. K. (1982). *Quiet therapies. Japanese pathways to personal growth*. Hawaii: University of Hawaii Press.
- Reynolds, D. K. (1995). *A handbook for constructive living*. New York: William Morrow.



Shigeru Iwakabe, Ph.D., is a professor in Clinical Psychology at Ochanomizu University in Tokyo, Japan. He is the past president for The Society for Exploration of Psychotherapy Integration (SEPI). He served as a chair for the Research Committee of IFP. He serves as a co-chair for research Committee for Accelerated Experiential Dynamic Psychotherapy. He serves as a member of executive committee for Japanese Association of Clinical Psychology and also as a Committee member of several psychological associations. He is a co-chief editor for Counseling Psychology Quarterly and an editorial board member for a number of international journals. He conducts individual and couple therapy at The Japan Institute of Emotion-Focused Therapy in central Tokyo

23rd World Congress of Psychotherapy, Casablanca, Morocco, 9-11 February 2023

César A. Alfonso, M.D.

Department of Psychiatry, Columbia University, US

Since its foundation in 1934, the International Federation for Psychotherapy organized 22 world congresses, throughout Europe and Asia. The 23rd World Congress of Psychotherapy will take place in Africa for the first time, in Casablanca, Morocco, from 9 to 11 February 2023. The theme of the World Congress is “Psychotherapy and World Mental Health 2023”. The congress will be held in person at the ample facilities of the University Hasan II Casablanca, Faculty of Medicine and Pharmacy. This conference has as a primary objective to demonstrate the importance of evidence-based psychotherapy in everyday practice across all clinical settings throughout the world.

The Scientific Committee responsible for organizing the congress has close to 100 members from 38 countries. The President of the Congress is Driss Moussaoui (Morocco), and the Executive Planning Committee includes César Alfonso (USA), Tom Craig (UK), Fiammetta Cosci (Italy) and Gisèle Apter (France). Advisors to the Executive Committee are Norman Sartorius (Croatia), Ulrich Schnyder (Switzerland), and François Ferrero (Switzerland). The local organizing committee is led by Nadia Kadri, Hachem Tyal and Chaimaa Aroui.

The conference will include 7 half-day courses specifically designed to improve the clinical skills of early career clinicians and trainees, 12 panel discussions where senior experts will debate controversial topics, and 7 plenary addresses by internationally recognized experts from Africa, America, Asia, and Europe. In addition, conference registrants will have an opportunity to present their work in various formats. We have slotted space for 36 one-and-a-half-hour symposia, 16 one-hour interactive workshops, 8 one-hour case conferences where early career clinicians will have an opportunity to present cases and receive input from expert discussants, 4 ninety-minute paper sessions assembled by topic, and 2 one-hour panels for brief oral presentations. In addition, there will be poster sessions accommodating up to 100 posters in clinical and research tracks. Ten early-career clinicians poster authors will be awarded travel fellowship grants.

Submissions for poster, symposia, workshops, case conferences, oral communications and papers will be considered through the deadline of October 1, 2022. Submission forms are available in the congress website: www.ifpwcp2023.com

Conference Topics to guide submissions include:

1. CBT
2. DBT
3. ACT
4. Third-Wave Therapies
5. Psychodynamic Psychotherapy
6. Psychoanalysis
7. Motivational Interviewing
8. Interpersonal Therapy
9. Supportive Psychotherapy
10. Group Psychotherapy
11. Family Therapy
12. Couple Therapy
13. Psychosocial Therapies
14. Computer-Assisted Therapies
15. Tele-psychotherapy
16. Manualized Psychotherapies
17. Culturally Adapted Psychotherapies
18. Combined/Integrated Psychotherapies
19. Psychotherapy Outcomes
20. Psychotherapy Research
21. Clinicians' Wellbeing
22. Caring for Caregivers
23. Parent-Infant Psychotherapy
24. Psychotherapy with Children and Adolescents
25. Psychotherapy in Late Life
26. End-of-Life and Palliative Care Psychotherapies
27. COVID-19
28. Psychotherapy and Primary Care
29. Psychotherapy with the Medically Ill
30. Psychotherapy, Culture and Society
31. Religion and Spirituality
32. Narrative Medicine
33. Refugees, Displaced Persons, and Asylum Seekers
34. Trauma and Stressor-Related Disorders
35. Xenophobia, Stigma and Discrimination
36. LGBTQ+ affirmative psychotherapies
37. Natural Disasters
38. Climate Change
39. Suicide Prevention
40. Persons with Sensory Impairment

Pre-congress courses will include:

Course 1. Fundamentals of Supportive Psychotherapy

Course Directors:

Erin Crocker

Clinical Associate Professor of Psychiatry,

Psychiatry Residency Training Director,

University of Iowa, Health Care, USA.

Chair of the Psychotherapy Committee,

American Association of Directors of Psychiatry Residency Training (AADPRT).

Randon Welton

Margaret Clark Morgan Endowed Chair of Psychiatry,

Northeast Ohio Medical University, USA.

Course Description:

Educational objectives include identifying and mastering the common factors that are curative in all psychotherapies and understanding the importance of supportive psychotherapy interventions across all treatment settings. The common factors include empathy, expression and regulation of affect, validation, support, mentalization, and forming a therapeutic alliance.

The course objective is to increase knowledge and competence in the delivery of supportive psychotherapy. Faculty members will present principles and practical applications of supportive psychotherapy in general psychiatric practice settings such as inpatient, outpatient, Emergency Room (ER), general hospital Consultation-Liaison (CL), and addiction psychiatry settings. Particular attention will be given to cultural adaptations and optimizing services in high volume clinical settings. Attendees will have opportunities to gain practical, hands-on experience in applying the skills learned through interactive Q&A sessions.

Course 2. Fundamentals of CBT

Course Directors:

Roger M. K. Ng

Secretary for Education,

World Psychiatric Association, Geneva, Switzerland.

Department of Psychiatry,

Kowloon Hospital, Hong Kong Special Administrative Region, China.

Reham Aly

Executive Committee Member, WPA Psychotherapy Section

Consultant Psychiatrist, Ain Shams University, Cairo, Egypt

Academy of Cognitive Therapy Diplomate & Member, Philadelphia, USA

President of Egyptian Association of Cognitive Behavior Therapy

Course Description:

Educational objectives include understanding the theory of cognitive-behavioral therapy (CBT), reviewing, and mastering basic CBT therapeutic techniques, and formulating clinical cases based on the CBT Model. CBT is an evidence-based, problem-focused, and action-oriented psychotherapy modality that focuses on identifying and correcting cognitive distortions that result in maladaptive behaviors and emotional dysregulation. It is the most widely studied form of psychotherapy for adults, children, adolescents, and the elderly. CBT helps persons in distress understand the connection between thoughts, feelings, and behavior to devise more adaptive coping strategies. CBT techniques are applicable to all psychological problems and most psychiatric disorders. CBT emphasizes the people's ability to choose their thoughts to guide actions and earn control over life events. This course will serve as a practical introduction to this important treatment modality.

Course 3. CBT for Psychosis

Course Director:

Warut Aunjitsakul

Associate Professor, Department of Psychiatry, Faculty of Medicine,

Prince of Songkhla University

Hat Yai, Songkhla, Thailand.

Institute of Health and Wellbeing, University of Glasgow, Glasgow, United Kingdom.

Course Description:

Educational objectives include understanding the relationship between social anxiety and psychosis and applying CBT techniques for persons with psychosis, including schizophrenia, in a culturally sensitive way. In people with psychosis, deficits in social functioning are associated with problems with social relationships, and social anxiety disorder co-morbidity is under-recognized. Moreover, comorbid social anxiety can lead to low functioning and self-esteem, poor quality of life and well-being, and co-morbid depression. This course will examine the association of negative social appraisals and safety behaviors with social anxiety and paranoia. The course director will demonstrate practical

CBT psychotherapeutic techniques targeted to reduce anxiety and ameliorate negative symptoms in persons with schizophrenia.

Course 4. Psychotherapy in Primary Care (in French)

Course Director:

François Ferrero

Board Member of the International Federation for Psychotherapy,

Geneva, Switzerland

Honorary Professor, University of Geneva, Switzerland

Course Description:

Educational objectives include delineating collaborative agreements between general care primary physicians and psychiatrists to improve the delivery of treatments for persons with mental disorders; and discussing the possible collaborative models of care, including the transfer of psychotherapeutic skills to primary healthcare providers, supervisory role of psychiatrists to oversee task shifting, and complementarity of roles. Most patients with mental disorders are first diagnosed and treated by primary care physicians. As a result, psychiatrists and general practitioners very often collaborate for the benefit of their patients. In most countries around the world, the number of trained psychiatrists offering access to psychotherapy is very low. Despite existing programs to train primary care healthcare workers in psychotherapy, a need still exists for establishing common guidelines aiming to improve both the quality and the accessibility of such treatments. This course will offer medical students interested in primary care, primary care trainees, primary care physicians who are front-line workers, and affiliated healthcare personnel and trainees the opportunity to improve their skills and basic knowledge of psychotherapy.

Course 5. Fundamentals of Psychodynamic Psychotherapy

Course Directors:

Alma Lucindo Jimenez

Associate Professor,

University of the Philippines College of Medicine

Department of Psychiatry and Behavioral Medicine, Manila, Philippines.

Senior Advisor, WPA Psychotherapy Section.

Constantine Della

Head of Consultation-Liaison Psychiatry,

University of the Philippines College of Medicine

Department of Psychiatry and Behavioral Medicine, Manila, Philippines.

Secretary, WPA Psychotherapy Section.

Allan Tasman

Emeritus Chair and Professor, University of Louisville, Kentucky, USA.

Co-Chair, WPA Psychotherapy Section.

Past President of the American Psychiatric Association.

Course Description:

Educational objectives include understanding the essential theoretical concepts of psychodynamic psychotherapy; identifying and learning psychodynamic psychotherapy technique; learning how to do a psychodynamic formulation that informs treatment; and describing the associated theoretical paradigms that enhance the psychodynamic approach such as the biopsychosocial model. The psychoanalytic tradition influenced modern psychiatric practice by helping clinicians understand intrapsychic and interpersonal conflicts and unconscious motivations. Contemporary psychodynamic psychotherapy has distilled concepts of transference, countertransference, resistance, adaptation, and defense mechanisms in a unifying way to inform the clinical treatment of persons with mood disorders, addictions, eating disorders, anxiety disorders and personality disorders. This course will demonstrate how the psychodynamic approach is particularly useful for treatment resistant and complex, comorbid psychiatric disorders.

Course 6. A Review of Third Wave Therapies

Course Directors:

Jian Linn Loo

Betsi Cadwaladr University Health Board,

Wrexham Maelor Hospital, Wrexham, United Kingdom

Noor Melissa Nor Hadi

Department of Psychiatry, Faculty of Medicine, Universiti Teknologi MARA,

Selangor, Malaysia.

Department of Psychiatry and Mental Health, Hospital Tuanku Fauziah,

Perlis, Malaysia

Izax Ramirez

Mexican Society of Neurology and Psychiatry,

Mexico City, Mexico.

Course Description:

Educational objectives include understanding the development of specialized psychotherapies known as the third wave therapies, which include dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), behavioral activation therapy (BAT) and mindfulness-based cognitive therapy (MBCT); and learning how to integrate DBT, ACT, MBCT and BAT skills in the routine psychotherapy clinical care of patients in a variety of clinical settings. Given the burden of mental health morbidities, especially in the pandemic and post-pandemic era, there is an increasing need for the provision of effective psychotherapies. The third-wave therapies have been validated transculturally and are especially helpful in regions of the world that value collectivism and interdependence. This course will offer registrants practical skills to inform eclectic approaches to psychotherapy to maximize treatment effectiveness in real world clinical settings and complex conditions.

Course 7. Fundamentals of Motivational Interviewing

Course Directors:

Hazli Zakaria

President, Malaysian Psychiatric Association.

Director, Alaminda Psychiatric Clinic,

Kuala Lumpur, Malaysia.

Faiz Tahir

Consultant Psychiatrist,

International Islamic University Malaysia,

Kuantan, Malaysia.

Chair of the WPA Psychotherapy Section Special Interest Group on Cultural Adaptations of Motivational Interviewing.

Course Description:

Educational objectives include describing the theory of Motivational Interviewing (MI) and highlighting basic MI techniques that could be incorporated in all psychotherapies. Motivational Interviewing (MI) is a psychotherapy that is directive, patient-centered and designed to elicit behavior change. MI helps patients to explore and resolve ambivalence, promote willingness to change and couple insight with action. Research demonstrates the effectiveness of MI in the management of chronic medical illnesses (hypertension, diabetes mellitus, and obesity), smoking cessation, alcohol dependence, and medication and treatment adherence. This course will focus on describing the theory behind MI (including the transtheoretical stages of change model) and demonstrating basic MI concepts and techniques (such as

the user of open-ended questions, affirmations, reflection, summary statements). The psychotherapy process sequence of engaging, focusing, evoking, and planning will be explained, as well as the key principles of expressing empathy, supporting self-efficacy, creating discrepancy, avoiding arguments, and rolling with resistance. Clinical demonstrations will be offered to course registrants in an interactive fashion.

Invited Plenary Speakers include Afzal Javed (Pakistan/UK), Moussa Ba (Senegal), Driss Moussaoui (Morocco), Norman Sartorius (Croatia), César Alfonso (USA), Tom Craig (UK), and Jalil Benaani (Morocco).

Interactive Panel Discussions moderated by experts will address the following controversies:

1. How different are third wave psychotherapies from traditional CBT?
2. Are cultural adaptations of psychotherapies necessary?
3. Controversies about the delivery of psychotherapy early interventions after trauma.
4. Can psychotherapy be meaningful with the terminally ill?
5. What can psychotherapists learn from the social sciences?
6. Is psychoanalysis relevant in the twenty-first century?
7. Should resources be allocated for infant-parent observation clinics and programs?
8. What is the place for religion in psychotherapy?
9. No we need changing paradigms in psychotherapy education?
10. Adolescents and psychotherapy- An impossible quest?
11. Should psychotherapy modalities be integrated or delivered separately in manualized forms?
12. Is there a dose effect in psychotherapy (arguments for and against long-term treatment)?

It is with enthusiasm that we invite you to join in the vibrant cosmopolitan city of Casablanca for this historic conference!

www.ifpwcp2023.com

**23rd World Congress of Psychotherapy, Casablanca,
Morocco, 9-11 February 2023**

President of the Congress:

Driss Moussaoui (Morocco)

Advisor:

Norman Sartorius (Croatia)

Scientific Executive Committee:

César Alfonso (USA)

Gisèle Apter (France)

Fiammetta Cosci (Italy)

Tom Craig (UK)

National Organizing Committee:

Nadia Kadri, co-chair (Morocco)

Hachem Tyal, co-chair (Morocco)

Chaimaa Aroui, secretary (Morocco)

Scientific Committee:

Africa

Farid Kacha (Algeria)

Reham Aly (Egypt)

Tarek Okasha (Egypt)

Gabriel Ivbijaro (Nigeria)

Jibril Handuleh (Somaliland)

Gerhard Grobler (South Africa)

Matiko Mwita (Tanzania)

Saïda Douki Dedieu (Tunisia)

Nidhal Staali (Tunisia)

Americas

Santiago Levin (Argentina)

Graciela Onofrio (Argentina)

Mario Eduardo Costa Pereira (Brazil)

Vincenzo Di Nicola (Canada)

Farooq Naeem (Canada)

Henry Garcia Moncaleano (Colombia)

Renato Alarcón (Peru)

Eduardo Gastelumendi (Peru)

Asher Aladjem (USA)

Raúl Condemarín (USA)

Erin Crocker (USA)

Eugenio Rothe (USA)

Joseph Silvio (USA)

Timothy Sullivan (USA)

Allan Tasman (USA)

Asia

Roger Ng (China)

Wang Hongxing (China)

Debasish Basu (India)

Sylvia Detri Elvira (Indonesia)

Rizky Aniza Winanda (Indonesia)

Amir Jalali Nadoushan (Iran)

Saman Tavakoli (Iran)

Shigeru Iwakabe (Japan)

Aimée Karam (Lebanon)

Hazli Zakaria (Malaysia)

Afzal Javed (Pakistan)

Constantine Della (Philippines)

Alma Jimenez (Philippines)

Warut Aunjitsakul (Thailand)

Rasmon Kalayasiri (Thailand)

Australia

Helen Herrman (Australia)

Europe

Christopher Pieh (Austria)

Marc Hermans (Belgium)

Katerina Duchonova (Czech Republic)

Jan Prasko (Czech Republic)

Erik Simonsen (Denmark)

Michel Botbol (France)

Rachid Bennegadi (France)

Hervé Granier (France)

Maria Ammon (Germany)

Luca Giorgini (Italy)

Mariana Pinto da Costa (Portugal)

Nikolai Neznanov (Russia)

Anna Vasiljeva (Russia)

Dusica Lecic Tosevski (Serbia)

María Inés López Ibor (Spain)

Carlos Rodríguez-Sutil (Spain)

Marianne Kastrup (Sweden)
Iris Sarajlic Vukovic (Sweden)
Franz Caspar (Switzerland)
Bruno Falissard (Switzerland)
François Ferrero (Switzerland)
Ulrich Schnyder (Switzerland)
Peter Schulthess (Switzerland)
Peykan Gokalp (Turkey)
Dinesh Bhugra (UK)
Jian Lin Loo (UK)

www.ifpwcp2023.com

CONGRESS CALENDAR

2022 Congress of the European Association of Psychosomatic Medicine (EAPM)

8-11 June, 2022

Venue: Vienna, Austria

<https://www.eapm2022.com/>

The 26th World Congress on Psychosomatic Medicine (ICPM)

7-9 September, 2022

Venue: Rochester, US

<https://na.eventscloud.com/website/29268/>

30th European Congress of Psychiatry

April 2-5, 2022

Venue: Budapest, Hungary

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

23rd World Congress of Psychotherapy

9-11 February 2023

Venue: Casablanca, Morocco

<https://ifpwcp2023.com/>

TO MEMBER SOCIETIES

THE IFP WEBPAGE IS AT www.ifpnet.org

Please send announcements of your congresses!

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

EXECUTIVE BOARD

www.ifpnet.org

Prof. Driss Moussaoui, M.D.
President IFP
Casablanca, Morocco

Prof. Franz Caspar, Ph.D.
Bern, Switzerland

Prof. François Ferrero, M.D.
Geneva, Switzerland

Prof. Fiammetta Cosci, Ph.D.
Florence, Italy

ADVISORY TO THE BOARD

Prof. Norman Sartorius, M.D.
Geneva, Switzerland

Prof. em Ulrich Schnyder, M.D.
Zurich, Switzerland

NEWSLETTER EDITOR IFP

Prof. Fiammetta Cosci, Ph.D.
Florence, Italy

IFP SECRETARIAT

Lydia Kurk
secretariat@IFPnet.org