The UEMS published in 2005 “The Profile of a Psychiatrist”. Although declared due for revision in 2009, the document has never been subject to such a process.

The EFPT, represented by its president, Mariana Pinto da Costa, has been volunteering to revise this document on one of its scientific meetings. A workshop open to all trainees interested, seemed to be the most appropriate format to work on this document.

Attendants working on it are expected to have read the document. They shall have the opportunity to give their suggestions during this workshop in order to eliminate elements no longer relevant, to keep necessary elements in the existing document, and to add elements that might have gained interest during the last few years.

Marc H.M. Hermans is a child and adolescent psychiatrist. After graduating from university, he was a general practitioner for 10 years before starting a psychiatry training. Before he worked in a Community Mental Health Center (forensics) and within a General Hospital (residential and ambulatory care). At this moment he is active in a group practice in Sint-Niklaas and in a private practice in Mechelen.

He is a certified psychoanalytic psychotherapist and a family and system therapist. Next to that he took a training in hypnotherapy, group therapy and transactional analysis.

He is founding member of the Flemish Psychiatric Association and the Belgian Professional Union. He’s actually President of the UEMS Section of Psychiatry and member of the WPA Operational Committee on Education, and the EPA Advisory Scientific Program Committee.
Abstract

“First and second generation of cognitive-behavioural therapies: why the third was needed?”

The first generation of behaviour therapy, which can be dated as far back as the 1920s, sought to modify problematic behaviour by the application of basic principles of classical or respondent conditioning à la Pavlov; and/or operant conditioning, in which behavior change is linked to reinforcing consequences. The potential contribution that language and cognition played in initiation, maintenance, exacerbation and improvement of abnormal behaviour could be acknowledged, while at the same time it could be largely ignored. The need to somehow incorporate language-based processes within behaviour therapy become obvious. In the 1970s cognitive therapy emerged as a distinct approach in response to this challenge, along with related efforts to create cognitive behavioural modification/therapy hybrid by combining cognitively based processes and techniques (e.g., cognitive restructuring), with existing respondent and operant conditioning principles and strategies. Despite clear technical and some conceptual differences between the first and the second generation of behaviour therapy, they still shared a common objective of focusing on what can be regarded as a strategy of first-order change, that is, attempting to alter the form, the frequency, and or content of abnormal behaviour. By the start of the 2000s, empirical limitations as well as philosophical reservations about the second wave of behaviour therapy, gave rise to the third generation approaches emphasizing a second-order change agenda, in which focus is shifted from altering the form or content of abnormal behaviour to the context in which it occurs. It is not easy to change the contextual factors as they are socio-verbal (language) and ubiquitous. The third wave therapies focus on aspects such as how language affects our experience, the concept of mindfulness, self as context, acceptance, commitment to values, compassion and therapeutic relationship. Some of third generation therapies presented at this workshop were: Acceptance and Commitment Therapy, Compassion Focused Therapy, and Mindfulness. The third wave comes to make behaviour therapy more comprehensive, depth and concerned in establishing a relationship with human problems in a broader sense.

CV

Serafim Carvalho, MD and PhD in clinical psychology.
Psychiatrist at the Hospital de Magalhães Lemos – Porto, and an associated Professor at the Instituto Superior de Ciências da Saúde – Norte. He is the President of the Portuguese Association of Behaviour Therapy (APTC). Also, he is a Researcher at the Cognitive-Behaviour Centre for Research and Intervention (CINEICC) at the University of Coimbra, where he has been involved in research projects in the area of Third Generation of Cognitive-Behaviour Therapies, with a particular emphasis on constructs related with the evolutionary model and social ranking theory (socio-cognitive variables e.g., entrapment, defeat, shame, submission, self-criticism and social comparison). Their studies were conducted on nonclinical and clinical populations (especially in major depressive disorders). Also, he has been involved with public and private institutions in various training courses on cognitive-behavioural psychotherapy (1st, 2nd and third-generation therapies). He is an accredited supervisor on cognitive-behavioural psychotherapy (APTC). He is member of the Portuguese Association for Mindfulness; and the Portuguese Society of Sexology (he is an accredited sex therapist). He has authored several research papers published in national and international journals in these subjects. His current research interests include the relation of socio-cognitive variables with the outcomes of drug treatment of major depression, and with genetic phenotypes.
Abstract

Training Our Minds in Compassion: An Introduction to Compassion-focused exercises and Mindfulness skills

This presentation offers an outline of a basic approach to thinking about the nature of, and value of, developing compassion in our lives. In the other hand, explores some exercises that we practice to try to stimulate our own compassionate mind. (Self)Compassion is the heart of mindfulness. It is warm-hearted, connected presence during difficult moments in our lives. Thus, compassion can be thought of as a skill that one can train in, with increasing evidence that focusing on and practicing compassion can influence neurophysiological and immune systems (Davidson 2003; Lutz 2008). Compassion-focused therapy refers to the underpinning theory and process of applying a compassion model to psychotherapy. It is an integrated and multimodal approach that draws from evolutionary, social, developmental and Buddhist psychology, and neuroscience.

First, we will explore how our brains work and what we mean by compassion. We are going to start by looking at a couple of challenges that life presents us with and that we all experience. Second, we will examine how the therapist help the client experience safeness in their interactions with him, to tolerate and feel safe with what is explored in the therapy, and to replace self-criticism with self-kindness. Empirical research suggests that a specialized affect regulation system (or systems) underpins feelings of reassurance, safeness and well-being. Compassion-focused therapy focuses on the development of the social safeness system in the therapy through the training of compassion and mindfulness exercises.

CV

Paula Castilho, PhD in Psychology.
Professor at the Faculty of Psychology and Educational Sciences the University of Coimbra, where investigates and teaches in the area of clinical psychotherapy. Researcher at Cognitive-Behavioral Center for Research and Intervention (CINEICC) has been involved in research projects in the area of Third Generation Therapies, with a particular emphasis on constructs related with the evolutionary model and social ranking theory (shame, self-criticism, submission, social comparison), ACT (e.g., experiential avoidance, cognitive fusion) and compassion. Their studies were conducted on nonclinical and clinical populations (especially personality disorders and psychotic disorders). Also, she has collaborated with public and private institutions in various training courses for psychologists, nurses and psychiatrists on cognitive-behavioral psychotherapy (1st and 2nd generation) and third-generation therapies (CFT and ACT). She is a member and accredited supervisor of APTCC - Portuguese Association for Behavioral and Cognitive Therapies, the Association Portuguese for Mindfulness, and the Portuguese Society of Sexology (credited as sex therapist). Additionally, she has authored several research papers published in national and international journals in these subjects. Her current research interests include effectiveness studies for intervention programs in ACT and CFT for psychotic disorder and Borderline Personality Disorder, and transversal and longitudinal studies related to variables of social rank and ACT, and its contribution for psychopathology.
Abstract

Acceptance and commitment therapy: an overview

Acceptance and Commitment Therapy (ACT), is described as a third wave cognitive-behavioural therapy that is based in Relational Frame Theory (RFT).

ACT is a psychotherapeutic approach that emphasizes the learning of acceptance and mindfulness skills as means to intervene in the psychological processes that underlie psychopathology, such as cognitive fusion and experiential avoidance.

The aim of this communication is to provide an overview of ACT, covering briefly its theoretical foundations (Functional Contextualism and Relational Frame Theory), and to explain the psychological flexibility model that underlies ACT in its conceptualization of human suffering and psychopathology. The core therapeutic processes of ACT (mindfulness, acceptance, cognitive defusion, self-as-context, values and committed action) will be described, and given the experiential nature of many of the ACT interventions, these will be illustrated through experiential exercises and metaphors.

CV

Inês Guimarães is a Clinical Psychologist at the Department of Psychiatry of Hospital Cuf Porto and work also in private practice. She is a Cognitive-Behavioural therapist, and also an ACT and other mindfulness-based approaches therapist. Also, she is an associated member of the APTC (Portuguese Association of Behaviour Therapy), an associated member of APS (Portuguese Sleep Association), and a founding member of APM (Portuguese Association for Mindfulness).
Abstract

The scope of psychopathology as a discipline and its ability to (1) shape what is disturbed or normal and (2) to be assessed in the mental state examination has always been central to Psychiatry. For more than a century the increase of clinical workload, strict insurance policies and the request of objectivity and reliability for research have enforced categorization and operationalization of psychopathological phenomena. This move has been blamed as having led psychopathology into a dead end, undermining research and clinical diagnosis. The search for objectivity was spearheaded by the belief that standardization would (1) help increase its ever-low reliability, (2) diminish the exposure of Psychiatry to scientific criticism and most of all (3) restore the reputation of psychiatrists for they were reckoned as lacking scientific validity. Yet psychiatry seem to have dismissed the relational proxies of meaning (overlooking the conversational structure of the inquiry) accepting checklists of symptoms as proxies of patient’s rapport even if performed by untrained interviews, in uncanny settings (e.g. telephone or email). The clinical impression together with all pre-reflexive appraisal inputs was lost in the operationalization. The nature of phenomena we are accessing and studying are different from the symbols we learnt in psychopathology. Moreover the validity of the symbols we are learning have for long been overlooked as we are short of conceptual research . The quality of the rapport is contingent to the type of relation established and the acquaintance with intricateness of psychopathological symbols. Making such training a relevant feature of medical education might increase the quality of assessments and therefore improve diagnosis and research.

CV

Luís Madeira, Graduated in Medicine in 2008 in the University of Lisbon (FMUL) and finished Psychiatry residency in 2015.

Lecturer in Medical Ethics in the FMUL, under the direct supervision of Prof. Miguel Oliveira da Silva. This position that allowed him to individually tutor over 1000 students for the last 6 years. Lecturer in Psychiatry for the same institution, since 2011. Master in Philosophy and Mental Health from the University of Central Lancashire, UK. This three-year program allowed him to focus on epistemological and phenomenological research in the field of Psychiatry. He is a PhD student in Medicine (Psychiatry) in the University of Lisbon and was awarded a FCT scholarship (selection process) since 2014; he completed the 5 year training in Client Centered Psychotherapy (Client Centered Society, Lisbon) consisting of theory, personal development and supervision that certified him as a therapist; he attended over 100 conferences, workshops, summer and autumn schools and intensive courses in the topics of Psychiatry, Phenomenology and Psychopathology. He has presented over 80 lectures, many of which in international symposia and meetings. Co-author in 3 chapters and has published in peer-reviewed journals. Fully dedicated to practicing and lecturing Person-Centered Psychiatry, Psychopathology and Client Centered Psychotherapy.
EPA CME Course: Complaints, litigation and malpractice: How to survive as a psychiatrist

Dr. Julian Beezhold

BMAG
Room Unicer

Friday, 26th June 2015 | 09H00

Abstract

This informal user-friendly highly interactive course is aimed at addressing the ever-increasing tide of complaints and litigation faced by psychiatrists in their daily clinical work. All content is designed for an international audience working in a variety of different legal and regulatory environments.

The course will provide a broad overview of the context, including data on complaints and litigation. We will then examine in greater detail the areas of medical error, complaints, litigation and medical misconduct. Discussion will highlight the situations and actions that more commonly lead to concern.

There will be a focus throughout on actual real-life cases.

We will explore the theory and practice of the prevention and minimization of the number and severity of adverse events in psychiatry. This will include looking at practical tips for individual practice as well as the gains that can be achieved by a systems approach to reducing medical error.

This course aims to help improve the confidence and skills of participants in dealing with adverse events such as complaints and litigation; and also enhance participant's ability to prevent things going wrong in the first place.

CV

Dr. Julian Beezhold FRCPsych is a full time Consultant in Emergency Psychiatry at Hellesdon Hospital in Norwich, responsible for acutely ill patients receiving crisis resolution home treatment care.

He is Honorary Senior Lecturer University of East Anglia Norwich Medical School, and the Clinical Lead for Undergraduate Medical Education in Psychiatry in the Norfolk and Suffolk NHS Foundation Trust.

He is the Secretary General of the European Psychiatric Association, where he has been a Board member since 2009. He is a past President of the European Federation of Psychiatric Trainees (2003-4), and past Chair Psychiatric Trainees Committee of the Royal College of Psychiatrists.

He has extensive teaching experience, and has been an invited speaker in over 18 countries and runs a number of international CME courses.

Publications include over 70 papers, book chapters and posters. His research interests cover topics including consent and capacity, mental health law, burnout, and acute psychiatric services.
Abstract

Suicidal risk assessment

The World Health Organization estimates that approximately 1 million people die each year from suicide; during the 2012 annual global mortality rate was about 11.4 per 100,000 and it is estimated that 1,500,000 will die from suicide in 2020. The suicidal behaviour is a complex and multi-determined phenomenon, determined by the action of several bio-psycho-social factors. Due to its complexity, it is not possible to absolutely predict if and when a suicidal behaviour will take place, but it's possible to take into account the presence of certain risk factors and especially their coexistence. The main risk factors for suicide include mental disorder (depression, anxiety, personality disorder, use/abuse substances, schizophrenia), personality traits (aggression/impulsivity), the presence of familiar history of suicide and childhood trauma, some physical illnesses (neurological disorders, cancer, HIV infection), some specific socio-cultural characteristic. Even if the early diagnosis and an adequate treatment are keys to suicide prevention to date, there are not tools that allow an overall assessment of these dimensions. During the CME Course the Suicide Risk factors Check – List will be illustrated. This Check-list can be administered by mental health professionals and aims to allow a prompt and early screening of person at risk for suicide, integrating psychometric and anamnestic data and creating a check-list of the presences of risk factors.

CV

Marco Sarchiapone, psychiatrist and psychoanalyst, is Associated Professor at the University of Molise, Italy.

He is the Chairman of the Section of Suicidology and Suicide Prevention of the European Psychiatric Association, Italian representative at the WHO/Euro Network for Suicide Prevention. He is the Editor of the open access journal Suicidology Online.

He was the President of the 13th European Symposium on Suicide and Suicidal Behaviour. He was deputy coordinator of SEYLE (Saving and Empowering Young Lives in Europe) and WE-STAY (Working in Europe to Stop Truancy Among Youth), two research projects funded under the EU 7th Framework Programme and aimed at preventing suicide and risk behaviours among adolescents. He is also one of the promoters of SUPREME (Suicide Prevention by Internet and Media Based Mental Health Promotion), funded by the European Agency for Health and Consumers, and site leader of the project Monitoring Suicide in Europe (MONSUE). He has been involved in research in the field of suicidology for more than 20 years in an interdisciplinary perspective, ranging from biological aspects to social and psychological correlates.
Abstract

Treatment of suicidal patients

The need to have valid and effective treatments of suicidal behavior is as important as the early screening of the individuals at risk. However, the treatment of suicidal behaviour is complicated by a series of factors, since there aren’t shared pharmacological therapeutic strategy available; an environment characterized by high stress and anxiety; the need of multi-disciplinary therapeutic interventions. Despite these difficulties the professionals who work with people with suicidal risk, have the general principles to refer for the treatment of these cases. The treatment of suicidal behaviour is based on some main concepts, as the importance of adequate communication between doctor and patient and the integration of pharmacological, psychological and social treatment. During the Course, these concepts basics of treatment as well as the important issue of hospitalization of the patient at risk of suicide will be illustrated.

CV

Prof. Vladimir Carli

Senior Lecturer
National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet, Stockholm, Sweden
Co-director
WHO collaborating centre for Research, Methods Development and Training in Suicide Prevention

Biosketch
Senior Lecturer at the National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP), Karolinska Institutet (KI). He is chair of the WPA Section of Suicidology and Secretary General of the EPA Section of Suicidology and Suicide Prevention. He is the Vice President of the International Association of Suicide Prevention (IASP). VC is project leader of the project Suicide Prevention through Internet and Media-based Suicide Prevention (SUPREME), funded by the European Agency for Health and Consumers (EAHC). He is also Project Manager of the 7th Framework Programme EU funded project Saving and Empowering Young Lives in Europe (SEYLE) and Working in Europe to Stop Truancy Among Youth (WE-STAY). VC is Co-Director of the WHO Collaborating Centre for Research, Training and Methods Development in Suicide Prevention. He is a member of the WHO mhGAP Guidelines Development Group and recently collaborated in the development of the mhGAP intervention guide, by scrutinizing and reviewing the existing medical literature on suicide prevention and producing the suicide-related evidence-based recommendations that are part of the guide.
Course: Statistical methods in psychiatric research

Prof. Corália Vicente

ICBAS – UP
Room 11

Friday, 26th June 2015 | 09H00

Abstract
Aims to present and discuss statistical methods in order to:
- create a proper database
- select appropriate statistical methods in the analysis of Psychiatric Research studies
- use different types of designs having in account the pros and cons of each of them
- present findings of a statistical analysis in a clear, concise and understandable way
- identify the strengths and weaknesses of a research study
- assess the usefulness and validity of the research findings

Methods and material: Case studies, debate, slides, handouts

Educational intentions:
After the course the participants will be able to:
- appreciate the role of statistical methods in epidemiology
- develop skills in presenting quantitative data
- appreciate the sampling variation and the role of statistical methods in quantifying variation and testing hypotheses
- use appropriate statistical methods in the analysis of datasets
- interpret output and present findings from the statistical analysis

Prerequisite knowledge:
This course is intended for students who require a basic knowledge of the common statistical methods used in medical research. Previous computing experience is not required.

Course level:
Basic

Appropriate readings:
Altman DG, Practical Statistics for Medical Research, Chapman and Hall, 1991

CV

Corália Vicente, full professor at the Institute for the Biomedical Sciences Abel Salazar, University of Porto, (ICBAS-UP).

A mathematician by academic profession, she studied at the Universities of Porto (Portugal) and Warwick (UK). She has published and taught on a wide range of mathematical and statistical subjects in biomedicine, public health and community medicine.

Dean of ICBAS from 1992 to 2004, when she was responsible for the development of the degree of Veterinary Medicine as well as the Masters and Doctoral programs in Nursing Science. There was, during these twelve years a substantial growth in undergraduate and postgraduate teaching, a five-fold increase in published research activity, and an extensive program of rebuilding and expansion of the Institute.

She has led an important program funded by the World Bank and the Government of Portugal in the development of postgraduate medical education in Guiné-Bissau. She has been a member of the Executive Committee of AMSE (Association of Medical Schools in Europe) since 2005.

Presently, she is President of the Council of Representatives, Dean for Student Affairs, Head of the Department of Population Studies, and Director of the graduate programs in Nursing at ICBAS-University of Porto.
Abstract
Bipolar Disorder in Children: Is the Emperor wearing any clothes?
Lessons for us all.

CV

Brian Jacobs, Child & Adolescent Psychiatrist & President of Board to UEMS-CAP

Brian Jacobs is recently retired from the Maudsley Hospital. He ran the children's inpatient service for many years and has broad experience of complex disorders with a specialisation in paediatric neuropsychiatric disorders. He has a strong interest in the education of child and adolescent psychiatrists and has worked on improving the knowledge of anyone who works with children and young people through a large e-learning project (www.minded.org.uk). He has followed with interest many of the enthusiasms to hit child and adolescent psychiatry in the past 30 years and their evolution. He will discuss the evolving views of paediatric bipolar disorder in this context.
Abstract

Past and Future of Training, Investigation and Intervention in CAP

Child and Adolescent Psychiatry is among the most fascinating fields of medicine. One of the most attractive factors in the rewards of working with children and families is the satisfaction of helping them to return to a healthier developmental stability. Mental health problems are expected to increase and psychiatrists are at the forefront of helping society to engage in best solutions. As we are at the front line of many problems and pathologies of children and adolescents we are in a unique position for intervention. According to this I have selected two main topics to discuss:

- The early identification of children and adolescents at risk for schizophrenia and the Duration of Untreated Psychosis (DUP);
- The psychotherapies;

Progress in Child and Adolescent Psychiatry is based on the developments of psychology and neuroscience in a way that involves non-confrontational integration of biomedical and biopsychosocial models. This uses a combined practice of psychotherapy and psychopharmacology; we must continue to distinguish our practice from that of a "neurobiological prescriber" so as to prevent our discipline from merging with neurology.

CV

Pedro Monteiro, Consultant Child and Adolescent Psychiatrist, Porto.
Abstract
The role of Child and Adolescence Psychiatry in Paediatric Oncology

Children in oncology units face death. Many adults have the wrong idea that children don’t think about their own death. The most difficult moment is that of a relapse when a child thinks he is being punished. The role of child and adolescent psychiatrist concerns children, parents, siblings and other professionals involved in treatment. Mostly how to communicate bad news, but also how to return to normal life. When there is nothing we can do there is always something to do.

CV

Zulmira Correia.
Degree in Medicine since 1985 in Universidade do Porto, Faculdade de Medicina.
Post graduate in Forensic Science in 1986.
Liaison Child Psychiatry since 2006 in paediatric unit.
Since 2013 participates in paediatric oncology in Instituto Português de Oncologia.
Director of child and adolescent psychiatry department in the CHP (Centro Hospitalar do Porto) since 2013.