AMERICAN ACADEMY OF PSYCHOANALYSIS AND DYNAMIC PSYCHIATRY

CALL FOR PAPERS
62nd Annual Meeting
May 3- May 5, 2018, in New York, NY

Pain and Distress: Psychodynamic Aspects and Collaborative Models of Care

Program Co-Chairs: Xavier F. Jiménez MD, MA and César A. Alfonso, MD
Chair of the Scientific Program Committee: Joanna E. Chambers, MD
CME Committee Chair: Silvia W. Olarte, MD

Introduction:

Patients seek help and healing when they experience pain and suffering. As physicians we are tasked with assessing, treating, and alleviating symptoms, and yet the predominantly medical model we work within often focuses solely on biophysiological drivers and solutions. However, many will feel only partially attended by this approach, and refractory pain and distress often persist when inadequately addressed by the biomedical model. We are faced with a strained, ineffective, costly, and at times dangerous medical system, resulting in isolation, alienation and disability. Providers are also suffering from burnout and disillusionment while practicing rigidly and defensively. When a dissatisfied, afraid, fixated, or overwhelmed patient with persistent symptoms is in our care, we must explore deeper psychodynamic forces causing, fueling, or maintaining pain and distress. And when strained physicians, colleagues, and trainees are distressed by our care options, we similarly must consider dynamic approaches and creative solutions.

The questions generated by these dilemmas are many: What is a given patient's core or underlying pain? Does physical pain (or any other "medical" symptom) often or always represent more? What intolerable experience is informing the preferable yet painful current presentation? And how do these surface manifestations change over the lifespan? Beyond physical pain, what is there to be done about the pain of loss, shame, rejection, isolation, disability, and helplessness? And what function does distress serve? In such distress, what is being communicated, in what manner, in what context, and for what reasons? We may argue that the human experience - behaviorally, attitudinally, cognitively, emotionally - all stems as a tangled reaction and consequence to primordial pains as well as accompanying distress. Cultural idioms of distress vary widely and must be understood in a sensitive and sensible way. Interoceptive awareness modulates the perception of nociceptive and neuropathic stimuli, and mentalization and the dynamics of self-other boundaries are important to understand experiences of pain and distress.

This year we examine the role of psychodynamic psychiatry in elucidating and alleviating the many protean presentations of both pain and distress, not only in our patients but also in ourselves as healers. Psychodynamic psychiatrists may be equipped to lead collaborative care models and liaise with other physician specialists to properly care for patients with complex multimorbidities.

Program:

We would like to explore how psychodynamic psychiatry can be helpful with pain and distress of many types and presentations. *We are seeking submissions that address psychodynamic drivers of chronic unrelenting pain or other medical/physical symptoms, latent forces behind psychological distress, defenses and coping behaviors related to pain and distress, personality organization and how it informs pain and distress, transference and countertransference reactions emerging from work with pain and distress, and implications for training and supervision. We will also welcome presentations describing collaborative models of mental health care that are psychodynamicially informed and could be practically implemented to better serve patients with complex multimorbidities, chronic pain and distress.*

Our opening night speakers will include introductory remarks by Joanna Chambers, AAPDP chair of scientific programs, and Jennifer Downey, AAPDP president, who will describe the strategic position of psychodynamic psychiatrists in the care of patients with complex multimorbidities; Helen Herrman, president-elect of the World Psychiatric Association, who will describe in some detail the WPA Action Plan and public health agenda; and Altha Stewart, president-elect of the APA, who will speak about collaborative models of care as a biopsychosocial paradigm shift.

The program will include an informal Q&A Session with AAPDP Past Presidents who will share historical perspectives and expert opinions about the evolution of psychodynamic psychiatry. Other notable speakers will include Mary Ann Cohen, who will deliver a plenary address on creating health care environments for patients, physicians and their communities, and Mark Sullivan, the Keynote Speaker, who will address "Between suffering and survival: understanding the dynamic links among physical pain, social pain and addiction".

Target Audience: Psychiatrists, psychoanalysts, psychodynamic psychiatrists, psychosomatic medicine psychiatrists, psychologists, social workers, early career psychiatrists, psychoanalytic candidates, psychiatric residents, medical students and other health care professionals.

Conference Learning Objectives:

This meeting has been designed to study the psychodynamic aspects of pain and distress in order to meet the following professional practice gaps and the needs derived from those gaps:

Gap #1: Improving treatment of patients by:

- Attaining sufficient knowledge of psychodynamic principles and the ability to apply this knowledge
- Enhancing the ability to integrate dynamic principles, psychopharmacology, and neuroscience in clinical practice

Needs derived from the gap above:

- To learn about development of therapeutic alliances; transference and countertransference; the handling of challenging situations; and practical applications of psychoanalytic theories
- To learn about complex pathologies, neuroscientific advances, pharmacologic treatments, and medical conditions and their implications/ramifications for psychodynamic psychotherapy

Gap #2: Enhancing training of residents and early career psychiatrists.

Needs derived from this gap:

- To learn new ways of engaging residents and training them in the complex theories and techniques of psychodynamic psychotherapy
- To foster learning of complex theories and techniques of psychodynamic psychotherapy by early career psychiatrists

All presentations must address at least one of the specified needs.

The Academy expects the results of its CME program to be improvement in competence or performance. Definitions: "Competence" refers to knowing how to do something. "Performance" is what a psychiatrist would do in practice if given the opportunity.

- *Panel*: Presentations by 2-4 individuals on a single theme with a discussant.
- *Symposium*: Similar to panel but usually with additional speakers and a longer time frame.
- *Workshop*: Presentation on a single theme with 50% or more audience participation and discussion.
- *Paper Session*: Presentations of written papers by 2-4 presenters with a discussant, grouped by topic but not necessarily closely related in content.

By signing the abstract submission form, I agree to these rules:

If more than one person is presenting in a session, only one person – the Chair – should submit for everyone in that session.

Only the Chair will be notified of acceptance of the presentation. It will be the responsibility of the Chair to notify others presenting in their session.

Please note that if you do not already have a discussant or chair assigned, the Program Committee may assign a chair and/or discussant to your presentation/session for you.

The Program Committee reserves the right to combine submissions into larger sessions.

Please note that the Academy's Journal, ***Psychodynamic Psychiatry***, welcomes the submission of completed manuscripts for possible publication. If you wish your paper to be considered, please email it directly to Sara Elsden of the Journal Office at selsden@ssmgt.com. Paragraph format of text (12-point font), including footnotes, references, and extracts, should be double-spaced. Page format should be 8.5 x 11 inches with standard margins. Submission of manuscripts that are longer than 40 manuscript pages, including references, is discouraged.

ABSTRACT SUBMISSION FORM

SUBMISSION DEADLINE IS OCTOBER 1, 2017

You must submit using this form. Incomplete submissions will be returned without review.

Important Note: If more than one person is presenting in a session, only one person – the Chair – should submit for everyone in that session.

- ☐ **Symposium**
- ☐ **Panel**
- ☐ **Workshop**

Pages 3 and 4 of this form is for Symposia, Panel and Workshop Submissions.
For Paper Session submissions, go to pages 7 and 8

Name of chair of session:

Address:

Email: Phone:

Title of session:

Session learning objectives: *By attending this presentation, participants will have the opportunity to improve competence or performance in:*

Please complete for each presenter:

Name:

Address:

Email: Phone:

Title of presentation:

Role (presenter, discussant, other):

Name:

Address:

Email: Phone:

Title of presentation:

Role (presenter, discussant, other):

Name:

Address:

Email: Phone:

Title of presentation:

Role (presenter, discussant, other):

Name:

Address:

Email: Phone:

Title of presentation:

Role (presenter, discussant, other):

Name:

Address:

Email: Phone:

Title of presentation:

Role (presenter, discussant, other):

Please list one published reference pertaining to the content of your presentation.

Please check the need(s) this presentation is designed to meet.

- ❑ To learn about development of therapeutic alliances; transference and countertransference; the handling of challenging situations; and practical applications of psychoanalytic theories.
- ❑ To learn about complex pathologies, neuroscientific advances, pharmacological treatments, and medical conditions and their implications/ramifications for psychodynamic psychotherapy.
- ❑ To learn new ways of engaging residents and training them in the complex theories and techniques of psychodynamic psychotherapy.
- ❑ To foster learning of complex theories and techniques of psychodynamic psychotherapy by early career psychiatrists.

- ❑ Signed Financial Disclosure Forms for chair and all presenters are attached.

IMPORTANT information regarding audiovisual needs: The Academy provides LCD projectors for PowerPoint presentations, but not computers or laptops. Please note any other AV needs here and include a justification of need:

Abstract (200 words maximum). Include the topic of each presenter.

Biographical Information.

_____ _____

Signature Date

I am also interested in participating as:

- ❑ **Chair**
- ❑ **Discussant**
- ❑ **CME Evaluator**

Important Note: If more than one person is presenting in a session, only one person – the Chair – should submit for everyone in that session.

☐ **Paper Session (to be read)** ☐ **Paper Session (to be discussed)**

Name of presenter:

Address:

Email: Phone:

Title of paper:

Learning objectives: *By attending this presentation, participants will have the opportunity to improve competence or performance in:*

Suggestion(s) for discussant:

Please list one published reference pertaining to the content of your presentation.

Please check the need(s) this presentation is designed to meet.

- ❑ To learn about development of therapeutic alliances; transference and countertransference; the handling of challenging situations; and practical applications of psychoanalytic theories.
- ❑ To learn about complex pathologies, neuroscientific advances, pharmacological treatments, and medical conditions and their implications/ramifications for psychodynamic psychotherapy.
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☐ Check here if no audiovisual equipment is required.

Abstract (200 words maximum).

Biographical Information.

_____ _____

Signature Date

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- ❑ **Discussant**
- ❑ **CME Evaluator**