

AMERICAN ACADEMY OF PSYCHOANALYSIS AND DYNAMIC PSYCHIATRY
CALL FOR PAPERS
61st Annual Meeting
May 18 – May 20, 2017, in San Diego, California

Psychodynamic Psychiatry and the “Difficult” Patient

Program Co-Chairs: Eugene Della Badia, DO and Angela M. Hegarty, MB BCh
Chair of the Scientific Program Committee: Joanna E. Chambers, MD
CME Committee Chair: Sylvia Olarte, MD

Introduction: What do we mean by the “difficult” patient? The question is a broad one of necessity. The “difficult” patient since Freud has been the patient who has not responded as expected to treatment. As an ambitious young doctor when patients failed to get better, Freud readily re-evaluated his theories and without compunction discarded theories and approaches that failed his patients along the way refining and developing his theory of mind, technique and psychopathology. Freud’s implicit understanding that the fault lay not with the patient but with the theoretical lens through which he understood the roles of patient, analyst and the clinical situation. This has been articulated in subsequent generations. Following Freud when a patient did not respond to the modalities at hand, new modalities of treatment were developed. From thence grew the diverse, and ever more responsive spectrum of psychotherapeutic modalities we have at our disposal. Developments in psychodynamic psychiatry have always been clinically driven. Today, the challenges posed by “difficult” patients draw attention to un-addressed issues at all levels. We find them from health care delivery systems to the clinical relationship, from interpersonal and group dynamics to individual experience. These issues continue to drive the development of our field.

When we encounter difficulties in helping a given patient we look at many factors: difficulties can lie in diagnosis, theory, transference, countertransference, resistance, negative therapeutic reactions or narcissistic vulnerability. Difficulties can arise when psychiatric problems are complicated by medical illness, addiction, psychological trauma, compulsive or dangerous behaviors. Since the time of Freud, the question has always been the same: what do we need to do to help patients who for any variety of reasons are “difficult” to treat in a given situation?

Today, amongst many of our early and mid-career colleagues who completed training in settings that offered little in the way of meaningful personal experience in psychodynamic psychiatry there is still a misperception that psychodynamic approaches are useful only in the private office in the treatment of well off and high functioning patients. But over the past few decades, advances in the field of cognitive neuroscience and other disciplines have led to renewed interest in applied psychoanalysis in diverse settings ranging from behavioral economics to forensic psychiatry. These changes have led to a greater understanding of and approaches to the kinds of patients most often encountered by our younger members who work often in hospitals, crisis centers and emergency rooms.

Program: We would like to explore the many ways psychodynamic psychiatry can be helpful with “difficult” patients, and found we can learn what they have to teach us. We are seeking papers and presentations that address the variety of difficulties encountered in diagnosis and treatment and what new areas in theory and practice can be developed. We are as interested in papers that help us understand what the patients’ difficulties are trying to teach us.

Our opening night speaker will be Eric M. Plakun, MD who will speak on his years of experience with “difficult” patients at Austin Riggs. Our Keynote speaker will be Glen O. Gabbard, MD who will talk about his ideas on the “difficult” patient. Mardi Horowitz, MD will present his thoughts on the psychodynamics of “difficult” patients in psychotherapy.

Target Audience:

Psychiatrists, psychoanalysts, psychodynamic psychiatrists, psychosomatic medicine psychiatrists, psychologists, social workers, early career psychiatrists, trainees, residents, and students.

Conference Learning Objectives:

This meeting has been designated to study the experience of play 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 gaps 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, pharmacological 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.

Definitions and Rules for Abstract Submissions

- **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 Elsdén 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, 2016

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

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

**Pages 3 and 4 of this form is for Symposia, Panel and
Workshop Submissions. For Paper Session submissions,
go to pages 5 and 6.**

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 |
| ☐ 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.
- ☐ 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.
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- ☐ Check here if no audiovisual equipment is required.

Abstract (200 words maximum).

Biographical Information.

Signature

Date

I am also interested in participating as:

☐ **Chair**

☐ **Discussant**

☐ **CME Evaluator**

**American Academy of Psychoanalysis and Dynamic Psychiatry
Continuing Medical Education Disclosure Form
Abstract Submissions – 2017 Annual Meeting**

This form must be completed by every presenter and author.

Name _____
Title of Presentation _____
Name of Primary Author _____

In order to comply with the ACCME's Updated Standards for Commercial Support, the American Academy of Psychoanalysis and Dynamic Psychiatry requires that anyone who is in a position to control the content of an educational activity discloses all relevant financial relationships with any commercial interest (see definitions on reverse) **pertaining to the content of the presentation**. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner, so it will be necessary for you to indicate those as well. Should it be determined that a conflict of interest exists as a result of a financial relationship you have, you will be contacted and methods to resolve the conflict will be discussed with you. **Failure or refusal to disclose a conflict or the inability to resolve an identified conflict will result in the withdrawal of the invitation to participate.**

I. Declaration (choose either A or B below):

- A)** 1. List the names of proprietary entities producing healthcare goods or services with which you have, or have had, a **relevant** financial relationship within the past 12 months. Do not list support from nonprofit or government organizations or commercial entities that are not healthcare related.
2. Explain what you received (see definitions on reverse).
3. Specify your role (see definitions on reverse).

1. Name of Commercial Interest	2. What was received*	3. Your role**
_____	_____	_____
_____	_____	_____

* ** Samples/Definitions on reverse

- B) ____** I do not have any relevant financial relationships with any commercial interests pertaining to this presentation.

II. I understand that I may not accept payment, advice or services from any commercial entity regarding my participation in the planning of any AAPDP educational activity.

III. I understand that slides, posters and handouts may not contain any advertising, trade names or product group messages of any commercial entity.

Notification: If your presentation describes the use of a device, product, or drug that is not FDA approved or the off-label use of an approved device, product, or drug, it is your responsibility to disclose this information during your presentation.

Presentations must give a balanced view of therapeutic options. Use of generic names contributes to this impartiality. If the content of your presentation includes trade names, where possible, trade names from several companies should be used.

____ I have read and will comply with AAPDP policy on disclosure of off-label or non-FDA-approved uses and generic pharmaceutical names.

Signature _____ Date _____

This form must be submitted with abstract. Abstracts submitted without this form will not be considered.

Contact information if not primary author:

Mailing Address _____
City _____ State _____ Zip code _____
Telephone _____ Fax _____ Email _____

Definitions

* **What was received:** Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest, (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

** **My Role(s):** Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.

Commercial Interest

The ACCME defines a “commercial interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients, with the exemption of non-profit or government organizations and non-healthcare related companies.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stock, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant Financial Relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.