

Early Intervention in Psychosis TRAINING FORUM

22 – 23 June 2009
with pre-conference workshops 21 June

Mercure Hotel, 345 The Terrace
WELLINGTON

Ko tenei te waa!
THIS is the time!



~ Focusing on engaging early and intervening well ~

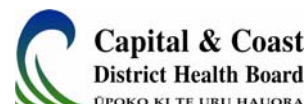
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Early Intervention in Psychosis National Training Forum is returning to Wellington in 2009 and will be proudly hosted by the Wellington Early Intervention Service (EIS) and Capital and Coast District Health Board (CCDHB). Thanks also to Eli Lilly who are the principal sponsor of the event.



New Zealand Early Intervention in
Psychosis Society (NZEIPS) Inc.



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PRE-CONFERENCE WORKSHOPS 21 JUNE

Relapse Prevention (full day)
Associate Professor Dr John Gleeson
Individual and family based relapse prevention after first episode psychosis

Something is not quite right (half day)
Dr Warrick Brewer
Making sense of emerging mental illness; a cognitive emotional model
for engaging and treating early psychosis with complex clients

KEYNOTE ADDRESSES

Dr John Gleeson
Episode II – understanding and
preventing relapse after first-episode
psychosis

Dr Warrick Brewer
Engaging and working with high risk
clients with first episode psychosis

Judge Peter Boshier
Early mental health intervention with young people –
is the Mental Health Act a help or a hindrance?



PROGRAMME

In addition to the keynotes, we want the programme to include a wide range of topics of interest to all clinicians working in early intervention, for example:

• Engagement	• Working with complex clients
• Recovery maintenance	• School/employment involvement
• Psychosocial interventions	• Cultural perspectives
• Ethical and legal issues	• Consumer forum

To do this, we need your input!

CALL FOR PAPERS

We welcome submissions from any individual or group who would like to present at the 2009 Early Intervention in Psychosis National Forum.

Submissions of abstracts, open papers and posters are welcome.

Abstracts: Should be no more than 200 words including background, aims, methods, results and conclusions and in some cases main contributions and learning objectives. Please present the abstract in Times New Roman, 11pt, and preferably in Microsoft Word Format. Abstracts will appear in the conference programme as they are provided.

Open papers: Presentations on clinical, theoretical or research areas will be allocated 20 minutes with 5 minutes for questions. Presentations would best be presented by PowerPoint; please be prepared to provide an electronic copy of presentation and appropriate handouts to registrants.

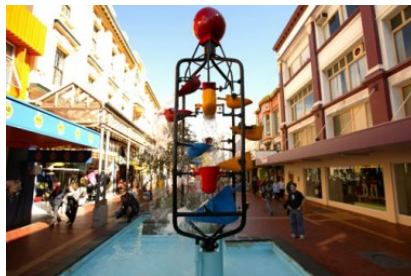
Posters: Single presentations on clinical or research studies, which may be works in progress. Those presenting a poster will be expected to attend at a set time. Posters will be on display throughout the conference.

Receipt of all abstracts will be acknowledged. Acceptance of your abstract for presentation at the conference will be advised by 24 April 2009.

Submission of a paper does not constitute registration to the conference. All presenters must pay an appropriate registration fee. Please register separately by completing the conference registration form.

To submit electronic abstracts, e-mail documents to: Jenny.Cardno@ccdhb.org.nz

By mail, send computer disc with hard copy to Jenny Cardno, Mental Health Training Coordinator, CCDHB, Montrose, PO Box 50233, PORIRUA



with the support of 

The 2009 FORUM

The 2009 forum will focus on engaging early and intervening well. This is reflected in our theme **Ko tenei te waa: this is the time!** We intend to deliver an extensive range of speakers who will excite and motivate you in the area of Early Intervention in Psychosis. This year there is the opportunity to attend either a full day or half day pre-conference workshop on the 21 June run by John Gleeson and Warrick Brewer, both of whom are keynote speakers at the forum. There will be an opportunity for discipline groups to get together, share ideas and affirm collegial ties. We are delighted to offer a networking evening on Monday June 22 which is included in the cost of registration. This is a great opportunity to catch up with other clinicians from throughout NZ and strengthen alliances.

Wellington, New Zealand's capital city, has so much to offer. Set on the edge of a stunning harbour and surrounded by rolling hills, it's a city waiting to be explored. Take in Te Papa or just spend your time relaxing by the waterfront, or choose from the local café scene, great shopping and cultural experiences. Of course, if rugby is more your thing, arrive in time for the All Blacks vs France on Saturday 20 June 2009.

The Wellington Early Intervention service was launched in 1997. We are a community mental health team, part of CCDHB. We provide a service to people aged 13 to 25 years who are experiencing psychosis for the first time and have not previously had treatment for psychosis. We cover the Wellington region, including Kapiti, Porirua, Wellington and the Hutt Valley. We accept referrals from all sources, including self, family and community agencies. Our clinical team work intensely with clients and their families.

If you would like to know more go to <http://www.earlypsychosis.org.nz>

Contact us:

Early Intervention Service
Level 2, Pipitea House
61-63 Thorndon Quay
PO Box 1729
Wellington
New Zealand
Ph: +64 (4) 4949161; Fax: +64 (4) 4949163

REGISTRATION INFORMATION

Fees

Fees include morning and afternoon teas, lunches and refreshments at the networking evening. Cancellations received before 22 May 2009 will receive 80% refund. No refunds after 22 May. In the unlikely event of conference cancellation, we will refund fees in full, less a \$30 administration cost. We will not accept liability for travel or accommodation expenses or any other costs incurred by registrants.

To qualify as a student delegate, you must be enrolled in a full-time course and provide a copy of student I.D. with registration.

Payment and Registration

All registrations will be acknowledged by email.

Registrations must be accompanied by payment.

Mail to Jenny Cardno, Mental Health Training Coordinator, CCDHB, Montrose, PO Box 50233, Porirua.

Payment can be made by: Cheque payable to Capital and Coast DHB.

Registration Form/Tax Invoice

Sunday 21st June:

Pre-Conference Workshops:

Individual and family based relapse prevention after first episode psychosis (full day): Dr John Gleeson

	Early Bird (up to 8 May)	Standard Rate
Full Fee	\$170	\$195
Students Fee	\$110	\$135

Something is not quite right (half day): Dr Warrick Brewer

	Early Bird (up to 8 May)	Standard Rate
Full Fee	\$85	\$100
Students Fee	\$55	\$75

Monday 22nd - Tuesday 23rd June 09:

Early Intervention in Psychosis Training forum - Ko teni te waa: this is the time

	Early Bird (up to 8 May)	Standard Rate
Full Fee	\$315	\$370
Students Fee	\$200	\$250

All prices are inclusive of GST

Monday 22nd June:

Networking Evening – To assist with organisation of catering etc please indicate if planning to attend

Yes No

Capital Coast DHB GST #61-241-582

Name

Organisation

Address

Phone

Email

Please send registration by no later than 5th June 2009.

If you have special dietary needs, please give details:

If you have any mobility difficulties, please give details:

Enquires to: EIS.trainingforum@ccdhb.org.nz

WORKSHOPS

One-day workshop: Relapse Prevention

Associate Professor John Gleeson - Individual and family based relapse prevention after first episode of psychosis

This one-day workshop is designed for mental health clinicians with experience in providing specialist first-episode psychoeducation, case management, or CBT to young people affected by the first episode of psychosis. The workshop will outline the specific components and interventions within an individual and family based CBT intervention for relapse prevention that has been developed and trialed at The Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne. The workshop will outline the specific stages of the individual intervention including:

- i) engagement and assessment of relapse risk
- ii) setting the therapeutic agenda
- iii) psychoeducation for relapse prevention
- iv) early warning signs
- v) managing stress
- vi) depression and anxiety and relapse prevention
- vii) substance abuse and medication in relapse prevention

An overview and orientation to the parallel family intervention will also be provided. It is also hoped that there will be the opportunity to explore how these specific techniques and interventions can be integrated into local service models. At the conclusion of this workshop participants will be equipped to integrate many of these specific interventions within substantive clinical roles such as early psychosis case management.

Associate Professor John Gleeson is a clinical psychologist with over 15 years experience in severe mental illness. He currently holds a joint appointment between the NorthWestern Mental Health Program, a program of Melbourne Health, and the Psychology Department of the University of Melbourne. His research interests include CBT for first-episode psychosis, and psychological treatments for complex behavioural problems associated with psychosis.

Half-day workshop: Something is not quite right!

Associate Professor Warrick Brewer - Making sense of emerging mental illness: a cognitive-emotional model for engaging and treating early psychosis with complex clients

Attendees at this workshop will receive a practical outline on formulating, engaging and treating clients with complex presentations, and relevant assessment protocols will be recommended. Practical guidelines including a focus on detecting early warning signs of relapse, and maximising self understanding, engagement and treatment adherence will be provided.

Cognitive vulnerability is a key predictor and consequence of mental disorder, including schizophrenia. However, the role of emotions, particularly during adolescent development is often misunderstood. Moreover, individual styles of cognitive processing and the impact of emotional experience upon schema formation have often been minimized during the delivery of interventions such as cognitive-behavioural therapy for example.

In this workshop, intellectual ability is framed as being a key buffer between genetic/physical risk at one end of a neurobehavioral spectrum, to environmental risk on the other. Understanding the 'psychology' of cognitive development then equips us to assist adolescents to learn to be motivated to hear and to process new information, and in turn, to understand their own individual style.

This enhancement of 'sense of control' may buffer those clients from further deterioration of mental state. In particular, strengths and weaknesses in genetic, cognitive, personality or behavioural features of self identity can be mapped in a 'user-friendly' manner so that key stressors impacting information processing are minimised. In addition, the impact of associated negative feedback loops involving increasing emotional distress and dysfunctional schema development are also minimised. We integrate key research findings that implicate risk of emotion dysregulation as a risk factor for neurodevelopmental disorders such as personality disorders, ADHD and psychosis.

In summary, this workshop will rely upon practical principles learned from olfactory (emotional) identification research and clinical management of high risk first-episode psychosis clients. Olfaction has been a great proxy measure of the capacity for people to transform emotional (subconscious) material into consciousness (language), where problems in olfactory identification reflect problems in affect regulation. A synthesis of key developmental neurological, cognitive and psychological processes that impact upon behavioural function will be delivered.

Associate Professor Warrick Brewer - *Following completion of his Psychology Honours at James Cook University of Nth Queensland in 1991, Warrick completed his Masters in Neuropsychology at the University of Melbourne in 1994, and then his PhD in 1999 through the Mental Health Research Institute of Victoria. His clinical and research interests focus on tracking and understanding the development of psychosis from a neuropsychological perspective, with emphasis on olfaction; he was the first to publish deficits in olfactory identification as the first promising predictor for schizophrenia which attracted considerable media attention around 2003. His work includes an edited book and over 50 publications, and has attracted media attention along with various national and international awards. Currently he is an Associate Professor in the University of Melbourne – Centre for Youth Mental Health, located at ORYGEN Youth Health Research Centre - Parkville, where he leads the clinical and research program in the Neuropsychology Unit. He is also a specialist clinical consultant on the Intensive Case Management Team that he implemented for the EPPIC program. He is funded by the Colonial Foundation and from the NH&MRC via a 5 year Career Development Award.*

KEYNOTES

1. Associate Professor John Gleeson: EPISODE II – understanding and preventing relapse after first-episode psychosis

Early psychosis programs have prioritised the early identification and treatment of psychosis in addition to a focus upon recovery and secondary prevention. Evaluations of interventions for early psychosis have indicated that a high proportion of young people make a good response to initial acute phase treatment. Effective interventions for prevention of subsequent relapse, however, remains a priority for further development. This keynote address will provide an overview of the empirical research into the risks of relapse and an outline of interventions specific to young people who have experienced a first episode of psychosis.

2. Associate Professor Warrick Brewer: Engaging and managing high risk clients with first episode psychosis: Treatment model and outcomes relative to EPPIC treatment as usual

Cognitive impairments are integral to clinical presentation in mental illness and their influence is underestimated in practice. These 'impairments' may:

- i) reflect pre-existing neurodevelopmental compromise or vulnerability markers
- ii) mediate the course of illness, particularly in their relationship to personality profiles, and symptom expression
- iii) be clear sequelae of neuro-psychiatric illness, including associated neurodegeneration

This has significant implications regarding the style of clinical intervention for disorders such as psychosis that occur during critical and inherently unstable stages of adolescent development. Incorporating 'user friendly' psychoeducational tools for clients, we briefly outline how development of prefrontal neural regions parallels the onset of 'adolescent rites of passage'; these include gaining competence in emotional IQ.

In this context, we describe a clinical-research management model that aims to enhance perceived control for those most vulnerable clients of an Early Psychosis Service (EPPIC). This adapted 'stress-vulnerability' model regards first episode psychosis as a critical period where early intervention can alter the trajectory of the young person's ongoing mental health and general functioning.

The Intensive Case Management (ICM) team was developed as a sub-program of EPPIC in 2002 to provide assertive outreach to young people experiencing a first episode of psychosis who are most difficult to manage due to level of risk to self/others, disengagement or suboptimal recovery. These clients often present with high levels of co-morbidity, ambivalence about treatment, and numerous social and functional difficulties.

This keynote reviews the effectiveness of an ICM approach in comparison to EPPIC treatment as usual focusing on key clinical performance measures. These include baseline versus discharge comparisons of positive and negative symptoms, engagement, suicide attempts, crisis contacts, inpatient days and inpatient readmissions. Practical guidelines for managing client and staff risk are presented, along with engagement techniques. Our findings support a clinical rationale for incorporating an intensive case management team within an already unique service program targeted at the early detection and treatment of psychosis.

3. Judge Peter Boshier - Early mental health intervention with young people – is the Mental Health Act a help or a hindrance?

Judge Peter Boshier was appointed as the Principal Family Court Judge of the New Zealand Family Court in March 2004, after serving on the District Court Bench since 1988. Judge Boshier has worked extensively in the management of the Family Court and judicial system. In 1993, he completed a review of the Family Court, which resulted in a number of changes to Court processes. Judge Boshier has a particular interest in Pacific youth justice and child offenders. In 1999, he wrote the Child Offenders Manual, which gives practical guidance to intervention with child offenders. In 2002 he was seconded by the New Zealand Government to join the Pacific Judicial Education Programme based in Suva, and while there completed a Graduate Certificate in Tertiary Teaching. As Principal Family Court Judge, Judge Boshier is committed to working with the Government to continue to reform the Court to ensure efficient and economic access to justice. In 2006 Judge Boshier was nominated by the New Zealand Listener, as being in the top fifty outstanding New Zealanders.

4. Traceyanne Herewini - “Ko te amorangi o ki mua, ko te hapai ki muri” - From chaos and confusion to navigating one’s pathway to hope and learning

This presentation will outline a case study interweaving Maori models of health with clinical paradigms, highlighting the importance of engagement, application of models and hope.

Traceyanne Herewini is a key worker and Incredible Years parenting facilitator at Auckland District Health Board, Māori Mental Health Service. She identifies proudly as Māori – Ngati Kahu ki Whangaroa, Rangitane and Ngati Kahungunu with English, Irish, Scottish and Scandinavian heritage. This diverse heritage reflects her broad experiences and interests as a student, teacher and work in Mental Health. Her interest in Psychosis grew while working in the Early Psychosis Intervention Service – Waitemata DHB in 1999-2005 as a Mahi Takawaenga/Maori Advisor/Liaison/Case Worker. Since this time she has contributed a chapter in the “Psychotherapies for the Psychoses: Theoretical, cultural and Clinical Integration” called New Zealand Maori conceptual models utilized within Early intervention services edited by John. F.M Gleeson, Eoin Killackey and Helen Krstev. Furthermore, she has continued to work with Maori experiencing psychosis in both CAMHS and Adult settings, in different roles.

5. Margaret Ross - Engaging Challenging Adolescents

Margaret Ross has a background of over 25 years in secondary teaching. She has taught and held management positions in schools in Inner London, New Zealand and Nigeria. Having trained with educational psychologists in inner London during the 70’s her specialities lie in relationship building, behaviour management, motivation and their practical application in an adolescent environment. Today she runs workshops for teachers, parents and health professionals. Her workshops are effective, easy to translate in to the work place and fun!

6. James Tait - Bridging the gap to assist in avoiding the revolving door

“I will speak about how my passion for decreasing the discrimination mental health consumers face from society has evolved and deepened, and now drives me in the consumer roles that I do. I would like to discuss with you my insights into the barriers facing first episode clients and some solutions to overcome these barriers. My roles give me a unique perspective on the issues facing mental health consumers and I feel privileged to have the opportunity to help others and in doing so help myself”.

I am 26 years old. I am a mental health consumer and used the Early Intervention Service in Wellington from 2004-2006. My recovery has continued and currently I have roles in the consumer mental health sector as a Consumer Advocate at the Wellington Mental Health Consumers Union, First Voices educator, DHB Youth Consultation Group facilitator, Chairman of the Buddies Advisory Group, Wellington City Council Disability Reference Group and as a member of Wellink's Youth Governance Group. I plan on continuing my academic studies in the future but have taken this time to consolidate, learn more about my illness and assist others to understand their experience.

VENUE

Mercure Hotel ★★★☆
345 The Terrace Wellington 6001

Ph 0800444422



Mercure Wellington enjoys a prime location at the top of the Terrace with spectacular views over the city and harbour. This hotel is an easy walk to the Cuba Quarter, funky boutiques, shops and the theatre district.

Mercure Wellington has six spacious conference rooms; all are pillarless, air conditioned, enjoy natural light and have windows that open; perfect for providing a comfortable atmosphere. Car parking is available on the conference floor

Mercure Hotel Wellington is a 3.5 star hotel offering 111 accommodation rooms, including 7 suites, an indoor heated swimming pool, sauna, gymnasium and a business centre. Brasserie 345 Restaurant is open for breakfast, lunch and dinner offering delicious European cuisine and the Lobby Bar is an ideal place to unwind and meet friends or colleagues.

Accommodation Rates (please quote CCDHB when booking to be eligible for discounted rates quoted below). If you are staying for longer please enquire about other specials available.

- \$135.00 incl. gst for bed and cooked breakfast (single occupancy)
- \$146.00 incl. gst for bed and two cooked breakfasts (double/twin occupancy)

<http://www.jasons.com/New-Zealand/Wellington-City/Mercure-Wellington>

Other Accommodation Options:



Mercure Wellington Willis Street

355 Willis Street, Wellington, New Zealand,

Telephone: +64 (0) 4 8031000

Fax: +64 (0) 4 8031001

Email: h5985-re1@mercurewillis.co.nz

- \$124.00 incl. gst for bed and cooked breakfast (single occupancy)
- \$139.00 incl. gst for bed and two cooked breakfasts (double/twin occupancy)
- Room no breakfast \$109(inclusive)



Ibis Wellington

153 Featherston Street, Wellington, New Zealand, 6140

Telephone: +64 (0) 4 4961880

Fax: +64 (0) 4 4961881

Email: H3049-RE01@accor.com

- \$145.00 incl. gst for bed and cooked breakfast (single occupancy)
- \$160.00 incl. gst for bed and two cooked breakfasts (double/twin occupancy)



Novotel Wellington

133-137 The Terrace, Wellington, New Zealand, 6140

Telephone: +64 (0) 4 9181900

Fax: +64 (0) 4 9181901

Email: H3276-RE01@accor.com

- \$165.00 incl. gst for bed and cooked breakfast (single occupancy)
- \$180.00 incl. gst for bed and two cooked breakfasts (double/twin occupancy)

PRIME HOTELS AND APARTMENTS

ABEL TASMAN HOTEL

169 Willis Street
PO Box 11-173
Wellington
New Zealand

Telephone: 04 385 1304

Facsimile: 04 385 8416

Free Phone: 0800 PRIME ACCOMMODATION (774 632)

Abel Tasman Hotel is centrally located in the heart of Wellington's CBD, cultural & entertainment districts. We offer 73 accommodation rooms to suit the individual needs of our conference and corporate guests. Bedroom refurbishment is underway on a new level of superior bedrooms.

Room facilities include multi channel television, guest Internet access, a fridge and 24 reception service. Guests also have the choice of standard rooms to suites. With 4 versatile conference rooms with natural light we can cater from 02 to 80 people and have a dedicated coordinator should your business need help organising an event, launch or special function.

Room rates are based per room per night including GST each night

Abel Tasman Hotel Rates

Standard Room	\$135.00
Superior Room	\$150.00

CENTRAL CITY HOTEL

130 Victoria Street
PO Box 11-173
Wellington
New Zealand

Telephone: 04 385 4166

Facsimile: 04 385 4167

Free Phone: 0800 PRIME ACCOMMODATION (774 632)

Central City Hotel is ideally positioned in the CBD for an enjoyable stay in Capital City and around the corner from the Abel Tasman Hotel. With recently refurbished rooms from metro studio to two bedroom suites, all rooms offer kitchenette facilities, high speed broadband, sky TV and 24 hour reception. One conference room is available that offers natural light and can cater up to 20 attendees.

Central City Apartment Hotel Rates

Metro Studio Suite	\$140.00
1 Bedroom Suite	\$168.00
2 Bedroom Suite	\$210.00

WHY EARLY INTERVENTION?

Early Intervention in Psychosis teams have been set up throughout New Zealand to work with young people and their families, who are experiencing psychotic symptoms for the first time. It is based on the principle that early recognition leads to the initiation of appropriate treatment in a timely manner. There are now more than 10 Early Intervention in Psychosis teams throughout New Zealand.

First Episode Psychosis

Psychosis is surprisingly common. Approximately three people in every 100 will have an episode at sometime in their lives.

Young people experiencing first episode psychosis may not understand what is happening. The symptoms can be unfamiliar and disturbing, leaving the person confused and distressed. This distress can be increased by negative myths and stereotypes about mental illness which are still common in the community. For those experiencing first episode psychosis, some or all of the following symptoms may be present for long enough to be a problem for them, or other people who care about them:

- Changes in thinking (thought disorder)
- Changes in feelings
- Changes in beliefs (delusions)
- Changes in perceptions (hallucinations)
- Changes in behaviour

Psychosis can happen to anyone, at any age but is more likely to occur in young people. It is found in all cultures and has happened throughout history. It can occur in a single episode and/or can recur. However recovery is significantly improved when psychosis is detected and treated early.

Recovery from psychosis is different for every person but Early Intervention Services are there to help the young person and their family make sense of their experience. This can be achieved through individual work, group work and with involvement of family and friends.

For more information <http://www.earlypsychosis.org.nz>



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Psychosis Society (NZEIPS) Inc.

