
wfpsychotherapy.org
WFP
world federation
for psychotherapy
24th World Congress
of Psychotherapy
4-6 June, 2026, New York, NY
Psychotherapy, Mental Health and Human Rights- Caring for Vulnerable Populations, Healthcare Professionals, and Humanitarian Relief Workers

Proceedings of the World Federation for Psychotherapy

24th World Congress of Psychotherapy

4-6 June 2026, United Nations Headquarters and City University of New York Graduate Center

New York, NY

Table of Contents

World Federation for Psychotherapy

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United Nations Headquarters and City University of New York Graduate Center

Presidential Welcome

César A. Alfonso, M.D.

The World Federation for Psychotherapy invites you to the 24th World Congress of Psychotherapy, to be held in New York City, United States of America on 4-6 June 2026. The theme of this congress is Psychotherapy, Mental Health and Human Rights: Caring for Vulnerable Populations, Humanitarian Relief Workers, and Healthcare Professionals. We are honored to be cosponsoring this congress with the Critical Incident Stress Management Section of the United Nations Department of Safety and Security, the City University of New York Graduate Center, and the Association of Women Psychiatrists. The congress' educational activities will take place in two venues over three days, at the United Nations Headquarters and at the City University of New York Graduate Center, both conveniently located in Midtown Manhattan.

This congress invites participation from international delegates from WFP member societies and clinicians, trainees, students and academics from all mental health disciplines. We seek to provide a forum for the collegial exchange of diverse ideas and theoretical constructs to advance the practice of psychotherapy treatments. This conference will include Plenary Sessions, Symposia, Panel Discussions, Interactive Workshops, and Review Courses. In addition, there will be two Poster Session tracks, clinical and research, to give opportunities to trainees,

researchers, and clinicians from all over the world to present their work in a collegial setting. Submissions will cover a wide range of 55 topics related to the overall congress theme.

Special sessions will address relevant topics such as caring for refugees, displaced persons and asylum seekers, caring for survivors of natural disasters, human rights, women's rights, children's rights, caring for healthcare professionals, prevention of burnout and moral injury, caring for survivors of torture and terrorism, social psychiatry, public health, and caring for marginalized and vulnerable populations.

The World Federation for Psychotherapy (https://wfpsychotherapy.org) is an organization of national, regional, and international psychotherapy societies. It aims to facilitate and promote communication among the various schools, professional groups and cultures within psychotherapy by organizing international congresses and regional conferences on psychotherapy. Additionally, the Federation promotes the development of psychotherapy in practice, teaching and research and encourages and supports appropriate standards in the practice of psychotherapy.

The World Federation for Psychotherapy, like other mental health organizations, has transformed over time to reflect the cultural and paradigm shifts in the field. It was first incorporated ninety years ago in 1934 as the International General Medical Society for Psychotherapy, with Carl G. Jung as its first President from 1934-1940 and delegates from Denmark, Germany, The Netherlands, Sweden and Switzerland. In 1954, with Medard Boss as President, it was re-established as the International Federation for Medical Psychotherapy, with delegates from 13 nations. In 1991 it became the International Federation for Psychotherapy and in 2023 the World Federation for Psychotherapy . The Federation lost its exclusive medical identity in 1991 and became multidisciplinary, welcoming all psychotherapists in the mental health professions. Presiding over the Federation after Carl G. Jung were Medard Boss (Switzerland; 1948 1967), Pierre Bernard Schneider (Switzerland; 1957-1969), Finn Magnussen (Norway; 1979-1988), Edgar Heim (Switzerland;1988-1998); Wolfgang Senf (Germany; 1998 2002), Ulrich Schnyder (Switzerland; 2002-2010), Franz Caspar (Switzerland; 2010 2014); Paul Emmelkamp (The Netherlands; 2014-2018), Driss Moussaoui (Morocco; 2018-2023), and César Alfonso (USA; 2023-2026), with Dilip Jeste (USA) as its President-Elect from 2026-2029.

At present, the Federation includes 20 member societies from all continents representing over 30,000 constituents worldwide. New societies from Nigeria, the Kingdom of Saudi Arabia, Armenia, and Malaysia are currently seeking membership status. The Federation includes member societies from Morocco, South Africa, Philippines, Indonesia, Iran, Korea, Austria, Czech Republic, Germany, The Netherlands, Spain, and Switzerland, plus two large international societies-the Society for the Exploration of Psychotherapy Integration, with 20 Regional Networks, and the World Association for Positive and Transcultural Psychotherapy, representing constituents from 60 countries. The World Federation for Psychotherapy also includes individual members in countries where member societies are not available.

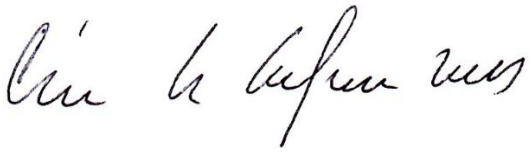
WFP is inclusive and all treatment modalities will be featured at the 24th World Congress of Psychotherapy, including cognitive behavioral and third wave therapies, motivational interviewing, supportive psychotherapy, psychoanalytic/psychodynamic psychotherapies, humanistic therapies, interpersonal therapy, meaning-centered psychotherapy, trauma-focused psychotherapies, and positive psychotherapy, provided in individual, group, outpatient and structured settings. Conference participants will be able to compare theoretical approaches and learn to integrate modalities to better tailor treatments. Common factors psychotherapies will be discussed, and cultural adaptations will be highlighted.

We would like to thank the Critical Incident Stress Management Section of the United Nations Department of Safety and Security and the City University of New York Graduate Center, for so graciously hosting the WFP World Congress of Psychiatry, and express gratitude to all the member societies and affiliate organizations such as the World Psychiatric Association, the American Psychiatric Association, the World Association of Social Psychiatry and the World Federation for Mental Health for their dedication and cooperation to ensure success and academic rigor of the congress.

Lastly, we are grateful to the Ellen Violett and Mary Thomas Foundation and the Association of Women Psychiatrists for a grant received to support our program.

It is with enthusiasm that we invite you to join us in New York City for this historic conference.

Sincerely,



César A. Alfonso, M.D

Chairperson, Scientific Committee, 24th World Congress of Psychotherapy President, World Federation for Psychotherapy (2023-2026)

Plenary Sessions

Thursday, June 4, 2026

United Nations Headquarters

10:00 a.m. - 11:00 a.m.

Opening Session

César Alfonso (USA), Muhammad Sohail Ali (USA), Unaisi Vuniwaqa (FJI), Andreas Wladis (USA), Nenna Ndukwe-Hertz (USA), Danuta Wasserman (SWE), Ayman El-Mohandes (USA), Nikole Benders-Hadi (USA), Ekaterina Sukhanova (USA), Silvia Olarte (USA), Hamid Peseschkian (GER), Dilip Jeste (USA)

11:00 a.m. - 12:00 p.m.

WFP Plenary Panel: World Federation for Psychotherapy-Past, Present, and Future

World Federation for Psychotherapy-Past, Present, and Future

Moderators:

François Ferrero, University of Geneva, Switzerland

Cesar Alfonso, MD, World Federation for Psychotherapy, United States

Plenary Speakers:

Cesar Alfonso, MD, World Federation for Psychotherapy, United States

Dilip Jeste, MD, World Federation for Psychotherapy, United States

Alma Jimenez, MD, University of the Philippines Manila, Philippines

Ulrich Schnyder, MD, University of Zurich, Switzerland

Stephan Zipfel, MD, University of Tuebingen, Germany

Overall Description: The World Federation for Psychotherapy (WFP) is an international organization of national, regional, and global psychotherapy societies. Its mission is to foster communication across diverse schools, professional groups, and cultures by organizing international congresses and regional conferences, while advancing psychotherapy in practice, teaching, and research. WFP also promotes appropriate standards of professional practice and has evolved alongside cultural and paradigm shifts in the field. The Federation was founded in 1934 as the International General Medical Society for Psychotherapy, with Carl G. Jung as its first President (1934–1940). Initially including delegates from five European countries, it was re-established in 1954 under Medard Boss as the International Federation for Medical Psychotherapy, expanding to 13 nations. In 1991, it became the International Federation for Psychotherapy, renouncing its exclusive medical identity and embracing a multidisciplinary scope. In 2023, it was renamed the World Federation for Psychotherapy. Leadership has reflected this evolution. Following Jung, Presidents included Medard Boss (1948–1967), Pierre Bernard Schneider (1957–1969), Finn Magnussen (1979–1988), Edgar Heim (1988–1998), Wolfgang Senf (1998–2002), Ulrich Schnyder (2002–2010), Franz Caspar (2010–2014), Paul Emmelkamp (2014–2018), Driss Moussaoui (2018–2023), and César Alfonso (2023–2026). Dilip Jeste (2026–2029) will be the next President. The Federation, once Eurocentric, is now inclusive of leaders from other continents, with women occupying prominent positions on the Council and Board. WFP communicates through a biannual Newsletter, edited by Alma Jimenez (Philippines), and its official journal since 2004, Psychotherapy and Psychosomatics, which achieved an Impact Factor of 17.4 in 2024. Currently, WFP represents over 30,000 constituents from 20 member societies across all continents, including Morocco, South Africa, the Philippines, Indonesia, Iran, Korea, Austria, Czech Republic, Germany, Kosovo, The Netherlands, Spain, and Switzerland, along with two large international organizations: the Society for the Exploration of Psychotherapy Integration and the World Association for Positive and Transcultural Psychotherapy, representing clinicians in over 60 countries.

Contemporary priorities include:

Expanding Access to Psychotherapy in Low-Resource Settings: In low- and middle-income countries, access to care remains limited, with most clinicians concentrated in high-income regions. WFP supports the innovative work of colleagues who maximize scarce resources to reach underserved populations.

Research on Social Determinants of Health: WFP President-Elect Dilip Jeste highlights the role of social determinants in health and resilience. Complementary work by Alfonso emphasizes how trauma and adversity can produce epigenetic changes, and how psychotherapy can recalibrate biological systems—reframing psychotherapy as both psychological and biological treatment.

Promoting Group Psychotherapy: While individual therapies are effective across diagnoses and cultures, group psychotherapy allows broader reach and should be prioritized in global educational and clinical initiatives.

Research on Cultural Adaptations of Psychotherapy: WFP supports inquiry into whether psychotherapies developed in high-income countries require systematic cultural adaptation for other settings, or whether well-trained therapists can intuitively tailor interventions.

Prevention of Clinician Burnout and Moral Injury: Addressing the mental health gap requires not only new models of training and supervision but also resilience-building for overburdened clinicians. WFP emphasizes strategies to mitigate burnout and moral injury to sustain the profession worldwide.

Through its history, evolving identity, and current priorities, the World Federation for Psychotherapy continues to expand its mission to make psychotherapy relevant, effective, and accessible across cultures and contexts.

César A. Alfonso, M.D.

César A. Alfonso, M.D., is Clinical Professor of Psychiatry at Columbia University and currently holds visiting or adjunct professorships in four Asian universities (University of Indonesia, National University of Malaysia, Prince of Songkla University in Thailand and

University of the Philippines College of Medicine). He serves as Editor-in-Chief of the journal *Psychodynamic Psychiatry*. He has published over 100 articles, 20 textbook chapters and 4 edited books. He has delivered over 250 invited presentations in all continents over the past three decades. He works as the Chief Psychiatrist at the Lighthouse Guild, an NGO serving persons with low vision and blindness. Dr. Alfonso was President of the American Academy of Psychodynamic Psychiatry and Psychoanalysis in 2010-2012. He served as Chair of the Psychotherapy Section of the World Psychiatric Association for two terms in 2017-2023 and is the current *President of the World Federation for Psychotherapy* through June 2026.

Dilip V. Jeste, M.D.

Dilip V. Jeste, M.D. is Director of the Global Research Network on Social Determinants of Mental Health and Exposomics, President-Elect of the World Federation for Psychotherapy, and Editor-in-Chief of the *International Psychogeriatrics*. He is Former Senior Associate Dean for Healthy Aging and Senior Care and Distinguished Professor of Psychiatry and Neurosciences at University of California San Diego. Dr. Jeste has been Principal Investigator on a number of research and training grants, mostly from the NIH and VA. His main areas of research include schizophrenia, neuropsychiatric interventions, and healthy aging. He has published 14 books, including “Wiser”, “Positive Psychiatry”, and “Successful Cognitive and Emotional Aging”, over 750 articles in peer-reviewed journals, and 160+ invited book chapters. He is Past President of the American Psychiatric Association (APA), American Association for Geriatric Psychiatry, West Coast College of Biological Psychiatry, and Founding President of International College of Geriatric Psychoneuropharmacology. Dr. Jeste is a member of the National Academy of Medicine and was a member of the NIMH Advisory Council and NIH Council of Councils. He Is Past Editor-in-Chief of *The American Journal of Geriatric Psychiatry*. He has received Honorary Fellowship from UK’s Royal College of Psychiatrists; and Honorary Professorship from Universidad Peruana Cayetano Heredia, Lima, Peru.

Alma L. Jimenez, M.D.

Alma L. Jimenez, MD is Secretary General of the World Federation for Psychotherapy and the Editor-in-chief of the WFP Newsletter. She is a candidate to become President-elect of WFP from 2026-2029. She is Professor of Psychiatry at the University of the Philippines in Manila and the World Association for Dynamic Psychiatry Regional Representative. She is a past president of the Philippine Psychiatric Association, a diplomate of the Philippine Board of Psychiatry and is a Life Fellow of the Philippine Psychiatric Association. Her areas of interest include cultural adaptations of psychotherapy, psychotherapy and spirituality, psychotherapy education, psychodynamic psychotherapy, and preventing burnout and moral injury and promoting mental health of healthcare workers, trainees and students.

Ulrich Schnyder, M.D.

Ulrich Schnyder, MD, is a psychiatrist and licensed psychotherapist. He is emeritus professor of psychiatry and psychotherapy at University of Zurich, Switzerland. Until 2018, he was head of the Department of Psychiatry and Psychotherapy at the University Hospital Zurich. His scientific activities are focused on various aspects of traumatic stress research, including epidemiology, neurobiology, psychotherapy and pharmacotherapy for PTSD, resilience to stress, and, more recently, refugee mental health, and the emotional, psychosocial and physical consequences of child maltreatment. Past President of the European Society for Traumatic Stress Studies (ESTSS), the International Federation for Psychotherapy (IFP), and the International Society for Traumatic Stress Studies (ISTSS). In 2013, he received the ESTSS Wolter de Loos Award for Distinguished Contribution to Psychotraumatology in Europe, and in 2016 the ISTSS Lifetime Achievement Award. Honorary Member, International Federation for Psychotherapy (IFP).

Stephan Zipfel, M.D.

Stephan Zipfel, MD, is Full Professor of the Department of Psychosomatic Medicine and Psychotherapy at the University of Tübingen, Germany, and Vice Dean of the Medical Faculty. A leading clinician-scientist in eating disorders, psychosomatic medicine, and personalized psychotherapy and serves as Vice-Speaker of the German Centre of Mental Health (DZPG) Tübingen site. Internationally, Professor Zipfel is President of the International College of Psychosomatic Medicine (ICPM) and is the Editor in Chief of Psychotherapy & Psychosomatics.

12:00 p.m. - 12:30 p.m.

UN Plenary: Dr. Muhammad Sohail Ali (United Nations)

From the Frontlines to the Mind: The Hidden Scars of First Responders, Humanitarian Workers and Their Families

Moderators:

Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

Moussa Ba, MD,MH,PhD, United Nation Headquarters, United States

Plenary Speaker:

Muhammad Sohail Ali, MD, United Nations Department of Safety and Security (UNDSS) New York, United States

Overall Description: In an era defined by multiple, overlapping global crises, the mental health and psychosocial well-being of humanitarian workers and their families has been profoundly impacted. The years 2023 and 2024 saw the highest number of casualties among humanitarian workers in the history of the United Nations. According to publicly available reporting, 377 humanitarian workers were killed across 20 emergencies in 2024, especially in the crises in Gaza, Sudan and Ukraine. Many more were injured, kidnapped, and arbitrarily detained, underscoring the severe risks humanitarian workers face globally. The casualties are particularly high among locally recruited humanitarian workers, who are 22 times more likely to be injured or killed than international humanitarian workers. However, the global media attention is 500 times higher when international humanitarian workers are killed compared to when national humanitarian workers are killed. These protracted conflicts have created a dangerous and traumatizing environment. The psychological impact on these frontline workers is immense and overwhelming, characterized by a mixture of trauma, grief, anger, burnout, moral injury, and disillusionment. Published scientific literature highlights a high prevalence of mental health disorders in conflict zones. Literature from Gaza and similar complicated humanitarian emergencies report high rates of PTSD (54% in children, 40% in adults), depression (41% in children, 45% in adults), and anxiety (34% in children, 37% in adults). The psychological toll is compounded by vicarious trauma from continuous exposure to distressing images and stories from war zones through social media, extending the trauma and distress beyond geographical boundaries. Aid workers also face challenges such as job insecurity and financial hardship due to displacement and funding cuts. To address these profound challenges, a sustainable and comprehensive psychosocial safety net framework is essential. This framework, anchored in the

principles of prevention, promotion, and support, should be integrated into emergency preparedness, response, and recovery plans in humanitarian organizations.

It must include appropriate policies, strategies, and contingency plans that embed mental health and psychosocial support considerations from the outset.

Developing an early warning system for psychosocial risk assessment and management, utilizing scientifically validated and culturally adapted assessment methodology is essential.

Capacity building is also critical, including training humanitarian workers before missions, training managers and leaders, and developing a network of trained first responders to support colleagues.

Key support interventions include proactive counseling before, during, and after deployment; targeted support for vulnerable groups such as national personnel and their families; providing in-person counseling where possible, supplemented by virtual services.

A comprehensive emergency medical care system and health insurance plans that facilitate mental health and psychosocial support services for the personnel.

Ensuring that proactive and sustainable MHPSS services are available for the families of injured and killed humanitarian workers.

A standardized and coordinated framework across all humanitarian organizations responding to an emergency, ensures accountable quality of care for all humanitarian workers and their families.

The UNDSS Critical Incident Stress Management Section (CISMS) and its partners in the UN system play a leadership role in this effort by coordinating system-wide responses, providing specialized training, and assessing psychosocial needs to inform evidence-based interventions. Implementing these measures and fostering an organizational culture of trust and non-judgmental support are crucial for protecting the well-being and enhancing the resilience of the global humanitarian workforce.

Muhammad Sohail Ali, M.D.

Muhammad Sohail Ali joined the Critical Incident Stress Management Section (CISMS) in October 2018 as the Regional Stress Counsellor for East and Southern Africa, being promoted to Chief of the Section on 1st April 2022. He has 25 years of experience, including 18 with the United Nations (UNDSS, WHO, DPKO, UNHCR and UNICTR). Dr. Ali has operated as a stress counselor, trainer, and manager in natural disasters such as earthquakes and floods, man-made disasters such as insurgency and terrorism, major organizational changes such as downsizing and liquidation, and conducted more than 200 workshops and training programs, training more than 3,000 UN staff in various countries. He is a highly accomplished professional, with degrees in medicine, psychiatry, community mental health and public health disaster management. He has also contributed chapters to two scientific books on 'Behavioral Sciences for Medical Students' and 'Mental Health in Emergencies', besides several scientific publications and research papers.

12:30 p.m. - 1:00 p.m.

UN Plenary: Dr. Moussa Ba (United Nations)

After-Action Review-When the Mental Health Professional is Caught Between Human Rights, Humanitarian Work, and Ethics

Moderators:

Gustavo Bezerra, MD, University of Sao Paulo Medical School, Brazil

Asher Aladjem, MD, NYU Langone Medical Center, United States

Plenary Speaker:

Moussa Ba, MD,MH,PhD, United Nation Headquarters, United States

Overall Description: The presenter shares and discusses some Best Practices and Lessons Learned from working during more than two decades in the United Nations, first in UNICEF and then in the United Nations Secretariat in UNSECOORD (Office of the United Nations Security Coordination) and DSS (Department of Safety and Security): a) providing mental health support and services to communities and humanitarian workers; b) promoting and building systems to improve the accessibility and availability of mental health services to communities, UN personnel and their families worldwide, b) managing complex emergencies, coordinating crisis and critical incident stress response UN systemwide.

The discussions are articulated though the following syllogism:

In the current socio political context, humanitarian workers, including mental health professionals, face hardships and ethical dilemmas detrimental to their wellbeing, considering that: a) funding of the basic social services is usually drastically reduced in times of economic challenge; b) The current global socio-economic, political and security environment, impacts traumatically on populations, humanitarian workers and mental health professionals involved in caregiving;

Crises and adverse security situations may facilitate the implementation and expansion of mental health services substantiated through a brief historic description of a) the development of the United Nations' counselling system for its personnel and b) the development of psychiatric and counseling services in some African countries.

The mental health community cannot continue to do business as usual. Instead, it could leverage the current security and socio-political situation, and some lessons learned from the COVID pandemic in terms of operational and technological innovations to explore new strategies and business models to strategically position mental health in the agenda of decision makers. This would allow capturing funding for evidence-based research programs, maintaining and/or improving the accessibility and availability of mental health services.

Moussa Ba, M.D.

Moussa Ba, a national from Senegal, totals more than 40 years of experience in the field of mental health. He was the Chief of the Critical Incident Stress Management Unit (CISMU) of the Department of Safety and Security (DSS) of the United Nations (UN) since the creation of the Department in 2005 to the date of his retirement in December 2021. Prior to that he was appointed by UNICEF as a Program Officer in emergency countries in Western and Central Africa. He joined the United Nations Security Coordination Office (UNSECOORD) at the New York UNHQ in December 2002 as a Regional Stress Counsellor in charge for the West Africa region and DPKO Missions. Dr. Ba holds a M.D. from Cheikh Anta Diop University (Dakar Senegal), a Ph.D. in Psychiatry and Behavioral Sciences (Dakar University and Paris V France) and a master's degree in international health (Track Epidemiology in Complex Emergency Settings) from Tulane University (New Orleans, USA). Dr. Ba also holds the UK National Certification on Hostage Negotiation from the Scotland Yard Metropolitan Police Training Center in Hendon, UK. He has worked as an associate professor of psychiatry and behavioral sciences at the Cheick Anta Diop University of Dakar and cumulatively head of a Psychiatric Division at the Fann University Hospital Centre of Dakar for 15 years. He received an award from President Chirac then Mayor of Paris for his work on Improving Mental Health at the International level (1994) and from President Clinton (1996) for his leadership on Improving Quality of Life in Africa.

3:00 p.m. - 3:25 p.m.

UN Plenary: Prof. Driss Moussaoui (Morocco)

Intergenerational Trauma and Resilience

Moderators:

Dilip Jeste, MD, World Federation for Psychotherapy, United States

Chaimaa Aroui, Hassan II Regional Hospital - Dakhla, Morocco

Plenary Speaker:

Driss Moussaoui, MD, Hassan II University, Casablanca, Morocco

Overall Description: There is no life without trauma, but chronic and severe trauma are detrimental factors for the health and mental health of individuals and communities. In the aftermath, genetics and environment may produce a reverberation from one generation to another, changes happening in children since the fetal period of life. War, natural disasters, famines, rape and other life and psyche threatening events have an impact on the brain of the victims that need help from the psychological and social points of view. Historical perspective is helpful to understand better the mid- and long-term effects of trauma. One process is essential for the continuity of life: resilience, meaning improvement of one's functioning after a traumatic event. Despite all difficulties encountered by human beings during hundreds of thousands of years, these did not produce definitive extinction of our species and did not hamper the significant progress of our health and well-being, despite a number of short comings. Like the necessity of fighting microbes for the immune system to become strong, it is of interest to keep in mind that trauma is probably a necessity of life to maintain a good psychological balance.

Driss Moussaoui, M.D.

Driss Moussaoui was the founder and chairman of the Ibn Rushd University Psychiatric Centre in Casablanca from 1979 to 2013. He was also director of the Casablanca WHO Collaborating

Centre in Mental Health from 1992 to 2013. He was president of the Moroccan Society of Psychiatry and of the Arab Federation of Psychiatrists. He edited or co-edited 12 books and published more than 200 papers in international journals. He founded with the World Psychiatric Association (WPA) Executive Committee the Jean Delay Prize (1999) and is the scientific director of the WPA series "International Anthologies of Classic Psychiatric Texts" (French, German, Spanish, Italian, Greek and Russian). Driss Moussaoui is past-president of the World Association of Social Psychiatry (WASP, 2010-2013) and member of the French Academy of Medicine. He is WPA and WASP Honorary Member. He served as president of the World Federation for Psychotherapy from 2018 to 2023 and is currently an Advisor to the WFP Board of Directors.

3:25 p.m. - 3:50 p.m.

UN Plenary: Prof. Vivian B. Pender (USA)

Women as Survivors of Systemic Trauma: A Gendered Perspective

Moderators:

Helene Nissen-Lie, Prof Dr, Norway

Nik Ruzyanei Nik Jaafar, Prof Dr, National University of Malaysia (UKM), Malaysia

Plenary Speaker:

Vivian Pender, MD, Weill Cornell Medical College of Cornell University, United States

Overall Description: Women worldwide face a spectrum of traumatic experiences during their lifetimes. These range from negative cultural influences impacting girls early in their maturation, are compounded by economic vulnerability, and are punctuated by overt physical and sexual violence at all ages. These systemic forms of trauma are not mutually exclusive, they are cumulative, especially in intersectional women. Despite both policy and grassroots attempts to address these injustices, they persist. Thus, it is imperative to continue raising awareness of these systemic traumas experienced by half the world's population as a step toward achieving immediate relief and implementing long-term strategies. Cultural influences can predispose girls during their formative years to accept and internalize a primarily caretaking role lifelong. This identity is organized around the bio-psychosocial foundation of maternal attachment. However, psychological acceptance of stereotypic societal norms can undermine their individual personalities, strengths and development. Since pregnancy is unique to women, the power of

female sexuality is controlled in most cultures. Female genital mutilation is perhaps the greatest example of this curtailment. Economic disadvantage among women is well-established in many spheres. Women do most of the unpaid care work in society. Concomitantly, parity in leadership positions is sorely lacking. And yet, according to a Harvard Business School study, women tend to blame themselves for lack of promotion and career success. In many parts of the world, women are compensated substantially less than men for the same work. Such discrimination presents a handicap that is experienced as a systemic trauma, making vulnerable women feel as if they were commodities. Even in the workplace, women are burdened with professional stress while frequently expected to be passive, receptive, nurturing, resourceful, masochistic, and physically adorned. Physical and sexual violence toward women and girls remains prevalent. The World Health Organization estimates that at least one in three women worldwide are subjected to overt physical and/or sexual violence in their lifetime. Even more common are the daily micro-injuries that all women experience, ranging from verbal and emotional abuses to physical and sexual assaults. Even in sex trafficking, domestic violence, child marriage, and organized rape, sexual violence is personal, individual, and psychologically devastating. In isolation, they experience loss of their agency, loss of their bodily integrity, and loss of their identity. In psychotherapy, they suffer from PTSD, complex trauma, personality fragmentation, shame and dissociation. Healing is not only an individual journey, but also a collective responsibility. In sum, all women are at risk of being subjected to adverse cultural influences, economic disadvantages, and overt forms of physical and sexual violence. Intersectionality is critical for gender-inclusive healing: trauma appears differently when compounded by race, economic status, disability or sexual identity. To counter these circumstances, women must be educated to know their human rights and given equal opportunity to realize their potential. Prevention and support strategies are needed that are specifically for women in conflict zones, disaster areas, and in displacement contexts. Psychotherapy should include addressing these issues. Fortunately, the UN and non-governmental organizations provide programs and tools to prevent and mitigate the effects of trauma. Such efforts need to be expanded to effect greater change.

Vivian B. Pender, M.D.

Vivian B. Pender, M.D., is Clinical Professor of Psychiatry at Weill Cornell Medical College and a Training and Supervising Psychoanalyst at Columbia University. Dr. Pender has mentored and taught medical students, graduate students, residents, fellows and post-graduates for thirty-five years. A Distinguished Life Fellow of the American Psychiatric Association, Dr. Pender served as the Trustee for New York to the Board of Trustees from (2014–2020). Since 1985, she has served in leadership roles in the APA on the Committee on Women, Committee on Private Practice, Legislative Committee, Public Affairs, Finance and Budget Committee and the APA Political Action Committee. She also served on groups that focused on parity, confidentiality, special delivery settings, education, psychotherapy, advocacy, litigation and funding, international psychiatry, and women's mental health. She was a member of the APA Assembly, representing NY County from (2006-2014). At the United Nations, Dr. Pender represents the International Psychoanalytical Association and the American Psychiatric Association, both associations designated NGOs with Special Consultative Status. From (2007-2011 Dr. Pender was Chair of the NGO Committee on the Status of Women, a coalition of 100 non-governmental organizations affiliated with the UN. From 2015–19, she was Chair of the NGO Committee on Mental Health, also a coalition of NGOs with the UN. She is a registered consultant with the UN. She has produced four documentaries of conferences she organized at the United Nations on mental health, human rights, human trafficking and intergenerational transmission of violence. Since 2015, she has been a Special Advisor of the APA to the UN. Dr. Pender is a volunteer Asylum Evaluator with the Weill Cornell Center for Human Rights. She was a volunteer psychiatrist with Psychiatric Outreach to the Homeless. She is a volunteer with New York Cares and the Medical Reserve Corps. She served in medical missions in twenty countries in Africa. She has published journal articles and book chapters on pregnancy, affect, child abuse, sex trafficking, and leadership. In 2016, her book, The Status of Women: Violence, Identity and Activism, was published. She is currently working on two books entitled Healthcare Against Sex Trafficking: Law, Medicine and Social Justice, and Exploitation of Women and Children. One of her ongoing projects is to standardize a global psychiatry curriculum for graduate training.

3:50 p.m. - 4:10 p.m.

UN Plenary: Dr. Alvin Tay (United Nations)

Building the Evidence Base for Psychosocial Risk Management in Humanitarian Workforces

Moderators:

Amine Larnaout, MD, Razi Hospital, Faculty of Medicine, University of Tunis El Manar, Tunis, Tunisia, Tunisia

Timothy Sullivan, MD, Northern Westchester Hospital, Northwell Health, United States

Plenary Speaker:

Alvin K. Tay, PhD,Prof Dr, Columbia University, United States

Overall Description: Across crisis-affected systems, those who care for others—healthcare professionals and humanitarian personnel—face sustained exposure to insecurity, traumatic events, daily stressors, and heavy workloads. Yet, international organizations still lack a rigorous, real-time evidence base to guide psychosocial risk management at scale. This plenary demonstrates a first-of-its-kind mental health database of 10,000+ UN and humanitarian personnel across 20 locations, including five peacekeeping missions, offering unprecedented insight into patterns of distress, resilience, and organizational risk. Building on these data, the session introduces an integrated Psychosocial Needs Assessment and Management System that connects three core pillars: (1) Comprehensive, standardized monitoring of psychosocial needs, risks, and protective factors—using mixed-methods and repeated-measures designs for longitudinal, cross-site comparability; (2) Competency-based training and quality assurance for high-fidelity data collection and response; (3) Targeted mitigation strategies operationalized through the first data-driven Psychosocial Wellbeing Strategy for the UN Integrated Security Workforce, spanning 125 locations worldwide. The result is an evidence-based, scalable model that combines pragmatic design with rigorous qualitative and quantitative methods and translates empirical insights into measurable improvements in workforce wellbeing. The plenary distils seven years of implementation into lessons learned and a roadmap for sustained scale-up across complex humanitarian settings.

Alvin K. Tay PhD (USA/Australia)

Alvin K. Tay, PhD is a Programme Management Officer for Psychosocial Well-Being in the United Nations Department of Safety and Security (UNDSS), New York. He is an Adjunct Professor of Clinical Psychology at Teachers College, Columbia University, and in the Discipline of Psychiatry and Mental Health, School of Clinical Medicine, University of New South Wales (Australia). Dr. Tay's work sits at the intersection of global mental health, implementation science, and systems innovation, focusing on conflict-affected and displaced populations, women and children, Indigenous peoples, and humanitarian workforces. At the UN, he has developed technology-enabled assessment tools and data systems that underpin the organization's first data-driven psychosocial well-being strategy for the security workforce across global duty stations. Previously, he spent over a decade in Australia and Southeast Asia—first as Senior Scientific Officer in the Southern Hemisphere's largest public hospital network—directing applied research across Papua New Guinea, Timor-Leste, Malaysia, Bangladesh, Myanmar, and the Philippines, before completing a National Health and Medical Research Council (NHMRC) Clinical Fellowship. He co-founded the IC-ADAPT Consortium at Cambridge Public Health (University of Cambridge) to advance youth mental health; served as founding director and adjunct professor at the Centre for Global Health and Social Change, Perdana University–Royal College of Surgeons in Ireland (Malaysia, 2020–2022). He co-developed, tested, and scaled WHO PM+ and Integrative ADAPT Therapy (IAT) with numerous partners across the world, including UN agencies. A clinically trained psychologist, Dr Tay holds a PhD in Epidemiology & Biostatistics (UNSW) and completed postdoctoral training in clinical psychology at Columbia University. His scholarship includes more than 100 peer-reviewed papers, invited editorials and commissions, and editorial roles with *Frontiers* and *Conflict & Health*. As a clinician-researcher-educator, he has supervised and mentored undergraduate and graduate students from UNSW, NYU, Columbia, Harvard, and King's College London across mental health, psychiatry, clinical psychology, population health, and computer science.

4:10 p.m. - 4:30 p.m.

UN Plenary: Dr. Nenna Ndukwe-Hertz (CISWG)

Safeguarding Mental Health in the UN Workplace: Strategic Priorities for Quality, Accountability, and Collaboration

Moderators:

Alma Jimenez, MD, University of the Philippines Manila, Philippines

Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Plenary Speaker:

Nenna Ndukwe-Hertz, PhD, United Nations, United States

Overall Description: Counselling interventions are a vital component of the United Nations' commitment to safeguarding the mental health and well-being of its staff worldwide. This plenary will present strategic priorities for strengthening quality control in staff counselling services within the framework of the UN System Workplace Mental Health and Well-being Strategy. Core priorities include establishing unified standards for counsellor training, accreditation, and ethical practice tailored to the unique challenges of the UN workforce; implementing governance structures that ensure accountability, confidentiality, and cultural sensitivity; and embedding data-driven monitoring to evaluate effectiveness and foster continuous improvement. The session will also emphasize the importance of identification and training of external mental health counsellors, multi-level collaboration across UN agencies, occupational health services, and psychosocial services to create sustainable, high-quality support systems. By focusing on these strategic areas, the UN can reinforce its commitment to providing safe, effective, and equitable psychosocial interventions that promote staff resilience, productivity, and overall organizational health.

Nenna Ndukwe-Hertz (UK)

Nenna Ndukwe-Hertz serves as the UN System Workplace Mental Health & Wellbeing Strategic Lead. A Chartered Clinical and Forensic Psychologist and Scientist by training, she brings extensive international experience across managerial, research, and clinical roles.
Her expertise spans trauma psychology, mental health programming and implementation, and strategic leadership of mental health and wellbeing initiatives. Nenna has served in diverse UN

duty stations, including Iraq, Afghanistan, and South Sudan, contributing to the advancement of mental health support in complex humanitarian and operational contexts. Ndukwe-Hertz has authored and co-authored several publications in the fields of public health, trauma, and justice, and maintains a strong interest in evidence-based practice and cross-cultural psychotherapy approaches. Her work reflects a commitment to integrating scientific rigor with culturally responsive care in global mental health settings. Nenna is licensed by the Health and Care Professions Council (HCPC) in the UK and is a full member of the British Psychological Society (BPS).

4:30 p.m. - 5:15 p.m.

AWP Plenary Panel: Women Psychiatrists and the Future of Psychotherapy

AWP Plenary Panel at UN: Women Psychiatrists and the Future of Psychotherapy

Moderators:

Helene Nissen-Lie, Prof Dr, University of Oslo, Norway

Daniela Polese, MD,PhD,Prof, University Hospital Sant'Andrea, Sapienza University of Rome, Italy

Plenary Speakers:

Silvia Olarte, MD, New York Medical College, United States

Nikole Benders-Hadi, MD, Talkspace, United States

Overall Description: Since its founding in 1983, the Association of Women Psychiatrists (AWP) has served as a vital community supporting women in psychiatry through mentorship, advocacy, and leadership development. What began as a small network of women advocating for equity in medicine has grown into an influential organization that elevates women psychiatrists in clinical practice, academia, and public policy. AWP members have also played a central role in sustaining psychotherapy within psychiatry, ensuring that psychodynamic, cognitive-behavioral, and other evidence-based modalities remain integral to psychiatric care.

This plenary session will feature leaders from AWP reflecting on the organization's history and its impact on psychotherapy worldwide. Presenters will examine the evolving role of women

psychiatrists as psychotherapists and physician-leaders, highlighting how gender, culture, and identity shape therapeutic engagement and outcomes. The session will also explore systemic challenges, including pressures toward pharmacological practice, inequities in training and reimbursement, and the need for culturally responsive and trauma-informed care.

Looking ahead, the panel will consider how innovation and technology are reshaping psychotherapy practice. From digital tools that enhance training and supervision to artificial intelligence applications that support fidelity to evidence-based treatments, women psychiatrists are engaging with new approaches that complement clinical expertise while safeguarding therapeutic integrity.

Through clinical insight, historical perspective, and forward-looking innovation, AWP's legacy continues to foster resilience, leadership, and equity in mental health care globally.

Silvia W. Olarte, M.D.

Silvia W. Olarte, M.D., is Distinguish Life Fellow of the American Psychiatric Association and Fellow of the American Academy of Psychodynamic Psychiatry and Psychoanalysis. She served as President of the Association of Women Psychiatrists and of the American Academy of Psychodynamic Psychiatry and Psychoanalysis. She is Clinical Professor of Psychiatry and Behavioral Sciences at New York Medical College, and Training and Supervising Psychoanalyst of the Psychoanalytic Institute at the same institution. Originally from Argentina and interested clinical transcultural psychiatry, she served the Latino population in New York City at Metropolitan Hospital where she was the Outpatient Department Director and Director of Psychiatry. She served in the American Psychiatric Association National Committees of International Medical Graduates, Hispanic Committee, and Women Committee. She chaired the task force on Educating Psychiatrists on Ethical Issues and on the former Council on National Affairs. She received the APA George Tarjan Award, the APA Alexandra Symonds Award , the

APA Special Presidential Commendation and twice, the American Academy of Psychodynamic Psychiatry and Psychoanalysis Presidential Award. She has published on women's issues, ethical issues, boundaries violations, psychodynamic treatment of deprived populations, and changes in psychodynamic practices. Professor Olarte serves on the Committee of the World Psychiatric Association Psychoanalysis in Psychiatry Section and on the Council of the World Federation for Psychotherapy.

Nikole Benders-Haidi, M.D.

Nikole Benders-Hadi, M.D. is The President of the Association of Women Psychiatrists. She is a board-certified psychiatrist and Chief Medical Officer at Talkspace, where she leads Talkspace's clinical practice, partnering with providers to deliver the highest quality digital mental health care. Dr. Benders-Hadi earned degrees from Johns Hopkins University, New York University School of Medicine and Columbia University. She has done research and writing on women's mental health issues as well as recovery-focused treatment programs for individuals with serious mental illness. She believes passionately in reducing mental health stigma and improving access to care for individuals across the entire spectrum of behavioral health conditions using digital technology. Prior to joining Talkspace, Dr. Benders-Hadi served as Vice President and Medical Director of Behavioral Health at Included Health (formerly Grand Rounds Health and Doctor On Demand), a leading virtual care and navigation company. She also previously served as the Chief of Psychiatry at Rockland Psychiatric Center in New York.

5:15 p.m. - 6:00 p.m.

CUNY Plenary Panel: Health Diplomacy and Mental Health in the Global Era

Health Diplomacy and Mental Health in the Global Era

Moderator:

Ekaterina Sukhanova, PhD, CUNY, United States

Francesca McLaren, MPH, CUNY SPH, United States

Plenary Speakers:

Ayman El-Mohandes, MD,MPH, CUNY School of Public Health, United States

Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Ashish Joshi, MPH,PhD,Prof,Prof Dr,Prof Dr med, University Of Memphis School of Public Health, United States

Muhammad Sohail Ali, MD, United Nations Department of Safety and Security (UNDSS) New York, United States

Overall Description: This panel presentation brings together eminent university deans, scholars and international organization presidents who are pioneers in their fields of mental health, social psychiatry, and public health. They will be addressing current mental health needs at a global scale and discussing innovative service delivery programs.

CUNY SPH Dean Ayman El-Mohandes

Dr. Ayman El-Mohandes, Dean of the City University of New York Graduate School of Public Health and Health Policy (CUNY SPH), is a pediatrician and public health academic with a deep commitment to public service. He is an established researcher in the field of infant mortality reduction in minority populations. Dr. El-Mohandes' funded research focuses on population-based interventions in underserved communities both locally and globally. His publication record includes innovative approaches towards improving perinatal and neonatal outcomes in high-risk populations. Dr. El-Mohandes has been actively engaged in the response to Covid-19 here in New York City and around the world. Since the pandemic first struck in March 2020, his CUNY SPH team has been monitoring the experiences and perspectives of NYC residents through an ongoing tracking survey. He is also collaborating with an international consortium to assess and respond to Covid-19 vaccine hesitancy worldwide. His work in this domain has appeared in Nature Medicine, The Lancet, and the American Journal of Public Health. Dr. El-Mohandes has served as a senior consultant on multiple global health services and public health interventions funded by the U.S. Agency for International Development (USAID), the Asia Development Bank, and the Government of South Africa. These projects included the "Healthy Mother Healthy Child" program in Egypt to upgrade obstetric and neonatal services in the districts with the highest infant mortality, a "Health Services Program" in Indonesia, and establishing the first school of public health for black students in South Africa. CUNY SPH has undergone dramatic transformation since Dr. El-Mohandes became Dean in 2013.

Victoria Ngo, Ph.D. (CUNY SPH)

Victoria Ngo is Professor of Community Health and Social Sciences at the City University of New York Graduate School of Public Health & Health Policy (CUNY SPH), Director of the Center for Innovation in Mental Health at CUNY SPH, and Mental Health Director of the Center for Immigrant, Refugee and Global Health at CUNY. She also holds an Adjunct Scientist position at the RAND Corporation. Her research focuses on developing mental health interventions and implementation strategies to promote access and quality of care to ethnic minorities and underserved populations worldwide. She specializes in implementation strategies for mental health task-sharing and use of community participatory methods to increase access to evidence-based mental health interventions and sustainable integration of mental health services into non-mental health settings including primary care, maternal health, HIV, cancer care, schools, and other community-based settings. She has led several NIH and Grand Challenges of Canada funded task-shifting implementation science intervention studies, including the Multi-Component Collaborative Care for Depression (MCCD), Livelihood Integration for Effective Depression Management (LIFE-DM), and currently leading a randomized controlled study of scale-up models for depression care integration into primary care clinics in Vietnam. As part of system transformation initiatives to address health inequities at NIH and RWJF, she is leading the Harlem Strong Mental Health and Economic Empowerment Collaborative to transform systems of care using a neighborhood-based collaborative care model to support integrating mental health and community-based services in housing, primary care, and community-based organization in Harlem.

University of Memphis SPH Dean Ashih Joshi

Dr. Joshi is Dean and a Distinguished University Professor of the School of Public Health of the University of Memphis. Dr. Joshi is an educator, researcher, administrator, and mentor and brings with him diverse experience of working across 12 countries, engaging community-based organizations, academic and other institutions, government agencies, policymakers and practitioners from diverse backgrounds. Dr. Joshi is a population health informatics researcher who combines his academic training in clinical medicine, public health, and informatics to design and develop human-centered, technology-enabled interventions to enhance population health outcomes across diverse community settings. He has extensive experience in utilizing community and hospital-based data to implement and evaluate informatics-enabled solutions to address social, economic, and health inequities of the 21st century. He has designed and developed, standalone and internet-enabled, multi-lingual, digital health interventions such as population health dashboards, consumer health informatics, m-health interventions, and population-based surveillance tools across multiple settings to improve population health outcomes. Dr. Joshi successfully completed more than two dozen research projects in the areas of population health informatics across multiple countries including the US, India, Nigeria, Bangladesh, Haiti, Egypt, and Brazil. Dr. Joshi emphasizes the role of higher education as a social economic agent of change towards building sustainable communities. Dr. Joshi's innovative community engagement approach "Uplift" aims to create sustainable, multisector, accessible, affordable, reimbursable, and tailored initiatives for a collective, coordinated meaningful sustained impact across multiple sectors such as Health Department both at the County and the State levels, Memphis Shelby County School systems, Juvenile and Criminal Court, Neighborhood Community Centers, and Veteran Affairs to ensure that the Public health education can be translated into greater community impact. These partnerships have made significant community impact, and the UofM SPH in April 2024 was recognized nationally after being a recipient of the Association of Schools and Programs of Public Health (ASPPH) 2024

Harrison C Spencer Award for its outstanding community service. He led the efforts to get University of Memphis become United Nations Academic Institute partner. Prior to Dr. Joshi coming to Memphis, he was a founding member of the CUNY SPH.

Muhammad Sohail Ali, M.D.

Muhammad Sohail Ali joined the Critical Incident Stress Management Section (CISMS) in October 2018 as the Regional Stress Counsellor for East and Southern Africa, being promoted to Chief of the Section on 1st April 2022. He has 25 years of experience, including 18 with the United Nations (UNDSS, WHO, DPKO, UNHCR and UNICTR). Dr. Ali has operated as a stress counselor, trainer, and manager in natural disasters such as earthquakes and floods, man-made disasters such as insurgency and terrorism, major organizational changes such as downsizing and liquidation, and conducted more than 200 workshops and training programs, training more than 3,000 UN staff in various countries. He is a highly accomplished professional, with degrees in medicine, psychiatry, community mental health and public health disaster management. He has also contributed chapters to two scientific books on 'Behavioral Sciences for Medical Students' and 'Mental Health in Emergencies', besides several scientific publications and research papers.

Friday, June 5, 2026

City University of New York Graduate Center

8:30 a.m. - 9:20 a.m.

CUNY Plenary Panel: Task-Sharing for Scale: Evidence, Innovation, and Next Frontiers

Task-Sharing for Scale: Evidence, Innovation, and Next Frontiers

Moderators:

Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Milton Wainberg, MD, College of Physicians and Surgeons, Columbia University, United States

Overall Description: This lecture will summarize the state of the science and future directions of mental health task-sharing interventions and their scale-up as essential strategies for closing global treatment gaps. Drawing on cutting-edge implementation science and international case studies, the speakers will highlight innovations in training, delivery, and research capacity building. The session will also address critical challenges that must be addressed to scale task-sharing effectively across diverse health systems.

Victoria Ngo, Ph.D. (CUNY SPH)

Victoria Ngo is Professor of Community Health and Social Sciences at the City University of New York Graduate School of Public Health & Health Policy (CUNY SPH), Director of the

Center for Innovation in Mental Health at CUNY SPH, and Mental Health Director of the Center for Immigrant, Refugee and Global Health at CUNY. She also holds an Adjunct Scientist position at the RAND Corporation. Her research focuses on developing mental health interventions and implementation strategies to promote access and quality of care to ethnic minorities and underserved populations worldwide. She specializes in implementation strategies for mental health task-sharing and use of community participatory methods to increase access to evidence-based mental health interventions and sustainable integration of mental health services into non-mental health settings including primary care, maternal health, HIV, cancer care, schools, and other community-based settings. She has led several NIH and Grand Challenges of Canada funded task-shifting implementation science intervention studies, including the Multi-Component Collaborative Care for Depression (MCCD), Livelihood Integration for Effective Depression Management (LIFE-DM), and currently leading a randomized controlled study of scale-up models for depression care integration into primary care clinics in Vietnam. As part of system transformation initiatives to address health inequities at NIH and RWJF, she is leading the Harlem Strong Mental Health and Economic Empowerment Collaborative to transform systems of care using a neighborhood-based collaborative care model to support integrating mental health and community-based services in housing, primary care, and community-based organization in Harlem.

Milton Wainberg, M.D.

Dr. Milton Wainberg is a Latino immigrant Professor of Clinical Psychiatry at Columbia University/New York State Psychiatric Institute, where he directs the Translational Epidemiology and Implementation Science Division and the Community Mental Wellness Center. He is the founding Chair of the APA Caucus on Global Mental Health & Psychiatry. His work advances sustainable, technology-enabled, task-shifted mental health care to reduce disparities across low-resource settings globally while training the next generation of implementation scientists.

9:30 a.m. - 10:00 a.m.

WFP Presidential Address Psychotherapy Advances, Challenges, and Opportunities

WFP Presidential Address: Psychotherapy Advances, Challenges, and Opportunities

Plenary Speaker:

Cesar Alfonso, MD, World Federation for Psychotherapy, United States

Overall Description: This presentation will review research findings demonstrating that psychotherapy can be neurobiologically reparative, while also improving quality of life and alleviating symptomatic distress. It will provide an overview of currently established and emerging psychotherapy biomarkers, including heart rate variability, inflammatory markers, and measurable epigenetic changes. The presentation will also delineate challenges to the delivery of psychotherapy in regions facing shortages of trained clinicians and will describe proposed solutions, such as task shifting and group psychotherapy interventions. Finally, methodological challenges in psychotherapy research, particularly those related to studying its effects in patients with multimorbid conditions, will be discussed to highlight existing gaps in knowledge and opportunities for meaningful future research.

César A. Alfonso, M.D.

César A. Alfonso, M.D., is Clinical Professor of Psychiatry at Columbia University and currently holds visiting or adjunct professorships in four Asian universities (University of Indonesia, National University of Malaysia, Prince of Songkla University in Thailand and University of the Philippines College of Medicine). He serves as Editor-in-Chief of the

journal *Psychodynamic Psychiatry*. He has published over 100 articles, 20 textbook chapters and 4 edited books. He has delivered over 250 invited presentations in all continents over the past three decades. He works as the Chief Psychiatrist at the Lighthouse Guild, an NGO serving persons with low vision and blindness. Dr. Alfonso was President of the American Academy of Psychodynamic Psychiatry and Psychoanalysis in 2010-2012. He served as Chair of the Psychotherapy Section of the World Psychiatric Association for two terms in 2017-2023 and is the current *President of the World Federation for Psychotherapy* through June 2026.

Courses

Saturday, June 6, 2026

8:15 a.m. - 10:50 a.m.

Psychotherapy for Clinical High-Risk States: Theoretical Underpinnings and Practical Aspects

Chair: Amine Larnaout, Razi Hospital, University of Tunis El Manar, Tunisia

Co-chair: Warut Aunjitsakul, Prince of Songkla University, Thailand

Overall Description: Clinical High-Risk (CHR) states for psychosis refer to a validated syndrome, identifiable often in adolescents or young adults, characterized by functional decline associated with attenuated psychotic symptoms, brief psychosis, and/or genetic vulnerability. These individuals are at an elevated risk of developing a full-threshold psychotic disorder. Most studies found a transition rate of around 20% at 1 year and 35% at 5 years. Avoiding or delaying the transition has always been the major target of all interventions for CHR individuals. Among all intervention tools, only psychotherapy has proven its effectiveness in improving the general prognosis of individuals.

This course offers a comprehensive overview of psychotherapeutic approaches for the CHR population. It aims to equip clinicians with general knowledge and practical skills to recognize the early symptoms and to deliver adequate psychological interventions. Emphasis will be placed on the two main evidence-based interventions, which are cognitive-behavioral therapy (CBT) and family interventions, and will go through some integrative approaches tailored to meet the specific needs and heterogeneity of CHR individuals. By the end of the course, participants will gain an understanding of how psychotherapy can effectively contribute to reducing symptom severity, enhancing resilience, and potentially delaying or preventing the transition to full-threshold psychotic disorders. They will also be able to apply some practical psychotherapeutic

tools to support individuals at risk and contribute to reducing symptom severity, and then delaying or preventing the transition to full-threshold psychotic disorders.

Introduction to Psychosocial Support in Crisis Situations

Chair: Muhammad Sohail Ali, United Nations Department of Safety and Security (UNDSS) New York, United States

Co-chair: Ekaterina Sukhanova, CUNY, United States

Participants:

Mohammad Zaman Rajabi, United Nations Department of Safety and Security, United States

Janvier Rugira, United Nations, United States

Alvin K. Tay, Columbia University, United States

Madhubhashini Hewage, United Nations, United States

Overall Description: Overall Goal: To introduce participants to the core principles, key concepts, and intervention strategies for providing psychosocial support in various crisis situations, as outlined in the "United Nations' Field Manual on Psychosocial Support in Crisis Situations.

Overview of the Field Manual: Purpose, Target Audience, and Scope

Core Principles and Guiding Values: Duty of Care, Comprehensive Model of Intervention, Human Rights and Equality, Saving lives together, Client Orientation, Scientifically Sound and Culturally Appropriate Practices, Positive Psychology, Self-Monitoring and Self-Correcting

Basic Concepts and Definitions: Crisis, Emergency, Disaster, Hazard, Vulnerability, Manageability, Risk, Defining the Scale of a Crisis, including an Introduction to Crisis Scenarios, Intentional Attacks with Mass Casualties (e.g., Abuja bombing), & Natural Disasters with Mass Casualties (e.g., Haiti earthquake).

Brief overview of other scenarios: Protracted and Complex Crises, Pandemics and Epidemics, Hostage Incidents, Death in Service

Assessment of Psychosocial Needs, Risks and Resources: Factors to consider, assessment methods, specialized assessment tools

Psychosocial Intervention Strategies: Preparedness and Prevention Phase, Incident Response Phase, Post-Incident Response Phase, Multi-disciplinary Team Response

Self-Care and Care for Counselors: Importance of self-care, organizational duty of care, care-for-caregivers program, training and briefing on self-care, time off and recovery

Preventing Burnout and Moral Injury: Balint Groups for Healthcare Professionals

Chair: Andre Tay, Changi General Hospital, Singapore

Participant: Glen Roche, Changi General Hospital, Singapore

Overall Description: Healthcare professionals are frequently exposed to psychological stress due to their work nature, leading to burnout and moral injury. Burnout is characterized by feelings of exhaustion, increased mental distance from one's job with associated feelings of work-related cynicism, and reduced professional efficacy. Moral injury arises when healthcare professionals are unable to act according to their deeply held moral beliefs, or when they perpetrate, fail to prevent, or witness acts contrary to their values often due to systemic constraints or ethical dilemmas, resulting in lasting biological, psychological, social and spiritual distress. Both conditions can severely impact a professional's well-being, patient care, and job satisfaction. Balint groups provide a therapeutic approach that can be effective in preventing burnout and moral injury. Balint groups are safe reflective forums where healthcare professionals can convene and share challenging clinical encounters with their patients without the need for prior preparation, so they can better appreciate their emotional responses within these dynamic interactions with the help of trained facilitators. These groups help reduce feelings of isolation, promote empathy, enhance emotional awareness, and re-establish a sense of meaning in work. This reflective practice also encourages self-compassion and resilience, empowering professionals to navigate ethical dilemmas, better understand and manage the psychological demands of their work without compromising their mental health. This course provides participants from a diverse background the opportunity to gain insights into the Balint group process and its benefits by featuring an introductory session, discussion of video vignette, and live demonstration of a Balint group in action.

Panel Discussions

Friday, June 5, 2026

1:30 p.m. - 2:30 p.m.

Who Heals the Healers? Psychotherapy, Moral Injury, and the Ethical Duty of Care for Healthcare Workers

Alma Jimenez, MD, University of the Philippines Manila, Philippines

Ulrich Schnyder, MD, University of Zurich, Switzerland

Jared Ng, MD, Connections MindHealth, Singapore

Overall Description: The COVID-19 pandemic and related global health crises have brought renewed attention to a long-overlooked dimension of healthcare work: moral injury. Distinct from burnout or post-traumatic stress, moral injury arises when clinicians perpetrate, witness, or fail to prevent actions that violate their deeply held moral beliefs—often within systems constrained by inadequate resources, ethical ambiguity, or institutional betrayal. Healthcare workers around the world have been asked to provide care under conditions of overwhelming demand, policy restrictions, and moral conflict. Many have experienced profound emotional distress, guilt, grief, and disillusionment. Left unaddressed, moral injury contributes to clinician withdrawal, despair, and even suicide. This interactive panel will explore the ethical imperative of protecting healthcare workers from moral injury and the psychotherapeutic responsibility to respond to this invisible wound. Rather than pathologizing distress, panelists will advocate for approaches that validate moral pain and support ethical and existential repair.

Whose Belief is It Anyway? Navigating Religious and Spiritual Differences in Psychotherapy: Ethical Tensions and Cultural Humility

Sylvia Detri Elvira, MD, Psychotherapy Section of Indonesian Psychiatric Association, Indonesia

Michael Sionzon, MD, Univeristy of the Philippines College of Medicine, Philippines

Chaimaa Aroui, Hassan II Regional Hospital, Dakhla, Morocco, Morocco

Sylvia Detri Elvira, MD, Psychotherapy Section of Indonesian Psychiatric Association, Indonesia

Rangsun Sitthichai, MD, University of Massachusetts Medical School, United States

Overall Description: In an increasingly pluralistic and interfaith global landscape, psychotherapists are frequently called upon to engage with patients whose religious and spiritual beliefs differ from their own. This interactive session explores the ethical challenges, cultural complexities, and human rights considerations involved in navigating religious and spiritual differences in psychotherapy. It critically examines how therapists can affirm a patient's right to belief—or non-belief—while maintaining therapeutic neutrality, cultural sensitivity, and ethical boundaries.

Caring for Refugees, Displaced Persons, Asylum Seekers and Survivors of Torture

Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

Asher Aladjem, MD, NYU Langone Medical Center, United States

Amine Larnaout, MD, Razi Hospital, Faculty of Medicine, University of Tunis El Manar, Tunis, Tunisia, Tunisia

Aleida Jacobo, Wesley House Family Services, United States

Overall Description: This interactive panel gathers experts from Europe, Asia, and the Americas with experience caring for families, adults and children who are survivors of torture and displaced persons and faced extreme trauma. They will highlight the services provided by the Bellevue Program for Survivors of Torture in New York, Wesley House Family Services in Florida, and other clinical models of comprehensive and compassionate care.

2:40 p.m. - 3:40 p.m.

Moral Injury in Humanitarian Emergencies – Invisible Wounds that Run Deep

Driss Moussaoui, MD, Hassan II University, Casablanca, Morocco, Morocco

Moussa Ba, MD,MH,PhD, United Nation Headquarters, United States

Mohammad Zaman Rajabi, MA, United Nations Department of Safety and Security, United States

Alma Jimenez, MD, University of the Philippines Manila, Philippines

Angela Bamblett, MA, UNDSS CISMS, Australia

Overall Description: Moral injury (MI) is a deeply rooted psychological and spiritual condition that occurs when individuals face experiences that violate their core moral and ethical beliefs. While it was originally studied in military context, MI has gained attention in other high-stakes professions including humanitarian work, where aid workers frequently encounter ethically complex and emotionally volatile situations. Events that contradict deeply rooted moral beliefs could cause Moral Injury. Events that lead to MI—known as potentially morally injurious events (PMIEs)—can originate from commission (doing harm), omission (failing to prevent harm or perform duty), observation (witnessing distressing events), or profound betrayal by trusted figures. There are specific PMIE's in the humanitarian emergencies including difficult decision making in resource allocation or prioritizing care, enforcing policies perceived as unjust, prioritizing personal safety over others, observing moral transgressions without ability to intervene, and losing trust due to organizational decisions or failures which leads to morally injurious situations. MI has overarching and complex impacts which often manifest guilt, shame, anger and spiritual pain, and existential distress. These causes significant concern regarding behaviors related to self-harm and self-injury. MI differs from PTSD because it is rooted in conscience and emotional wounds thus it is resistant to traditional trauma and PTSD therapies. Treatment options for MI are constantly evolving but some interventions have proven to be full of potential such as Acceptance and Commitment Therapy for MI (ACT-MI), Adaptive Disclosure (AD), Trauma-informed Guilt Reduction Therapy (TrIGR), and holistic approaches where spiritual leaders are integral components of helping clients regain self-compassion, self- forgiveness and acceptance. For this expert panel discussion, we aim to discuss critical considerations and future directions for addressing moral injury in humanitarian emergencies. The topics include Redefining MI, developing and validating assessment tools specific to humanitarian context, destigmatizing MI through fostering shifts in the organizational culture and encouraging open discussions, critically reviewing organizational factors including policies and leadership practices, and creating preventive resilience strategies tailored to the humanitarian workers. By adopting a cohesive, multidisciplinary public health approach that addresses individual, relational, spiritual, and systemic aspects, we can better support humanitarian workers in navigating the profound moral complexities of their vital roles and foster genuine, lasting healing from moral injury.

Saturday, June 6, 2026

1:30 p.m. - 2:30 p.m.

Roundtable: Nothing About Us Without Us: Embedding Lived Experience in Mental Health Systems

Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Rachel Stephenson, Office of Transformation, United States

Antonis Kousoulis, DPH,MD,MSc, United for Global Mental Health, United Kingdom

Peter Varnum, BA,MA, Brain Health Collective, Switzerland

Tabitha Ellis, ,MS, Global Mental Health Action Network, United States

Alaphia Robinson, MSW, Fountain House INC, United States

Grace Williams, BA, Fountain House, United States

Francesca McLaren, MPH, CUNY SPH, United States

Overall Description: This roundtable will center the voices of people with lived experience of mental health conditions, recognizing their essential role in shaping research, policy, and practice. Participants will discuss models for meaningful engagement of lived experience experts, while examining successes and ongoing challenges related to representation, sustainability, power-sharing, and avoiding tokenistic participation. Attendees will hear from lived experience experts, as well as representatives from local and international organizations that regularly engage with lived experience advocates, sharing reflections and lessons learned from their work. The session will also address how mental health clinicians, including psychiatrists, psychotherapists, and counselors, can more effectively engage in lived experience–led work by shifting traditional provider–patient dynamics, supporting ethical collaboration, and fostering shared decision-making and leadership. Through dialogue and shared examples, the roundtable will explore strategies for strengthening partnerships between lived experience leaders, researchers, practitioners, and policymakers, with attendees gaining practical insights into embedding lived experience within mental health systems and advancing equitable, community-driven solutions.

4:30 p.m. - 6:00 p.m.

Roundtable: Healthy Cities, Healthy Minds: City-To-City Partnerships for Mental Health

Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Jorge Petit, MD, New York City Department of Health and Mental Hygiene, United States

Terry Huang, MBA,MPH,PhD, CUNY Graduate School of Public Health and Health Policy, United States

Danielle Greene, DPH,MPH, CUNY Graduate School of Public Health and Health Policy, United States

Deborah Levine, MSW, CUNY-SPH, United State

Ayman El-Mohandes, MD,MPH, CUNY School of Public Health, United States

Padmore John, MS, NYC Dept. of Health, United States

Harmony Osei, BS,MA,Other, City College, United States

Sasha Fleary, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Overall Description: This roundtable convenes city leaders, academic partners, and community-based organizations to explore how cross-sector, city-to-city collaboration can advance mental health promotion and build capacity and resources to strengthen community resilience. Panelists will highlight successful municipal–academic partnerships—including Building Resilience in Youth, Harlem Strong, Healthy CUNY, SPARC, the NYC Community Wellness Survey, and other city-driven mental health initiatives—that demonstrate how coordinated systems can expand access, promote equity, and fortify community wellness.

Interactive Workshops

Friday, June 5, 2026

10:30 a.m. - 12:00 p.m.

Narrative Exposure Therapy for PTSD and Complex PTSD

Chair: Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

Overall Description: Narrative Exposure Therapy (NET) is a manualised, trauma-focused psychotherapy that has been described as particularly suitable for individuals with multiple and complex traumas. It is a standardised form of trauma-focused therapy that embeds trauma exposure within an autobiographical context. A key role this treatment plays is the documentation of human rights abuses. This treatment approach is based on the theory of dual representation of traumatic memories. NET aims to construct a chronological narrative of the individual's life story, with a focus on traumatic experiences, transforming fragmented trauma memories into a coherent narrative, thereby allowing for the formation of an integrated identity.

The treatment manual recommends 4 to 12 sessions, each lasting approximately 90 minutes, depending on the number and severity of traumatic events. Imaginative exposure is used as a core technique throughout the sessions.

This workshop provides an overview of the theoretical foundations and empirical evidence supporting the efficacy of Narrative Exposure Therapy in treating trauma-related disorders, including the presentation of various modules of NET for different trauma populations as well as target groups (KIDNET, FORNET, NETfacts and Narrative Trauma-Work (NAT). It also offers practical guidance for applying the method in clinical- as well as social and humanitarian settings.

1:30 p.m. - 2:30 p.m.

Empowering Communities: Building Capacity Through Task-Sharing

Chair: Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Co-Chairs: Alexandra Restrepo, DPhil,MD,MPH,MSc, SPH CUNY, United States

Brianna Baker, PhD, Center for Innovation in Mental Health, United States

Overall Description: This interactive workshop will introduce practical approaches to implementing task-sharing in mental health care for psychosocial professionals, focusing on training and supporting non-specialist providers. Through case examples from Vietnam and New York City, the workshop will explore key elements of program design, training, and supervision. The session will offer tools and insights for building sustainable, community-based mental health capacity in diverse settings.

2:40 p.m. - 3:40 p.m.

From Burnout to Breakthrough: Rewiring the Inner System – A Positive Psychotherapy Lab for Therapists. Transforming Stress Into Strength Through Narrative, Balance, and Inner Capacities

Chair: Diana Pop, MA, Private Practice, Romania

Participant: Sergiu Maxim, MS, World Association for Positive and Transcultural Psychotherapy (WAPP), Romania

Overall Description: In an age of collective overwhelm, therapists themselves are burning out. But what if stress was not the end — but a signal? In this bold, experiential workshop, therapists and healthcare professionals are invited to step into the future of stress transformation. Using the tools of Positive Psychotherapy (PPT after Peseschkian), we will explore burnout not as a sign of failure, but as a gateway to hidden capacities. Through the Balance Model, Storytelling, and Conflict Dynamics, participants will engage in culturally inclusive techniques designed to reframe exhaustion into meaning, and stress into strength. Expect movement, deep reflection, and tools you can immediately apply in therapy, team care, or personal growth.

Saturday, June 6, 2026

1:30 p.m. - 2:30 p.m.

Effective Use of Interpreters in the Provision of Psychotherapy

Chair: Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

Participant: Mary Lyons- Hunter, PhD, MassGeneral Brigham Health Care, United States

Overall Description: Refugees and asylum seekers have higher rates of PTSD than host populations. Psychological interventions, such as trauma-focused psychotherapy, are commonly used to treat post-traumatic stress disorder, including among asylum seekers and refugees. However, interpreter-mediated treatment of patients with a migrant background who have limited language skills can present challenges for both patients and clinicians involved in the process. The use of an interpreter in psychotherapy is a complex process and can influence the therapeutic alliance and interactions between the parties involved. Studies have shown mixed results regarding the efficacy of interpreter-mediated psychotherapy. Nevertheless, the use of interpreters is widely encouraged. This workshop provides an overview of current knowledge on interpreter-mediated psychotherapy, as well as theoretical and practical guidance for clinicians working with interpreters in the delivery of trauma-focused psychotherapy.

Cultural Bridges to Healing: A Positive Psychotherapy Approach Based on Psychosocial Transcultural Games for Working With Vulnerable Groups

Chair: Etion Parruca, MSc, Positum MGS Consulting and Coaching (Wiesbaden, Germany), Germany

Participant: Ekin Özbey Duygu, PhD, Istanbul Medipol University, Turkey

Overall Description: In a world shaken by pandemics, disasters, wars, political unrest, and forced displacement, mental health needs are rising faster than individual care can respond. Group-based interventions are now essential — and Positive Psychotherapy (PPT after Peseschkian since 1977), with its transcultural, trauma-informed, and resource-oriented approach, offers powerful tools for emotional healing and resilience-building across all cultures. This experiential workshop introduces a Transcultural Psychosocial Game combined with PPT

tools, such as storytelling, capacities of human being, psycho serum and Balance Model. These tools foster emotional expression, connection, and post-traumatic growth in safe and meaningful ways — adaptable to diverse populations and contexts. Join us to move, reflect, and reconnect - and to experience firsthand how PPT transforms trauma into resilience, offering hope where it’s most needed.

Symposia

Friday, June 5, 2026

10:30 a.m. - 12:00 p.m.

AWP Symposium: Women Psychiatrists Advancing Psychotherapy

Chair: Amy Alexander, MD, Stanford University, United States

Overall Abstract: Psychotherapy remains a cornerstone of psychiatric practice, with robust evidence demonstrating its effectiveness across diagnostic categories and clinical settings. Yet, despite a strong tradition of psychiatrists providing therapy, systemic pressures have shifted the field toward a medication-focused model. Women psychiatrists, who now represent a growing proportion of the global psychiatric workforce, play a vital role in sustaining and advancing psychotherapeutic practice within psychiatry.

This panel, organized by the Association of Women Psychiatrists, brings together clinicians whose work exemplifies the integration of psychotherapy into contemporary psychiatric care. Panelists will discuss how women psychiatrists draw on multiple modalities—such as cognitive-behavioral, psychodynamic, and trauma-informed approaches—while simultaneously managing psychopharmacologic treatment. Presentations will explore how gender, culture, and identity intersect with the therapeutic process, shaping both access to care and the therapeutic alliance.

The discussion will also highlight challenges, including structural barriers to training, limited reimbursement for psychotherapy, and the ongoing devaluation of relational work within psychiatry. By examining case vignettes, clinical strategies, and emerging research, panelists will illustrate how women psychiatrists foster resilience in diverse patient populations and promote culturally responsive care.

Attendees will gain insights into the unique perspectives women psychiatrists bring to psychotherapy, their advocacy for maintaining therapy within psychiatric practice, and the future directions for integrative, equitable mental health care on a global scale.

The Resonant Self: Integrating Folk Music Traditions and Psychiatric Practice to Advance Psychotherapy for Psychosis and Bipolar Disorder

Speaker: Ruby Castilla-Puentes, DPH, MBA, MD, WARMI Mental Health, United States

Women Psychiatrists Advancing Psychotherapy

Speaker: Jessica Hairston, MD, 360 Degree Health PLLC, United States

From Diagnosis to Understanding: A Psychodynamic Approach by Women Psychiatrists

Speaker: Mali Mann, MD, Stanford Psychiatry, United States

Exploring Psychotherapeutic Approaches for Vulnerable Communities in Indonesia

Chair: Sylvia Detri Elvira, MD, Psychotherapy Section of Indonesian Psychiatric Association, Indonesia

Overall Abstract: Vulnerable communities are at a high risk for mental distress. Members of such communities often have unique needs that are related to the disparities they experience in their daily lives, and may experience specific mental health problems. Although special considerations might be required while conducting psychotherapy for the members of vulnerable communities in order to thoroughly address their needs, few studies have investigated the distinctiveness of psychotherapy for vulnerable communities. Before and while conducting psychotherapy, therapists may need to gain an understanding of the social, cultural, and physiological dynamics that lead to higher exposure of risk for the members of the communities, understand the specific kinds of mental health problems that occur in these patients, and determine the suitable kind of psychotherapy. This symposium will be sharing the perspectives of Indonesian psychotherapists about the psychotherapy for vulnerable communities in Indonesia. It will consist of four presentations: Supportive Psychotherapy in Crisis: Applications in Indonesian Disaster and Emergency Settings, Psychodynamic Psychotherapy for Survivors of Trauma and Loss, Psychotherapy for LGBT Clients in Indonesia from the Lens of Culture and Religious Beliefs, and Psychotherapy for Supporting Emotional Wellbeing in Pregnancy and Postpartum. The educational objectives of the symposium will be to understand: the principle of supportive psychotherapy in the cases of pregnancy, postpartum, and disaster and emergency

setting, the principle of psychodynamic psychotherapy for survivors of trauma and loss in the context of Indonesian culture, and the perspective of psychotherapy for LGBT clients in Indonesia from the lens of culture and religious beliefs.

Supportive Psychotherapy in Crisis: Applications in Indonesian Disaster and Emergency Settings

Speaker: Frilya Putri, MD, Universitas Brawijaya, Indonesia

Psychodynamic Psychotherapy for Survivors of Trauma and Loss

Speaker: Natalia Wardani, PhD, Diponegoro University, Indonesia

Psychotherapy for LGBT Clients in Indonesia From the Lens of Culture and Religious Beliefs

Speaker: Yaniar Mulyantini, MD, Psychotherapy Section of Indonesian Psychiatric Association, Indonesia

Psychotherapy for Supporting Emotional Wellbeing in Pregnancy and Postpartum

Speaker: Sylvia Detri Elvira, MD, Psychotherapy Section of Indonesian Psychiatric Association, Indonesia

Mental Health and Psychosocial Support in Humanitarian Emergencies: Lessons From the Field

Chair: Moussa Ba, MD, MH, PhD, United Nation Headquarters, United States

Co-chair: Dilip Jeste, MD, World Federation for Psychotherapy, United States

Speakers:

Janvier Rugira, PhD, MBA, MA, United Nations, United States

Angela Bamblett, MA, UNDSS CISMS, Australia

Madhubhashini Hewage, PhD, United Nations, United States

Jorge Bernado Sierralta Zu Iga, PhD, United Nations, Peru

Overall Abstract: This symposium explores critical lessons learned from the implementation of Mental Health and Psychosocial Support (MHPSS) interventions in humanitarian emergencies, with a focus on the Democratic Republic of the Congo (DRC), Ukraine, Haiti, and Sudan. Each context has presented unique challenges related to armed conflict, natural disasters, displacement, and systemic fragility—requiring dynamic, context-sensitive approaches to care of UN staff members and their dependents. A central theme of this session is the interface between MHPSS and critical incident management, particularly in situations involving mass displacement, staff evacuations and, the relocation of individuals already receiving psychosocial support. Presenters will reflect on how sudden changes in security conditions impact the continuity of care, access to services, and the emotional well-being of UN staff and their dependents. The symposium will examine strategies used to maintain psychological support during evacuations, remote service delivery models, coordination with security personnel, and coordination with other mental health professionals' efforts to ensure continuity of care and resilience development. It will also highlight ethical considerations and the importance of culturally grounded, trauma-informed approaches when operating in high-risk environments. By sharing practical insights from the field, this session will contribute to building more adaptive and integrated MHPSS responses in future emergencies. The symposium is especially relevant for mental health professionals, crisis coordinators, security personnel, and policy actors involved in emergency preparedness and response.

Making Psychotherapy Training Accessible to the World

Chair: Jeffery Smith, MD, New York Medical College, United States

Overall Abstract: The World Health Organization has identified a massive need for psychological help around the world, where a billion people are in need and resources are minimal. Making training more accessible and more efficient is a major priority for the field of psychotherapy. Recent science has brought to light principles ready for immediate adoption that can support efficient training by teaching what is universal in all therapies. Participants will first learn that three clinical objectives, activation of the maladaptive pattern as indicated by the presence of affect, learning of improved response patterns, and delivery of new information to disconfirm maladaptive subcortical schemas, comprise the active ingredients in all therapies when combined with relationship factors. The next presentation will show how making therapist identity more human and authentic enhances results. The third presentation will show that monitoring and promoting secure attachment relationships further enhances therapeutic action, and, finally participants will learn the critical importance and efficiency of clinical supervision as a critical factor in the learning and application of knowledge combined with interpersonal skills os psychotherapy.

Unifying, Simplifying, Modernizing to Make Psychotherapy Training Accessible Worldwide

Speaker: Jeffery Smith, MD, New York Medical College, United States

Addressing Attachment Gone Awry: Local and Global Implications for Research, Education, and Practice

Speaker: Kenneth Critchfield, PhD, Ferkauf Graduate School of Psychology of Yeshiva University, United States

Restructuring the Identity of Psychotherapists to Enhance Global Accessibility

Speaker: Kristin Osborn, MA, Harvard Medical School, United States

Psychotherapy Supervision: The Essential Ingredient in Psychotherapy Training Worldwide?

Speaker: Clifton Watkins, PhD, University of North Texas, United States

2:40 p.m. - 3:40 p.m.

Severe or Complex? Navigating Complex PTSD and Personality Disorders in Clinical Practice

Chair: Helene Nissen-Lie, Prof Dr, University of Oslo, Norway

Co-chair: Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

Overall Abstract: This symposium examines the intricate interplay between complex post-traumatic stress disorder (cPTSD) and personality disorders (PD), highlighting key challenges in diagnosis, differential assessment, and clinical management. The first presentation (Marta Lopez Muñoz) uses rich clinical cases to illuminate the day-to-day realities faced by patients, demonstrating the profound impact of these conditions on relationships, emotional regulation, and overall functioning. Building on these cases, the second presentation (Goran Mijaljica) explores current conceptualizations of cPTSD, discussing its definition, clinical utility, relevance in routine practice, and implications for treatment planning. The third

presentation (Flavio Di Leone) similarly draws on case material to address the ICD-11 classification of personality disorders, emphasizing differential diagnosis in relation to cPTSD and clarifying both overlapping and distinguishing features. Together, the panel underscores the importance of nuanced clinical assessment, deepens understanding of these frequently co-occurring conditions, and offers practical, case-informed insights for tailoring interventions to the complex needs of this patient population.

Severe and Complex? Clinical Cases on CPTSD and PD

Speaker: Flavio Di Leone, MD, MedDSc, PhD, Sahlgrengha University Hospital, Sweden

Navigating Complex PTSD and Personality Disorders in Clinical Practice

Speaker: Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

When Spectra Intersect: Trauma and Personality in ICD-11

Speaker: Flavio Di Leone, MD ,MedDSc ,PhD, Sahlgrengha University Hospital, Sweden

2:40 p.m. - 4:00 p.m.

CREATIVITY, Art and Psychotherapy - A Symposium of the WPA Section for Art and Psychiatry

Chair: Ekaterina Sukhanova, PhD, CUNY, United States

Co-chair: Jennifer Harrison, BA, BSc, FRCP, FRCPsych, Bayside Infant Child Youth Area Mental Health and Wellbeing Service, The Alfred Hospital, Melbourne, Australia

Speakers:

Jennifer Harrison, BA, BSc, FRCP, FRCPsych, Bayside Infant Child Youth Area Mental Health and Wellbeing Service, The Alfred Hospital, Melbourne, Australia

Gustavo Bezerra, MD, University of Sao Paulo Medical School, Brazil

Daniela Polese, MD, PhD, Prof, University Hospital Sant'Andrea, Sapienza University of Rome, Italy

Ekaterina Sukhanova, PhD, CUNY, United States

Overall Abstract: This symposium will examine the many ways art can contribute to a more holistic understanding of mental health and mental disorders and improve mental health outcomes: whether this is by counteracting stigma, through assisting our understanding of conditions such as schizophrenia and neurodiversity, or in promoting mental well-being and the construction of self. Presenters will offer a diversity of perspectives on art in medical education, clinical practice and community advocacy. This includes including use of art in education of residents in order to enhance clinical interviewing skills as well as enhance cultural competence and cultural humility; in clinical practice to strengthen the therapeutic alliance and mitigate provider burnout; and in the community, where outsider art can be a powerful antistigma tool if it avoids the pitfalls of commodification.

4:10 p.m. - 5:40 p.m.

Mental Health on Campus in the Age of AI

Chair: Michelle Riba, MD, University of Michigan Rogel Cancer Center Psycho-oncology Program, United States

Co-chair: Daniela Polese, MD, PhD, Prof, University Hospital Sant'Andrea, Sapienza University of Rome, Italy

Overall Abstract: Democratic shifts in the college population mean that morbidity rates reflect the general population rates, with onset of mental health illness occurring before the age of 24 in 75 % of the population as per WHO data. In addition, modern-day students face additional stressors such as uncertainty about academic and career prospects, minority discrimination, intimate partner violence and substance use disorders. Many studies across the globe point to increased rates of depression and anxiety experienced by university students of all ages. The surging demand for mental health often overwhelms universities, already struggling with dwindling resources, which leaves students with unmet needs and increases the risk of academic failure. The exponentially growing availability of third-party mental health technologies presents a new set of ethical and practical dilemmas. This symposium brings together international experts to explore the multiple dimensions of psychological well-being in today’s university environment, analyzing empirical data, intervention strategies, and innovative

models of support. Alessandro Mazzetta (Italy) presents the results of a study on alterations in salience attribution, mood, and sleep among students exposed to prolonged stress during the lockdown period caused by the pandemic. His research highlights an association between bodily experience, sleep disturbances, and mood disorders. Francesca Fagioli (Italy) presents a student counselling service designed as an "Escape Room" experience. Dr. Schwartz (USA) provides an overview of effective strategies to improve campus mental health services, with a focus on prevention and accessibility. Dr. Riba (USA) discusses patterns of psychiatric treatment utilization among students with anxiety, depression, comorbid conditions.

Salience Attribution, Mood and Sleep Disturbances in University Students Due to Prolonged Stress: Data Results and Strategy of Interventions

Speaker: Alessandro Mazzetta, PhD, ASL RM3, Department of Mental Health, Rome, Italy

From Silence to Voice: The Escape Room Experience

Speaker: Francesca Fagioli, PhD, Prof Dr, School of Psychotherapy Bios and Psychè, Italy

Strategies for Improving Campus Mental Health Services

Speaker: Victor Schwartz, MD, CUNY School of Medicine, United States

Psychiatric Treatment Utilization of College Students With Anxiety, Depression, or Comorbid Anxiety and Depression

Speaker: Michelle Riba, MD, University of Michigan Rogel Cancer Center Psycho-oncology Program, United States

Facilitating Support and Collaboration in Learning and Practicing Psychotherapy in Malaysia

Chair: Nik Ruzyanei Nik Jaafar, Prof Dr, National University of Malaysia (UKM), Malaysia

Co-chair: Aida Syarinaz Ahmad Adlan, MB, Universiti Malaya, Malaysia

Overall Abstract: The evolving landscape of psychotherapy in Malaysia requires efforts to facilitate the support and collaboration across multiple sectors to enhance the psychotherapeutic care. This symposium aims to explore the essential components in

building beneficial collaboration in learning and practicing psychotherapy, aiming to strengthen the profession while improving patient outcomes. The first subtopic is fostering interdisciplinary collaboration for a holistic approach in treatment. This addresses the importance of integrating various fields including psychology, psychiatry, social work, and medicine to form a holistic treatment plan for patients. Through this, psychotherapists can better comprehend the complex biopsychosocial factors contributing to mental health for better personalized care. The second subtopic explores the dynamics of mentoring in psychotherapy supervision through examining the trainer-trainee relationship. This discussion addresses the trainer- trainee roles, boundaries, and communication between them to enable effective and optimal professional development. Successful mentorship enhances the development of therapeutic skills, critical thinking, and ethical practice, and prepares trainees for the real-world challenges in therapy. The third subtopic ie. Providing perspectives on the dynamics of the therapist-patient relationship focuses on the core therapeutic alliance in psychotherapy. The psychological dynamics between therapist and patient is critical for an effective therapy. This discussion also examines cultural and contextual considerations unique to Malaysia, helping therapists to steer challenges specific to local patient populations. Finally, the symposium explores the 'lonely' world of private psychotherapy practitioners. The focus is on strategies to seek support within the fraternity to strengthen the therapist and enhance the patient's psychotherapeutic care.

Fostering Interdisciplinary Collaboration for a Holistic Approach in Treatment

Speaker: Chester Chong, MD, Universiti Putra Malaysia, Malaysia

Navigating the Trainer-Trainee Relationship: Understanding the Psychodynamics of Supervision in Psychotherapy

Speaker: Nik Ruzyanei Nik Jaafar, Prof Dr, National University of Malaysia (UKM), Malaysia

Dynamic Psychiatry's Contribution to the Diagnosis and Treatment of Identity-Related Disorders

Chair: Michel Botbol, MD, MSc, Prof Dr med, University of Western Brittany, Brest, France

Co-chair: Maria Ammon, Prof Dr, Deutsche Akademie für Psychoanalyse DAP e. V., Germany

Overall Abstract: This symposium brings together innovative perspectives on mental health, societal development, and human behavior through a multidisciplinary lens. The first

presentation introduces a holistic, dynamic approach to understanding and treating borderline patients via Dynamic Psychiatry, emphasizing the importance of viewing mental health as a developmental process involving the human being in its entirety. It highlights how disturbances in human structure, identity, and social energy contribute to borderline pathology and advocates for individualized, relationship-based therapy aimed at rebuilding identity and addressing core fears. The second presentation explores how psychodynamics can inform political systems, emphasizing the need to prioritize fundamental human psychological needs—such as relationships, active engagement, coherence, and healthy stress regulation—to foster a society of psychologically mature and self-determined citizens. The third presentation examines identity diffusion in adolescents with borderline traits, focusing on clinical manifestations and psychotherapeutic strategies within a psychodynamic framework, to better distinguish normative development from pathology and optimize therapeutic interventions.

The fourth presentation discusses Alfred Adler's concept of the "Will to Power" and its relation to aggression, framing it as a striving for superiority and compensation for feelings of inferiority within individual psychology, which can be socially acceptable when guided by a sense of community.

Dynamic Psychiatric Treatment of Identity Disorders Like Borderline Disease

Speaker: Maria Ammon, Prof Dr, Deutsche Akademie für Psychoanalyse DAP e. V., Germany

How Psychodynamics Should Shape Politics Towards a Society of the Future

Speaker: Hans-Otto Thomashoff, MD, PhD, private practice, Austria

Identity Diffusion in Adolescents With Borderline Traits: Clinical Manifestations and Psychotherapeutic Implications

Speaker: Fabian Guénolé, Prof Dr med, Centre Hospitalier Universitaire de Lille, France

Identity in the Digital Age – Neuroscientific and Psychotherapeutic Aspects

Speaker: Joachim Bauer, Prof Dr, International Psychoanalytic University (IPU) Berlin, Germany

Faith, Healing, and the Mind: Integrating Spirituality and Religion in Consultation-Liaison Psychiatry (CLP)

Chair: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Co-chair: Tyrone Paul Cammayo, MD, UP-Philippine General Hospital, Philippines

Overall Abstract: Spirituality and religion play a crucial role in the lives of many patients facing medical illness. They influence coping mechanisms, emotional well-being, and treatment decisions. CLP, which bridges psychiatry and general medicine, is uniquely positioned to integrate spiritual and religious considerations into patient care. This symposium explores the theoretical foundations, clinical applications, and ethical challenges of addressing spirituality and religion in CLP. Topics will include how spirituality and religious faith influence resilience, acceptance, and meaning-making among medically ill patients, how collaborative work between religious individuals and CL psychiatrists lead to better health outcomes, how the integration of cultural and religious traditions into psychotherapeutic interventions enhance health, and how CLP must evolve in order to integrate spiritual and religious perspectives in the context a world that is rapidly changing. Case studies will illustrate best practices in managing complex clinical scenarios where spirituality and religion intersect with psychiatric symptoms and ethical dilemmas. By fostering a deeper understanding of these issues, this symposium aims to enhance mental health professionals' competencies in addressing the spiritual needs of patients, ultimately promoting holistic, compassionate, and ethically sound care in medical settings.

Bridging Science and Spirit: Religion, Mental Health, and Medical Illness

Speaker: Vivienne Caguioa-Cleofas, MD, San Beda University - College of Medicine, Philippines

Sacred Traditions and Modern Medicine: Integrating Cultural and Religious Diversity in Care

Speaker: Monina Garduno-Cruz, MD, St Luke's Medical Center, Philippines

Spirituality and Psychiatry in a Changing World: What Comes Next?

Speaker: Kathryn-Daphne Ong, MD, The Medical City, Philippines

5:50 p.m. - 7:20 p.m.

Psychotherapy Challenges in Consultation-Liaison Psychiatry (CLP) Settings

Chair: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Co-chair: Cesar Alfonso, MD, World Federation for Psychotherapy, United States Overall
Abstract: This symposium addresses clinical, research, and educational aspects of psychotherapies with the medically ill. The speakers include an experienced HIV and Addiction Psychiatrist practicing in Barcelona (Jordi Blanch), the Chair of the World Psychiatric Association Psychotherapy Section who runs a CL Psychiatry service in Manila Constantine Della), a Consultation-Liaison Psychiatrist practicing in Lisbon who is President of the Psycho-Oncology Section of the Portuguese Society of Psychiatry and Mental Health (Guida Da Ponte), and a Geriatric Psychiatrist practicing in Connecticut, USA (Marco Michael). Blanch will review how to integrate elements of CBT, MI, DBT, trauma-focused and supportive psychotherapies targeting symptomatic reduction and quality of life in persons with HIV infection with multiple comorbidities. He will address how psychotherapy positively impacts treatment adherence. He will also encourage clinician familiarity with PrEP and PEP prevention practices. Della will explore the intersection of psychodynamic theories with the practice of spirituality based on his experience treating medically ill patients in the Philippines. Da Ponte will review processes of therapeutic change in cancer patients with existential and psychological distress receiving meaning-centered psychotherapy (MCP). MCP has been validated worldwide with an accumulating evidence base that will be reviewed in this presentation. Michael will discuss how to overcome the challenges of practicing psychotherapy when patients face catastrophic diagnoses and experience death anxiety. He will share practical psychotherapy approaches when working with persons with degenerative or terminal illnesses, illustrating how end of life care can be collaborative, meaningful, and impactful.

Psychotherapy With Persons With HIV in the Era of PreP, Pep and Haart

Speaker: Jordi Blanch, MD, PhD, Mental Health and Addiction Services - Getió de Serveis Sanitaris Lleida, Spain

The Intersection of Psychodynamic Psychotherapy and Spirituality/Religion in the Care of Medically Ill Patients

Speaker: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Meaning Centered Psychotherapy With Cancer Patients: A European Experience

Speaker: Guida Da Ponte, MD, Local Health Unit Arco Ribeirinho, Barreiro, Portugal

Practical Psychotherapy With the Medically Ill - Coping With Catastrophic Illness and Death Anxiety

Speaker: Marco Michael, MD, Stamford Health, United States

Saturday, June 6, 2026

11:00 a.m. - 12:30 p.m.

Building Bridges, Driving Change: International Coalitions for Global Mental Health Action

Chair: Terry McGovern, Prof, City University of New York Graduate School of Public Health and Health Policy (CUNY SPH), United States

Co-chair: Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Speakers:

Victoria Ngo, PhD, CUNY Graduate School of Public Health and Health Policy, United States

Antonis Kousoulis, DPH, MD, MSc, United for Global Mental Health, United Kingdom

Peter Varnum, BA ,MA, Brain Health Collective, Switzerland

Suzan Song, MD, PhD, MPH, MHPSS Collaborative, United States

Overall Abstract: This symposium will explore the importance, opportunities, and challenges of international coalition building in advancing global mental health. The session will bring together representatives from complementary coalitions to share how their networks foster collective action, address structural and contextual barriers, and drive innovation in policy, research, and practice. We will hear from the ISC MHPSS Learning Collaborative, a network focused on community-based responses in trauma-impacted settings; the Global Mental Health Action Network (GMHAN), offering insights into global policy and advocacy efforts; the Mental Health Innovation Network (MHIN), which promotes the use and dissemination of evidence-based practices; and the Mental Health Leadership Program in Vietnam, which provides a regional perspective on leadership development and system strengthening. Together, these

speakers will reflect on what it takes to sustain coalition work and advance shared goals in a rapidly shifting global environment.

Psychotherapy in the Philippines: Bridging Culture, Training and Civil Rights

Chair: Timothy Sullivan, MD, Northern Westchester Hospital, Northwell Health, United States

Co-chair: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Overall Abstract: The evolution of psychotherapy training, practice, and research among Filipino psychiatrists reflects both progress and persistent challenges. While psychotherapy has become an integral part of psychiatric care in the Philippines, barriers such as a shortage of mental health professionals, limited psychotherapy training, and a lack of research infrastructure continue to hinder its full integration into mental health services. These challenges must be addressed to ensure that psychotherapy is widely accessible, culturally responsive, and aligned with the human rights framework of mental health care.

This symposium explores the intersection of culture, education, and clinical practice in Filipino psychotherapy. Discussions will highlight how psychotherapy is practiced within the unique socio-cultural landscape of the Philippines, the strengths and limitations of current training programs, and the adaptation of Western-developed psychotherapies within Filipino mental health care. Furthermore, the role of psychotherapy in the care of medically ill patients will be examined, demonstrating how it bridges mental and physical health in the consultation-liaison setting.

By bringing together experts in the field, this session aims to underscore the importance of psychotherapy as an essential component of mental health care, advocating for improvements in training, research, and culturally sensitive clinical applications in the Philippines.

Faith, Family, & Healing: Culturally Responsive Psychotherapy in the Philippines

Speaker: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

From Theory to Practice: Psychotherapy Training for Filipino Psychiatrists

Speaker: Michael Sionzon, MD, University of the Philippines College of Medicine, Philippines

Pakikipagkapwa Tao and Healing: Interpersonal Psychotherapy in Filipino Mental Health Care

Speaker: Anna Marie Garcia-Lantano, MD, Makati Medical Center, Philippines

Bridging Mind and Medicine: Psychotherapy in the Consultation-Liaison Setting in the Philippines

Speaker: Tyrone Paul Cammayo, MD, UP-Philippine General Hospital, Philippines

Positive Psychotherapy in a Multicultural World: Tools, Research, and Clinical Approaches

Chair: Hamid Peseschkian, MD, World Association for Positive and Transcultural

Co-chair: Diana Pop, MA, Private Practice, Romania

Psychotherapy / Wiesbaden Academy of Psychotherapy, Germany

Overall Abstract: This symposium offers a comprehensive exploration of Positive and Transcultural Psychotherapy (PPT) as a clinical and research-based response to the psychological needs of an increasingly interconnected and culturally diverse world. Hosted by the World Association for Positive and Transcultural Psychotherapy (WAPP), the session brings together expert practitioners and scholars to examine PPT's practical tools, humanistic values, and empirical foundations, based on experiences in different cultures and settings of this humanistic-psychodynamic method.

Dr. Hamid Peseschkian will speak on necessary competencies of "The Global Psychotherapist: Cultivating Global Empathy Through Positive Psychotherapy." Dr. Ekin Özbey Duygu will share her experience on "One Model, Many Cultures: The Universal Power of the Balance Model in Positive Psychotherapy." Dr Elif B. Unsal Ozberk will share research results on the "Global Insights into the Evidence Base of Positive and Transcultural Psychotherapy." And, Dr. Roman Ciesielski will also explore how PPT facilitates identity integration and conflict resolution in transcultural environments by reflecting on the "Transcultural Conflict and Identity Integration: A Positive Psychotherapy Approach."

The Global Psychotherapist: Cultivating Global Empathy Through Positive Psychotherapy

Speaker: Hamid Peseschkian, MD, World Association for Positive and Transcultural Psychotherapy / Wiesbaden Academy of Psychotherapy, Germany

One Model, Many Cultures: The Universal Power of the Balance Model in Positive Psychotherapy

Speaker: Ekin Özbey Duygu, PhD, Istanbul Medipol University, Turkey

Global Insights Into the Evidence Base of Positive and Transcultural Psychotherapy

Speaker: Elif Unsal Ozberk, PhD, Buckinghamshire New University, United Kingdom

Transcultural Conflict and Identity Integration: A Positive Psychotherapy Approach

Speaker: Roman Ciesielski, PhD, Wroclaw Institute for Psychotherapy, Poland

Healing the Healers in a Divided World: Trauma-Informed Approaches to Caring for Healthcare Professionals

Chair: Christina Khan, MD, PhD, Stanford University School of Medicine, United States

Co-chair: Ethan Hoffmann, PhD, Stanford University School of Medicine, United States

Overall Abstract: A physician's well-being is our most important instrument in this craft of medicine. Unfortunately, traditional medical training has often overlooked physician well-being. Although medicine champions altruism and compassion, it also cultivates perfectionism, infallibility, self-sacrifice, and overwork. When combined with mental health stigma, rigid hierarchies, overidentification with work, and lack of autonomy, these factors contribute to high levels of stress, burnout, and moral injury among medical professionals. In a world increasingly marked by division, physicians find themselves on the frontlines not only of public health crises but also of sociocultural and sociopolitical divide. Balancing their own stress while holding space for others can become overwhelming, impacting performance, and their own professional satisfaction. Downstream, burnout and moral distress can negatively impact patient outcomes and quality of care.

This symposium presents the collective experience of Stanford's WellConnect Physician Well-being team working with physicians over the past decade. We will explore trauma-informed care

as a framework for supporting emotional and psychological well-being. Grounded in principles of safety, trust, collaboration, empowerment, and cultural sensitivity, trauma-informed care offers a compassionate framework to address the layers of trauma healers often carry. We will address the potential complications of medical training and burnout including impact on personal relationships, fertility, and risk for suicide. This session will provide practical tools for supporting individuals and couples in navigating compounded stress. By centering the humanity of our healers, a trauma-informed approach can challenge the culture of self-sacrifice and advocate for systems that sustain, rather than deplete, those who care for others.

Supporting Healthcare Professionals: Trauma-Informed Strategies for Burnout and Suicide Prevention

Speaker: Kayla Jimenez, Other, Stanford University School of Medicine, United States

Relational Interventions for Addressing Physician Burnout and Impact of Work on Personal Relationships

Speaker: Ethan Hoffmann, PhD, Stanford University School of Medicine, United States

Fertility in Female Physicians

Speaker: Anum Khan, MD, Stanford Psychiatry, United States

The Importance of Play in an Increasingly Non-Playful World

Chair: Steven Tuber, PhD, Clinical Psychology Doctoral Program at City College, United States

Co-chair: Laurel Silber, PhD, Journal of Infant, Child and Adolescent Psychotherapy, United States

Speakers:

Steven Tuber, PhD, Clinical Psychology Doctoral Program at City College, United States

Laurel Silber, PhD, Journal of Infant, Child and Adolescent Psychotherapy, United States

Francine Conway, PhD, Rutgers University, United States

Larry Rosenberg, PhD, Private Practice, United States

Overall Abstract: Play is the prime means through which the child can best make affective sense of who they are and the world around them. The more that the play can be actualized, either by the child themselves or a caring adult, the greater the child's emotional range develops, the greater their tolerance of feelings both in and outside of them, and the more multi-faceted their sense of self and others become.

However, adult anxiety—often masked as protection—can intrude upon the child's internal world, curbing the spontaneity and symbolic richness of play. In a world increasingly shaped by performance metrics, safety concerns, and tightly regulated childhoods, the space for imaginative and affective play has narrowed—often unintentionally, but with profound developmental consequences. For children facing adversity, play serves as both a psychological lifeline and a vehicle for growth.

A premise to be considered is whether the intention to teach and protect can be taken to the point of depriving the child of the benefits of play. We will explore how adult anxieties, cultural expectations, and systemic structures (e.g., academic pressures, surveillance parenting, adverse childhood experiences) can compromise the child's need for imaginative freedom and emotional experimentation. Through clinical vignettes, we will highlight the nature of play in psychotherapy, how it can facilitate growth, and consider how we can best educate adults as to the benefits of play. The presentation makes the case for the reimagining of adult roles—not as managers of children's time, but as protectors of the sacred space that play provides.

1:30 p.m. - 2:30 p.m.

Depth and Devotion: Psychodynamic Psychotherapy Across Faith Traditions

Chair: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Co-chair: Frilya Putri, MD, Universitas Brawijaya, Indonesia

Overall Abstract: Psychotherapy is not only about thoughts and behaviours. It is also about the deeper, often hidden layers of the human mind. Psychodynamic therapy provides a framework for examining how individuals' inner worlds, past experiences, and relationships intersect with their spiritual and religious lives. In many traditions, faith is not just a matter of belief. It becomes an integral part of how people perceive themselves, interact with others, and make sense of their experiences with suffering.

This presentation explores how psychodynamic ideas can meet the spiritual needs of patients from four major religions: Christianity, Islam, Hinduism, and Buddhism. We will examine how images of God, prayer, meditation, or beliefs about karma and compassion can influence the therapeutic relationship. Sometimes, it facilitates patients' growth, but at other times, it creates struggles that manifest in therapy. Through stories and examples, we will explore how therapists can work respectfully with these spiritual dimensions, avoiding stereotypes while helping patients confront conflicts, doubts, or unhealthy coping mechanisms.

By combining the wisdom of psychodynamic therapy with sensitivity to religious meaning, we can create deeper trust, open new paths of healing, and honour the whole person in mind, heart, and spirit.

Transference, Transformation, and Faith: A Psychodynamic Dialogue With Christianity

Speaker: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Depth and Devotion: Psychodynamic Psychotherapy Across Four Faith Traditions

Speaker: Frilya Putri, MD, Faculty of Medicine, Universitas Brawijaya, Indonesia

Integrating Buddhist Perspectives in Practice Under Thai Context

Speaker: Poom Chompoosri, MD, School of Medicine, Mae Fah Luang University, Thailand

2:40 p.m. - 4:00 p.m.

Caring for Vulnerable Populations, Healthcare Professionals, and Humanitarian Relief Workers

Chair: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Co-chair: Iizax G. Ramirez-Espinosa, MD, Psiquiatría Contextual, Mexico

Overall Abstract: Mental health is a fundamental human right that is often neglected despite the fact that many vulnerable populations suffer from mental health problems in the face of global conflict, forced displacement, economic instability, and public health crises. At the same time, mental health workers face increasing levels of stress, burnout, and moral injury. The need to

support their mental health is not only a professional concern but also a human rights imperative. This symposium brings together mental health experts who will explore the complex interplay of psychotherapy, mental health, and human rights. The speakers will address how mental health care can be made accessible, equitable, and culturally responsive for vulnerable populations, what strategies can be implemented to protect the mental well-being of healthcare workers and humanitarian relief workers, and how psychotherapy and mental health advocacy drive systemic changes in human rights policy and global health infrastructure.

The Intersection of Psychotherapy, Mental Health, and Human Rights

Speaker: Timothy Sullivan, MD, Northern Westchester Hospital, Northwell Health, United States

Culturally Responsive Psychotherapy for Persons Living With HIV (PLHIV) in Uganda

Speaker: Etheldreda Mpungu Nakimuli, PhD, MRC/UVRI/LSHTM Uganda Research Unit, Uganda

Caring for Vulnerable Populations, Healthcare Professionals, and Humanitarian Relief Workers

Speaker: Iizax G. Ramirez-Espinosa, MD, Psiquiatría Contextual, Mexico

Caring for Vulnerable Populations, Healthcare Professionals, and Humanitarian Relief Workers

Speaker: José Ángel Ramírez- Gutiérrez, MD, Private Practice, Mexico

Group Psychotherapy and Human Rights: A Therapeutic Approach Based on Massimo Fagioli's Human Birth Theory

Chair: Alessio Laconi, PhD, University of Florence, Italy

Co-chair: Martina Moneglia, MD, NHS, Italy

Overall Abstract: This symposium will describe a new clinical method in psychodynamic psychotherapy derived from Human Birth Theory (HBT), formulated by the Italian psychiatrist and psychotherapist Massimo Fagioli. Given his formulation of brain/mind physiology at birth, focused on the newborn's reaction to light, this new approach recognizes human beings' equal qualities and capacities, and it finds the etiology of mental disorders in the early non-conscious human relationships.

The clinical application of HBT that will be described consists of a therapeutic relationship in a group setting aimed at recovering the human mind's physiological features, with an inclusive and effective approach. The anthropology of HBT, which proposes innovative considerations on the non-conscious reality of human beings, introduces to the legal discourse aspects of human life that do not find juridical recognition. Racism influences migrants' mental health through invisible violence originating from an interpersonal non-conscious pathological dynamic called 'annulment pulsion' (Fagioli, 1972). The concept of equality at birth and the group psychotherapy method permit to effectively treat the consequences of racism and discrimination on mental health. Furthermore, the particular focus of HBT on human affectivity and healthy relationships is the key to a successful group therapeutic approach in patients, particularly young women, engaged in toxic and psychologically violent relationships. In clinical practice, HBT-based group psychotherapy has been successful in helping women engage in deeper and more valid relationships. This method results in a powerful psychodynamic psychotherapeutic intervention.

Human Birth Theory's Anthropology and the Universality of Human Rights

Speaker: Alessio Laconi, PhD, University of Florence, Italy

Racism and Mental Health Consequences on Victims: How the Human Birth Theory's Concept of Equality Determines Treatment Effectiveness in Group Psychotherapy

Speaker: Rossella Carnevali, MD, Forced Migrants Health Center, NHS, Italy

Mental Health and Women Rights: How Psychotherapy Based on Human Birth Theory Allows to Reject Visible and Invisible Violence

Speaker: Viviana Censi, MD, NHS, Mental Health Center, Rome, Italy

From Theory to Practice: Human Birth Theory and Group Psychotherapy

Speaker: Daniela Polese, MD, PhD, Prof, University Hospital Sant'Andrea, Sapienza University of Rome, Italy

Supporting Healthcare Professionals Through Sufi Psychology

Chair: Saloumeh DeGood, Other, Sufi Psychology Association, United States

Co-chair: Farnoosh Nouri, PhD, Southern Methodist University, United States

Overall Abstract: Healthcare professionals at every level—students, residents, staff, and seasoned practitioners—are experiencing unprecedented stress, moral injury, and burnout. These challenges threaten not only individual wellbeing but also the quality and sustainability of healthcare systems. This symposium brings together a multidisciplinary team of psychologists, educators, cardiologists, and pharmacists to present innovative ways of supporting healthcare professionals through Sufi Psychology® and the Tamarkoz® method, an evidence-based Sufi meditative practice that integrates concentration, deep breathing, visualization, and movement. Insights will highlight the impact of stress on physical health and clinical outcomes, while showing how these practices can be integrated into medical curricula and hospital culture.

Drawing on collaborations with hundreds of hospitals, administrators, staff, and medical institutions, we will illustrate how institutional education programs can reduce burnout and foster resilience. A centerpiece of the symposium will be the presentation of research on a groundbreaking new course for healthcare students, designed to equip them with preventative psychological tools before entering clinical practice. By introducing Sufi Psychology and Tamarkoz early in training, students gain lifelong resources to navigate stress while maintaining clarity, compassion, and purpose.

We will also share case applications and trauma-focused psychotherapeutic interventions rooted in Sufi Psychology, demonstrating how Sufi perspectives can complement established approaches to trauma and recovery.

By weaving together psychology, medicine, education, and spirituality, this symposium directly addresses two conference themes: Caring for Healthcare Professionals and Trauma-Focused Psychotherapies.

Restoring the Healer: How Sufi Psychology is Transforming Healthcare Worker Wellbeing

Speaker: Saloumeh DeGood, Other, Sufi Psychology Association, United States

Tamarkoz® Meditation: Enhancing Resilience and Preventing Burnout in Healthcare Professionals

Speaker: Marjon Fariba, MD, Kaiser Permanente, United States

Beyond Talk Therapy: Integrating Sufi Psychology and Tamarkoz® Into Trauma Recovery

Speaker: Farnoosh Nouri, PhD, Southern Methodist University, United States

Self-Care Before Service: Teaching Self-Knowledge and Stress Resilience in Healthcare Students Through Sufi Psychology and Tamarkoz Meditation

Speaker: Shahrzad Movafagh, PharmD, PhD, Shenandoah University, United States

An Alliance-Focused Approach to Understanding the Change Process and Improving Treatment Outcomes in Psychotherapy

Chair: John Muran, Prof Dr, Gordon F. Derner School of Psychology, Adelphi University, United States

Co-chair: Brian Yim, MA, Gordon F. Derner School of Psychology, Adelphi University, United States

Overall Abstract: Our symposium will present some recent initiatives from our alliance-focused psychotherapy research program that has studied patient-therapist interactions and integrated empirically supported principles from various orientations towards improving treatment outcomes (see Muran, 2002, 2019). The program has specifically focused on alliance rupture and training therapists to negotiate these more effectively, with support by grant awards from the National Institute of Mental Health in the United States (see Muran et al, 2018).

Charalampos Risvas examines how self-criticism undermines novice clinicians' sense of efficacy, and how experiential supervision can reshape their relationship with the inner critic. Using task analysis, his work maps intrapsychic and interpersonal processes in Alliance-Focused Training supervision.

Zhiyao Kong addresses the underexplored link between therapeutic alliance and between-session activities. This study clarifies how alliance quality influences engagement in CBT homework tasks for patients with personality disorders.

Stephen Morales investigates Verbal Response Modes (VRMs), which capture conversational speech actions. His project analyzes how sequences of VRMs shift across sessions with high versus low patient-rated alliances, illuminating micro-processes of therapeutic dialogue.

Brian Yim builds on preliminary findings that large language models (LLMs) can reliably score the Experiencing Scale (EXP; Klein et al., 1969; Yim et al., 2025). This study compares ChatGPT with locally hosted models (LLaMA) in rating archival Therapist Relationship Interviews, benchmarking against expert coders via intraclass correlations. Results describe the feasibility and reliability of scalable, automated process measurement of the EXP.

Toward a Task Analysis Model of Clinicians' Self-Criticism in Supervision

Speaker: Charalampos Risvas, MSc, Derner School of Psychology, Adelphi University, United States

Investigating Patient Working Alliance and Homework Compliance in Cognitive Behavioral Therapy for Personality Disorder

Speaker: Zhiyao Kong, Adelph University, United States

Sequential Analysis of Verbal Response Modes and Therapeutic Alliance in High and Low Alliance Sessions

Speaker: Stephen Morales, MA, Adelphi University, United States

Validating the Use of Large Language Models in Scoring the Experiencing Scale (EXP)

Speaker: Brian Yim, MA, Gordon F. Derner School of Psychology, Adelphi University, United States

4:30 p.m. - 6:00 p.m.

Psychological Wellbeing Among Psychotherapists: The Importance of Having a Team

Chair: José Ángel Ramírez- Gutiérrez, MD, Private Practice, Mexico

Co-chair: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

Overall Abstract: Burnout, addiction, depression and wellbeing among psychotherapists are related to numerous sociodemographic (e.g., age, gender), intrapersonal (e.g., coping, personality), and work-related characteristics, including work settings and professional support. Studies consistently proved that supervision and general support from team coworkers played a positive role in terms of wellbeing. It is recommended that training programs for psychotherapists, within various therapeutic modalities, should include a greater focus on self-care behaviors among psychotherapists, to teach them to better manage their work-related distress and enhance their professional quality of life. Further, current psychotherapists should continue to seek support within the profession as well as outside, in order to maintain their wellbeing and decrease the risk of experiencing burnout.

While the concept of self-care for professionals is not that well established in the literature, it can be defined as an ongoing process of caring for yourself, making a conscious effort to do things to maintain, improve and restore your mental, emotional, physical, and spiritual wellness. It includes but is not limited to strategies that are physical (e.g. exercise, nutrition), psychological and emotional (e.g. self-compassion), social, spiritual, leisure-oriented, and/or professional (e.g. workload management and professional development).

Support from colleagues was imperative, as they often recognised warning signs of burnout or other mental health problems and offered suggestions of how to alleviate it. Networking with colleagues at professional development was seen as more beneficial than the content of the workshop itself and staff-wide encounters where participants were given opportunities to connect was something participants asked for more of

Psychological Wellbeing Among Psychotherapists. The Importance of Having a Team

Speaker: Goran Mijaljica, MD, Central and North West London NHS Foundation Trust, United Kingdom

The Supervisory Alliance: Team Approaches to Protecting Therapist Health

Speaker: Constantine Della, Prof Dr med, University of the Philippines Manila, Philippines

How to Build a Safe Space to Talk to Your Colleagues

Speaker: Iizax G. Ramirez-Espinosa, MD, Psiquiatría Contextual, Mexico

Life Sentences: Therapy With Violence Perpetrators

Chair: Gwen Adshead, FRCPsych, University of Exeter, UK, United Kingdom

Co-chair: Susan Hatters Friedman, FAPA,MD,Other,Prof, Case Western Reserve University, School of Medicine, United States

Overall Abstract: Men and women incarcerated for acts of violence are not often perceived as vulnerable; but studies have shown that they have experienced high levels of childhood trauma and suffer poor mental health.. They requires 'forensic psychotherapy': a psychological intervention which includes psychodynamic assessment, formulation and psychological treatment, whether individually or in groups. This therapy is a person centered, trauma informed and formulation-based intervention. It aims to help offenders come to terms

with their violence and understand how they can desist from violence in future. There is an existing body of work about forensic psychotherapy but it is largely based on work by colleagues in the UK and Europe. Professors Adshead and Hatters Friedman will talk about therapy with violence perpetrators; while Dr Appel will discuss ethical issues that can arise in such treatment and can be challenging for therapists. Dr Kapoor will discuss a training programme that has been developed at Yale.

Why Doctors Write

Speaker: Jacob Appel, MD, Icahn School of Medicine At Mount Sinai, United States

Training Forensic Psychiatry Fellows in Psychotherapy With Violent Perpetrators

Speaker: Reena Kapoor, MD, Yale University, United States

Working With Parents Who Have Killed Their Children

Speaker: Susan Hatters Friedman, FAPA, MD, Other, Prof, Case Western Reserve University, School of Medicine, United States

Group Therapy With People Who Have Killed When Mentally Unwell

Speaker: Gwen Adshead, FRCPsych, University of Exeter, UK, United Kingdom

Paper Sessions

Friday, June 5, 2026

1:30 p.m. - 2:30 p.m.

Paper Session: The Clinical Care of Migrants and Refugees

Exploring Refugees' Experiences of Psychotherapy in the UK: A Qualitative Study on Cultural and Therapeutic Challenges

Eva Gharibi, MSc, UCL, United Kingdom

Abstract: The increasing number of asylum seekers in the UK underscores the urgent need for research addressing refugees' unique mental health challenges. Despite their elevated risk of psychological distress, refugees in psychotherapy experience high dropout rates, the causes of which remain underexplored.

This qualitative study recruited twelve adult refugees and asylum seekers from Iran, Afghanistan, Somalia, Pakistan, Saudi Arabia, Congo, Mauritius and the Kurdistan region through purposive sampling via refugee charities and therapy centres. Semi-structured interviews explored therapists' cultural competence, language barriers, and differing belief systems between patients and therapists.

Through reflective thematic analysis, five key themes were identified: (1) Cultural Barriers, including cultural disconnects and language barriers; (2) Therapeutic Relationship Challenges, such as unmet expectations and lack of trust inhibits the therapeutic relationship; (3) Rigid Therapeutic Approaches; (4) The Need for Actionable Support and (5) Supportive Therapeutic Relationships, empahsising growth in therapy and practical support.

The findings reveal that refugees' psychotherapy experiences are shaped by cultural and relational barriers, rigid approaches, and the value of supportive therapeutic dynamics. These findings emphasise the importance of culturally sensitive and flexible therapeutic practices,

alongside tailored linguistic and practical support, to meet refugees' psychological needs. This research informs therapist training, refugee-centred interventions, and the development of equitable mental health services to enhance integration and well-being.

Future research should adopt participatory methods to actively involve refugees in co-designing and implementing mental health interventions. Such approaches could directly inform and transform therapeutic practices and policies, ensuring they effectively address the needs of the communities they serve.

The Atypical Setting: The Challenging Care of Migrants

Salvatore Bellissima, DPH, ASP 3 Catania, Italy

Abstract: Providing care for migrants entails considerable complexity, as they often arrive in severe psychopathological conditions such as depression and psychosis. Distrust toward professionals is common, stemming from the perception of the context as hostile and from a limited understanding of psychology, often confused with a medical examination. These difficulties are exacerbated when legal intervention are ongoing, such as in cases involving child custody. Traditional diagnostic tools, poorly adaptable to cultural specificities, make accurate diagnosis challenging. Conceptions of mental illness vary across cultures, and the application of Western diagnostic criteria is therefore limited.

A notable example is that of a Nigerian migrant woman who was initially resistant to psychotherapy and psychopharmacological treatment but showed significant improvement through an intervention conducted via WhatsApp and mediated by a local shaman. Another case concerns an Eritrean preadolescent, erroneously diagnosed with psychosis, who opened up to psychotherapy after a motorcycle ride with the psychologist. Other examples include an Ethiopian patient who would withdraw even at the handshake; and an Albanian adolescent who embraced the therapist without hesitation.

In such contexts, the therapeutic relationship becomes a "triadic setting", where the patient, the professional, and the cultural mediator interact. Techniques such as hypnosis combined (with virtual reality) overcome verbal barriers and are fundamental to the effectiveness of psychotherapeutic treatment.

Identity, Trauma, and Relational Psychotherapy in Second-Generation Immigrant Adolescents

Adriana Gutierrez, University Hospital of Toledo, Spain

Abstract: The globalization of the 21st century has transformed clinical settings into intercultural spaces where new forms of psychological vulnerability emerge. Second-generation

adolescents from immigrant families appear to be at increased risk, compared to their parents, of experiencing identity conflicts and adaptation difficulties. Boss (1999) describes in this group the phenomenon of "ambiguous loss," characterized by a confusing and incomplete sense of separation lacking appropriate rituals, which generates physical, social, and cultural disconnection. While multiculturalism may represent a source of enrichment, in some cases it becomes a source of tension that compromises identity formation, leading to a "false identity" associated with increased exposure to adverse experiences such as bullying, abuse, and family violence. The accumulation of these stressors constitutes a significant risk factor for the development of clinical symptoms and mental health problems.

This study was conducted in the transitional program to adult life at the University Hospital of Toledo, including 400 patients aged 12–22 years (M = 16.3), half of whom are second-generation immigrants. The program, structured as a high-frequency, multidisciplinary outpatient service, has proven effective in treating severe adolescent mental disorders, even in cases resistant to previous interventions. Results indicate that behavioral problems, often leading to consultation, are frequently markers of underlying risks such as substance use, trauma, and disrupted cultural ties. The relational psychodynamic approach facilitates emotional repair through the therapeutic relationship and serves as a cultural bridge through symbolic healing rituals. This highlights the relevance of culturally adapted interventions in promoting adolescent identity integration and emotional well-being.

2:40 p.m. - 3:40 p.m.

Paper Session: Caring for LGBTQ2S+ persons

Amid Gender Affirmation: Clinical Insight on Psychodynamic Psychotherapy With Gender Dysphoria

Donatella Laghi, Sahlgrenski University Hospital, Sweden

Abstract: This presentation draws on extensive clinical experience to reflect on the psychodynamic psychotherapeutic process with individuals experiencing gender dysphoria, particularly those engaged in gender-affirming care. Over years of work with transgender and gender-diverse individuals, distinctive patterns have emerged in how gender identity, psychic development, and therapeutic alliance intersect in complex and meaningful ways. These clinical encounters reveal that the therapeutic relationship often carries a unique intensity, shaped by transferential dynamics, normative assumptions, and the therapist's own countertransference.

Through in-depth clinical vignettes, this presentation explores how psychodynamic therapy can support individuals navigating both internal conflicts and external pressures related to gender identity. Common co-occurring mental health concerns—such as depression, trauma, and

anxiety—frequently emerge, not as isolated conditions, but as intricately connected to experiences of marginalization, dysphoria, and identity development. The therapeutic task involves addressing these issues without collapsing gender identity into pathology, while remaining attuned to the unconscious communications of the patient.

The presentation further examines how normative frameworks—both societal and clinical—may subtly intrude into the therapeutic space, risking re-enactments of exclusion or invalidation. Drawing on lived clinical complexity, the talk offers strategies for holding a space that is both analytically rigorous and deeply affirming.

Rather than presenting fixed answers, this session invites ongoing reflection on what it means to practice psychodynamically in ways that are ethically sound, emotionally attuned, and responsive to the realities of gender-diverse lives.

The Body, Self, and Family in Cultural Dilemmas: Challenges and Transformations of Culturally Sensitive Mental Health Services for Sexual Minorities in Contemporary China

Zhengjia Ren, MD,MPH,PhD, The Third Hospital affiliated of Chongqing Medical University, China

Abstract: Against the backdrop of a heteronormative familism culture, this study centers on the sociocultural challenges and predicaments that sexual minority individuals and their families are currently facing in China. First, it examines the mental health issues prevalent among Chinese sexual minority groups and systematically identifies the key factors (e.g., cultural norms, social stigma, family dynamics) that influence these psychological challenges. Second, it explores how the aforementioned sociocultural contexts shape the process of individuals' self-identity formation and gender identity development, aiming to reveal the dynamic interaction between cultural environment and identity construction. Third, it investigates how sexual minority identities affect two critical psychological outcomes: the internalization of homophobia and transphobia, and the formation of personal attitudes toward experiences of discrimination and bullying (e.g., passive acceptance, active resistance). Fourth, it analyzes the multifaceted obstacles and dilemmas encountered in the delivery of mental health services for this population, covering gaps in professional training, lack of culturally adapted interventions, and systemic barriers to service access. Fifth, it deliberates on the formulation of evidence-based and culturally sensitive mental health service strategies—such as integrating familism cultural values into counseling approaches and training professionals in minority-affirming practices—with the goal of addressing the identified predicaments and enhancing the accessibility, appropriateness, and effectiveness of mental health support for Chinese sexual minorities.

Co-Adapting a Dialectical Behavior Therapy (DBT)-Informed Skills Group for Men Who Have Sex With Men (MSM) in Indonesia: A Community-Based Participatory Research and Implementation Science Protocol

Darien Cipta, MD,MSc, Siloam Hospitals Lippo Village, Faculty of Medicine Universitas Pelita Harapan, Indonesia

Abstract: Background: Men who have sex with men (MSM) in Indonesia experience a syndemic of depression, stigma, and HIV vulnerability driven by emotion dysregulation, minority stress, and structural inequities. Conventional HIV-behavioral programs often overlook these transdiagnostic mechanisms. DBT, a third-wave cognitive-behavioral therapy, builds emotion regulation and distress tolerance, yet remains under-explored and scarcely adapted for MSM in LMICs. This project aims to co-adapt a DBT-informed skills group with communities to enhance emotion regulation, strengthen protective behaviors, and assess pre-implementation readiness within Indonesia's public health context.

Methods: This mixed-methods study, guided by the Deconstruction–Reconstruction Matrix and Community-Based Participatory Research, unfolds in three phases. First, formative exploration through interviews and focus groups will examine stress, coping, and decision-making in syndemic contexts. Next, co-adaptation workshops with community partners will refine DBT modules, language, and delivery for cultural relevance. Finally, a pilot single-arm trial will assess feasibility, acceptability, and usability using standardized measures and qualitative feedback.

Results: Formative outputs include an a priori DBT Logic Model and refined Interview Guide, developed through literature synthesis, clinical consultation, and community input. Qualitative fieldwork using focus group discussions is underway, with initial coding guided by reflexive thematic analysis. Early insights are informing the DBT-informed curriculum, ensuring that adaptation priorities, such as socioecological context, coping challenges, language, and facilitation, reflect participants' lived experiences.

Conclusions: This project pioneers a community co-adapted DBT model integrating mental health and HIV prevention for MSM in LMICs, advancing culturally grounded, scalable, and rights-based psychotherapy for marginalized groups.

4:10 p.m. - 5:40 p.m.

Paper Session: Psychotherapy and Human Development-Motherhood and Early Years

Neuroscience and New Research Perspectives on Violence as a Risk Factor in Pregnancy

Hamida Ouled Slimane, Prof Dr, PSAF, Italy

Abstract: Domestic violence against women during pregnancy can also have a significant impact on the brain development of the unborn child and a neuro-psychopostural alteration. Hiscox et al. These changes could also partly explain the development of neurodevelopmental disorders and other psychiatric pathologies by recalling delinquent behaviors (such as pathological addictions) and criminological, degenerating the functioning of the "Locus Coeruleus, a brain nucleus involved, when dysfunctional in neurodegenerative diseases, in the control of the limbic system". It is therefore important to act through a multidisciplinary scientific and social and integrated approach such as TRANSCRANIC MAGNETIC STIMULATION that can include different perspectives of analysis, to work on the neuropsychological-psychological causes of the individual.

Parental Alienation as Discourse: Words, Silences, and Performatives Enact Rupture or Solidarity, Revealing New Insights for Psychoanalysis and Therapeutic Practice

Shiri Hadari, Other, Bar Ilan University, Private Clinic, Israel

Abstract: Parental alienation has traditionally been studied within clinical psychology and family law, most often conceptualized as the outcome of unresolved conflict or dysfunctional family dynamics. This paper proposes a shift in perspective by reframing parental alienation as a discursive and emotional practice, interpreted through the lens of speech act theory. Drawing on psychology, psychoanalysis, and the philosophy of language, the study examines how linguistic practices, words, silences, insinuations, and performative utterances, do not merely describe reality but actively construct the child's relational world.

The analysis demonstrates how everyday discourse between parents and children serves to reinforce, destabilize, or rupture intergenerational bonds. Utterances such as "your father abandoned you" or "your mother doesn't care about you" are performative acts that redefine identity, belonging, and loyalty. Within this framework, alienation is reconceptualized not as a fixed clinical category, but as a dynamic linguistic event that organizes emotional reality and relational positioning.

By integrating discourse analysis with psychoanalytic concepts such as containment and the false self, the study traces how alienation unfolds along a continuum, from solidarity and intimacy to estrangement and rupture. This approach not only deepens theoretical understanding but also opens new pathways for therapeutic intervention. Specifically, it suggests that restoring language as a connective medium is essential for repairing fractured familial bonds, enabling children and parents to renegotiate meaning, belonging, and trust within the shared space of discourse.

Toward a Psychological Framework of Black Matrescence: Centering Mother–Daughter Bonds

Brianna Baker, PhD, Center for Innovation in Mental Health, United States

Abstract: Matrescence, the developmental transition to motherhood, has been under-theorized within psychology and psychotherapy, particularly for Black women. Standard models often universalize maternal experience without accounting for the intersecting roles of race, gender, culture, and systemic oppression. Drawing from qualitative research, clinical case material, and existing feminist and multicultural psychology frameworks, this presentation introduces the concept of Black Matrescence as a culturally specific developmental process.
Black Matrescence conceptualizes Black women's entry into motherhood as shaped not only by biological and psychological changes but also by the historical and ongoing impact of racialized trauma, intergenerational caregiving, structural inequities, and cultural strengths.

This paper presentation will articulate the theoretical underpinnings of Black Matrescence, highlight findings from qualitative interviews with Black mothers, and discuss implications for psychotherapeutic practice. Clinicians working with Black mothers must attend to unique identity negotiations, stressors related to racialized motherhood, and culturally grounded sources of resilience. Integrating this model into psychotherapy can improve maternal mental health care, strengthen family bonds, and contribute to broader public health equity.

Working With Adolescents' Emotions From the Emotional Competence Framework

Elena Savina, DPhil, James Madison University, United States

Abstract: Difficulty dealing with their emotions often brings adolescents to therapy. During adolescence, youths show heightened emotionality and reactivity which represent risk factors for mental health problems (Savina and Moran, 2022). Training adolescents to regulate their emotions is a common therapeutic target. At the same time, other emotional skills important for adolescents' mental health, positive relationships with others, and effective coping are frequently overlooked. We propose an emotional competence framework as a trans-therapeutic approach to work with adolescents' emotions.

Based on the Saarni (2007) and Mikolajczak (2020) models, the following emotional competencies were identified: Understanding, expression, regulation, and communication of emotions. Each competency can be applied at the intrapersonal (i.e., towards one's own emotions) and interpersonal (i.e., towards others' emotions) levels. Furthermore, each competency consists of discrete emotional skills which are built upon and work in conjunction with each other.

The presentation will further discuss how to train adolescents' emotional competencies using different therapeutic approaches. For example, strategies from the acceptance and commitment therapy can be used to promote adolescents' emotional awareness and acceptance of their emotions. Techniques from dialectical-behavioral therapy can supply adolescents with strategies to regulate their emotions, while cognitive-behavioral therapy informs how to help adolescents understand their beliefs and appraisals related to emotions. Finally, mentalization-based therapy

can be valuable to help adolescents to understand others' emotions and family therapy – for improving adolescents' skills to communicate their emotions. Emotional competence framework can enrich emotional work with adolescents and make it more targeted.

Human Birth Theory and the Critical Role of the Caregiver-Infant Relationship in the First Year: Promoting Psycho-Physical Health in Infancy as an Early Preventive Strategy for Mental Health

Ilaria Rocchi, MD, Child and Adolescent Neurology and Psychiatry Unit, Tor Vergata University of Rome, Italy

Abstract: From the 20th century onwards, there has been a growing scientific interest in children psycho-physical health. In 1989, the United Nations Convention on the Rights of the Child recognized the child's fundamental right to the highest attainable standard of health. Concomitantly, neuroscientific research began to investigate how psychosocial adversities experienced during the perinatal period could impact a child's health development trajectory. Within this context, in the 1970s psychiatrist Massimo Fagioli formulated the Human Birth Theory, which stated that birth is healthy and equal for all individuals, so that mental disorders develop exclusively in the postnatal period because of the quality of relationship in the first year of life. If caregivers fail to respond to child's psychic requirements, this lack of affectivity seriously compromises child non-conscious thought and identity development. This is the basis for the development of mental pathology. Building on this theory, a new project titled "Welcome to the World" was launched in Rome in 2024. This multidisciplinary initiative aims to promote child psycho-physical wellbeing through educational cycles on pregnancy and parenting. The objectives include disseminating a new scientific understanding of (1) pregnancy/childbirth, breastfeeding/weaning, and the neonate—conceived not only as biological but also as psychic entity; (2) the child's capability to be constantly in rapport and to react through bodily sensitivity; (3) a new epistemological perspective on childhood and parenting. Ultimately, these emerging insights emphasize how prevention in maternal-infant health and parental support may serve as protective factors against the development of mental disorders throughout the lifespan.

5:50 p.m. - 7:20 p.m.

Paper Session: The Future of Psychotherapy

Virtual Reality Exposure Therapy for Social Anxiety in Thai Patients: A Pilot Study

Warut Aunjitsakul, MD,PhD, Prince of Songkla University, Thailand

Abstract: This pilot study explored the feasibility and initial efficacy of a custom-designed virtual reality exposure therapy (VRET) program for social anxiety disorder (SAD), specifically adapted for the Thai cultural context. Unlike traditional exposure therapy, VRET offers a controlled, safe, and highly customizable environment for graded exposure. We recruited participants from both the general population and individuals formally diagnosed with SAD. The VRET program simulated various social situations relevant to Thai cultural norms. Following VRET sessions, both groups showed statistically significant reductions in social anxiety levels ($p=0.004$ for the general population and $p=0.003$ for individuals with SAD). Furthermore, VRET demonstrated effectiveness in reducing symptoms of depression, generalized anxiety, and stress, particularly within the SAD group. Participant feedback on the VR experience was largely positive, with suggestions for future software enhancements. These findings indicate that the developed VRET is a promising intervention for managing social anxiety among the Thai population, warranting further research and technological refinement.

The Future of Psychotherapy: Which Role Should AI Play?

Helene Nissen-Lie, Prof Dr, University of Oslo, Norway

Abstract: This talk explores the potential and limitations of artificial intelligence (AI) in the field of psychotherapy, raising both empirical and ethical questions. As will be discussed, AI can assist in diagnostics, treatment personalization, symptom monitoring, and even crisis intervention. Tools like chatbots and virtual reality are already being used. While AI can simulate therapeutic interactions, empirical studies indicate that traditional therapy is more effective, likely due to the human elements of empathy, emotional resonance, and intentionality. In this talk, I will use philosophical perspectives (Georg W. F. Hegel, Martin Buber, Jacques Derrida and Robert Penrose) and psychoanalytic writings (Sigmund Freud, Melanie Klein, Donald Winnicot, Bjørn Killingmo, and Alessandra Lemma), as well as developmental (Daniel Stern) and humanistic psychology (Carl Rogers, Irvin Yalom) to explore whether AI based therapy can replace psychotherapy with a human being. Based on these theoretical foundations, I will argue that psychotherapy requires human consciousness and emotional presence, but that is not to say that AI-based or -assisted therapy is harmful or not useful. While AI technology might improve the access to mental health care, I will warn against a two-tiered mental health system where the wealthier will have access to human therapists while others are left with AI substitutes.

Conclusion: AI can support mental health care, but cannot replace the human therapist in psychotherapy, especially when working with patients with early relational trauma and more severe attachment disruptions. More than anything, this is an ethical question of how we view psychotherapy and human needs.

Trauma, Epigenetic Alterations, and Psychotherapy

Shabnam Nohesara, MD, Boston University School of Medicine, United States

Abstract: Psychotherapy is considered a promising approach for the treatment of mental health conditions, improving quality of life, relationships, and emotional challenges by altering negative thought patterns. This review examines whether the beneficial effects of psychotherapy are linked to the mitigation of epigenetic aberrations. We collected relevant information by searching Scopus, PubMed, and Web of Science databases using the terms "Psychotherapy" or "cognitive behavioral therapy", "Dialectical Behavior Therapy" or "Exposure Therapy", "Eye Movement Desensitization and Reprocessing (EMDR)" or "post-traumatic stress disorder", "trauma-related psychiatric disorders" or "stressor-related psychiatric disorders", along with "DNA methylation". Findings showed that various evidence-based psychotherapy interventions contribute to improving symptoms in patients with trauma- and stressor-related psychiatric disorders by recalibrating DNA methylation abnormalities. This study concludes that various evidence-based psychotherapy interventions may be considered promising therapeutic strategies for the treatment of trauma- and stressor-related psychiatric disorders by normalizing DNA methylation abnormalities. Nevertheless, further studies should be conducted due to the remarkable differences in the heterogeneity of stressors in animals and humans, as well as the differences in behavioral responses to trauma and stress events in both animals and humans.

Is Artificial Intelligence (AI) Serving Dream Interpretation?

Angeliki Christaki, DPhil, Univesrite Sorbonne Paris Nord, Metropolitan France

Abstract: Most people view AI as an artificial production of human beings and their thoughts. This leads to intimate questioning and forgetfulness, which behind every (AI) generated product hides an algorithm. This oblivion has consequences whose effects concern even the most intimate aspects of psychotherapeutic and psychoanalytic practice: dream analysis. When our patients, assessed in the context of psychoanalytic psychotherapy, come in with a ready-made interpretation of their dreams produced by ChatGPT, the constitutive power of the dream narrative comes into question. What about that narrative force, which throughout a psychodynamic process, ties words to the affect?

This connection is part of the "work of civilization" that takes place in every talking cure and that Freud calls Kulturarbeit. It is a weaving between the body, words, and affects, as well as a weaving of psychic links whose effects extend into the collective field, especially at a time when the social fabric is particularly frayed. However, the processes that are engaged in a talking cure, particularly around the work of dreams, take root in a navel point from which the dream emerges. This factor is characterized as inexpressible. Is there such an umbilical point for generative content?

Our presentation will focus on the effects of AI in the most intimate work of a talking cure.

A Call for Clean Air: The Compounding Mental Health Impact of Climate Change and Airborne Neurodegenerative Viruses

Chinasa Mbanugo, BA, City University of New York Graduate School of Public Health and Health Policy, United States

Abstract: This paper synthesizes evidence to showcase the causes behind a compounding mental health crisis driven by worsening air quality, airborne pathogens, and climate change. This paper demonstrates that climate change is worsening key air pollutants like particulate matter and ozone through a variety of mechanisms, like shifting precipitation patterns, increasing temperatures, and more frequent wildfires. Particulate matter and ozone have an established relationship with elevated rates of depression, anxiety, and cognitive decline. Simultaneously, the SARS-CoV-2 virus is recognized as a neurodegenerative threat, causing significant new-onset cognitive impairment, depression, and anxiety as consequences of infection. It is critical that these issues are recognized as compounding and interconnected forces rather than parallel ones.

The elevated risk of worsened mental health due to climate-driven air pollution creates a population-level vulnerability. This vulnerability is then exacerbated by the acute and long-term cognitive and neuropsychiatric sequelae of COVID-19. This compounding effect poses a threat that could exponentially accelerate the damage to global populations with disproportionate effects on vulnerable populations like children. This paper concludes that this escalating threat demands an urgent paradigm shift. Clean air must be reframed as a non-negotiable prerequisite for mental health. It can be understood that advocacy for robust clean air initiatives should be pursued by mental health professionals as a critical mitigation for a looming, cascading public health crisis.

5:50 p.m. - 7:20 p.m.

Paper Session: Psychotherapy and Trauma Recovery

Collective Healing Beyond the Therapy Room: Culturally Rooted Approaches to Trauma Recovery

Danielle McDowell, LITTherapy, United States

Abstract: Collective trauma—rooted in racism, displacement, systemic oppression, and intergenerational wounds—cannot be fully addressed within the confines of a therapy office.

Communities impacted by these forces require healing practices that are culturally resonant, community-centered, and grounded in human rights. This presentation explores a model of "collective healing" that integrates culturally adapted psychotherapies, expressive arts, and somatic practices to address trauma at both the individual and communal levels.

Drawing from experiences facilitating racial healing circles, community-based workshops, and identity-affirming spaces for Black, immigrant, and marginalized communities, the presentation will highlight how integrating cultural narratives, music, storytelling, and embodied practices can deepen safety, connection, and transformation. Case examples will illustrate how these approaches can dismantle stigma, strengthen resilience, and restore a sense of belonging—especially for communities historically excluded from traditional mental health systems.

Attendees will gain strategies for adapting clinical skills to community settings, forging partnerships with cultural and faith-based leaders, and navigating the ethical and logistical considerations of work beyond the therapy room. By bridging psychotherapy and human rights frameworks, this presentation invites mental health professionals to expand the scope of healing—moving from symptom reduction toward cultural restoration and collective liberation.

We Carry It All: Unpacking Systemic Trauma Through the Body and Beyond Words

Danielle McDowell, LITTherapy, United States

Abstract: For Black, Indigenous, and other historically oppressed communities, collective trauma is not only remembered—it is carried in the body. Systemic oppression imprints on the nervous system, manifesting as chronic stress, hypervigilance, disconnection, and silence. This presentation explores how trauma lives beyond words and offers culturally grounded, embodied pathways toward healing.

Led by Danielle L. McDowell, LPC, TEDx speaker, and award-winning author, the session integrates somatic therapy, expressive arts, and culturally rooted practices to address the intersections of trauma, human rights, and mental health. Drawing from both clinical and community-based work, it examines how music, rhythm, breath, and storytelling can support nervous system regulation, restore embodied safety, and strengthen resilience.

Participants will leave with practical strategies for integrating these approaches into trauma-informed care, along with a deeper understanding of how human rights and cultural restoration are inseparable from psychotherapy. The presentation emphasizes that healing is not solely about symptom reduction—it is also about reclaiming dignity, belonging, and collective well-being.

Utilizing Childhood Memories and Natural Avoidance in Trauma Work

Kate Mikhailouskaya, MA, Existential Practice, Australia

Abstract: Statistics worldwide show a high number of adults that experienced childhood abuse, carrying with them “ghosts from childhood” perpetuating cycles of poor mental health and everyday struggles. Yet only a small proportion enter therapy with a clear intention to explore childhood memories. Avoidance, resistance, or the urgency to address immediate concerns often divert attention away from early recollections. This tendency is mirrored in trauma psychotherapy, where treatment frequently prioritises symptom management and present-focused strategies, leaving the past unexplored.

Many clinicians take a childhood history; however, reporting is not the same as recalling. The most significant therapeutic shifts occur when patients actively remember, reconnect with the past, and find courage to look into their early years, within the safety and care of a therapeutic space. This presentation, drawn from my forthcoming book Utilizing Childhood Memories and Natural Avoidance in Trauma Work, calls for integrating memory recall into trauma-focused psychotherapy.

Case studies—including refugees, incarcerated women, and adult survivors of childhood abuse—illustrate how engaging with memories can shift long-standing patterns of helplessness. Yet avoidance often surfaces: fear of loss, guilt about “judging parents,” or the wish to move on. Such avoidance is a universal human response, shaped across cultures and societies.
When anticipated with knowledge and expertise, it can be worked with safely, enabling clients to grieve, integrate, and reconnect with their authentic selves.

Ultimately, childhood memories and avoidance are not tangents but therapeutic essentials. Creating space for them within any psychotherapy modality allows clients to move beyond symptom relief toward deeper, sustainable healing.

Makalaya: Trauma-Informed Psychotherapy for a Patient With Intellectual Developmental Disorder and Complex Posttraumatic Stress Disorder

Annemarie Pamela Torga, MD, University of the Philippines - Philippine General Hospital, Philippines

Abstract: This case highlights the compounded effects of chronic trauma, neglect, and systemic injustice in a 36-year-old woman with mild intellectual developmental disorder (IDD) and complex posttraumatic stress disorder (C-PTSD). From childhood to adolescence, the patient endured repeated sexual, physical, and emotional abuse from her father, compounded by maternal neglect, invalidation, and structural barriers to justice. Her cognitive vulnerabilities further complicated disclosure, testimony, and access to protective interventions.

Psychotherapy was delivered within a trauma-informed framework, integrating simplified Acceptance and Commitment Therapy (ACT), supportive interventions, and trauma-focused techniques tailored to her developmental level. Clinical adaptations included the use of concrete

language, visual tools, and graded emotion-identification strategies to enhance comprehension and agency. The therapeutic process emphasized safety, empathic validation, and recognition of transference phenomena, particularly the patient's perception of the therapist as a parental figure. Ethical challenges included maintaining therapeutic boundaries while addressing her unmet longing for justice and relational repair.

This case underscores the intersection of trauma, disability, and human rights. Survivors with IDD remain a highly vulnerable population, frequently underserved by legal and mental health systems. Lessons from this case advocate for longitudinal, ethically grounded, and systemically informed psychotherapy that integrates legal recognition, disability certification, and social support alongside clinical care.

By highlighting both clinical strategies and systemic gaps, this presentation contributes to ongoing discourse on psychotherapy for marginalized groups and emphasizes the role of mental health professionals in advancing trauma recovery and human rights.

5:50 p.m. - 7:20 p.m.

Paper Session: Psychotherapy, Suicide and Violence

Someone is to Blame: The Impact of Suicide on the Mind of the Bereaved (Including Clinicians)

Rachel Gibbons, BSc,Dr Med Sc,FRCPsych, Royal College of Psychiatrists, United Kingdom

Abstract: This paper explores the often-overlooked psychodynamic impact of suicide on those left behind, including clinicians. Drawing on over 1,500 accounts of suicide bereavement, it identifies a recurring psychological phenomenon: the rapid formation of delusional narratives of blame. These narratives, typically self-directed or projected onto others, are attempts to restore psychic coherence in the face of overwhelming loss, uncertainty, and the shattering of the assumptive world.

The paper argues that these narratives—while temporarily stabilising—block mourning, exacerbate suffering, and increase the risk of suicide among the bereaved. It examines how the loss of capacity to mentalise and symbolise following a traumatic death contributes to the creation and entrenchment of these stories, and how their presence in organisational, legal, and societal responses distorts the potential for compassionate postvention and growth.

Clinicians, in particular, are at risk of unconsciously assuming the role of scapegoat, furthering institutional cycles of shame, suspension, and silence. By illuminating these dynamics, the paper invites a collective rethinking of the nature of blame and responsibility after suicide.

This paper has been exceptionally well received, currently ranking in the 98th percentile for readership among recent academic publications. The accompanying talk has also received outstanding feedback from global audiences, indicating its resonance across clinical and cultural contexts.

Psychotherapy in an Age of Violence: Gaza as a Mirror

Raffaele Vanacore, MD, Asl Napoli 1, Italy

Abstract: The ongoing tragedy in Gaza challenges not only political and humanitarian dimensions, but also the psychic structure of contemporary Western societies. What does violence mean for us, as individuals and as communities? Is it something to be refused and transformed into cooperation and dialogue, or rather a fragment that must inevitably be integrated into the modern-day psychic reality?

The presentation proposes to read Gaza as a mirror-case that reveals today's fundamental tension. On the one hand, the supposed need to normalize violence as part of everyday life. On the other hand, the attempt to mask it through social spectacle and digital entertainment, thus programming an affective indifference.

The contribution aims to outline a critical and constructive perspective on the task of psychotherapy in the present era: to foster the emergence of a new language capable of grounding relationships on cooperation, care, and human rights, rather than domination and violence.

To clarify this perspective, three lines of reflection are considered: Massimo Fagioli's Theory of Birth, which explores violence as a psychic dynamic; phenomenology, which conceptualizes violence as a lived experience inscribed in bodies and relationships; and postcolonial studies, which investigate violence as a social and cultural structure, connected to power, exclusion, and domination.

This perspective translates into concrete therapeutic practices, both in individual and group settings, addressing not only populations affected by conflicts and collective traumas, but also individuals living in economically privileged societies, often marked by more subtle forms of violence and psychic fragmentation.

Unresolved Crisis at the Stage of the Vision of the Different Human Being and Psychological Violence

Irene Calesini, MD, MD Private Practitioner Rome, Italy

Abstract: Violence against women is the most widespread kind of violation of women's human rights (UN 1993). It affects women of all social, economic, cultural levels, of any age and religion.

Among different kinds of violence, psychological violence is difficult to recognize and relate.

It can be expressed without any physical contact. In most cases, it is hidden, masked behind the normal social behavior of the persecutor. Apparent kindness can mask oppressive surveillance.

But psychological violence is dangerous: it always precedes physical violence, sometimes it escalates up into femicide.

A man who perpetrates violence against a woman doesn't accept her vitality, freedom, and right to choose, because he considers her inferior and as an object of his own property.

According to Massimo Fagioli's Theory, the author focuses on the developmental stage in which children see sexual diversity; this is a crucial stage for healthy psychological development and interpersonal relationships. It occurs in early childhood and is overlooked or ignored in the clinical approach.

Clinical and psychotherapeutic experience shows that difficulties and pathologies in relationships, including violent or submissive attitudes, possessiveness and jealousy, have roots in childhood. A peculiar aspect is the unresolved crisis faced with the novelty of a being similar to oneself but simultaneously different and therefore unknown. Bases of racism and discrimination also can origin from unresolved crisis at this stage of development.

The author practices psychodynamic and relational psychotherapy in health services exploring and treating this issue with adolescents and men who experience or experienced relationship problems and practices psychodynamic and relational psychotherapy in health services exploring and treating this issue with adolescents and men who experience or experienced relationship problems.

Mental Health Coercion Among Survivors of Intimate Partner Violence

Heather Phillips, MA, National Center on Domestic Violence, Trauma, and Mental Health, United States

Abstract: People who experience intimate partner violence (IPV) are at high risk for mental health (MH) coercion, a form of abuse in which abusive partners wield MH stigma against their partners to deliberately worsen their MH, discredit them within legal and child custody proceedings, threaten their housing, and sabotage their access to mental health services and supports through manipulation or violence. A 2014 convenience sample survey of callers to the National Domestic Violence Hotline found that 89% experienced at least one form of MH coercion (Warshaw et al., 2014). The National Center on Domestic Violence, Trauma, and

Mental Health, with The National Domestic Violence Hotline and StrongHearts Native Helpline recently conducted a survey of over 14,000 people aged 18 or older to better understand mental health coercion (data analysis current). Among respondents who reported experiencing MH challenges, 61% said their partner restricted access to culturally or spiritually important healing activities and 39% said their partner restricted access to MH services. Respondents indicated that their abusive partners used their MH challenges against them to get them in legal trouble (47%), jeopardize their child custody (42%), make it harder to get an order of protection (44%), make it harder to get or keep housing (55%), and make it harder to get public benefits (28%). It is critical for psychotherapists to understand these issues to support their patients' safety. This presentation will provide recent data on MH coercion plus tools and resources for assessment, safe documentation, discharge planning, and practice.

What to Do to Survive a Client's Suicide. Basic Skills to Make Your Own Postvention Protocol

Iizax G. Ramirez-Espinosa, MD, Psiquiatría Contextual, Mexico

Abstract: Between 51 and 82% of psychiatrists, 46.9% of psychiatric trainees, between 22 and 39% of psychologists, 55% of nurses and 33% of social workers will experience the loss of a patient to suicide. Although it is considered an "occupational hazard", most of us do not receive training on what to do after the event, not only to continue to care for the family of the deceased, but to process the grief that comes with the loss.

There is enough evidence to say that mental health care providers, especially those who had a close relationship with their clients (like psychotherapists do), can develop health problems derived from the loss of a patient to suicide, if left unattended, we could develop Posttraumatic Stress Disorder, Major Depression Disorder, Anxiety Disorders or even Suicidal Ideation and Behavior.

Postvention is designed to destigmatize the tragedy of suicide, assist with the grief-recovering process, and serve as a secondary prevention effort to minimize the risk of subsequent suicides due to complicated grief, contagion, or unresolved trauma. This presentation will highlight the potential impact of suicide loss on the clinicians' work and persona, explain the role of stigma as an obstacle to get help, explore healthy bereavement strategies, and offer postvention guidelines.

It is crucial that we know what to do after we learn of a patient suicide, for us, for our colleagues, for the families, and for the survivors we will meet through our careers.

9:30 a.m. - 10:50 a.m.

Paper Session: Psychotherapy and Human Rights

The Journey of the "Unrecognized Heroes" Across the Central Mediterranean Route: A Multidisciplinary Study and a Psychological Perspective Through the Lens of Massimo Fagioli

Francesca Amerio, MSc, The International Institute for Justice and the Rule of Law (IIJ), Malta

Abstract: Inspired by Matteo Garrone's film *Io Capitano* (Venice Film Festival 2023, Hollywood Film

Festival 2024), we propose a multidisciplinary study of the phenomenon of asylum seekers undertaking the Central Mediterranean Route. Numerous historical, social, and political factors have contributed to the increase in this phenomenon over the past decade. The journey often begins in countries of the Gulf of Guinea (Nigeria, Togo, Benin, Cameroon, etc.), traverses Sub-Saharan Africa (Mali, Niger), converges in Libya, and crosses the sea toward Italy. Most of those who embark on this journey are fully aware of what awaits them: a perilous path marked by physical and psychological violence, imprisonment, extortion, torture, and death. At sea, they may be pushed back, abandoned, or escorted to host countries—only to be left in Points of Safety (POS) with no clear timeline for freedom. The psychiatric, medico-legal, and psychological consequences of such experiences are severe and will be illustrated through case reports. Nonetheless, some criminal organizations go even further beyond the already extreme dehumanization, treating asylum seekers as "special waste" in a trafficking system that thrives on their exploitation. These networks profit from international and European policies that are sometimes confused, often opaque, and too rarely guided by solidarity. Massimo Fagioli's human birth theory — especially his concepts of vitality and identity versus death instinct and lack of affectivity — offers a particularly fitting framework to explore the motivations of those who flee, the

rationale of those who control them, and the reactions of those who receive them.

Bridging the Silence: Making Mental Health Help More Accessible in Stigma-Dominant Communities

Chandini Anilkumar Sujatha, MA, Online Therapy Center, Canada

Abstract: Mental health stigma remains a significant barrier to care in many communities worldwide, particularly in South Asia, where cultural taboos and fear of judgment often prevent individuals from seeking support. This presentation explores these barriers and offers practical strategies to improve access to mental health services, reduce costs, and normalize therapy in stigma-dominant populations.

Drawing from my experiences as a psychotherapist and nursing placement in mental health settings, I will share case examples from my nursing study period involving clients struggling with depression, trauma, and sexual abuse within culturally sensitive contexts. These examples highlight the complex challenges faced by individuals in environments where mental health issues are often silenced.

I will discuss the benefits of trauma-informed, culturally aware therapy approaches, delivered through flexible and accessible digital platforms, which can reach rural and underserved populations effectively. Emphasizing the importance of language, outreach, and community engagement, this presentation advocates for therapeutic practices that respect cultural backgrounds while promoting healing.

Further, I will address how therapist self-awareness and education campaigns can foster trust, reduce stigma, and empower clients to seek help. The aim is to inspire mental health professionals to adopt inclusive, affordable, and stigma-free approaches that break the cycle of silence and improve mental health outcomes globally.

Psychotherapy, Mental Health and Human Rights

Amarilda Dhrami, MA, Freelance, Albania

Abstract: In history, women have been forced to prove themselves more than others. Their identity has been trampled upon for centuries, compelling them to work twice as hard for recognition. But why such persistent discrimination, as if they were inherently worth less?

Like children, women have retained a stronger connection to the emotional and irrational dimensions of human existence. This has led to their perception as inferior in Western traditions, which equate human reality with reason while devaluing what lies beyond it. Rational thought governs material reality but fails to grasp that difference is not inferiority. The belief that

rationality defines humanity is misleading; even animals display rational behaviors, such as strategic hunting. What truly distinguishes human beings is the depth of their emotional and relational experiences.

According to Human Birth Theory developed by Massimo Fagioli, human uniqueness lies in non-conscious thought, which originates at birth as a reaction of the brain to light as capability to imagine. The fact that this dynamic occurs in the same way for everyone is the foundation of equality. Humans have the capacity to imagine, which allows them to interact creatively with external reality and transform it. Men, women, and children, despite physical differences, are fundamentally equal in their profound human reality, which is rooted in unconscious thought and the capability to imagine. When a woman fully realizes her human identity, free from stereotypes and cultural constraints can a man also achieve fulfillment. A deeper understanding of human identity can support policies that promote well-being and empowerment for all women.

Srebrenica Genocide Survivors: An Exploration of Night Dreams Involving Lost Loved Ones as an Expression of Personal Growth

Sofia Anastasia Milioritsa, MA, Private Practice, Greece

Abstract: Srebrenica Genocide Survivors: An Exploration of Night Dreams Involving Lost Loved Ones as an Expression of Personal Growth

In 1995, a genocidal massacre in Srebrenica, Bosnia, resulted in the deaths of over 8,000 Bosniak Muslim men and boys. This atrocity is the first legally recognized genocide in Europe since World War II.

In the summer of 2024, I attended the inaugural Summer School organized by the Memorial Center in Srebrenica, focusing on genocide studies. As a mental health counselor and independent researcher, I engaged with survivors to explore their nocturnal dreams connected to their deceased loved ones.

The central research question guiding my inquiry is whether survivors experience dreams of their lost loved ones, what themes emerge, and whether these experiences reflect personal growth and resilience. Traumatized individuals often endure profound suffering but can transform their grief into avenues of happiness and creativity. Did such transformation occur in Srebrenica, and what insights can we glean from the dreams of mothers who lost their children?

A narrative methodology was employed through discussions with five survivors—three women and two men. Among these participants, three women reported dreaming of their deceased loved ones, often featuring them at the ages they were killed. These dreams were perceived as a continuation of their relationships, offering emotional resonance and empowerment.

Genocide survivors provide valuable insights into growth and healing through their dreams, particularly regarding relationships after immense tragedy. This understanding can enhance our capacity to support clients and traumatized populations navigating similar experiences.

The Enforced Disappearances in a War Context: From Oblique Narration Towards Narrative Formation

Hakima Megherbi, UTRPP, EA 4403, Universite Sorbonne Paris Nord, France

Abstract: The Algerian War of Independence (1954-1962) was also a war of silences. Thousands of men disappeared, and families were left without bodies or narratives of their disappearances or their deaths. Women, in particular, became the guardians of an unfinished memory. How does one speak of the dead when one has not witnessed their death, when nothing is known about their fate, when it is not even possible to acknowledge that they are dead and how they died? How can one narrate an absence whose contours remain undefined? In these cases of disappearance, families never recovered the bodies, nor were they offered any narrative accounting for the death of their parents, brothers, uncles etc. Our study seeks to create a space for the families (especially women) to narrate and to pass down a narrative to future generations. This process of narrative inscription, carried in the mother tongue and shared within the community, aims to foster cohesion and continuity of memory. Special attention is given to the Kabyle language: oral storytelling plays a central role in transmission while discursive use of ellipses, metaphors and indirect address produces what we call an "oblique narration". Such narrative forms can both preserve memory through implicit expression, and conversely, obscure it under layers of cultural and political domination. Our study therefore relies on collecting and analyzing family testimonies to explore the interplay between language, trauma and memory. Our work contributes to re-inscribe the disappeared in the collective memory.

2:40 p.m. - 4:00 p.m.

Paper Session: Psychotherapy with Patients with Complex Disorders and Multimorbidities

Fragmented Bonds and Restorative Transferences: A Transference-Focused Approach With a Borderline Patient

Karen Muñiz Sánchez, BSc, Universidad Autónoma de Nuevo León Departamento de Psiquiatría, Mexico

Abstract: This paper presents the clinical process of a 24-year-old woman who entered psychotherapy following a suicide attempt by hanging. Her clinical presentation included affective instability, impulsivity, self-deprecating self-image, and patterns of unstable

relationships marked by intense ambivalence. Using the framework of Transference-Focused Psychotherapy (TFP), the treatment explored the activation of primitive defenses, dissociation, projective identification, and idealization–devaluation dynamics within the therapeutic relationship.

Through detailed clinical vignettes, the paper illustrates the therapeutic handling of disorganized transference, the containment of persecutory guilt, and the emergence of disassociated self-states through bodily expressions. Special attention is given to the analyst's technical stance as a holding presence, capable of sustaining unbearable affects without acting them out. The analysis of split internal object relations and their manifestation in the here-and-now of the transferential field reveals the possibility of psychic integration in borderline personality organization.

The paper also reflects on the challenges of maintaining a psychoanalytic frame in contemporary clinical settings, where symbolic resources are weakened and therapeutic neutrality requires active containment rather than emotional detachment. Ultimately, the case illustrates how the therapeutic relationship, when held consistently, becomes a transformative space capable of restoring internal continuity and promoting structural change.

Informed consent for the use of clinical material was obtained from the patient.

Integrative Psychotherapy for Depression in a Filipina Living With HIV and Complex Medical Illnesses: Upholding Rights and Resilience

Ziara Carmelli Tan, MD,MBA, University of the Philippines Philippine General Hospital, Philippines

Abstract: This presentation explores the integration of multiple psychotherapy modalities in the treatment of a Filipina woman living with advanced HIV, tuberculosis, and recurrent major depressive disorder. Beyond a single case, the session illustrates how psychotherapy can uphold the dignity and human rights of persons living with HIV (PLHIV) who face compounded medical, psychological, and social vulnerabilities.

Dr. Ziara Tan and Dr. Irene Carmelle Tan will detail how attachment-informed supportive-expressive psychodynamic work, mentalization-based techniques, cognitive-behavioral strategies, trauma-informed principles, and narrative reframing were flexibly combined to address stigma, relational trauma, and the challenges of chronic illness. Outcomes included improved affect regulation, reduced self-stigma, strengthened maternal identity, and sustained adherence to antiretroviral therapy.

By situating the case in the Philippine context, where stigma, poverty, and resource limitations often hinder care, this academic activity highlights how psychotherapy not only alleviates symptoms but also restores agency, meaning-making, and resilience in structurally vulnerable populations. Emphasis will be placed on interdisciplinary collaboration with infectious disease,

obstetrics, and surgery, underscoring the need for integrated models of care. The case highlights psychotherapy with PLHIV and the medically ill by showing that honoring patient narratives and addressing structural barriers promotes healing and upholds human rights

This oral presentation aligns with the congress topics Psychotherapy with Persons Living with HIV and Psychotherapy with the Medically Ill, demonstrating how psychotherapy can be both clinically effective and ethically responsive in advancing mental health and human rights. The patient provided informed consent for presentation, and all identifying details have been anonymized.

When Pain Becomes Who You Are: Narrative Reconstruction and Lifestyle Interventions in Chronic Pain Psychotherapy

Wonyun Lee, MD, Maimonides Medical Center, United States

Abstract: Chronic pain often dominates a patient's identity, reducing the self to "one who suffers." Traditional psychotherapy may overemphasize trauma exploration and pain-focused narratives, inadvertently reinforcing deficit-oriented identities. Emerging research suggests that repeated focus on pain-related rumination may reinforce pain circuitry. This case presentation illustrates a recovery-oriented narrative psychotherapy that prioritized identity reconstruction and lifestyle interventions.

A middle-aged woman with longstanding pain and depressive symptoms reported profound loss of identity and purpose. She had seen numerous professionals and tried many treatments without response for over 30 years, accumulating multiple diagnoses including herniated discs, fibromyalgia, and ankylosing spondylitis. Initial sessions were dominated by repetitive rumination about pain. She also reported chronic suicidal ideation, considering death as the only way out.

Therapy began with meditation practices to cultivate mindfulness and awareness of pain-free intervals. Rather than centering on trauma and pain, therapy emphasized identity reconstruction through narrative re-authoring, highlighting strengths and resilience. Building from this self-narrative, lifestyle interventions—including yoga, physical therapy, swimming, reconnecting with meaningful interests, and enhancing social connectedness—were introduced to reinforce agency.

The patient began meditating regularly, reported absence of suicidal ideations, and re-engaged with activities. She described noticing longer periods without pain. She also started articulating shift toward focusing on meaning, purpose, and agency in life rather than on pain. Mood and daily functioning improved measurably.

This case illustrates how emphasizing narrative re-authoring and lifestyle interventions—rather than trauma excavation and pain-focused narratives—can restore hope and mobilize patients toward embodied recovery.

Identity and Forgetting: Psychological Polarities in Dementia and the Ethics of Intervention

Anamaria Rosu, MSc, Anamaria Roșu Cabinet Individual de Psihologie, Romania

Abstract: Dementia is a progressive neurocognitive disorder that affects not only functional autonomy but also the continuity of personal identity. Under the theme "Polarities of Life", this paper proposes a psychological and ethical exploration of dementia, with an emphasis on the preservation of

meaning, affective regulation, and the protection of dignity in the face of cognitive deterioration. Drawing on clinical observations and scientifically validated practices, the presentation analyzes the tensions between lucidity and disintegration, autonomy and dependence, memory and

emotional imprinting. Behaviors such as incongruent affectivity, agitation, impulsivity or

disorganization in self-care are interpreted not only as symptoms, but as expressions of a

fragmented inner world, which requires empathetic accompaniment and adapted intervention. The paper proposes a multimodal psychological intervention model, which integrates cognitive stimulation therapy (CST), reminiscence techniques, reality orientation and multisensory

approaches, in a person-centered framework. According to recent studies, these interventions can help delay the progression of dementia by up to 6–12 months, reducing the need for early

introduction of pharmacological treatment and supporting emotional and social functioning. An essential component of psychological intervention is the ethical dimension, which involves

protecting the dignity of the person at all stages of the disease. Dignity is not conditioned by

cognitive capacity, but by the way in which the person is treated, listened to and included. The psychologist has the role of relational mediator and guarantor of meaning, noticing the risks of infantilization, exclusion from decisions or excessive standardization, and promoting an

authentic, reflective, and responsible presence.

4:30 p.m. - 6:00 p.m.

Paper Session: Theoretical and Clinical Aspects

ATLASPsicoLatam: A Mixed-Methods, Multi-Country Diagnostic of Psychotherapy Training, Quality, and Accessibility in Spanish-Speaking Latin America

Camila Arriaza, BSc,MSc, University of Navarra, Spain

Abstract: Psychotherapy training and practice in Spanish-speaking Latin America show substantial heterogeneity in accessibility, dominant approaches, quality standards, and alignment with evidence-based care. Yet the region lacks compiled cross-national data to identify strengths, gaps, and priorities for improvement. ATLASPsicoLatam is a collaborative project designed to produce the first comparative atlas of psychotherapy training and practice across Spanish-speaking Latin American countries. The project aims to deliver a contextualized diagnosis of (1) access to psychotherapy services, (2) quality of treatments and clinical practices, and (3) quality of professional training.

We will apply a mixed-methods, two-phase design. Phase I provides a structural, descriptive overview of each country's psychotherapy ecosystem (sociodemographic indicators, mental health service settings, epidemiological priorities, and regulatory frameworks) using official documents, institutional reports, and key-informant interviews. Phase II evaluates system functioning across the three focal dimensions, triangulating: (1) access to psychotherapy services, (2) quality of treatments and clinical practices, and (3) quality of training.

Primary data will include semi-structured interviews with clinicians, university faculty, and training leaders plus a deployment of an extensive open-access survey for any psychologist in the region, designed to yield comparable quantitative indicators. The survey will assess professional work, treatment practices, the ability to identify evidence-based "gold-standard" interventions, the degree in which professionals can assess an unethical in-session situation and how accessible psychotherapy is. Outputs include a quality criteria guide, country profiles with infographics and comparative maps, and an open-access digital atlas to inform training, service planning, and policy, improving the quality and equity of psychotherapy care.

Jung Analytical Psychology: Clinical Implications in the Therapist–Client Relationship and in the Individuation Process

Paula Neagu, MSc, Neagu L. Paula Cabinet Individual de Psihologie, Romania

Abstract: The concept of the shadow occupies a central place in the theory of analytical psychology developed by C. G. Jung, representing the totality of repressed, denied, or unintegrated aspects of the conscious personality. Research and clinical applications inspired by Jung have shown that the process of becoming aware of and integrating the shadow constitutes an essential stage both in personal analysis and in psychotherapeutic practice.

From a clinical perspective, shadow awareness influences the dynamics of transference and countertransference, activating reciprocal projections between therapist and client.

For the therapist, recognizing one's own unconscious contents and personal shadows becomes a fundamental condition for maintaining a neutral and empathic analytic frame, reducing the risk of projective identification or uncontrolled countertransference reactions.

For the client, the process of integrating the shadow supports the expansion of self-awareness, the assumption of personal responsibility, and the development of a more authentic attitude toward inner conflicts.

In the therapeutic context, this work fosters the emergence of compensatory symbols and facilitates the process of individuation, the ultimate goal of Jungian therapy. Comparative analysis of the specialized literature and contemporary clinical observations confirm the continuing relevance of Jung's concept of the shadow, both as a tool for understanding the dynamics of the unconscious psyche and as a support for personal transformation within the analytic relationship.

From Taxonomy to Treatment: Operationalising ICD-11 in a Stepped-Care Model

Flavio Di Leone, MD,MedDSc,PhD, Sahlgrengha University Hospital, Sweden

Abstract: The ICD-11 dimensional model for personality disorders provides a practical framework for linking diagnostic assessment to the delivery of evidence-based psychotherapy. This presentation describes the development and implementation of a psychotherapy-focused stepped-care model in which treatment intensity is matched to disorder severity, enabling broader access to psychological interventions while reserving specialist resources for patients with greater clinical complexity.

Drawing on clinical experience from Sahlgrenska University Hospital, we illustrate how ICD-11 informs treatment selection, supports structured care pathways, and facilitates transitions between low- and high-intensity psychotherapeutic interventions. The model integrates brief and extended evidence-based therapies across service levels, aiming to increase reach without compromising clinical quality.

We discuss key challenges encountered when scaling psychotherapy in routine care, including therapist training, maintaining treatment fidelity, managing heterogeneity in patient presentations, and supporting clinicians working across stepped levels. Practical lessons from implementation highlight how ICD-11 can function as a bridge between diagnosis and psychotherapy delivery, enabling more flexible, severity-informed, and sustainable treatment models for personality disorders.

Refugee Survivors of Torture: Trauma, Resilience, and a Sociocultural Approach to Psychotherapy

Gail Theisen-Womersley, PhD, United Nations High Commissioner for Refugees, Thailand

Abstract: This presentation examines psychotherapy with refugee survivors of torture through the lens of trauma, resilience, and sociocultural context, drawing on themes developed in *Trauma and Resilience Among Displaced Populations: A Sociocultural Exploration*. The book argues for a socio-ecological understanding of trauma and cautions against viewing displaced people only as passive victims; it also addresses PTSD, trauma beyond psychiatric diagnosis, culturally informed manifestations of trauma, shame, cultural mediation, and the asylum procedure.

Refugee survivors of torture often present with complex and overlapping forms of suffering, including post-traumatic symptoms, shame, distrust, somatic distress, identity disruption, and difficulties linked to displacement and asylum systems. In such cases, psychotherapy must move beyond narrow symptom reduction and engage with the survivor's cultural world, social relationships, legal reality, and ongoing environment of uncertainty.

This presentation will explore how clinicians can integrate trauma-focused work with a broader sociocultural and systemic perspective. It will address the therapeutic significance of safety, meaning, culture, interpreter and mediator relationships, and the effects of institutional processes on recovery. The talk will propose that psychotherapy with refugee survivors of torture is most effective when it recognizes both deep suffering and the survivor's individual and collective capacities for resilience, dignity, and agency.

The discussion further aims to explore implications for professionals working with displaced populations in complex institutional, legal, and humanitarian settings. Gail will also be presenting some case studies from her own personal experience working in emergency contexts with displaced populations in 11 countries across the world.

Cross-Cultural Perspectives on Psychotherapy Implementation in Southeast Asia: A Multi-National Survey of Psychiatrists' and Trainees' Attitudes

Warut Aunjitsakul, MD,PhD, Prince of Songkla University, Thailand

Poster Abstract: The integration of effective psychotherapy into routine clinical care faces unique challenges in diverse cultural contexts, particularly within Southeast Asia (SEA). This multi-national, cross-sectional survey investigated the perspectives of 253 psychiatrists and psychiatry trainees from Indonesia (n=121), Malaysia (n=39), Singapore (n=6), Thailand (n=74), and Vietnam (n=13) regarding psychotherapy access, delivery, and future directions. Conducted between March and August 2024, the study explored perceived barriers, ideal healthcare provider roles, preferred therapeutic approaches, and attitudes towards digital psychotherapy. Common barriers included time limitations (31.6%), cost implications (16.2%), broader systemic

constraints (15.8%), and perceived skill deficits in psychotherapy (14.2%). Notably, trainees showed a greater inclination towards direct psychotherapy provision, while more experienced psychiatrists leaned towards collaborative models with psychologists. Training priorities consistently emphasized crisis intervention and individual therapy. Although there was an openness to digital modalities such as videoconferencing and mobile applications, concerns regarding clinical effectiveness (50.2%) and existing system-level limitations presented significant obstacles to broader digital adoption. These findings highlight the necessity of culturally sensitive enhancements to psychotherapy training, context-specific systemic reforms, and tailored digital infrastructure development to foster more effective and accessible mental health services across the diverse nations of Southeast Asia.

4:30 p.m. - 6:00 p.m.

Paper Session: Cultural Dimensions of Psychotherapy

A Systematic Review of Multicultural Competence Among Mental Health Professionals: Implications for Chinese Counsellors

Jing Deng, PhD, Beijing United Family Hospital, China

Abstract: This paper presents a systematic review of multicultural competence among mental health professionals, with a specific focus on its implications for Chinese counsellors. Prompted by the growing expatriate populations in China, this study addresses the urgent need for culturally responsive mental health services. Given the lack of localized multicultural counselling frameworks, the project investigates how global models of multicultural competence can inform and be adapted to the Chinese context.

The review examines five key issues in multicultural counselling, including limited cultural awareness, communication barriers, and the influence of dominant cultural norms. It further explores effective strategies, such as cultural humility, client-centred communication, and ongoing supervision, as well as common barriers to establishing strong therapeutic alliances across cultures. Grounded in both Client-Centred theory and traditional Chinese philosophical perspectives, especially Taoism, this study proposes a culturally integrated approach for enhancing the effectiveness of cross-cultural counselling in China.

Beyond the Couch: A Psychoanalytic Lens on Television Drama and the Levinasian Other

Noa Danziger Geller, MA,MBA, Psychotherapist, Israel

Abstract: This lecture explores the role of television drama series in self-construction, integrating psychoanalytic perspectives with the ethical philosophy of Emmanuel Levinas. Motivated by the frequent appearance of series-related discussions in clinical settings, this inquiry seeks a deeper understanding of their impact on identity formation. While psychoanalysis recognizes television as an accessible aesthetic medium and "potential space" (Bainbridge, 2014), a lacuna remains in fully understanding how this medium, as a continuous, semiotic, and narrative form, specifically fosters self-construction. Levinas's ethics offers a complementary framework, suggesting that the encounter with "otherness" is a primary driver in the constitution of the self. (Levinas, 1991)

Complex television, known for its narrative and stylistic sophistication, invites viewers into a dialogue with diverse and often controversial themes and complex characters, fostering a sense of authenticity and an aesthetically valuable experience (Keppler, 2016). Series like "The Sopranos," "Breaking Bad," and "Peaky Blinders" exemplify this, presenting deeply layered characters that resonate with the complexities of lived experience.

Building on psychoanalytic understanding of television as a space for projection and identification, this paper argues that Levinas's concept of the Other provides additional insights. The encounter with compelling and challenging "others" in these series presents viewers with a unique opportunity for ethical engagement and self-reflection. This interdisciplinary approach aims to enrich the psychoanalytic understanding of how television series shape viewers' identities, promoting personal growth and informing clinical practice by providing a more nuanced framework for exploring viewing habits and their potential therapeutic implications.

Considering Spirituality When Working With Humanitarian and Other Workers at Risk for Moral Injury

Angela Bamblett, MA, UNDSS CISMS, Australia

Abstract: This paper will be delivered in English. Moral Injury refers to the psychological, social and spiritual impact of events involving betrayal or transgression of one's own deeply held moral beliefs and values occurring in high-stakes situations. While not recognised as a mental health disorder, the effects of Moral Injury are pervasive and may include include feelings of guilt and shame; beliefs about being bad, damaged or unworthy; self-handicapping behaviours; a loss of faith in people and loss of religious faith; and/or loss of faith in humanity or a just world.

Following a brief description of the concept of "Moral Injury" and its impacts, this paper proposes to reflect on the importance of taking a holistic psychosocial approach that considers spirituality when treating people suffering from psychological injuries. Drawing on the author's experience working with humanitarian aid workers, military veterans, police and others in the helping professions, this paper will consider how Moral Injury presents in these populations. It

will then explore the spiritual, religious, and sociocultural factors, as well as evidence-informed therapeutic interventions, that foster healing and hope. The paper will conclude with a brief reference to professional considerations and therapist well-being when working with clients affected by Moral Injury.

Why the Department of Health Should Revise OPWDD: Advocacy for Minority Communities With Developmental Disabilities

Moureen Hossain, BS, CUNY SPH, United States

Abstract: COVID-19 exposed several gaps in our healthcare system, especially in systems like OPWDD or Office for People with Developmental Disabilities. Countless medical personnel in these Article 16 clinics are overworked, underpaid, and are severely burned out, which results in many with experience leaving their jobs for greener pastures. This results in several vacancies and turnover rates, affecting not just the present staff with a higher volume of patients but the patients themselves, who have to wait at least a year to be seen by a physician and have to wait for over an hour to be scheduled for an appointment. OPWDD services allow individuals with neurological impairments or developmental disabilities to be enrolled in Medicaid which allows recipients to have access to many vital services such as speech therapy, occupational therapy, and psychological services. Codes are placed on insurance to indicate access to services, but in truth, they also restrict recipients to specific clinics, restricting their access to other types of services. In fact, some of the more vital services that recipients are excluded from are health homes for healthcare coordination, ACT teams for community psychiatric support, and home health aid from community agencies or the hospital. Furthermore, ongoing cuts to OPWDD over the past several decades, along with stagnating wages, affect their ability to care for patients with severe complex needs.

Posters

Friday, June 5, 2026

10:00 a.m. - 10:30 a.m.

Young Investigator Posters 1

Tailoring Meaning Centered Group Psychotherapy for Health Care Professionals (MCGP-HCP) for Physicians in Portugal

Guida Da Ponte*, Catarina Santos, Sílvia Ouakinin, Rita Lopes, Francisco Cunha, Tânia Alves, Miguel Pires, Zoé Sá, Sara Ramos, Bianca Jesus, William Breitbart

Guida Da Ponte, Portugal

Poster Presentation Track: Clinical Track

Poster Abstract: Objectives: Meaning-Centered Group Psychotherapy (MCGP) for healthcare professionals (HCP) is a structured, existential intervention that addresses moral distress and burnout by fostering meaning through Frankl's sources (historical, attitudinal, creative, experiential). This study explores its feasibility among Portuguese physicians.

Methods: Focus group composed of physicians with MCGP training. It was used an expositional method with the following topics (categories): periodicity (weekly/biweekly), type of group (homogenous/heterogenous), session´s structure and duration, and physicians adherence (online/in-person). The session was transcribed and analyzed qualitatively.

Results and findings: In periodicity, biweekly sessions dominated the discussion (55.56%) and reached consensus, with improved adherence and effectiveness as key subdimensions. For group type, the heterogeneous format (56.25%) was preferred, emphasizing intergenerational learning despite concerns over vulnerability.

Session structure and duration was the most discussed category (50%), with Sessions 1 and 2 each comprising 40% of the discussion. For session 1, time constraints were noted, but consensus was to maintain structure. For Session 2, the consensus as to split into two sessions—historical/attitudinal and creative sources of meaning—to better focus on work-related content. The "Death with meaning" question sparked debate across specialties. Consensus supported its value but called for reformulation to improve comprehensibility. Session 3 was retained as-is, though Exercise 3.2 required wording adjustments to clarify "connect" in Portuguese language. In physicians' adherence, the online format (60%) was seen as accessible, but the group favored in-person sessions due to online fatigue and stronger therapeutic engagement.

Conclusions: Results support the feasibility of implementing MCGP-HCP for Portuguese physicians with minor adaptations.

Strengthening Resilience in Frontline Mental Health Nurses: A Quasi-Experimental Evaluation of the Katatagan Plus Intervention

Johanna Lindsay Capili*, Irene Carmelle Tan

Johanna Lindsay Capili, Philippines

Poster Presentation Track: Research Track

Poster Abstract: Healthcare workers in mental health settings are routinely exposed to chronic stressors that heighten their risk for psychological distress. This study evaluated the effects of Katatagan Plus, a culturally grounded resilience intervention, on coping, resilience, and levels of depression, anxiety, and stress among nursing staff in a government mental health hospital in the Philippines. Using a quasi-experimental pre–post design, 350 nurses were screened with the DASS-21, of whom 120 met moderate to severe risk criteria. Fifty-two consented to participate, and 19 completed both pre- and post-intervention assessments. The intervention consisted of weekly group-based sessions over four weeks, integrating mindfulness, cognitive-behavioral strategies, emotional regulation, and peer-support activities. Quantitative outcomes were assessed using the DASS-21, Brief Cope, and the CD-RISC-10. Results showed reductions in depression and stress scores and an increase in resilience following the intervention, with medium effect sizes for depression and stress and a small-to-moderate improvement in resilience. Although these changes did not reach statistical significance, the direction and magnitude of improvements suggest clinically meaningful benefits within a small sample. Anxiety and coping patterns remained relatively stable, reflecting structural and workload-related constraints that may limit nurses' use of problem-focused strategies in demanding environments.
Attrition, largely due to work schedules, underscored systemic barriers to program participation. Overall, findings indicate that Katatagan Plus may enhance psychological resilience and reduce distress among frontline nursing staff in high-pressure mental health settings. These trends

highlight the promise of resilience-focused, culturally responsive interventions and emphasize the need for larger controlled studies and stronger organizational support systems.

Theatre-Based Group Psychotherapy to Enhance Social Cognition in Early Psychosis: A Pilot Clinical Study

Youssef Ernez*, Nadia Tira, Rania Lansari

Youssef Ernez, Tunisia

Poster Presentation Track: Research Track

Poster Abstract: Introduction: Deficits in social cognition significantly affect functional outcomes in psychosis. Although remediation programs exist, their impact is limited when interventions lack embodied emotional experience. Theatre-based psychotherapy offers an experiential modality integrating emotional, cognitive, and interpersonal processes. This study evaluated the feasibility and preliminary efficacy of a theatre-based group program.

Methods: Our study is a prospective interventional study. Twelve male outpatients with a first episode of psychosis within the previous two years, clinically stabilized under antipsychotic treatment, were enrolled. The intervention comprised ten weekly 2-hour sessions. The sessions were developed through an integration of the Social Cognition and Interaction Training (SCIT) program techniques and theatre-based exercises. The therapeutic focus targeted emotional recognition and expression, assertiveness, uncertainty tolerance, and conflict management.

Assessments were conducted pre- and post-intervention using the Toronto Alexithymia Scale (TAS-20), the Reading Mind in the Eyes Test (RME), Intentions Attribution–Comic Strip Test (IA-CST), Rathus Assertiveness Schedule and the Attributional Style Questionnaire (ASQ).

Results: Statistical analysis revealed a significant improvement in intentional attribution as measured by the IA-CST ($p = 0.016$). Improvement was observed in theory of mind performance on the RME ($p = 0.009$) and in the Hope subscale of the ASQ ($p = 0.05$). Clinically, participants demonstrated increased emotional expressivity, assertiveness ($p = 0.038$), and adaptive social behaviors within sessions.

Conclusion: This pilot study suggests that a theatre-based group intervention is feasible and acceptable for early psychosis. The results indicate potential benefits on specific domains of social cognition, warranting further evaluation in larger controlled studies.

Sociocultural Adaptation of a DBT-Informed Skills Group for Indonesian MSM: Application of the Deconstruction–Reconstruction Matrix

Darien Cipta*, Shian-Ling Keng, Claudia Stoicescu, Mark Stoové

Darien Cipta, Indonesia

Poster Presentation Track: Research Track

Poster Abstract: Background: Men who have sex with men (MSM) in Indonesia face intersecting syndemic risks stigma, depression, and HIV vulnerability often mediated by difficulties in emotion regulation. Dialectical Behaviour Therapy (DBT), with its core skills in mindfulness and emotion regulation, offers a promising, transdiagnostic approach. However, standard DBT protocols require cultural adaptation to be acceptable and effective in high-stigma, resource-limited Southeast Asian contexts.

Objective: This PhD project aims to develop a culturally responsive DBT-informed skills group targeting emotion dysregulation among Indonesian MSM a key psychological mechanism underlying both mental health symptoms and HIV-related risk behaviours. This paper presents the initial adaptation phase using the Deconstruction-Reconstruction Matrix, a pragmatic and theory-preserving adaptation framework developed by the Social Work Department at Columbia University.

Method: We systematically deconstructed DBT skills to map core mechanisms (e.g., self-efficacy, mindfulness, interpersonal functioning), then reconstructed session content through community consultations with MSM stakeholders and mental health professionals. Adaptations preserved theoretical integrity while modifying delivery formats, cultural metaphors, and session safety protocols. Sample adaptations of mindfulness and emotion regulation modules are illustrated.

Results: A culturally adapted prototype DBT skills intervention was developed, integrating community-informed metaphors, structured safety protocols, and feasible delivery formats. The prototype enhanced cultural relevance and acceptability while maintaining fidelity, providing a foundation for scalable peer-facilitated and hybrid delivery in HIV and mental health contexts.

Discussion: This adapted intervention lays groundwork for feasibility trials, contributing to culturally sensitive mental health interventions for marginalized communities in Indonesia and similar contexts.

12:30 p.m. - 1:30 p.m.

Poster Session I - Screen A

Act Groups for Refugees in Egypt

Fady Morid*

Fady Morid, Egypt

Poster Presentation Track: Clinical Track

Poster Abstract: This poster presents an illustrative case series on the use of Acceptance and Commitment Therapy (ACT) in group format for Sudanese refugees in Cairo, Egypt. The intervention was implemented in 2024 through the Psychosocial Services and Training Institute in Cairo (PSTIC), targeting adult Sudanese refugees facing the psychological impacts of displacement, trauma, and social instability.

The group model was designed to be fully experiential, minimizing psychoeducation and instead emphasizing mindfulness, values-based exploration, and emotional processing. ACT's core processes—defusion, acceptance, contact with the present moment, self-as-context, values, and committed action—were introduced through culturally resonant metaphors, guided exercises, and shared reflection. Sessions were conducted in Arabic and facilitated by a psychiatrist trained in ACT with experience in refugee mental health and cultural adaptation.

Participants consistently reported enhanced psychological flexibility, increased emotional openness, and a deepened sense of identity and agency. Many described renewed engagement with meaningful activities, improved relational functioning, and the ability to face trauma-related memories with less avoidance. The group space also fostered a strong sense of validation and cohesion, contributing to participants' sense of safety and empowerment.

This case series highlights the potential of ACT as a culturally responsive and feasible intervention for refugee populations in low-resource settings. Delivering ACT experientially, in the native language of participants, appears to enhance both accessibility and impact. Future directions include developing a contextually adapted ACT group manual for Arabic-speaking communities and expanding training opportunities for refugee peer facilitators.

Effectiveness of Ketamine-Assisted Psychotherapy

Anna Rissanen*

Anna Rissanen, Canada

Poster Presentation Track: Research Track

Poster Abstract: Introduction: The research project focuses on the application of psychedelic-assisted, specifically ketamine-assisted psychotherapy (KAP) in treatment of post-traumatic stress disorder (PTSD), depression, and anxiety. Combined psychotherapy and ketamine treatment (KAP) offer promise for the treatment of psychiatric disorders as ketamine is both FDA and Health Canada approved treatment for mental health disorders (Kew et al., 2023; Johnston et al., 2024). Typically, the current treatment protocol includes ketamine administration without the support from psychotherapy. However, the combination treatment is likely more effective (Mathai et al., 2022; Hasler, 2020), and more research studies are needed to

understand the synergistic effects of ketamine and psychotherapy, contributing to both theoretical frameworks of psychotherapy and clinical practice guidelines.

Method and Results: Drawing on validated assessment tools such as the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013), Beck Depression Inventory (BDI; Beck et al., 1961), and Generalized Anxiety Disorder Scale (GAD-7; Spitzer et al., 2006), the research will evaluate clinical outcomes of anonymized data. The research data will be collected in collaboration with Edmonton-based ATMA Cena Psychedelic Healthcare Solutions, a company that provides regulated, licensed and medically supervised psychedelic-assisted psychotherapy and training (ATMA Cena, 2024). The data will be presented in this poster as the data collection and analysis are still ongoing. Preliminary results indicate improved mental health. The study was approved by the IRB ethics committee and participants gave informed consent for the presentation.

Integrating Cognitive-Behavioral and Self-Psychology Approaches in a College Student With Trichotillomania and Depression: Challenges at the Intersection of Faith, Family, and Mental Health

Ziara Carmelli Tan*, Irene Carmelle Tan

Ziara Carmelli Tan, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Trichotillomania remains a seldom-discussed disorder in psychotherapy practice, particularly when comorbid with depression and anxiety in emerging adults. We present the case of a 21-year-old college student and church youth leader who developed recurrent hair-pulling behaviors and depressive episodes marked by guilt, self-criticism, and low self-esteem despite academic and leadership achievements. Her persistent use of a cap to hide bald patches became both a literal and symbolic shield against shame.

Comprehensive assessment revealed the interplay of family dynamics, religious position, academic stressors, and fragile self-esteem. While her leadership role in church provided meaning and belonging, it also became a source of pressure, amplifying her stress and symptomatology. Treatment integrated cognitive-behavioral techniques (habit reversal training, cognitive restructuring, exposure exercises) with self-psychology-informed psychodynamic psychotherapy to address deeper vulnerabilities around self-worth, parental validation, and internalized ideals.

Collaboration with dermatology for scalp care and psychoeducation for her family underscored the necessity of an interprofessional approach. Over time, symptom reduction was achieved alongside improved self-reflection, healthier coping, and restored social participation in both school and church contexts, allowing her to reclaim aspects of her identity beyond the cap she always wore.

This case illustrates how psychotherapy can uphold the dignity and mental health rights of vulnerable student populations by bridging evidence-based techniques with psychodynamic formulations and cultural-religious context. It emphasizes the importance of tailoring interventions that consider both protective and stress-inducing roles of faith and community in student mental health.

Informed consent for presentation was obtained from the patient, and identifying details have been anonymized.

Psychodynamically-Informed Motivational Interviewing to Address Treatment Refusal in the Psychiatric Consultation-Liaison Setting

Shaun Tan*, Abu Bakar Shakran Mahmood, Andre Tay Teck Sng, Arvind Rajagopalan

Shaun Tan, Singapore

Poster Presentation Track: Clinical Track

Poster Abstract: Motivational interviewing (MI) is a collaborative, goal-focused communicative technique aiming to elicit behavioural change by empowering patients' recognition and resolution of personal ambivalences. The MI framework invokes patients' internal resources to recognise the importance of making personal changes in order to achieve positive outcomes, thereby improving treatment compliance. MI's therapeutic prowess can also be understood through a psychodynamic lens. This paper, a first in Singapore, presents three illustrative cases, managed in the psychiatric consultation-liaison setting, that integrate MI with psychodynamic formulations, demonstrating how MI can deepen therapeutic engagement across diverse contexts. Two patients were treated in general medical wards: an elderly caregiver with depressive relapse and medication non-adherence, and a young woman refusing amputation for severe osteomyelitis. The third patient, a young woman with borderline personality disorder presenting with a suicide attempt and treatment refusal, was seen in a forensic ward. In all cases, a psychodynamically-informed MI approach of reflective exploration of thoughts and feelings, facilitated awareness of unconscious conflicts underpinning treatment refusal. Viewed from a psychodynamic perspective, the MI framework functioned as a holding environment that allowed patients to eventually reintegrate disowned aspects themselves, transforming destructive defences into adaptive motivation for change. These cases suggest that MI, when practiced with psychodynamic awareness, offers a flexible and relationally attuned method for promoting both psychological growth and therapeutic change in patients refusing beneficial treatment.

Music and Social Action: Lessons for Enhancing Hope in Psychotherapy

Taitusi Matia*, Tom Edwards

Taitusi Matia, Australia

Poster Presentation Track: Research Track

Poster Abstract: Deficits in hope are linked to a number of serious health issues. Even when not the therapeutic target, impaired hope makes client change difficult through lack of motivation. Therapists therefore need ways to elicit hope in their clients. Music is one method given its strong association with affective neuroscience. Herein, 15 protests songs were studied across three eras of 20th c. American culture. Specifically, civil rights era songs, Vietnam war era songs, and Afro-American urban protest songs. “A change is gonna come” (1964) is notable for its clear hopeful (not optimistic) lyrics, slow tempo, and use of strings and horns in a minor key. “Give peace a chance” (1969) stands out for its musical simplicity, strong beat, and repetition of lyrics. It also incorporates a related virtue (i.e., honour), a contradiction between the tempo of the music vs. lyrics, and the use of celebration at the end. Finally, “Fight the power” (1989) is notable for its clear hopeful (not optimistic) lyrics, repetition of lyrics, and a call to honour. Linking hope and motivation, the song is also up-beat, has a quick tempo, and finishes with bright horn music. This song also has a number of culturally potent references, such as to jazz and the use of call-and-response. Therefore the use of music in psychotherapy to induce hope should include: (1) clear hopeful, not optimistic, lyrics; (2) repetition of lyrics; (3) a call to personal/group honour; (4) the use of strings and/or horns; and (5) a strong up-beat finish.

CBT for Somatic Symptom Disorder in an Adult With a History of War-Related Displacement: A Case Report

Imen Ben Abid*, Viral Goradia

Imen Ben Abid, United States

Poster Presentation Track: Clinical Track

Poster Abstract: This case report describes an intensive inpatient cognitive behavioral therapy (CBT) intervention for a 47-year-old man with a history of war-related displacement who presented with intractable headaches consistent with somatic symptom disorder. Prior to psychiatric admission, he underwent extensive medical evaluation, multiple antibiotic courses for presumed sinusitis, and dental extractions without symptom relief. At admission, he exhibited depressive symptoms, persistent requests for additional medical workup, and fixed catastrophic beliefs about his headaches.

Treatment consisted of an intensive inpatient CBT protocol targeting somatic symptom disorder. Core interventions included psychoeducation on somatic symptoms including both the clinical, neurobiological and cognitive-behavioral aspects, systematic elimination of safety

behaviors, and structured discontinuation of analgesics to interrupt illness-focused reinforcement. A team-supported behavioral activation plan prompted daily engagement in previously avoided activities. Graded in-vivo exposure was introduced to facilitate engagement in feared activities without safety behaviors. Cognitive restructuring was delivered in formal sessions and reinforced through coordinated CBT-informed nursing interventions using consistent, pre-planned responses to catastrophizing and distorted illness beliefs. Early progress was limited by severe depression and poor response to duloxetine; therefore, electroconvulsive therapy (ECT) was initiated following which, the patient demonstrated improved mood, concentration, and motivation, enhancing CBT participation.

A total of 8 ECT sessions and intensive inpatient CBT produced marked improvement, including decreased headache frequency and intensity, reduced avoidance, and increased functional engagement. Throughout follow-ups, complete resolution of headaches was reported.

This case illustrates the effectiveness of intensive CBT supported by adjunctive ECT when depressive severity interferes with psychotherapeutic mechanisms of change.

Beyond the Baby Blues: Postpartum Mania in a 26-Year-Old Woman-A Case Report

Christine Joy Israel*

Christine Joy Israel, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Beyond the Baby Blues: Postpartum Mania in a 26-Year-Old Woman-A Case Report

Background: Postpartum mood disorders range from mild “baby blues” to severe psychosis. Postpartum mania—though rare—requires urgent detection, especially in women with Bipolar I Disorder, as hormonal shifts and psychosocial stressors after childbirth can trigger relapse.

Case: A 26-year-old woman with a history of Bipolar I Disorder suffered from persistent irritability, expansiveness, decreased need for sleep, increased talkativeness, grandiosity, and psychosis five days post-cesarean delivery. The episode was precipitated by separation from her infant following NICU admission and discontinuation of maintenance medications before pregnancy. Family history revealed that her father and sister also suffered from the same disorder. The OB-Gyn Department referred the patient to the Psychiatry Department. She was given informed consent and was admitted for psychiatric management. She was stabilized with psychotropics and supportive psychotherapy—focusing on mood regulation, fostering insight, and reinforcing adaptive coping with adjunctive psychosocial education with involvement of the family throughout admission.

Discussion and Conclusion: This case highlights the need for perinatal psychiatric monitoring among women with bipolar disorder. Beyond pharmacologic treatment, supportive psychotherapy played a vital role in fostering insight, addressing mood regulation, and reinforcing adaptive coping. Early intervention, treatment adherence, and psychosocial support are essential in preventing relapse and promoting holistic recovery.

Interplay Between Hair-Pulling Disorder and Depression: A Case Report

Amethyst Montilla*, Anthony Abala

Amethyst Montilla, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: This clinical case report, originating from the De La Salle University Medical Center Department of Psychiatry, aims to enhance understanding of the complex presentation and integrated management of Trichotillomania (TTM) and chronic mood disorders. Patient A.B., a 24-year-old female college student, presented with a chief complaint of recurrent hair pulling initiated 13 years prior due to boredom in school. The pulling behavior evolved into a focused coping mechanism triggered by academic and family stress, resulting in a prominent bald patch measuring 20cm x 9.5cm.

The patient met diagnostic criteria for Trichotillomania and Persistent Depressive Disorder with Intermittent Major Depressive Disorder, with anxious distress. Associated features included persistent feelings of hopelessness, low self-esteem, recurrent suicidal ideations (imagining hanging herself), and self-harm (cutting wrists and abdomen/legs). Key psychosocial stressors involved continuous parental invalidation (dismissing the behavior as a "mannerism"), bullying by classmates, and a family history of depression (cousin).

Management included pharmacotherapy (Escitalopram and Aripiprazole) and psychotherapy focusing on Habit Reversal Training (HRT), supported by family involvement. Treatment success fluctuated: her YBOCS score dropped from an initial 11 to a stable 2 (partial remission) when adhering to treatment, but stress and non-adherence (discontinuation of Aripiprazole, reduced Escitalopram) led to symptom recurrence (YBOCS 10). This case highlights the critical need for long-term integrated treatment and family psychoeducation to address TTM and complex comorbidity.

Supportive Psychotherapy as a Stabilizing Anchor in the Acute and Longitudinal Management of Bipolar I Disorder: A Case Report

Jacinto Armando Mantaring*, Ma. Lourdes Rosanna De Guzman

Jacinto Armando Mantaring, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: This case report follows the hospitalization and outpatient care of a woman in her mid-twenties with Bipolar I Disorder presenting with mania with psychotic features, highlighting the essential role of supportive psychotherapy in her recovery. The patient presented with severe mania, religious delusions, psychomotor agitation, and disruptive behavior requiring restraints, prompting hospitalization. Pharmacologic interventions, including lithium, olanzapine, and clonazepam, were initiated to stabilize acute symptoms. Consistent application of supportive psychotherapy served as a stabilizing anchor throughout her admission.

Supportive interventions focused on empathic validation, emotional containment, structuring of the therapeutic environment, and clarification of disorganized thought content.
Limit setting and redirection helped regulate agitation and impulsive behaviors. Psychoeducation aided in addressing medication adherence, sleep hygiene, triggers, stress vulnerability, and the relationship between symptoms and functioning. Establishing a strong therapeutic alliance allowed the patient to acknowledge her fears, confusion, and frustrations surrounding restraints, interpersonal conflicts, and financial stressors.

Throughout outpatient follow-ups, her condition improved as supportive psychotherapy facilitated the development of insight and adaptive coping. The patient progressively recognized the impact of stress, past trauma, and occupational pressures on her symptom exacerbations. Supportive techniques helped her navigate residual depressive symptoms, hypersexuality, impulsive spending, medication side effects, and family dynamics. Mood journaling and structured routines further enhanced early relapse awareness and functional recovery.

This case highlights the value of supportive psychotherapy as a flexible, non-intrusive, and stabilizing modality that complements pharmacologic management across acute, recovery, and maintenance phases of bipolar illness, particularly in patients with emotional vulnerability, trauma history, and fluctuating insight.

12:30 p.m. - 1:30 p.m.

Poster Session I - Screen B

Group Psychotherapy Treatment Based on Human Birth Theory in an Adolescent at Ultra-High Risk (UHR) of Psychosis: A Case Report

Edoardo Ponzani*, Daniela Polese

Edoardo Ponzani, Italy

Poster Presentation Track: Clinical Track

Poster Abstract: Group psychotherapy treatment based on human birth theory in a patient at ultra-high risk (UHR) of psychosis: a case report.

Background: According to the WHO, psychotic onset occurs mainly between ages 15 and 29. Although ultra-high-risk (UHR) patients have a higher probability of transitioning to psychosis than controls, this trajectory is not inevitable. Psychosis represents only one possible outcome of a UHR condition, underscoring the need to identify interventions that can prevent onset and restore healthy mental functioning.

Methods: We present the clinical case of a 16-year-old with attenuated psychotic syndrome, treated with individual and group psychotherapy grounded in Massimo Fagioli's Human Birth Theory, together with low-dose antipsychotic medication.

Results: Over the first six months, the patient improved markedly, overcoming social withdrawal and bizarre ideation, with reduced thought disorganization. Later, dissociative and depressive symptoms emerged, accompanied by school absences. Despite overall progress, a relapse occurred during the summer break due to separation from the therapist. Two months after therapy resumed, the patient was hospitalized; during a group session after discharge, he described a romantic disappointment leaving him feeling empty, leading to the interpretation of the annulment pulsion.

Conclusions: The treatment followed an idea of curability and a dynamic understanding of crises within the transference. Findings suggest that a psychotherapeutic approach to psychotic or UHR patients based on Fagioli's Human Birth Theory goes beyond symptom reduction and aims to reconstitute the original healthy mental state.

The Experience of Collective Analysis as a Basis for Overcoming Socio-Economic Inequalities

Livia Chianese*

Livia Chianese, Italy

Poster Presentation Track: Research Track

Poster Abstract: Contemporary societies are characterized by pronounced social and economic inequalities: differences in income, social class, access to housing, healthcare and education continue to significantly affect people's opportunities for life and self-realization. According to psychiatrist Fagioli's Theory of Birth, what matters is human identity, specifically its

unconscious dimension. Ethnic, social, national and geographical characteristics do not define human being.

The dominant culture is based on the assumption that different social categories naturally exist: individuals born in disadvantaged contexts will rarely have the opportunity to change their condition, while those who are economically privileged will be more naturally inclined to success.

Fagioli rejected a purely abstract and detached academic approach, advocating instead for a conception of substantial equality based on the dynamics of human birth and on the biological origin of thought. Birth is identical everywhere in the world, mind and body influence each other.

Collective Analysis was an extraordinary medical therapeutic practice that lasted for over 40 years, based on healing, training, and research. Sessions were held four days a week and were open to anyone; there were no contracts or fees. During the seminars, socioeconomic differences disappeared. Fagioli privileged the group over the individual, recognizing the natural health of the collective and rejecting the Freudian idea of the mass as chaotic and perverse. These reflections open the way to a true epistemological revolution: learning from the masses, from their capacity to react and to be together, in order to rediscover a lost collective humanity and an original human sociality.

Mental Health From Birth: A Human Birth Theory Approach to Global Health

Eleonora Papa*

Eleonora Papa, Italy

Poster Presentation Track: Research Track

Poster Abstract: The World Health Organization increasingly recognizes mental health as a vital part of health and a key element of UHC. In line with United Nations human rights frameworks, this poster argues that mental health, from birth onward, should be elevated from an essential component to a true cornerstone of global health, viewed as a structural prerequisite for achieving the SDGs of well-being, equality, and human development. Although mental health is a necessary condition for social and economic progress, there's a discrepancy in the implementation of the SDGs in this area. Prioritizing mental health in global policies and primary healthcare systems enhances social inclusion, equity, and the realization of human rights. The focus on protecting vulnerable populations highlights the mother–infant relationship as the foundation of early psychological development. This view is promoted by the Human Birth Theory formulated by Italian psychiatrist Massimo Fagioli, whose four foundational volumes explore the emergence of the human mind and non-conscious thought at birth. According to the Human Birth Theory, the quality of the earliest relational environment

influences the development of affectivity, vitality, imagination, and the full expression of human potential. Therefore, policies should focus on integrating and prioritizing, worldwide, the physiological development of women's and children's identities from birth, and on enhancing their affective capacities and humanity. Thus, preventing and counteracting the onset of mental illness while promoting health for all. Moreover, affirming that all births are equal promotes a human-centered, fair approach to global health and sustainable development.

Identity Diffusion and Borderline Psychopathology in Adolescents: A Receiver Operating Characteristic (ROC) Analysis

Fabian Guénolé*, Kirstin Goth, Bérengère Guillery, Mario Speranza, Diane Purper-Ouakil

Fabian Guénolé, France

Poster Presentation Track: Research Track

Poster Abstract: Background: Identity disturbance is a core feature of borderline personality disorder (BPD) and is included in the DSM-5 dimensional model of personality disorders. While emerging BPD has been increasingly documented in adolescents, little is known about the specific role of identity diffusion at this age. Aim: To quantify the association between identity diffusion and borderline psychopathology in adolescents. Methods: A total of 308 adolescents (11-18 years) were assessed using the French version of the Assessment of Identity Development in Adolescence (AIDA). The sample comprised 24 adolescents with BPD (19 girls, 79.2%; mean age = 15.0 ± 1.4) and 246 healthy controls (134 girls, 54.5%; mean age = 15.0 ± 1.8). Group comparisons were performed on the Identity Diffusion Total Score, and a ROC analysis was conducted to test its discriminative capacity. Results: Mean Identity Diffusion Total Scores were significantly higher in the BPD group ($p > .001$), with a large effect size (Cohen's d = 2,5). ROC analysis contrasting BPD patients and controls yielded an area under the curve of 0.97 ($p < .001$; 95%CI [0,94-0,99]). An optimal cut-off score ≥ 125 provided sensitivity of 0,92 and specificity 0,90. Conclusion: Identity diffusion seems to be strongly associated with borderline psychopathology in adolescents, with both high sensitivity and specificity.

Navigating and Repairing Ruptures: The Journey Toward Healing

Andre Teck Sng Tay, Sandesh Sambhi, Nadine Foo*

Nadine Foo, Singapore

Poster Presentation Track: Clinical Track

Poster Abstract: Background: Therapeutic ruptures in psychodynamic treatment often emerge from complex relational dynamics, particularly when

disruptive behaviours challenge the therapeutic frame. Attending to transference and countertransference processes is essential for preserving engagement and promoting clinical progress.

Case Description: We describe a patient with a history of childhood abuse and neglect journeying through a termination phase in a therapeutic community, whose escalating disruptive behaviours strained the therapeutic alliance and risked disengagement. These behaviours were rooted in the projection of 'not listening' and the transferential reenactment of heedless, abandoning caregivers, culminating in a near-rupture.

Interventions: Through reflective team discussions and attuning to unconscious relational patterns, we implemented a communication strategy emphasizing empathy, transparency, and boundary repair. Gradual, consistent outreach and collaborative reframing of treatment goals were employed to restore trust and safety.

Outcome: The patient resumed case management and demonstrated improved insight and engagement, allowing for stabilization and ongoing psychodynamic work whilst working towards meaningful termination. Repairing the rupture provided a corrective emotional experience, reinforcing relational resilience and deepening therapeutic trust.

Clinical Implications: This case highlights the importance of recognizing transference-countertransference dynamics in rupture repair. Intentional communication and phased re-engagement can transform near-ruptures into opportunities for growth, strengthening both the therapeutic relationship and treatment outcomes.

Clinical Study and Psychoanalytic Reading of Perinatal Depression

Angeliki Christaki*, Lea Lou Racotoasitera

Angeliki Christaki, Metropolitan France

Poster Presentation Track: Research Track

Poster Abstract: This study aims to deepen our understanding of the lived experience of women who went through depression during pregnancy or after childbirth, as well as the resources they mobilized—or did not mobilize—to cope with this period of their lives.

The methodology involves multiple semi-structured clinical interviews, guided by a predefined question grid, conducted with women between the ages of 20 and 50 who have experienced perinatal depression. Interviews will take place at least one year after the birth of the child.

Perinatal depression currently affects a significant number of women: approximately 10% of pregnant women and 16% of women in the postpartum period. The main symptoms associated with perinatal depression include profound sadness, anhedonia, guilt, and anxiety. Becoming a mother is a singular experience that entails a process of psychic and bodily disorganization followed by reorganization. The infant's inherent dependence requires intense physical and psychological availability from the mother, particularly during the first moments of the newborn's life. This psychological availability may falter when the mother experiences mental health difficulties. Depressive symptoms can thus generate detrimental effects on the establishment of the mother–infant relationship and, consequently, on the child's psychological development.

The experience of becoming a mother involves a process of separation that leads to an encounter with loss: loss of a social or familial status, loss of a body that has been transformed and will never be the same. This confrontation with loss mobilizes object relations, and more specifically, the relation to the lost object. What is at stake for the woman experiencing maternal depression in her relationship with her child? How does the new mother's connection to her own childhood attachment figures influence this process? Does this prior relational construction impact her ability to establish a new bond? These are the questions and hypotheses guiding this study.

Breaking the Mold: Psychodynamic Psychotherapy in a Parent With Intergenerational Patterns of Trauma and Recurrent Depression

Leoncia Marie Villanueva*, Aizah Joyce Lei Tana-Deza

Leoncia Marie Villanueva, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Parent–child conflict escalating to physical harm in the context of poverty, single parenthood, and childhood trauma poses unique challenges for psychotherapy. A Filipina mother who developed depressive episodes with history of psychotic features reveals patterns of self-blame, and harsh caregiving shaped by chronic invalidation, abandonment, and excessive discipline.

Supportive psychotherapy, trauma-informed care, and psychodynamic formulation were integrated. Early sessions provided the patient with her first reliable emotional container. Encouragement, praise for adaptive efforts, and reinforcement of strengths helped decrease shame and hopelessness. Psychodynamic exploration showed intergeneration transmission of attachment as contributory in the patient's depression, as feelings of worthlessness and fear of

rejection guided her mother's punitive parenting, in turn making the patient treat her daughter similarly. Trauma-informed principles validated this history of maternal neglect, allowing her to understand her behavior not as moral failure but as a learned survival strategy. Psychoeducation on non-violent discipline and mentalization further expanded her capacity to respond rather than react.

Coordination to the Child Protection Unit, and family psychoeducation sessions ensured both child safety and continuity of care. Over the course of treatment, the patient demonstrated reduced irritability, improved insight, safer parenting behaviors, and emerging self-compassion. She began to envision motherhood as the emotional presence she wished she had received.

This case highlights how integrative and culturally attuned psychotherapy can disrupt intergenerational cycles of hurt by helping vulnerable parents reclaim agency, regulate emotion, and rediscover their capacity for nurturing. All identifying details have been anonymized, and patient consent for presentation was obtained.

'Compartment': A Patient With Infant Disorganized Attachment Diagnosed With Dissociative Identity Disorder

Edward Raphael Samala*, Tyrone Paul Cammayo, Michael Sionzon

Edward Raphael Samala, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: A patient in his 20s presented at the emergency department due to episodes of self-harming behavior. History revealed episodes of dissociation after experiencing infant neglect and sexual abuse in his childhood later resulting in the emergence of different personalities. The patient was diagnosed with dissociative identity disorder and was started on psychotropics. He was admitted to the psychiatric ward and later proceeded with regular outpatient psychiatric treatment. He was maintained on Sertraline and Lamotrigine. Sertraline was initiated to address co-morbid depressive and trauma-related symptoms. Lamotrigine, a mood stabilizer with glutamatergic modulation linked to depersonalization and dissociative symptoms, was also initiated. We describe the patient's dissociative identity disorder and attempt to explain its development based on the psychodynamic framework of attachment theory and trauma model. A disorganized infant attachment from the early neglect provided the psychological basis for the development of dissociation later in life. This case demonstrates how early neglect and infant disorganized attachment compounded by repeated trauma predispose to the development of Dissociative Identity Disorder. The patient's alters can be understood as compartmentalized self-states served as defense against trauma. Treatment included a phase-oriented trauma model approach which initially emphasized safety and stabilization. Mentalization-based techniques

were employed along with supportive techniques in further sessions especially in dealing with interpersonal events that reportedly cause the patient's episodes of dissociation. After a year of continued treatment, patient noted improvement of symptoms.

Integrating Trauma-Informed Care in Functional Movement Disorder: A Case Report

Sydney Madlangsakay*

Sydney Madlangsakay, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: We report the case of Hiraya, a 21-year-old female college student referred for psychiatric evaluation due to episodic tremulousness, limb stiffening, and uncoordinated gait. Symptoms were variable, incongruent with known neurological disorders, and worsened during periods of psychosocial stress. Neurological investigations, including brain imaging and electrophysiological studies, were unremarkable. Clinical assessment supported a diagnosis of Functional Movement Disorder (FMD).

Further evaluation revealed comorbid Major Depressive Episode, characterized by persistent low mood, anhedonia, guilt, social withdrawal, and passive death wishes. Her psychosocial history was notable for childhood neglect and emotional abuse, strained family relationships, and academic stressors, which contributed to both mood and functional symptoms.

Management involved initiation of escitalopram, supportive psychotherapy incorporating trauma-informed and psychodynamic approaches, physical therapy, and family psychoeducation. Symptom monitoring utilized the Simplified Psychogenic Movement Disorder Rating Scale (S-PMDRS), Hospital Anxiety and Depression Scale (HADS), and Modified Rankin Scale (MRS). At baseline, scores were S-PMDRS 21, HADS 7/8, and MRS 3. With treatment, Hiraya demonstrated gradual improvement, with follow-up scores of S-PMDRS 12 and HADS 6/6, while MRS remained 3.

This case highlights the complex interaction between trauma, psychiatric comorbidity, and functional neurological symptoms. It underscores the importance of early recognition, multidisciplinary care, and trauma-informed interventions in improving outcomes and reducing stigma associated with FMD.

12:30 p.m. - 1:30 p.m.

Poster Session I - Screen C

From Individual to Group Therapy: How the Image of the Therapist Changes

Domitilla Carbonari*, Marisa Beltrami

Domitilla Carbonari, Italy

Poster Presentation Track: Research Track

Poster Abstract: Introduction: It is well known that the therapist's role is one of the common factors in the psychotherapeutic process, both in individual and group settings. What becomes particularly relevant, however, is the image the therapist assumes depending on the setting. In line with Massimo Fagioli's Human Birth Theory, the transformation of the therapist's image when moving from the individual to the group setting becomes a decisive therapeutic element. This study wants to investigate the setting-related characteristics of the therapist.

Methods: Articles from national scientific journals and from Fagioli's most recent writings have been selected in order to examine the therapeutic factors involved in both settings, as well as the role of the group therapist according to the Human Birth Theory.

Results: 10 articles have been identified. The group has a more cohesive, dynamic and indistinct image, which facilitates the unconscious relationship with the therapist. The presence of multiple participants and the shift in setting modify the therapist's image, who becomes more active and more exposed not only visually but also psychologically.

Conclusions: The therapist's condition of total exposure and continuous activity in the group makes his/her image more visible in its real personal characteristics. The group image, experienced as unity and cohesion, allows patients to move beyond the narration of conscious personal events, encouraging them to seek a deeper way of relating to the new image of the therapist and opens the way to a therapeutic process aimed at building a healthy relationship with the therapist and fostering healing.

The Curability of Depression Through the Therapeutic Relationship in Group Psychotherapy Based on the Human Birth Theory by Professor Massimo Fagioli

Francesca Pagliari*

Francesca Pagliari, Italy

Poster Presentation Track: Clinical Track

Poster Abstract: Introduction: Depression is a severe condition that affects about 6% of global population. Given the relevance of the topic and the associated risk of suicide, it becomes essential to move beyond merely containing or reducing symptoms. Can people heal from depression? Can the idea of curability be the clinical aim of treatment in group psychotherapy?

Methods: We have considered the clinical application of Fagioli's Human Birth Theory (HBT): group psychotherapy, specifically in depressed patients.

Results: Setting, transfert and interpretation are fundamental concepts in HBT clinical application. In depression, group psychotherapy, through a valid and non-disappointing therapeutic relationship and through dreams' interpretation, allows patients to (re)create vitality and the unique personal image of birth. This can work in depressed patients.

Conclusions: The idea of curability of a physiologically healthy mind at birth, which can become ill and can be healed, just like the body, is crucial. According to Fagioli's theory, the human birth is a species-specific and universal dynamic: biological vitality becomes psychic vitality, allowing the newborn to respond to stimuli and naturally pushes the newborn to seek interhuman relationships. If caregiver confirms the newborn's relational request, vitality increases, confirming the own possibility of being loved and the capacity to love. During the first year of life, affectively disappointing relationships may cause depressive thought patterns of varying severity, characterized by the belief that valid interpersonal relationships are impossible to attain. Fagioli states: "Mental illness is not constitutional. It is created in the interhuman relationship and is healed in the interhuman relationship."

Therapist Emotional Skills: A Three-Tier Model

Elena Savina*, Tara Rajagopal, Maria Martinez

Elena Savina, United States

Poster Presentation Track: Clinical Track

Poster Abstract: Given the centrality of emotions in therapy, we argue that clinicians must possess emotional skills. Drawn upon the emotional intelligence model (Mayer et al., 2016), emotion-focused (Greenberg and Goldman, 2019), and accelerated experiential dynamic therapy (Fosha, 2017), we propose a Three-Tier model of therapist emotional skills. This model consists of three groups of skills. The first two groups, therapist- and client-oriented, are represented by foundational emotional skills essential for effective therapeutic work regardless of theoretical orientation. These skills allow therapists to develop working alliances, understand clients and their needs, and maintain therapists' own emotional health. The third, process-oriented group, is represented by advanced emotional skills necessary to use emotions to promote therapeutic change.

Therapist-oriented skills are related to therapists' own emotions. These involve interoceptive awareness, the awareness of feelings, and action tendencies associated with emotions. It also includes emotional granularity, adaptive emotion regulation, and coping skills to prevent emotional burnout. Client-oriented skills are necessary to understand clients' emotions, facilitate clients' understanding of their own and others' emotions, and to

regulate emotions. Process-oriented skills involve those to elicit, deepen, and process clients' emotional experiences. These skills are grounded in and require the concerted use of foundational emotional skills. For example, deepening clients' experience of emotions requires understanding of clients' emotions. Processing clients' emotions requires moment-to-moment tracking of those emotions as well as therapists' emotion regulation skills especially when working with clients' intense emotions. The presentation will outline how the proposed model can inform therapists' training and practice.

Organizational Support as a Protective Factor Against Burnout Among Community-Based Service Providers in Harlem, New York

Palak Manojkumar Bhatt*, Alexandra Restrepo, Victoria Ngo, Srividhya Sharma

Palak Manojkumar Bhatt, United States

Poster Presentation Track: Research Track

Poster Abstract: Introduction: Burnout among service providers is an increasingly significant public health concern, particularly within community-based organizations serving populations exposed to social and structural adversity (Batanda, 2024).

Aim: To examine the association between organizational support and burnout among Harlem Strong service providers.

Methods: We conducted a cross-sectional analysis of provider data collected during the baseline survey of the Harlem Strong trial. Burnout was assessed using the Self-Test Maslach Burnout Inventory, which includes three subscales: emotional exhaustion, depersonalization, and personal accomplishment (Zhang et al., 2024). Organizational support was measured using the Implementation Leadership Scale-12 (Aarons et al., 2014). Additional variables included PHQ-4 scores, self-care behaviors, age, sex, race/ethnicity, educational attainment, years in role, and job role. Descriptive statistics were calculated for demographic and occupational characteristics. A multivariable linear regression model was used to estimate the association between organizational support and burnout, adjusting for relevant confounders.

Results: A total of 152 providers were included. The sample was predominantly female and racially diverse, representing varied education levels and roles. Higher levels of organizational support were significantly associated with lower burnout ($\beta = -0.26$, $p = 0.004$). Higher PHQ-4 scores were associated with increased burnout ($\beta = 0.71$, $p = 0.01$). Several job roles—including health educators, case/care managers, and outreach coordinators—showed significantly higher burnout levels compared to reference roles.

Conclusion: Organizational support appears to be a key protective factor in reducing burnout among providers working in community-based settings. These findings underscore the

importance of strengthening organizational processes and leadership to promote provider well-being.

Oncologists, a Fragile Population During the Covid-19 Pandemic: Group Supervision to Process Critical Moments

Claudia Savina*, Paolo Fiori Nastro

Claudia Savina, Italy

Poster Presentation Track: Research Track

Poster Abstract: Introduction: A frail population is made up of individuals who, due to a combination of clinical, physical, psychological, and socio-environmental factors, have a reduced stress resistance, resulting in a high risk of negative outcomes such as burnout, hospitalizations, disability, functional deterioration, and mortality.

Multiple factors contribute and impact this population, affecting various aspects: psychological, social, organic, and environmental.

Frailty, usually associated with the geriatric population, if associated with serious illnesses, severe disability, or unfavourable socioeconomic contexts, may be observed even among young's.

Helping professions, may be vulnerable during particularly adverse and difficult times, such as disasters, wars, and pandemics. Among them, oncologists can also be considered a vulnerable category as numerous articles were published during the Covid-19 pandemic.

Intervening with category-specific supervision groups can be helpful in reducing/avoiding burnout and processing critical experiences.

Method: To address and process crisis following the Covid-19 pandemic, a Oncology Unit organized monthly group supervisions for 6 months, led by a senior psychiatrist and psychotherapist assisted by a physician specializing in psychodynamic psychotherapy on fixed topics.

Results: Supervisions revealed that oncologist, is a lifesaving physician, to whom cancer patients turn 24/7, always, even remotely. The oncologist's work is a highly energy-consuming one, and to best address it, a satisfying personal life is essential, allowing for the fulfilment of other aspects of a person's identity (cultivating relationships, practicing sports, pursuing hobbies, and respecting and caring for rest and recovery periods).

Conclusions: Our study offers interesting insights for future research on particularly vulnerable and fragile healthcare professionals.

“Botteghe della Comunità”: An Experiment of Community Medicine

Gennaro Sosto*, Roberta Zunno, Paola Cioffi, Carmine Acconcia, Antonietta Grandinetti

Gennaro Sosto, Italy

Poster Presentation Track: Clinical Track

Poster Abstract: Introduction

“Botteghe di Comunità” is a management experiment of Community Medicine by ASL Salerno (local health company) to respond to the health and social needs of the internal areas of Cilento (district n° 69 and 70), that are affected by logistical problems due to the distance from accident and emergency points or hospitals, or due to the presence of difficult mountain routes to cross, and where there is a high percentage of elderly population.

Purpose: The aim of “Botteghe di Comunità” is to promote the health through the continuity of care services, supporting the activities of primary care in 29 locations of the internal areas, named “spoke”. Their centrality is given by the functions of initiative health: taking charge, unified access, filtering access, and directing patients.

Method: “Botteghe di Comunità” HUB are local socio-healthcare centres where a nurse is assisted by general practitioners, specialists and other local professionals, and by civil service volunteers and city competence, for the management of chronic diseases with higher prevalence, i.e. diabetes, cardiovascular diseases, chronic respiratory diseases, cerebrovascular pathologies including dementia and poly-pathologies of the frail elderly.

Results and conclusions: With “Botteghe di Comunità”, ASL Salerno spreads Community Medicine around the territory, specifically in the internal areas, through an healthcare model for managing chronic diseases based on proactive assistance to the individual from the stages of prevention and health education to the early and established phases of the illness.

Health-Related Beliefs and Quality of Life in Adults Living With Epilepsy

Malha Belkhir, Hakima Megherbi*

Hakima Megherbi, France

Poster Presentation Track: Clinical Track

Poster Abstract: This study aims to identify the effects of health beliefs on the quality of life of adults with epilepsy. Three hypotheses structure the research. The first suggests that individuals with epilepsy often develop health beliefs that are detrimental to their well-being, characterized by fear of seizures, dependence on treatment, and a perceived sense of limitations in daily life.

The second posits that their overall quality of life is reduced across physical, psychological, social, and environmental dimensions, due to fatigue, anxiety, stigma, and difficulties in adaptation. The third and central hypothesis proposes that health beliefs directly influence quality of life: positive beliefs, grounded in confidence and self-management capacity, promote better psychological and social adjustment, whereas negative beliefs heighten distress and hinder adaptation.

The study was conducted with three adults with epilepsy (two men and one woman) using clinical observation, semi-structured interviews, and two questionnaires: the WHOQOL-BREF (WHO, 1996) for quality of life, and Pelletier's (2000) Health Belief Questionnaire. Analyses of these three single cases partially support the first two hypotheses and fully confirm the third. Although limited by a small sample, the study highlights the importance of educational and psychological interventions aimed at correcting inaccurate health beliefs and improving the quality of life of adults living with epilepsy.

Disruptions in Mental Health Treatment Continuity: Implications for Behavioral Stability and Justice-System Risk

Katherine Farley*

Katherine Farley, United States

Poster Presentation Track: Research Track

Poster Abstract: Continuity of care is a foundational component of effective psychotherapy; however, disruptions in mental health treatment remain a persistent challenge. This qualitative study examines how interruptions in care affect patient stability, relapse, and crisis outcomes across clinical contexts. Semi-structured interviews were conducted with eight mental health and related professionals, including therapists, crisis worker, a case manager, addiction specialist, a clinical director, and a forensic psychologist.

Thematic analysis identified six core domains: disruptions in access to care, psychological destabilization following interruption, increased risk of crisis escalation, downstream functional and behavioral consequences, structural barriers to continuity, and disparities among vulnerable populations.

Participants reported that interruptions contribute to symptom exacerbation, loss of therapeutic process, and increased relapse risk. In higher-risk settings, particularly within or adjacent to correctional systems, disruptions were associated with hospitalization and increased suicidality risk. Structural barriers such as insurance limitations, workforce shortages, and insufficient funding were identified as primary contributors.

These findings indicate that treatment continuity is a critical determinant of patient stability and safety and highlight the need for system-level interventions that support sustained access to care.

12:30 p.m. - 1:30 p.m.

Poster Session I - Screen D

Learning and Enhancing Conversational Skills With AI

Charlotte Hveem*, Rajna Knez, Sophie Mårtensson, Johannes Nordholm

Charlotte Hveem, Sweden

Poster Presentation Track: Clinical Track

Poster Abstract: Innovative AI-based educational systems are increasingly reshaping the learning of conversational skills. Our system is designed to strengthen conversational skills of healthcare professionals, humanitarian relief workers, and others caring for vulnerable populations. These AI-based systems offer immersive technology and interactive scenarios where learners interact with diverse generative AI avatars, followed by AI-driven feedback that highlights learners' strengths and identifies areas for improvement. These systems enable a safe virtual learning environment that supports repeated practice, personalized learning, and thus conversational skill improvement.

As for now, our training systems, Crisis Support VR and Healthcare VR, are designed for learning conversational skills in the context of mental health services. Both systems emphasize inclusion and cultural adaptability through ten generative AI avatars representing a broad demographic spectrum and support for 16 languages.

Crisis Support VR facilitates the learning of psychological first aid through conversations with generative AI avatars affected by natural disasters, terrorism, and assaults. Healthcare VR focuses on suicidality, intimate partner violence, sexual vulnerability, and social exclusion. By integrating immersive technology with AI, our system equips healthcare professionals, humanitarian relief workers, and others caring for vulnerable populations to provide compassionate and caring care in challenging contexts.

Research on Crisis Support VR is currently underway, while studies on Healthcare VR are planned to evaluate its impact on conversational skills and care quality. The training system was developed in partnership with Region Västra Götaland and VirtualSpeech.

Brief Cognitive Behavioral Therapy (BCBT): Advancing Evidence-Based Strategies for the Understanding of Suicide

Ennio Ammendola*, Jeffrey Tabares, Annabelle Bryan, Craig Bryan

Ennio Ammendola, United States

Poster Presentation Track: Clinical Track

Poster Abstract: Brief Cognitive Behavioral Therapy (BCBT) for Suicide Prevention is one of the most evidence-based psychotherapeutic approaches for working with clients at risk of suicide. This poster reviews the historical origin of BCBT, theoretical overview of its principles, clinical applications, and accumulation of research support corroborating its evidence base into the present day. This poster will also illustrate the future directions of BCBT. We trace the evolution of BCBT from its earliest cognitive behavioral roots to its current multimodal, evidence-based framework. The origins of BCBT first appeared in clinical research trials articulating the concept of suicide as a fluid event (instead of fixed). A central component of the conceptualization of BCBT is the crisis response plan (CRP). CRP provides clients with clear guidelines for coping and responding more effectively during times of crisis. In addition, BCBT is characterized by several effective elements, including the cognitive, behavioral, and emotional components. The crucial, historical idea of BCBT has been to identify clients' deficits that contribute to/sustain a suicidal crisis and build skills to mitigate those risk periods. An overview of these clinical skills will also be provided. Positive outcomes support BCBT's reputation as a time-limited, structured, and goal-oriented modality for people at risk of suicide. By introducing a historical overview of BCBT's milestones, key contributors, research outcomes, and paradigm shifts, this poster highlights how BCBT's adaptive and empirically grounded structure facilitates its longevity as a central force in contemporary psychotherapy to address people at risk of suicide.

Examining the Relationship Between Social Worker Density and Suicide Rates in New York State

Yara Malshy*, Elizabeth Maglio

Yara Malshy, United States

Poster Presentation Track: Research Track

Poster Abstract: Introduction: Suicide is a multifactorial issue, and social work plays a key role in detecting and intervening with at-risk individuals. This study examines the correlation between MSW density (MSWD) and suicide rates in New York State (NYS) counties.

Methods: Data on licensed social workers (LMSW) by county were obtained from the NYS Education Department, and population and socioeconomic data were sourced from public

databases. MSWD was calculated per 1,000 people. Suicide rates (2020-2022) were sourced from the NYS Department of Health. Spearman's correlation tested the relationship between MSWD and suicide rates. Counties were categorized as high or low MSWD (≥1 vs. < 1 per 1,000). A multivariable analysis adjusted for sociodemographic factors. Statistical significance was set at $p < 0.05$.

Results: In 2025, NYS had 19.3 million people, with a median county population of 85,600. There were 31,805 LMSW, with densities ranging from 2.15 per 1,000 in NY County to 0.47 in Allegany. The average annual suicide count was 1,672, with a median rate of 12.14 per 100,000. Schenectady had the highest rate (55), and Rockland had the lowest (4.38). Higher social worker density correlated with lower suicide rates (rho = -0.4, $p < 0.001$). Counties with high MSWD had significantly lower suicide rates ($p = 0.004$), even after adjusting for confounders ($p = 0.003$).

Conclusion: Higher MSWD was associated with lower suicide rates across NYS counties, suggesting the potential role of LMSWs in suicide prevention. Further research should explore causal mechanisms and consider targeted interventions for high-risk populations.

Understanding the Relationship Between Low Socioeconomic Status and Suicidal Behavior

Coreetha Entzminger*, Carolyn Ortega

Coreetha Entzminger, United States

Poster Presentation Track: Clinical Track

Poster Abstract: About 800,000 deaths per year are attributed to suicide worldwide. This systematic review addressed the impact of lower socioeconomic status on the suicidal behavior of individuals residing in the Western part of the world. The focus of this systematic review was to address the negative psychological impact of underprivileged socioeconomic status on suicidal ideation and suicidal attempts. Understanding the psychological distress leading to suicidal behavior for underprivileged individuals in Western countries can help to gain insight into what current interventions may be lacking while identifying the existing prognosis and risk factors. This study assessed the cultural, social, and psychological factors that contribute to the suicidal behavior of socioeconomically disadvantaged individuals in the West through the interpersonal theory of suicide. Current treatment options available for this population and the effectiveness of these treatments were explored. Results showed that individuals with a low socioeconomic status were most vulnerable to engaging in suicidal behavior at a higher rate compared to those who were of higher socioeconomic status within the same region. The findings of this study highlighted the need for mental health professionals and government officials to familiarize

themselves with this population to assist them by utilizing more targeted interventions and prevention programs that adequately tackle socioeconomic disparities.

Choosing Courage Over Worry, One Bite at a Time

Julie Alexis La Rosa*, Jennyleen Roxas

Julie Alexis La Rosa, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: J.D. is a 34-year-old unemployed former call center agent presenting with severe fear of choking that began after a choking incident and viewing a related video in 2020. This phobia caused extreme weight loss (63 kg to 31 kg), functional decline, and marital strain, contributing to depression and feelings of worthlessness. She identifies as deeply religious, viewing faith as a source of hope but also as a framework for guilt and self-criticism. Nondynamic factors include a 14-year history of gastroesophageal reflux disease and a family history of psychiatric illness, with an uncle dying from poor alimentation. Social stressors include unemployment and conflict with her husband over recovery efforts. Her central conflict involves an unconscious need to be cared for versus fear of losing autonomy and control. This originates from early parental abandonment and a strict upbringing under an authoritarian uncle, fostering anxious attachment and dependency. Religiosity amplifies guilt when she perceives herself as failing her family or spiritual ideals. Defense mechanisms include avoidance, acting out, and passive resistance. In treatment, J.D. may idealize the therapist as a rescuer but resist directives perceived as controlling, leading to delays or noncompliance. She is influenced by her husband's opinions and religious convictions, which may shape expectations of healing as faith-based rather than therapeutic. Countertransference risks include therapist frustration. A supportive, non-coercive stance that respects her spiritual values and fosters ownership of therapeutic steps will strengthen the alliance and reduce resistance.

Persistent Depressive Disorder, Fire-Related Posttraumatic Stress Disorder, and Borderline Personality in a Young Adult in Early Pregnancy: A Case Report

Rainier Alphonsus Villanueva*, Constantine Della

Rainier Alphonsus Villanueva, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Background: Multiple psychiatric co-morbidities, including chronic depressive symptoms, trauma-related pathology, and personality disorders present challenges in psychiatric practice. When these conditions coexist during

pregnancy, diagnostic clarity and treatment planning become even more demanding. This case illustrates the interplay of persistent depressive disorder, fire-related posttraumatic stress symptoms, and emerging borderline personality features in a young adult with a history of early emotional neglect and unstable attachment patterns.

Case: The patient is a 26-year-old woman with an eight-year history of recurrent depressive symptoms following prolonged caregiving responsibilities and maternal death. After experiencing two fire-related incidents, she developed intrusive recollections, nightmares, avoidance of fire-related stimuli, hypervigilance, and compulsive checking behaviors. These symptoms significantly impaired her functioning, particularly in culinary school. Her long-term romantic relationship was marked by instability, fear of abandonment, affective lability, and self-harm episodes, raising concern for borderline personality traits. Symptom recurrence was frequently precipitated by psychosocial stressors, financial strain, and medication nonadherence. Early pregnancy intensified her depressive and trauma-related symptoms after self-discontinuation of sertraline.

Discussion: Management combined trauma-informed psychotherapy, supportive-expressive psychotherapy, and mentalization-based techniques to improve affect regulation and reflective functioning. Pharmacologic treatment with sertraline was optimized, with close coordination with obstetric care to ensure maternal and fetal safety.

Conclusion: This case highlights the clinical complexity of treating comorbid depression, trauma-related symptoms, and personality vulnerabilities during pregnancy. It underscores the importance of a trauma-informed, mentalization-oriented framework and illustrates how early relational adversity can shape adult psychopathology and perpetuate intergenerational risk

Avalanche: Psychotherapy and Stabilization in a Filipino Young Woman Living With Bipolar I Disorder, PTSD, and Psychogenic Seizures

John Eroll Yabut*, Victoria Patricia De La Llana

John Eroll Yabut, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: This case follows a 19-year-old Filipino woman whose psychiatric symptoms unfolded across years marked by early sexual abuse, repeated boundary violations, and the slow accumulation of losses within a family stretched by illness and migration. Her childhood molestation, followed by groping incidents and persistent hypervigilance, evolved into a full picture of Post-Traumatic Stress Disorder: intrusive memories, nightmares, marked avoidance of men, dissociation, negative self-beliefs, and chronic physiological tension. As she entered late adolescence, these PTSD symptoms intertwined with cycling manic and depressive episodes accompanied by hallucinations, irritability, insomnia, and periods of emotional collapse. By

presentation, she was navigating intrusive recollections, memory lapses, suicidal ideation, mixed mood features, and a newly identified seizure disorder, creating diagnostic and therapeutic complexity.

Psychotherapy moved in parallel with mood stabilization and neurologic management. Early work emphasized safety, containment, and helping her name internal experiences that had long remained unspoken. Psychoeducation for her and her parents clarified the relationship between PTSD symptoms, mood shifts, sleep disruption, and medication adherence. A trauma-informed approach guided exploration of themes of self-blame, disgust, and abandonment linked to her abuse history, the abrupt departures of her brothers, and the death of her grandmother.

Across follow-ups, she showed improved mood stability, decreased suicidality, and modest gains in insight and emotional articulation. Her course demonstrates how integrated, culturally attuned psychotherapy can stabilize Filipino youth carrying the combined weight of PTSD, severe mood disorder, and somatic expressions of psychological distress.

Invisible Trauma: Diagnosing and Treating Emotional Abuse in Childhood

Kate Mikhailouskaya*

Kate Mikhailouskaya, Australia

Poster Presentation Track: Clinical Track

Poster Abstract: This poster shares clinical insights into the invisible childhood trauma, emotional or psychological abuse that leaves no physical evidence. Parentification, enmeshment, and parental manipulation are frequently overlooked in both assessment and treatment. Many individuals who have endured such experiences spend years in therapy treating symptoms such as depression, anxiety, or eating disorders without recognising their origins in childhood trauma. Because these experiences rarely fit the stereotypical image of abuse, clients often feel guilty for struggling, believing there is 'something wrong' with them.

Drawing from clinical case studies, this presentation highlights how recalling and exploring childhood memories can serve as an entryway into understanding the true origins of distress. Through the lens of memory, clients begin to see how unconventional or confusing upbringings, marked by blurred boundaries, emotional neglect, or role reversal disrupted their developmental trajectory. This process transforms vague self-blame into a clearer understanding of how survival strategies that were once necessary now perpetuate suffering.

Principles of using childhood memories in treatment, even when such memories are considered unreliable or emotionally overwhelming, will be discussed through reflections from clinical work. Applied strategies will be shared to demonstrate how clients can use memory recall to gain a deeper understanding of self and begin to undo the psychological legacy of trauma. The

presentation calls for greater attention to subtle emotional injuries that hide beneath functional family narratives and for the therapeutic use of memory as a path toward healing.

12:30 p.m. - 1:30 p.m.

Poster Session I - Screen E

Integrating a Group-Based Acceptance and Commitment Therapy Intervention Into Treatment of Chronic Conditions

PhuongThao Le*

PhuongThao Le, United States

Poster Presentation Track: Research Track

Poster Abstract: Background: The integration of mental health services and programs into existing healthcare systems such as primary care and cancer care can improve mental health promotion and care delivery, as well as, the associated outcomes associated with other health conditions. The objective of this NIH-funded study was to adapt and conducted a pilot randomized controlled trial (RCT) of a hospital-based, group stress management intervention (Self-Help Plus) among cancer patients in Viet Nam.

Methods: This 5-year research project included three phases: 1) a qualitative formative reserach study; (2) a theory-based adaptation process; and 3) a pilot RCT of the adapted SH+ intervention (Vietnamese Self-Help Plus; vSH+) among n=105 cancer patients in six hospitals in Viet Nam.

Results: Participants expressed high acceptability of the SH+ intervention model. Analysis resulted in several modifications to the intervention model, including the incorporation of healthcare workers, condensing the session length, and changing the delivery format to make it more feasible in the Vietnamese context. The pilot RCT results showed that participants in the intervention arm reported decreased symptoms of psychological distress and depression, along with increases in perceived social support.

Conclusion: The task-sharing SH+ intervention model is a feasible and acceptable mental health intervention model for integration into the cancer care system in Viet Nam, and can help in improving the mental health and psychosocial health among cancer patients.

Doping in Adolescence. Body Image and Mental Disorders: A Prevention Hypothesis

Gloria Arena*

Gloria Arena, Italy

Poster Presentation Track: Research Track

Poster Abstract: The analysis of the scientific literature on primary prevention of doping highlights an underestimation of risk among adolescent athletes. Moreover, clinicians tend not to adequately relate this phenomenon to the mental disorders associated with body image, particularly Narcissistic Personality Disorder and Feeding and Eating Disorders.

Aims: To contribute to the prevention of doping in the adolescent population. In parallel, the aim is to offer psychotherapists new theoretical and clinical perspectives on the link between body image and doping in adolescence.

Methods: A review of the international scientific literature concerning the relationships between doping, adolescence, and body image was conducted. This review was integrated with the examination of theoretical contributions, including publications relating to Massimo Fagioli's Human Birth Theory (HBT). A clinical case analysis was also included.

Results: Through a critical reflection and re-examination of existing evidence, the study seeks to outline new interpretative elements, grounded in HBT that may facilitate a deeper understanding of the relationship between body image and the risk of doping among adolescents.

Conclusions: The findings emphasise the importance of primary prevention within schools, community services, and sports organisations. Fagioli's theory posits a healthy birth of the individual characterised by a mind–body integration; when this process is disrupted, a split emerges which, in adolescence, may manifest as mental disorders potentially masked by the use of doping substances. Research and therapeutic practice based on this framework appear effective in addressing the underlying pathological core and in restoring an integrated internal body image.

ADHD and Chronic Pain in Adulthood: A Closer Look at Gender and Diagnostic Timing

Marianna Bueti*

Marianna Bueti, United States

Poster Presentation Track: Research Track

Poster Abstract: Untreated ADHD is linked to psychiatric comorbidities, and growing evidence suggests a connection to physical health outcomes as well. Understanding this relationship has important implications for primary care, where routine screening could improve both recognition and treatment of ADHD, particularly in closing the diagnostic gaps in vulnerable populations.

This study analyzed 2023 National Center for Health Statistics Rapid Surveys System data (n=7,046 U.S. adults) to examine the association between lifetime ADHD diagnosis and self-

reported chronic pain using weighted logistic regression models adjusted for age, race, income, and gender. Adults with ADHD had more than twice the odds of reporting chronic pain compared to those without ADHD (adjusted OR=2.30, 95% CI: 1.77–2.97). Gender-stratified models showed higher odds among cisgender men (aOR=3.08, 95% CI: 2.11–4.50) than cisgender women (aOR=1.84, 95% CI: 1.27–2.67). Age at ADHD diagnosis (childhood vs. adulthood) was not significantly associated with chronic pain.

As chronic pain prevalence is rising and ADHD diagnosis in adulthood is becoming more common, this study's findings support that 1) there is a potential benefit to screening for ADHD in chronic pain patients and 2) this benefit is not lost when ADHD diagnosis is missed until adulthood. Screening may allow for more comprehensive, integrated care that addresses both mental health and physical health needs.

Functional Neurological Symptom Disorder Following Cumulative Trauma: Restoring Agency Through Mga Bilog Ng Buhay (Circles of Life) Framework

Patricia Nadine Villanueva*, Anselmo Tronco, Josefina Ly-Uson, Joffrey Sebastian Quiring

Patricia Nadine Villanueva, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Functional Neurological Symptom Disorder (FNSD) often manifests as a neuropsychiatric response to cumulative trauma. This case illustrates the utility of the Filipino psychological framework Mga Bilog ng Buhay (Circles of Life) in conceptualizing and treating FNSD in a survivor of chronic domestic violence and sexual coercion.

A 24-year-old Filipino woman presented with episodic dystonic posturing (neck hyperextension, truncal arching) and rigidity absent of structural pathology. History revealed childhood abuse, sexual coercion, and relational betrayal. Her symptoms were re-conceptualized using Mga Bilog ng Buhay as disruptions across four dimensions: Kalooban (Inner Self), where internalized shame manifested somatically; Kapwa (Shared Identity or Relationships), fractured by family invalidation; Kakayahan (Agency), diminished as her dystonia embodied a "freeze" response echoing the loss of control experienced during abuse; and Kabuluhan (Meaning), eroded by an inability to fulfill familial roles.

Management employed a trauma-informed, biopsychosociospiritual approach. Interventions focused on validating her narrative to restore her inner self, family psychoeducation to repair shared identity, and vocational support to regain agency. To reconstruct meaning, therapy helped her re-author her purpose from fragile external validation to internal resilience. Alongside pharmacotherapy, the patient achieved marked symptom reduction within eight weeks, and by eight months, she ambulated independently.

This case underscores the necessity of culturally grounded care. By addressing the existential fractures through social and community formulations, treatment, especially psychotherapy, can move beyond symptom suppression to restore dignity, relationships, agency, and meaning for vulnerable populations.

Informed consent for presentation was obtained from the patient, and identifying details have been anonymized.

Art for Therapy and Images Recreations in the Treatment of Depressive Wounds

Fabiana Yvonne Lugli*, Francesca Franco

Fabiana Yvonne Lugli, United States

Poster Presentation Track: Research Track

Poster Abstract: Art in itself does not heal.

What heals is the relationship that takes shape through art.

Art used for therapy is a tool or a vehicle that leads to therapy. Referring to psychiatrist Massimo Fagioli, in his model art - especially figurative art - has a fundamental role because it represents the privileged space for expressing one's "inner image," that is, the pre-verbal psychic dimension that precedes rational thought.

Art as a vehicle for healing becomes an exploration of ever-changing images that accompany the transformation of thoughts and, consequently, of behavior.

Mine is a living testimony made of moving images, which supports—artistically—the connection between art and therapy. My work has generated an artistic process—a multidisciplinary performance—capable of constantly producing images in continuous motion: sound images, visual images, gestural images.

The loss of dance, a deep wound, became a tool for regaining "movement," made of inner images as expression of coherent unconscious thoughts, mental images that take shape and voice through the body as it moves and paints in response to sound (according to Fagioli's theory) as expression of coherent unconscious thoughts.

The images, and the entire fluidity of images that become ever more beautiful and profound, are the first step, and toward transforming one's identity, behavior, expectations, and desires.

Images are in motion, changing and evolving - there lies the possibility of transformation.

Our first way of relating to the world is thought images.

Thai Culture and Buddhism Influences on Superego of Thais: Concept and Sample Cases

Poom Chompoosri*, Arisara Korrom

Poom Chompoosri, Thailand

Poster Presentation Track: Clinical Track

Poster Abstract: Superego is a psychodynamic concept that has proven to be useful in both psychotherapy and general clinical practice. While internalization of parental imago is the key precursor to superego, other factors can be influential on it as well. Thailand is a country in Southeast Asia region with Buddhism as its main religion. In this poster, the authors propose concept of how Thai culture and Buddhism influence superego of Thais. The focus is on the essences of Thai culture that are reflected in Thai proverbs and songs, as well as Thai interpretation of common Buddhist teachings that closely resemble moral conscience and ego ideal. Sample cases are included to demonstrate the concepts and how to apply them in clinical practice.

Communicating Identity: The Importance of Clothing, Costume, and Dress as a Bi-Directional Visual Semiotic in Therapy

Thomas Edwards*

Thomas Edwards, Australia

Poster Presentation Track: Clinical Track

Poster Abstract: Transference and counter-transference are hallmarks of psychotherapy – but what mechanisms communicate this information, and what information is transmitted? Client and therapist clothing/costume/dress (CCD) represent important and complementary sign systems which communicate preferred identity, influence first impressions, and may impact the therapeutic alliance. Not only is CCD ubiquitous across cultures but sociologically the relationship between CCD and identity is well understood. Yet the psycho-biological importance of CCD remains clouded. Early investigations relied on the psychoanalytic literature, with Freud interpreting clothing accoutrements (e.g., hats, police helmets, riding crops, etc.) as phallic symbols, while Jungian archetypes and symbolism often only attain importance for scholars of CCD when investigated through the arts (e.g., rich character descriptions). More recently, in 2012 Adam and Galinsky coined the term “enclothed cognition”, suggesting CCD may impact a wearer’s cognitions, emotions, and behaviours. From the observer’s perspective, Adotey et al. (2016) found that a wearer’s clothing altered first impressions with respect to perceived moral values, economic standing, social status, and conformity to social norms. The evolutionary significance of enclothed cognition and first impressions research cannot be underestimated - but what is the underlying construct being hinted at? The author argues that CCD communicate a

small number of key virtues which endow people with biological fitness (e.g., courage, wisdom, honour, kindness, etc.) and forms their preferred identity. This implies that CCD, for all its diversity of expressions, has a limited set of implicit bio-psycho-social functions. By corollary, these functional displays influence the therapeutic alliance, at least in the short-term.

Meditation-Based Strategies to Reduce Depression Vulnerability: A Randomized Controlled Trial on Selflessness Mechanisms Across Three Contemplative Practices

Céline Stinus*, Sophie Berjot

Céline Stinus, Spain

Poster Presentation Track: Research Track

Poster Abstract: Introduction: Meditation-based interventions are increasingly used in psychotherapy to target vulnerability factors associated with depression, yet the specific self-related mechanisms engaged by different contemplative practices remain insufficiently understood. This randomized controlled trial addresses three key questions relevant to clinical intervention design: (1) which processes mediate changes in self-related vulnerability factors; (2) how attentional and deconstructive practices differ in their effects; and (3) whether Buddhist-rooted approaches offer advantages over secular adaptations.

Method: A total of 298 adults were randomly assigned to Focused-Attention (FA), secular Self-Inquiry (S-SI), Buddhist-based Self-Inquiry (B-SI), or a wait-list control group (WL). Pre–post assessments included dysfunctional attitudes, identity threat, depressive symptoms, and selflessness-related mediators (connectedness, meta-awareness, nonreaction, disidentification).

Results: Robust Time × Condition interactions emerged across outcomes. B-SI produced the strongest reductions in dysfunctional attitudes and identity threat, followed by FA. All active conditions yielded comparable decreases in depressive symptoms. For the proposed mechanisms, B-SI produced the largest gains in connectedness to humanity, whereas disidentification, non-reaction, and meta-awareness increased substantially across all active interventions. Multiple mediation analyses revealed clinically meaningful pathways: in B-SI, decreases in dysfunctional attitudes were fully mediated by increases in connectedness, non-reaction, and disidentification; reductions in identity threat were partially mediated by connectedness. In FA, reductions in depressive symptoms were fully mediated by increases in non-reaction. No mediators emerged for S-SI.

Conclusion: This trial offers the first direct comparison of attentional, secular deconstructive, and Buddhist-based deconstructive meditation. Findings identify selflessness-related mechanisms as central therapeutic targets and provide guidance for tailoring meditation-based strategies within psychotherapy.

3:40 p.m. - 4:10 p.m.

Young Investigator Posters

Increasing Access to Psychotherapy for Uninsured Immigrant and Refugee Patients: A Student-Run Free Clinic Model for Medical Education in Psychiatry and Human Rights

Anna Blech*, Aidan Pillard, Madeline Villalba, Vicki Gluhoski, Cindy Aaronson, Elizabeth Visceglia, Grant Brenner, Jacob Appel, Craig Katz

Anna Blech, United States

Poster Presentation Track: Clinical Track

Poster Abstract: Asylum seekers, refugees, and uninsured/uninsurable patients face barriers to accessing psychotherapy, despite disproportionate exposure to trauma and discrimination. The Mental Health Clinic of the East Harlem Health Outreach Partnership, a student-run free clinic at the Icahn School of Medicine at Mount Sinai, addresses these inequities while training future clinicians to deliver culturally responsive psychotherapy to vulnerable populations. MHC trains students in supportive, cognitive behavioral, and psychodynamic psychotherapy, along with medication management, under residents and attending supervision. The clinic serves over 50 uninsurable adults and recently added a dedicated Refugee Mental Health Clinic for asylum seekers and resettled refugees. Nearly all patients have histories of trauma or persecution, making a human-rights orientation central to care. Psychotherapy training includes two semester-long CBT courses or a psychodynamic elective and biweekly supervision from physicians and psychologists in each modality. Core education for all students includes real-time supervision in clinic, monthly case-based reflections, an introductory series (covering diagnosis, medications, the mental status exam, and supportive psychotherapy), and didactics on clinical topics, trauma-informed care, and human rights. This educational model equips students to work effectively with communities affected by instability and displacement, while expanding access to long-term psychotherapy, an option rarely available to uninsurable patients.
Research demonstrates significant educational impact and positive clinical outcomes from the CBT program, and preliminary evaluation of the other programs indicate strong patient engagement and educational impact. MHC illustrates how student-run clinics can address care gaps while simultaneously educating a new generation of clinicians in psychotherapy, trauma-informed care, and human rights.

When Silence Compounds Loss: Psychotherapeutic Challenges After Perinatal Death in Latin America and the Caribbean

Nicole Yelton Fermín*, Sabrina Zequeira, Ruby Castilla-Puentes

Nicole Yelton Fermín, Dominican Republic

Poster Presentation Track: Clinical Track

Poster Abstract: Perinatal loss constitutes a significant yet underaddressed mental health burden in Latin America and the Caribbean (LAC). Up to 60% of mothers who experience stillbirth meet full PTSD criteria, with cohort analyses demonstrating substantially elevated risk compared to mothers of live births (RR = 4.36; 95% CI 2.31–8.24). Regional vulnerabilities compound this burden: high adolescent pregnancy rates, socioeconomic constraints, evidence that 11–20% of early pregnancies result from sexual abuse, and many pregnancies occurring without active partners, limiting the applicability of family-based interventions used elsewhere.

Cultural dynamics further shape how grief can be processed. In communities where motherhood carries deep significance, acknowledging a baby's death may evoke shame, silencing bereaved mothers when they most need support. While disclosure and supportive reactions are effective coping strategies, these approaches assume access to receptive listeners and safe spaces, conditions often absent due to mental health stigma and fragmented care.

These realities call for therapeutic approaches attuned to relational depth and cultural context. Psychotherapeutic frameworks, with emphasis on meaning-making and processing loss within a holding environment, offer particular promise when grief is socially unspeakable. Rather than requiring explicit verbal disclosure, psychotherapeutic work can engage symbolic, somatic, and relational channels.

This project aims to identify culturally responsive psychotherapeutic strategies for integration into the WARMI Bereavement Room model, a dedicated space within healthcare facilities providing dignified environments for mothers experiencing perinatal loss. The project will produce clinical guidelines to equip healthcare professionals with approaches that honor cultural realities while supporting reproductive health and psychological well-being across LAC.

Early Alliance Markers in Couple Therapy Consultation: What Differentiates Continuation From Dropout?

Alessandra Amoroso*, Giancarlo Tamanza

Alessandra Amoroso, Italy

Poster Presentation Track: Research Track

Poster Abstract: The clinical consultation phase has been regarded as a pivotal yet still under-explored moment in couple therapy, where key interactional processes lay the groundwork for the early development of the therapeutic alliance—a well-established relational factor linked to

treatment retention and dropout risk. This study therefore aims to identify and compare the core alliance dimensions associated with continuation versus premature dropout following the initial consultation. A multi-method observational design was adopted to capture the complexity of triadic conversational dynamics between partners and therapist.

Six video-recorded consultation sessions were collected from couple therapists (three continuation cases, three dropout cases). The sample includes only relational-focused consultations and excluded couples presenting primary individual psychological or physical symptomatology.

Video data were transcribed and segmented into clinically meaningful analytical units. Each unit was examined using two complementary observational approaches: the Italian version of the System for Observing Family Therapy Alliances–Observational (SOFTA-o), employed to code Engagement, Emotional Connection, Safety within the Therapeutic System, and Shared Sense of Purpose; and a refined study-specific coding grid, pilot-tested and revised, used to assess pragmatic (speech-turn distribution, direction, and balance) and semantic indicators (emergence of shared relationally relevant themes). Finally, a phenomenological clinical-interpretative reading was planned to explore the most salient triadic sequences previously flagged as significant, particularly moments of problem co-definition and joint questioning.

Results will contribute to a conceptualization of alliance development during consultation and inform clinical indicators to support early identification of dropout risk. Analyses are currently ongoing.

Mindfulness in the Assessment and Treatment of Suicidal Behavior

Lina Velásquez*

Lina Velásquez, Colombia

Poster Presentation Track: Clinical Track

Poster Abstract: This poster presents a comprehensive clinical exploration of Mindfulness-Based Cognitive Therapy (MBCT) as an intervention for assessing and managing suicide risk in outpatient psychotherapy. As the sole presenter, I will discuss the application of MBCT with 13 patients identified at varying levels of suicidal risk in the clinical practice Salud Cerebral and Bienestar Mental.

The presentation will describe how MBCT principles were integrated into the evaluation process to detect maladaptive cognitive patterns, ruminative thinking, attentional narrowing, and emotional dysregulation, factors commonly associated with suicidal crises. I will outline the structured clinical decision-making model used to classify primary, secondary, and tertiary risk factors, and how mindfulness-based strategies supported patient stabilization, improved insight,

and enhanced emotional regulation. Illustrative clinical cases will highlight MBCT-informed interventions, including moment-to-moment awareness training, decentering, distress-tolerance mindfulness practices, and compassionate self-inquiry. Outcomes across the 13 patients will be summarized, demonstrating reductions in suicidal ideation intensity, improved crisis management skills, and strengthened protective factors.

This poster aims to provide clinicians with a practical framework for integrating MBCT into suicide risk assessment and treatment, emphasizing evidence-informed strategies that promote safety, emotional resilience, and long-term recovery.

Saturday, June 6, 2026

12:30 p.m. - 1:30 p.m.

Poster Session II - Screen A

The Elephant Vanishes: Integrative Psychotherapy for a Filipino Male Youth Living Through Anorexia, Shame, and the Search for a Coherent Self

John Eroll Yabut*, Lourdes Ladrido Ignacio, Sedric John Factor

John Eroll Yabut, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: In this case, the eating disorder emerges as a young man's effort to manage a long history of body shame, gendered expectations, and emotional invisibility within a family that valued composure over expression. The patient is a 19-year-old Filipino male with anorexia nervosa, binge-purge type, whose symptoms took shape during adolescence alongside peer teasing, social comparison, and the quiet pressure to mute his androgynous traits. Ritualized restriction, purging, and aesthetic self-curation became private methods of organizing a self that felt unstable, easily dismissed, and overly dependent on external evaluation.

A psychotherapy plan integrating supportive-expressive work, self-psychology, mentalization, and CBT-E techniques was implemented. Initial sessions focused on establishing reliability and helping him articulate internal states he had long managed through secrecy or physical control. Guided food monitoring with affect tagging, structured meal exposures, and cognitive restructuring addressed rigid beliefs around weight, worth, and perfectionism. Psychodynamic

exploration centered on the patient's encounters with gender shaming, conditional approval, and abrupt losses in online relationships that echoed earlier experiences of not being mirrored. As trust developed, he began to identify moments of shame, longing, and fear of disappointing others, allowing more flexible responses to distress.

Over the course of treatment, he showed reduced purging frequency, increasing reflective capacity, and a more stable sense of agency around eating and identity. This case highlights how an integrative, culturally attuned psychotherapy can offer Filipino youth a space to reclaim coherence, meaning, and dignity in the midst of embodied distress.

Navigating Mania, Psychosis, and Gender Identity Through Gender-Affirmative and Supportive Psychotherapy in a Gender Nonconforming Male With Schizoaffective Disorder

Abegail Joy Lee*, Victoria Patricia De La Llana

Abegail Joy Lee, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: This case presents a 25-year-old Filipino gender nonconforming male who was diagnosed with schizoaffective disorder and admitted to the psychiatric ward of a tertiary government hospital. The evolution of his symptoms from depression to mania and psychosis illustrates the unique diagnostic and therapeutic challenges encountered when gender nonconforming expression intersects with mental illness. Psychodynamic formulation from the lens of Attachment Theory highlights the interplay of gender identity, family acceptance, and psychotic phenomena in illness expression. Informed consent was obtained and identifying information has been anonymized.

Despite broader efforts toward LGBTQIA+ inclusion, gender nonconforming individuals continue to face internalized homophobia, inconsistent acceptance from family and peers, and vulnerability to predatory interactions online. Furthermore, behavior linked to gender expression and exploration may be labeled as risk-taking behavior associated with mania, complicating diagnostic clarity. In this case, financial and emotional exploitation, as well as perceived abandonment from attachment figures, reinforced longstanding feelings of rejection, inadequacy, and insecure attachment.

Therapeutic work integrated gender-affirmative and supportive psychotherapy within an attachment-based framework. The therapeutic relationship served as a secure base and safe haven through consistent attunement and validation. This approach helped regulate affect, reduce maladaptive proximity-seeking behaviors, and improve his capacity to explore emotions without fear of judgment. The sessions provided a space where his gender identity was validated and explored, strengthening insight, reducing internalized stigma, and supporting healthier relational

boundaries. A gender-affirming approach aided in rebuilding self-worth, improving emotional regulation, and promoting a more positive and coherent sense of self.

Dialectical Behavior Therapy (DBT)-Informed Group Interventions for Men who Have Sex With Men (MSM) in the HIV–Mental Health Syndemic: A Scoping Review

Darien Cipta*, Shian-Ling Keng, Claudia Stoicescu, Mark Stoové

Darien Cipta, Indonesia

Poster Presentation Track: Research Track

Poster Abstract: Background: Men who have sex with men (MSM) face a disproportionate burden of HIV and mental health problems driven by syndemic factors and minority stress. Dialectical Behavior Therapy (DBT), a third-wave cognitive behavioral therapy, targets emotion dysregulation, linked to sexual risk, non-adherence, and psychological distress. However, DBT-informed group adaptations for sexual minorities remain limited. This review maps global evidence on such approaches addressing HIV and mental health syndemics.

Methods: Following PRISMA-ScR guidelines, we searched six databases and grey literature (May–August 2025). Eligible studies evaluated DBT-informed group interventions, including skills training, comprehensive DBT, or hybrids, involving MSM or mixed sexual minority samples. Two reviewers independently screened and extracted data on study characteristics, adaptation methods, target mechanisms, implementation outcomes, and HIV-related endpoints.

Results: From 2,314 records, 54 full texts were reviewed and 16 reports (14 unique studies across five countries) met inclusion. Most interventions were skills-based groups ranging from 4-week mHealth hybrids to 13-session in-person programs. Acceptability (n=13) and feasibility (completion 70–100%) were consistently high. Core mechanisms targeted emotion regulation, distress tolerance, and coping with minority stress. One study used a formal adaptation framework, while others applied pragmatic tailoring. Few assessed HIV outcomes, though trends were favorable. Evidence remains concentrated in high-income contexts, with limited studies in LMICs.

Conclusions: DBT-informed group interventions for MSM are feasible, acceptable, and address emotion dysregulation central to the HIV-mental health syndemic. Future work should prioritize participatory adaptation, integrated HIV and mental health endpoints, and LMIC implementation using task-sharing and hybrid delivery to enhance scalability and equity.

Long-Term Effects of Covid-19 Restriction Measures on the Mental Health of Children and Adolescents in Germany: A Quantitative Analysis

Alessia De Carlo*, Kristin Härtl, Jörg Buchtal

Alessia De Carlo, Germany

Poster Presentation Track: Research Track

Poster Abstract: Introduction: The outbreak of infectious diseases poses a major psychological stressor, with children being especially vulnerable to develop long-lasting psychological impairments. The aim of this study is to analyse the long-term effects of COVID-19 restriction measures on the mental health of children and adolescents in Germany.

Methods: The study was conducted online from February to June 2024, including children and adolescents aged 10 to 18 years who resided in Germany during the COVID-19 pandemic. Validated questionnaires (KIDSCREEN-10, YSR/11-18, ITQ-CA) and self-constructed items were used to collect data. Correlation analyses were performed, including correction for multiple comparison.

Results: 233 children and adolescents took part in the study (Mage = 14.97 y, 39 % male, 2 % diverse). Significant post-traumatic stress experiences caused by restriction measures could be identified in the study participants, $X2$ (1, N = 233) = 5.046, p = .0247, Cramér's V = .1639. In the social and interpersonal context, clinically relevant values could be observed but these were not significant. There were, however, strong correlations between trauma scores and anxious/depressed, r = .70, $p < .01$, withdrawn/depressed, r = .65, $p < .01$, and socially problematic, r = .71, $p < .01$, behaviour.

Conclusion: Significant long-term psychological impairments of the pandemic were identified in the form of post-traumatic stress experiences. In social and interpersonal contexts, clinically relevant values were observed. Further longitudinal studies are needed to gain a deeper understanding of the post-pandemic mental health of children and adolescents and to develop treatment and prevention measures.

The C.H.A.R.E. Framework: Advancing Multicultural Integrative Psychotherapy for Vulnerable Populations, Healthcare Workers, and Humanitarian Contexts

Thelma Olatise*, Penny Furness, Elizabeth Freeman, Lisa Staniforth

Thelma Olatise, United Kingdom

Poster Presentation Track: Research Track

Poster Abstract: This study investigates how psychotherapists in England and Nigeria conceptualise and deliver Multicultural Integrative Psychotherapy (MCIT), and how cultural context shapes therapeutic meaning-making. Using a constructivist–interpretivist paradigm and Reflexive Thematic Analysis, interviews with 18 therapists revealed MCIT as

a relational, adaptive, and culturally situated approach influenced by identity, systemic power, and lived experience. Therapists described MCIT as a practice that looks beyond the obvious, drawing meaning, guidance, and symbolic insight from everyday objects, metaphors, and cultural artefacts. This interpretive sensibility informed the development of the C.H.A.R.E. Framework, inspired by the ordinary chair, a familiar object re-imagined as a structure for cultural humility, emotional holding, ethical grounding, and reflexive practice.

Four overarching themes emerged which were Culturally Rooted Innovation in Therapy demonstrated how therapists use proverbs, storytelling, ritual, and indigenous knowledge as culturally resonant therapeutic tools. Tensions and Triumphs in Intercultural Clinical Practice reflected the negotiation of cultural difference, discomfort, and ethical attunement while Transformative Professional Development showed MCIT as an evolving way of being shaped by migration histories, mentorship, and experiential learning. Finally, Colonial Shadows and Global Shifts revealed ongoing critiques of Eurocentric models and the call for epistemic justice and contextual relevance.

The study concludes that MCIT is an evolving, globally relevant paradigm that prioritises cultural attunement, reflexivity, and ethical responsiveness. The C.H.A.R.E. Framework; Cultural Humility, Holding Space, Attunement, Relational Reflexivity, and Ethics/Epistemic Justice offers a practical guide for psychotherapy with diverse, vulnerable, and humanitarian populations.

Designed for Whom? Cultural and Identity-Based Inclusion in Youth Mental Health Care

Ava Isak*

Ava Isak, Austria

Poster Presentation Track: Research Track

Poster Abstract: Background: Equitable psychotherapy requires systems that feel inclusive, safe, and relevant to the communities they serve. While cultural adaptation of specific therapies has been studied, less is known about how young people perceive cultural safety, representation, and fairness at a system level. Youth from minority or migrant backgrounds may face barriers not only in access but also in whether services feel designed with them in mind.

Objectives: To examine perceptions of cultural safety, fairness, and system design among young people seeking mental health care at ages 14–25, with attention to minority identity, migration background, and socioeconomic context.

Methods: An anonymous online survey was completed by participants aged 18+, reflecting on help-seeking experiences during youth. Items assessed cultural representation, language fit, respect for personal values, and definitions of fairness. Demographic data included minority

identity, migration background (first to third generation), and socioeconomic background in adolescence. Quantitative responses were analysed descriptively and by subgroup; open-text answers were thematically coded.

Results: Preliminary findings suggest that minority and migrant respondents were less likely to feel the system was designed for people like them. Many reported that language, culture, or background shaped their access or experience. Themes included lack of representation, inflexible service models, and invisibility of cultural needs. Across groups, fairness was defined as equal access, respect, and cultural sensitivity.

Conclusions: Cultural and identity-based fit is a key determinant of perceived fairness and safety in youth psychotherapy. Embedding cultural adaptability and representation into system design is essential to ensure inclusion from first contact.

CRAFT-EJ - A Crafting and Storytelling Toolkit

Diomenne Diakite*

Diomenne Diakite, United States

Poster Presentation Track: Research Track

Poster Abstract: The CRAFT-EJ project explores how craft-based storytelling allows participants to process and share their personal and communal narratives, while also contributing to a more inclusive form of knowledge-making that values care, context, and creative agency. Participants engage in workshops where they use craft supplies like yarn, fabric, and thread to make textile works that blend the tactile and visual senses with emotional memory, creating space for stories that might otherwise remain invisible.

In this poster, we explore how the CRAFT-EJ toolkit can be used by residents of the South Bronx facing significant health challenges enabled by the area's environmental conditions. By using storytelling to emphasize the engagement of study participants, researchers can learn valuable perspectives beyond the typical educational research methods.

The CRAFT-EJ project demonstrates how craft-based storytelling can bridge academic research and community engagement. For researchers, this approach creates a pathway to collaborate with NGOs by:

Co-Creating Knowledge: NGOs bring local expertise and community trust. Collaborative projects ensure that research reflects lived experiences and supports human rights-based care models.

Expanding Reach and Impact: Partnering with NGOs enables researchers to extend their work beyond the lab or classroom, reaching vulnerable populations through creative, accessible interventions.

Leveraging Resources and Advocacy: Joint initiatives with NGOs can attract funding, influence policy, and amplify the visibility of research that prioritizes care, context, and creative agency.

12:30 p.m. - 1:30 p.m.

Poster Session II - Screen B

Feasibility and Acceptability of 'Emotionally Focused Couples Therapy' for Parents of Children With Cancer: An Open Trial

Lisa Ljungman*, Astrid Kuylenstierna, Marianne Gustavsson, Jens Mebius, Pia Enebrink, Ulrika Kreicsbergs, Malin Lövgren, Jeanette Winterling, Gustaf Ljungman, Anna Wikman, Lisa Ljungman

Lisa Ljungman, Sweden

Poster Presentation Track: Research Track

Poster Abstract: Parents of children with cancer face multiple stressors and potentially traumatic events throughout their child's illness trajectory, placing them at heightened risk of psychological distress. Couple relationships are also often strained, with many parents reporting increased relationship distress following childhood cancer. Nevertheless, evidence-based psychotherapy interventions for this population remain scarce.

The aim of this study was to evaluate the feasibility, acceptability, and safety of Emotionally Focused Couples Therapy (EFT) for parents of children with cancer. The study is an ongoing open trial with a pre–post and 3-month follow-up design, combining quantitative and qualitative evaluations. Ten parent couples (n=20) have been recruited through social media and patient organizations. Following baseline assessment, parents receive up to 12 weekly EFT sessions delivered online. Feasibility and acceptability are assessed by data from the recruitment process and through qualitative interviews. Safety and limited efficacy are assessed with measures of relationship satisfaction, psychological distress, dyadic coping, emotional intimacy, sexual satisfaction, parental emotion regulation, and child psychological distress.

This study commenced in spring 2025. At the time of the congress, data collection will be complete, and results will be presented. Findings from this study will inform the next step in the process of evaluating EFT for parents of children with cancer; a national large-scale randomized

controlled trial. If EFT is feasible, acceptable, safe, and effective for parents of children with cancer, steps will be taken to implement it in the care provided to this vulnerable population.

A Task-Sharing Model to Address Mental Health Needs in Workforce Development Settings

Srividhya Sharma*, Nikhila Kanneganti, Koushik Guduri, L. Ansley Hobbs, Spencer Washington, Victoria Ngo

Srividhya Sharma, United States

Poster Presentation Track: Research Track

Poster Abstract: Communities experiencing unemployment, limited literacy, and unmet mental health needs benefit from integrated, community-based approaches (World Health Organization, 2025). Harlem Strong is a community wellness initiative that operates a multisector coalition across Harlem and provides navigation services linking residents to mental health, social, and community supports. At one workforce development site, job seekers frequently reported high levels of psychological distress, isolation, and stigma that interfered with their job search and overall wellbeing, consistent with prior research on mental health among unemployed adults (Drake et.al., 2021, Yang et.al., 2024)

Guided by global mental health evidence, we propose a task-sharing approach to expand psychosocial support in non-clinical community settings. In this model, non-specialist facilitators are trained to provide basic interventions, structured psychoeducation, and referral support. Evidence indicates that task sharing increases access, reduces structural barriers, and improves functional and psychological outcomes across diverse contexts (Hoeft et al., 2018; Raviola et.al., 2019, Lange, 2021).

Key implementation considerations include training navigators using Harlem Strong's curriculum, conducting structured psychosocial and risk assessments, delivering brief counseling and stress-management techniques with cultural responsiveness, and establishing integrated referral pathways with reliable follow-up processes. Early observations suggest that embedding psychosocial education and brief counseling within workforce settings, supported by Harlem Strong's navigation services, enhances participant engagement and contributes to improved wellbeing.

This work highlights the potential of community embedded, interagency task sharing models to advance mental health equity in urban settings.

Assessing AI Models for Safe and Equitable Use in Mental Health Care

Imen Ben Abid*, Viral Goradia, Melek Somai

Imen Ben Abid, United States

Poster Presentation Track: Research Track

Poster Abstract: Introduction:

Access to equitable mental health care remains a global challenge, particularly for vulnerable and underserved populations. The rapid integration of artificial intelligence into healthcare offers new opportunities and responsibilities for advancing human rights in mental health. Large Language Models (LLMs) have emerging potential to enhance psychotherapy support, clinical education, and triage in resource-limited settings. This study presents an informatics-driven framework to evaluate the clinical safety, accuracy, and empathy of frontier LLMs applied to mental health tasks.

Method: Clinically relevant prompts were extracted from the OpenAI HealthBench dataset (5,000 annotated prompts) and its "hard" subset (1,000 high-complexity prompts). From these, a subset of mental health specific items was analyzed, spanning diagnostic clarification, therapy technique explanation, risk assessment, and psychopharmacotherapy. Several LLMs including ChatGPT 5, Claude Opus 4.5 and Sonnet 4.5, Gemini, and LLaMA were evaluated using standardized inputs and scored with HealthBench's rubric-based algorithm. An "AI-as-judge" model rated each response on factual accuracy, safety, completeness, and emotional attunement, with clinical review for high-risk outputs.

Results and Conclusion: Initial results show variation across models and task domains. All models demonstrated higher consistency, factual accuracy, and safety, particularly for psychoeducational and diagnostic tasks. Overall, the framework highlights both the potential and current limitations of LLMs in supporting equitable, safe, and human-centered mental health care, underscoring the importance of ongoing ethical and clinical evaluation.

Adaptive Neonatal Regulation in Prematurity: Clinical Cases Challenging Prenatal Determinism

Alice Massera, Daniela Polese, Edoardo Ponzani*

Edoardo Ponzani, Italy

Poster Presentation Track: Research Track

Poster Abstract: Background: Dominant fetal programming frameworks often describe early development as the product of intrauterine influences and maternal psychological states, implying trajectories that are largely predetermined before birth. Such perspectives can obscure the newborn's own regulatory organization and capacity for relational engagement. Drawing

on Fagioli's human birth theory, a clinical viewpoint instead considers the neonate as an active partner in early co-regulation, whose competencies emerge independently of maternal psychological vulnerability.

Results: We present two clinically stable preterm infants born at 28+5 and 29+0 weeks and assessed on day 2 of life with the Neonatal Behavioral Assessment Scale. Both infants showed coherent and adaptive profiles: strong habituation (9), solid social responsiveness (7), moderate motor control (5), organized state transitions (4), efficient state regulation (6–7), and satisfactory autonomic stability (5–6). These findings were observed despite significant parental psychological burden, particularly in the first dyad (maternal Edinburgh = 16; CES-D = 29; STAI = 55–56) and elevated paternal stress in both cases. Clinically, each infant demonstrated purposeful engagement, intact relational orientation, and preserved self-regulatory strategies, even in the context of prematurity and substantial parental distress.

Conclusions: These cases challenge deterministic interpretations of prenatal influence and underline the clinical relevance of postnatal relational environments in shaping developmental trajectories. The newborn's intact capacities suggest that early vulnerabilities and later psychopathological expressions arise within postnatal interactional dynamics rather than from prenatal determinants. This view reframes psychological care: psychotherapy does not "correct" prenatal damage but reactivates the original healthy condition present at birth.

Paghilom (Healing): An Integrative Psychodynamic and Dialectical Behavior Therapy Approach to Complex Trauma-Related Comorbidity in a Filipino Adolescent

Johanna Lindsay Capili*, Irene Carmelle Tan

Johanna Lindsay Capili, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Childhood trauma is a critical risk factor for complex psychopathology, particularly within vulnerable populations and underserved communities. This case report highlights the profound clinical challenge of managing the triad of Posttraumatic Stress Disorder (PTSD), Bipolar II Disorder, and Borderline Personality Disorder (BPD) in an adolescent patient in the Philippines. We present the case of an 18-year-old, single, college student whose silent endurance of childhood sexual abuse led to severe late-adolescent decompensation characterized by depressed mood, anhedonia, self-blame, non-suicidal self-injury, and relational instability. Her diagnosis solidified into the complex presentation of Bipolar II Disorder, current episode depressed, with comorbid PTSD and BPD, underscoring the interplay of trauma-related dissociation and core features of mood and personality dysregulation. An integrative, phased treatment strategy was implemented: initial mood stabilization was achieved pharmacologically with Lithium, followed by a combined psychotherapeutic

interventions which utilized Psychodynamic principles to explore underlying unconscious conflicts and attachment ruptures, while simultaneously implementing Dialectical Behavior Therapy (DBT) skills for distress tolerance and interpersonal effectiveness and Mentalization-Based Interventions (MBI) to manage acute emotional surges and improve relational understanding. Despite the significant comorbidity, the patient demonstrated favorable outcomes as evidenced by successfully transitioning from crisis management to practicing skills in real-world contexts, resulting in improved emotional regulation, educational performance and interpersonal relationships. This case provides compelling evidence for adopting a culturally-adapted, integrated psychotherapy framework to address the profound and multifaceted psychological injuries resulting from complex trauma, thereby affirming the efficacy of this combined psychodynamic and DBT model in a public sector mental health environment.

Play as a Medium for Self-Expression: Board Games, Mediation, and Preventive Approaches for Adolescents

Sarah Loupia, Nicolas Pineiros Cuellar, Hakima Megherbi*

Hakima Megherbi, France

Poster Presentation Track: Clinical Track

Poster Abstract: We present a cooperative card game developed through an interdisciplinary research project combining psychology and game studies. The game was co-constructed with adolescents, healthcare professionals, and researchers. The decision to design a cooperative card game for adolescents emerged from clinical observations in psychological care settings, where adolescents experiencing psychological and relational distress often require opportunities to play, create, share, and engage collectively before trust can be established.

The game consists of a set of cards and a board-like support through which players advise a fictional character facing various challenges. Progress relies on collective decision-making, as the character can only succeed if the group collaborates to help them navigate difficult situations. The 300 cards each contain a question addressing interpersonal relationships, internal psychological or bodily experiences, and key life contexts (home, school, outdoor environments). These situations were collected from adolescents who described them as moments in which they “could not find a way out in the moment”.

Several pretests were conducted with community adolescents, adolescents receiving mental-health care, and healthcare staff. Preliminary findings indicate that the game facilitates verbal expression by providing a horizontal, projective, and collective interactional frame, which is often less confrontational than dyadic, speech-centered clinical encounters. The game appears to support the emergence of a transitional space in which participants engage more freely and perceive themselves as active contributors.

Story Reading in the Hospital Waiting Room: Creating a Therapeutic Space for Patients With Chronic Illness

Dina Allam, Jean François Baurez, Hakima Megherbi*, Guilhem Bousquet, Géraldine Falgarone, Alix Seigneuric, Valérie Stienon, Delphine Peyrat Apicella

Hakima Megherbi, France

Poster Presentation Track: Research Track

Poster Abstract: Since their emergence in 2005, supportive care interventions have experienced significant growth in the management of chronic illnesses. New complementary forms of support have appeared within clinical settings, such as art therapy. Within this context, our study focused on an innovative device: short-story reading kiosks installed in the waiting rooms of a hospital serving patients with chronic and/or cancerous diseases. These kiosks provide on-demand access to very short literary texts. Two evaluation modalities were implemented. In the first situation, two observers were present in the waiting rooms to collect precise qualitative data on patients' usage behaviors, without any direct interaction. Quantitative data were also considered (frequency of use, types of stories). In the second situation, access to the stories was supported by reading/writing workshops led by a specialist, offering active guidance in the literary experience. Results show that patients' mental availability—often constrained by diagnostic or evaluation uncertainty —substantially limits their spontaneous engagement with the reading kiosks. In contrast, when the experience is mediated by a writer-facilitator through participatory writing workshops, the device acquires a genuinely therapeutic dimension, providing a space for expression and attentional engagement that is especially relevant for individuals experiencing high levels of anxiety in medical waiting situations. These results suggest that the effectiveness of reading interventions in supportive care is closely tied to the relational framework in which they are embedded. This aligns with research demonstrating that narrative approaches promote emotional regulation, reduce anxiety and improve the subjective experience of patients facing chronic illness.

The Influence of Spirituality on Psychological Distress Among Medical Students in the University of the Philippines - College of Medicine: A Cross-Sectional Study

Rainier Alphonsus Villanueva*, Josefina Ly-Uson

Rainier Alphonsus Villanueva, Philippines

Poster Presentation Track: Research Track

Poster Abstract: Background: Medical training is highly demanding and linked to increased psychological distress. Spirituality has been proposed as a protective factor. This study examined

the relationship between spiritual well-being and psychological distress among medical students of the University of the Philippines–College of Medicine (UPCM).

Methods: A cross-sectional study was conducted among 289 UPCM students in AY 2024–2025. Psychological distress was measured using the Depression Anxiety Stress Scales–21 (DASS-21), and spirituality was assessed with the Spiritual Well-Being Scale (SWBS). Descriptive statistics summarized participant characteristics. Fisher's Exact and Kruskal–Wallis tests examined associations between spirituality and demographics. Pearson's correlation assessed relationships between spirituality and distress, while multiple linear regression identified predictors of depression, anxiety, and stress.

Results: Most students reported normal-to-mild distress, though many experienced moderate-to-severe symptoms in at least one DASS-21 domain. Spiritual well-being (SWB) was moderate to high. Total SWB correlated inversely with psychological distress ($r = –0.4035$, $p < 0.001$). Existential Well-Being (EWB) consistently predicted lower depression ($\beta = –0.778$), anxiety ($\beta = –0.505$), and stress ($\beta = –0.591$), all $p < 0.001$. Religious Well-Being (RWB) showed positive associations with distress, suggesting religious involvement alone did not reduce symptoms. Religion was significantly associated with spirituality ($p = .009$). Higher learning-unit levels predicted lower distress, reflecting improved coping with training progression. Age, sex, and socioeconomic status were not significant predictors.

Conclusion: Higher spiritual well-being, particularly existential aspects was associated with lower depression, anxiety, and stress among UPCM students. Findings support incorporating reflective and purpose-oriented wellness programs to strengthen resilience and holistic well-being.

12:30 p.m. - 1:30 p.m.

Poster Session II - Screen C

The Interplay of Developmental Trauma, Cluster C Personality Dynamics, and Moral Injury in a Health Care Professional With Exacerbated Mood and Anxiety Symptoms

Ma. Cristina Agustin*

Ma. Cristina Agustin, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: GLC, an adult female health care professional presenting for neuropsychiatric evaluation following the exacerbation of major depressive and anxiety symptoms, highlighting the convergence of genetic vulnerability, developmental trauma, and acute ethical conflict.

GLC possesses a significant family history of mood disorders, substance use, and suspected personality disorders. Her early development was marked by profound parental abandonment and inconsistent caregiving. She developed pervasive maladaptive defense mechanisms—specifically repression, isolation of affect, and fantasy. This defensive structure manifests clinically as a Cluster C personality organization (intense fear of rejection, feelings of inferiority, and a compensatory drive for perfection and validation).

GLCs condition was acutely triggered by two major factors. First, a previous period of employment as a nurse required unavoidable participation in euthanasia, which violated her core ethical code, resulting in a documented episode of moral injury and subsequent major depression. Second, current symptoms are maintained by the conflict between her ambitious professional identity and her fear of maternal failure. Her psychic distress is further complicated by intrusive, regressive fantasies about a former relationship, reflecting a fear of embodying the "unfaithful" and "irresponsible" qualities she attributes to her mother.

This case illustrates a critical pathway where developmental deficits create a vulnerable psychic framework that is highly susceptible to breakdown when confronted by severe adult stressors, particularly the profound ethical violation represented by moral injury. Therapeutic intervention is targeted toward strengthening self-assertion, improving expressive communication, and reprocessing traumatic/ethical conflicts through corrective emotional experience, Cognitive Behavioral Therapy (CBT), psychodynamic psychotherapy.

Supporting Mental Health at Work: Early Implementation of a PTSD Therapy Program for Healthcare Professionals

Liliana Gonzalez Cabrales*, Jason Roberge, Durga Bestha, Oleg Tcheremissine

Liliana Gonzalez Cabrales, United States

Poster Presentation Track: Research Track

Poster Abstract: Supporting Mental Health at Work: Early Implementation of a PTSD Therapy Program for Healthcare Professionals

Introduction: Post-traumatic stress disorder (PTSD) affects healthcare workers (HW) more than the general population (15% vs. 4–5%). During COVID-19, 13.5% of HW showed PTSD symptoms. Untreated PTSD impairs physical, mental, occupational, and social functioning and increases suicide risk. To address this, Atrium Health Psychiatry integrated a digital therapeutic clinic offering the first FDA-approved non-invasive adjunct therapy, supporting emotional regulation and resilience via real-time EEG-guided intervention.

Methods: HW aged 18+ with PTSD symptoms will be referred via workplace wellness and employee assistance programs. A psychiatrist, supported by a program coordinator, will oversee treatment. Participants will receive weekly therapy sessions, followed by a meeting with a psychiatrist. Outcomes will be assessed by standardized scales (e.g. PCL-5, PHQ-9) and subjective feedback.

Results: By September 2025, milestones included securing funding, establishing the clinic, and integrating services into the electronic health system (e.g., EPIC build, scheduling, and billing. Staff training is scheduled for late 2025. Initial enrollment targets 20 employees, scaling to 160 by late 2026. Expected outcomes: > 10-point PCL-5 reduction, improved PHQ-9/GAD-7 in > 50%, < 5% suicidal ideation (C-SSRS), and reduced acute care use. Measures will be collected at weeks 1, 4, and 8.

Discussion: This project implements a new clinic providing an adjunctive, non-pharmacologic, FDA-approved PTSD treatment for HW. Integrating a digital therapeutic into workplace mental health services expands access to structured, data-driven care and may serve as a model for similar programs in other healthcare settings.

Negative Reaction During Psychotherapeutic Treatment: A Clinical Case

Marta Binda*

Marta Binda, Italy

Poster Presentation Track: Clinical Track

Poster Abstract: In the observation and participation in group psychotherapy, based on the Human Birth Theory of psychiatrist Massimo Fagioli, it's possible to observe that, after a significant psychic and material achievement by the patient, he may experience a so-called negative reaction. The patient does not recognize his own improvements and he proposes an impossibility of healing, enacting a compulsive repetition of past dysfunctional dynamics. This work presents a clinical case of a patient who, after 11 years of group psychotherapy, upon returning from the summer break, expected by the setting, reports the reappearance of symptoms present at the beginning of his therapeutic journey. Prior to this experience, he described a sense of well-being, particularly during the past summer. The therapeutic approach employed is based on the Human Birth Theory of psychiatrist Massimo Fagioli. The cornerstone of the theory is the idea of curability based on the physiology of the mind and that human birth is characterized by the development of healthy thought which is the same for everyone. Among the original contributions of this approach, there are dream interpretation and frustration as tools for rejecting the sick reality proposed by the patient. During the sessions, through the interpretations, it was found that the patient had put into practice negations of his current reality and of the qualities

perceived by the therapist with the aim to not recognize the effectiveness of the treatment, attempting to implement an omnipotent destruction of the work done.

Cultural Influences on Adult ADHD and Social Media Addiction: Implications for Psychotherapy – A Systematic Review

Almoayad Tayeb*, Lucia Romo, Oulmann Zerhouni

Almoayad Tayeb, France

Poster Presentation Track: Research Track

Poster Abstract: This systematic review examined cultural influences on adult attention-deficit/hyperactivity disorder (ADHD) and social media addiction/problematic social media use, with implications for psychotherapy. Following a PRISMA-based search (2014–2024), ten studies were included across diverse cultural contexts (e.g., USA, France, Saudi Arabia, UAE, Spain, India, and multi-nation samples). Findings showed substantial cross-cultural variability in ADHD prevalence and reporting, partly related to differences in assessment approaches and sociocultural norms. For example, clinician-diagnosed adult ADHD in a large U.S. cohort reached 0.96% (2016), whereas ASRS-based screening studies reported higher estimates in other settings, including 5.6% in France and 28.6% in Saudi Arabia. Across studies, ADHD symptoms were consistently associated with higher risk of problematic digital engagement (e.g., problematic mobile phone use and internet/social media addiction). A global meta-analysis also indicated higher social media addiction prevalence in collectivist cultures (31%) compared with individualist cultures (14%), suggesting culturally shaped pressures for social connectivity. Cross-cultural psychometric evidence raised concerns about the measurement equivalence of commonly used addiction scales, highlighting the need for culturally validated tools. Overall, results support culturally sensitive assessment and psychotherapy planning, including stigma-informed psychoeducation and context-adapted intervention strategies for adults presenting with ADHD and problematic social media use.

Writing in the Therapeutic Relationship in Schizophrenic Patients With Non-Catatonic Mutism: A Clinical Case Report

Fabrizio Schirripa*, Roberta Perciballi

Fabrizio Schirripa, Italy

Poster Presentation Track: Clinical Track

Poster Abstract: Introduction: In schizophrenic patients, mutism is typically associated with catatonia. Historically, mutism in non-catatonic schizophrenia was common before

antipsychotics. In the contemporary literature, only a few cases of mutism have been reported in medicated patients.

Methods: A female patient with chronic residual schizophrenia, mute for 30 years with no neurological dysfunction, was approached with writing in a psychotherapeutic relationship, based on Human Birth Theory with daily sessions during a two-month hospitalization for acute psychosis.

Results: Through writing, she described violent events in her clinical history during childhood that had never been treated before, making her dreams available for clinical analysis also. After two months of hospitalization, she returned for weekly visits for seven months. She resumed recreational activities, which she had abandoned many years ago, regaining a certain degree of sociality, overcoming her previous isolation, which had caused a worsening of her positive and negative symptoms.

Conclusions: In schizophrenic patients suffering from non-catatonic mutism, writing can be a valid clinical alternative to verbal therapy. According to Massimo Fagioli's Human Birth Theory, light activates the brain at birth. Twenty seconds is approximatively the time before the first cry, during which the brain's reaction to light creates a new reality: human thought. These twenty seconds mark the dividing line between an initial biological reality, fetal condition and what follows, human life as a psychic reality. Could we think of writing as an attempt, through the line, to recreate those first twenty seconds and the corresponding tendency towards relationships as occurred at birth?

Effects of Sandtray Therapy on the Life Review, Mental Health, and Cognitive Ability of the Community-Dwelling Older Adults in Taiwan: A Mixed-Methods Study

Ching Yi Kuo*

Ching Yi Kuo, Taiwan

Poster Presentation Track: Research Track

Poster Abstract: This study examined the effects of sandtray therapy on cognition, mood, self-efficacy, life satisfaction, and gerotranscendence in community-dwelling older adults in Taiwan, and explored their lived experiences with the intervention. A mixed-methods approach was used in this study. The Mini-Mental State Examination, Geriatric Depression Scale (Short form), General Self-efficacy Scale, Satisfaction with Life Scale, and Gerotranscendence Scale were assessed before and after the intervention. One hundred and forty participants completed this study in two groups. Participants in the sandtray group took part in 30–40-minute weekly sandtray sessions for 4 weeks. The control group did not receive sandtray therapy. Semi-structured individual interviews were performed after 4 weeks of sandtray therapy. The results showed significant differences when assessed: General Self-Esteem scale ($t = 4.14$, $p = < .001$),

Satisfaction with Life scale (t = -5.25, p = < .001), and Gerotranscendence scale (t = -7.16, p = < .001) between the two groups. However, there were no significant difference in responses to the Mini-Mental Status Examination (t = -1.68, p = .09) and Geriatric Depression scale Short Form (t = 1.36, p = .17). Three themes were identified from the qualitative analysis of interviews: (1) building social connectedness; (2) play is essential in late adulthood; and (3) fostering cognitively demanding processes. Within these themes, six subthemes were identified: (i) being connected and cared for; (ii) nurturing and helping others; (iii) playing together is fun and healing; (iv) recalling life stories and reconciliation; (v) thinking and planning; (vi) improving self-efficacy.

The Causal Model of Client Engagement: The Roles of Attachment Styles, Coping Strategies, Personality Traits, Empathy, and the Therapeutic Alliance in Psychodynamic Psychotherapy

Maryam Mohebbi, Shabnam Nohesara*, Kaveh Alavi, Naimeh Moheb

Shabnam Nohesara, United States

Poster Presentation Track: Research Track

Poster Abstract:

Objective: This study investigated whether attachment styles, coping strategies, personality traits, and empathy directly affect client engagement, or whether these effects are mediated by the therapeutic alliance in psychodynamic psychotherapy.

Method: A total of 213 adult clients (mean age = 35.5 years; 22.5% male) attending psychodynamic psychotherapy clinics in Tehran in 2025 participated in the study. Data were collected using self-report questionnaires, including the Attachment Style Scale (Hazan and Shaver, 1987), Coping Strategies Inventory (Lazarus and Folkman, 1985), NEO-FFI (Costa and McCrae, 1985), Empathy Scale (Davis, 1983), Client Engagement measures (Holdsworth et al., 2014; Yoskowitz, 2018), and the Working Alliance Inventory—Client Form (Horvath, 1993). Partial least squares structural equation modeling (PLS-SEM) was employed to test the hypothesized causal relationships and to evaluate both direct and indirect pathways.

Result: Client engagement was significantly influenced by attachment styles ($P < 0.05$), whereas coping strategies, personality traits, and empathy affected engagement both directly and indirectly through the therapeutic alliance ($P < 0.05$). Insecure–anxious attachment, emotion-focused coping, agreeableness, and personal distress emerged as the strongest direct predictors, while avoidant attachment, agreeableness, and empathic concern showed the most pronounced alliance-mediated effects.

Conclusion and Implication: These findings highlight the pivotal role of the therapeutic alliance in fostering client engagement. Enhancing this alliance represents a modifiable and pragmatic strategy to improve engagement and reduce dropout rates in psychodynamic psychotherapy.

Nose Up: Consultation-Liaison Psychiatry Management of Persistent Depressive Disorder With Narcissistic and Histrionic Personality Disorders in a Patient With Facial Deformities

Paola Patricia Quidlat*

Paola Patricia Quidlat, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Background: Patients with facial deformities and personality disorders pose unique challenges in consultation-liaison psychiatry. Trauma histories and maladaptive defenses may complicate care, strain alliances, and evoke countertransference in providers.

Case: A 31-year-old male developed facial deformities following unregulated collagen injections and multiple reconstructive surgeries. He presented with Persistent Depressive Disorder, Histrionic and Narcissistic Personality Disorders. His history included childhood neglect and sexual abuse, shaping fragile self-esteem and reliance on external validation. Clinically, he was demanding, mistrustful, attention-seeking, and prone to splitting and dramatization. Unrealistic surgical expectations and volatile interactions rendered him exceptionally difficult to manage, heightening distress among his care team.

Management: A multidisciplinary team—including Otorhinolaryngology, Social Services, and Legal Affairs—was engaged in his care. Psychiatry coordinated case conferences to ensure a unified approach. Management included Sertraline for depressive symptoms, alongside supportive and psychodynamic psychotherapy. Interventions emphasized empathic validation, reframing, reality testing, and mentalization, while maintaining firm boundaries. Attention to countertransference was crucial in sustaining engagement, while liaison efforts aligned psychiatric and medical goals and addressed unrealistic expectations.

Conclusion: This case illustrates the complexities of treating a difficult patient with facial deformities, depression, and personality disorders. It underscores the role of consultation-liaison psychiatry in direct care and in organizing collaboration across specialties, aligning medical, psychiatric, and institutional priorities. Integrating psychiatry into surgical and medico-legal decision-making ensured safe, coordinated care, while trauma-informed and psychodynamic approaches—paired with empathic engagement and structured boundaries—enabled progress despite high relational strain. Even the most challenging encounters may be transformed into opportunities for alliance and psychological growth.

Primary Care Psychology: The Experience of the Campania Region

Gennaro Sosto*, Roberta Zunno, Paola Cioffi, Elisa Schinardi, Carmine Acconcia, Armando Cozzuto, Antonietta Grandinetti

Gennaro Sosto, Italy

Poster Presentation Track: Research Track

Poster Abstract: Introduction: Many patients do not recognize the psychological origin of psychosomatic symptoms, focusing their concerns exclusively on physical symptoms. These symptoms cause significant distress and interference regarding quality of life (QoL) in those who experience them.

Purpose: This study proposes a multidisciplinary approach that involves psychological counseling, and integration with general practioner, in order to manage psychosomatic symptoms. With the Regional Law of 3 August 2020, Campania is the first Italian Region to have established a Primary Care Psychology service, named “Psicologia di base”, in local health companies (ASL Salerno) with the aim of supporting and integrating the action of general practitioners and paediatricians in intercepting and responding to unexpressed psychological needs, as well as, health promotion and disease prevention.

Method: After excluding organic issues, general practioner suggested a primary care psychology counseling for patients with psychosomatic symptoms to evaluate the presence of anxiety-depressive disorders. Depression Anxiety Stress Scales–Short Form (DASS-21) were administered to 7 adult patients, at baseline (T0) and six months later first access to the Primay Care Psychology service (T1).

Results: The results show that patients with acute psychosomatic symptoms, who promptly adhered to both their general practitioner’s counseling, psychological ones have shown significant remission of psychosomatics symptoms. Instead, those who refused the psychological counseling, a worsening was found in the initial psychosomatics which evolved in depressive and anxious symptoms, and consequently, worse QoL.

Conclusions: This study suggests the importance of a multidisciplinary approach to improve the QoL of patients and decrease psychosomatic symptoms and psychological distress.

12:30 p.m. - 1:30 p.m.

Poster Session II - Screen D

Unfreezing the Body and the Circumstance: Psychotherapeutic Scaffolding for Catatonia Within the Context of Structural Poverty

Patricia Nadine Villanueva*, Eric George Cruz, Norieta Calma-Balderrama

Patricia Nadine Villanueva, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Managing catatonia in the Philippines' urban poor communities challenges standard algorithms, particularly when compounded by infectious disease and structural poverty. This case describes a 22-year-old male from a Manila settlement—a reserved former laborer whose self-worth was culturally anchored in his ability to provide for his family—presenting with severe catatonia (Bush-Francis score 23) and psychosis.

Pharmacologic management required agility: Risperidone worsened rigidity, necessitating high-dose Diazepam, then Zolpidem to resolve immobility. As ambulation returned, paranoid hallucinations emerged. A rechallenge with Risperidone failed, prompting a switch to Clozapine. Concurrently, a diagnosis of Miliary Tuberculosis required co-management with a hepatotoxic regimen (HRZE), complicating the clinical picture.

Crucially, supportive psychotherapy was central to navigating these biological complexities. Recognizing the patient's limited educational attainment and timid disposition, the team utilized empathic validation to build a therapeutic alliance despite his initial mutism. Psychoeducation for the family who also struggle with resources reframed medication adherence not merely as compliance, but as the pathway to restoring his physical strength—his primary capital in a labor-intensive economy—and his capacity to fulfill his familial obligations.

Although remission was achieved, a relapse triggered by severe flooding and displacement underscores the fragility of recovery in this setting. This case demonstrates that treating catatonia in the Philippine context requires more than pharmacologic resolution; it demands relationally-anchored psychotherapy to address structural barriers. By aligning treatment goals with the patient's culturally distinct desire to regain agency through work, clinicians can bridge the gap between medical protocols and the realities of the marginalized.

Caring for the Fallen Hero: Strength-Based Narrative Reconstruction in Deflated Narcissism

Wonyun Lee*

Wonyun Lee, United States

Poster Abstract: Patients with deflated narcissism often present with antagonism, hopelessness, and avoidance of vulnerability, expressed through phrases such as "You can't fix me" or "I don't

care." These defenses serve as pre-emptive rejections to shield against disappointment and relational risk. Beneath these defenses lies an unmet "hero" ideal self (Kohut's grandiose self)—an idealized self-image that, when repeatedly frustrated by reality, collapses into shame and despair.

Traditional approaches to narcissism have emphasized either confronting defenses (Kernberg's object-relations) or providing empathic mirroring (Kohut's self-psychology). While each has value, confrontation may reinforce rejection, and empathic mirroring may encourage vulnerability without cultivating resilience or agency. This case illustrates how strength-based, value-centered narrative reconstruction can provide an alternative pathway to recovery by restoring a reimagined, grounded "hero" self.

An elderly male with longstanding relational difficulties initially engaged with hostility and passive avoidance, insisting his condition was beyond repair. Therapy emphasized re-authoring identity around strengths and values. Patient gradually embraced narratives such as "I am a benevolent person," which enabled authentic connection through giving without avoidance. Therapeutic self-disclosure was used selectively to normalize vulnerability and model reciprocity in relationships.

Over time, patient began articulating needs more directly, such as a desire to wanting to experience intimacy. He also demonstrated increased self-reflection, identifying defenses explicitly. Avoidance decreased as he actively brainstormed ways to enhance his own sense of connectedness and implemented these plans.

This case demonstrates how emphasizing strength-based, meaning-centered narrative re-authoring and connectedness—rather than confrontation or passive mirroring—can foster resilience, agency, and authentic relationships in deflated narcissism.

From Fragmentation to Integration: A Case Report on Multimodal Psychotherapy for Complex Posttraumatic Stress Disorder With Borderline Personality and Purging Disorder

Annemarie Pamela Torga*, Angeline Monica Arcenas, Alma Jimenez

Annemarie Pamela Torga, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Complex developmental trauma often manifests in fragmented narratives of pain, identity disturbance, and relational instability. This paper presents the case of a 27-year-old Filipina with comorbid Complex Posttraumatic Stress Disorder, Borderline Personality Disorder, Purging Disorder, and Persistent Depressive Disorder. Her clinical course was marked by chronic suicidality, dissociation, somatic pain, and impaired affect regulation, embedded within a

background of early sexual abuse, parental neglect, and cultural expectations of filial duty ('utang na loob').

The presentation illustrates the challenges of diagnosis in overlapping trauma-related and personality syndromes, where somatic, dissociative, and affective symptoms intersect. Neurobiological correlates (HPA axis dysregulation, pain sensitization), psychodynamic dynamics (attachment trauma, impaired mentalization, parataxic distortions), and sociocultural pressures coalesced to sustain her distress.

A multimodal, trauma-informed treatment plan was implemented, combining pharmacotherapy (duloxetine and aripiprazole) with structured psychotherapies: Trauma-focused Psychodynamic Psychotherapy, Mentalization-Based Therapy, Interpersonal Psychotherapy, and Enhanced CBT for eating disorder symptoms. Key therapeutic tasks included addressing non-mentalizing modes, repairing ruptures in the therapeutic alliance, and processing grief and moral injury.

Outcomes demonstrated gradual improvement in affect regulation, narrative coherence, and social re-engagement despite persistent vulnerabilities. This case underscores the importance of integrated psychotherapy models in treating complex trauma, where no single modality sufficiently addresses the interplay of dissociation, identity disturbance, and relational instability. It further illustrates how culturally attuned, trauma-focused interventions can foster resilience, coherence, and dignity in vulnerable populations.

Panic-Focused Indicated Cognitive Behavioral Preventive Intervention Reduces the Incidence of Panic and Closely Related Disorders

Katja Beesdo-Baum*, Sabrina Wideburg, Frank Rückert, Eva Asselmann, Christiane Melzig

Katja Beesdo-Baum, Germany

Poster Presentation Track: Research Track

Poster Abstract: Background: Fearful spells and panic attacks have been shown to be risk factors for the development of a range of mental disorders. In a randomized controlled trial, we tested whether an indicated preventive intervention is capable to reduce the incidence of mental disorders.

Methods: Individuals with fearful spells or panic attacks but no DSM-5-defined mental disorder in the past 12 months were randomized to receive a brief therapist-guided, individual two-session panic-focused preventive intervention (IG, n=134) based on cognitive-behavioral principles or an assessment-only control group (CG, n=113). The primary outcome of prevention efficacy was the incidence of full-threshold DSM-5 mental disorders between entrance assessment and 12-month follow-up, as assessed by a standardized diagnostic interview (DIA-X-5/D-CIDI).

Results: Among 12-month follow-up completers (n=88 IG, n=79 CG), logistic regression analysis revealed a significantly lower incidence rate of panic disorder in the IG (13.6%) compared to the CG (26.6%; odds ratio: 0.51, 95%CI: 0.27–0.98, risk ratio: 0.70, 95%CI: 0.51–0.96, risk difference = −0.13, 95%CI: −0.25 to −0.01), with even stronger effects when the outcome was extended to include agoraphobia as well as all other anxiety disorders. For other mental disorder and “any mental disorder”, the incidence difference was not statistically significant.

Conclusions: Screening and allocation to an indicated cognitive-behavioral intervention can effectively prevent the onset of panic disorder and closely related psychopathology. Longer-term follow-up studies are needed to investigate potential transdiagnostic benefits.

Modern Methods for Mediation Analysis in Prevention Programs: Mechanisms of an Externalizing Behaviors Prevention Intervention Program in Colombia

Alexandra Restrepo*

Alexandra Restrepo, United States

Poster Presentation Track: Research Track

Poster Abstract: Parenting programs reduce externalizing problems in children, yet most evidence comes from high-income countries, and limited evidence about their mechanisms comes from low-income settings. Understanding mediating mechanisms is essential for strengthening programs in resource-limited settings and understanding the psychopathology of externalizing behaviors. The aim was to evaluate the effects of Pilas (a multicomponent intervention), and to examine whether changes in parenting practices mediate the effects on child externalizing problems

A cluster-randomized trial was conducted in 32 public schools (intervention n=861; control n=822). Children and caregivers were interviewed at baseline and at 1 and 3-year follow-up. Outcomes included conduct problems, oppositional problems, and aggressive behaviors, measured based on DSM-5. Mediators included parent-child communication (Loeber, 1997), parental supervision, general parenting practices (Loeber, 1997), and psychological/physical punishment (Duque, 2004) (reported by the child and the caregiver). Program effects were estimated using quasi-Poisson models, and mediation analyses applied the potential outcomes framework to estimate natural direct and indirect effects.

At 3-year follow-up, Pilas reduced conduct problems by 22% (aRR=0.78; 95% CI 0.66–0.93), oppositional problems by 19% (aRR=0.81; 95% CI 0.70–0.94), and aggression by 20% (aRR=0.81; 95% CI 0.69–0.95). Children reported fewer psychological punishments (aRR=0.83; 95% CI 0.67–1.01) and physical punishments (aRR=0.71; 95% CI 0.60–0.84). Parenting practice

effects were small. Mediation analyses showed no evidence that parenting practices or punishment mediated program effects.

Pilas reduced externalizing behaviors and harsh punishment in a high-violence LMIC context, but effects were not mediated through parenting practices. Further research is needed to identify alternative mechanisms and strengthen caregiver components.

Subjective Experiences of Emotional Distress in Mexican University Students: A Group Psychotherapy Approach

David Márquez-Verduzco*, Ana Patricia Rodríguez-Rocha

David Márquez-Verduzco, Mexico

Poster Presentation Track: Research Track

Poster Abstract: Subjectivation process in youth involves changes in psychical, psychological and social dimensions. College can produce or intensify emotional distress, according to research. There are only a few studies involving group psychotherapy approaches, despite its known benefits. These focus on a cognitive-behavioral perspective, mainly. We consider that the subjective experience is important to know how students are dealing and coping with emotional distress to identify subjective processes involving psychic and social dimensions. The present study focuses on a brief group psychoanalytic psychotherapy for students in a Mexican university seeking psychological care in a psychotherapy program. Through clinical illustrations, we show how the group provides a psychic space to experience, express and deal with emotions, as well as examine the meanings of their symptoms that correspond to psychic or social dimensions. All of this is through the intersubjectivity work: the possibility, based on links, to understand their own and the experiences of others; through intersubjectivity, the possibility of putting into words and talk about emotional distress and resignify their own experience. We conclude that the group psychotherapy is an important approach to offer in clinical services for students to examine emotional distress in its relation to intersubjectivity inside and outside the group.

Psychotherapy in a Digital Age: Understanding Adolescent Relationships in the Presence of AI

Faria Ashrafi*

Faria Ashrafi, United States

Poster Presentation Track: Clinical Track

Poster Abstract: This presentation investigates the potential of Artificial Intelligence (AI), a computer system-based technology, for influencing relationships between young people, especially teenagers, and affecting their knowledge or performance, particularly in emotional development and interpersonal connection. Relevant information was collected from Scopus, PubMed, and Web of Science using terms like “Artificial Intelligence” or “AI,” “young people” or “teenagers,” and “relationship” or “skills.” Findings show that teenagers increasingly use AI in a variety of domains—from academic assistance and creative exploration to companionship and emotional support. These engagements can include developing critical thinking, organizing information, and seeking comfort. Emotional companionship, often experienced through chatbots and AI-generated conversations, is an emerging behavior among teens that may contribute to improved mood. AI can increase personalized learning, promote knowledge retention, and enhance engagement. It contributes to reshaping education, communication, and entertainment. AI-powered platforms offer algorithmically tailored content that reinforces teens’ interests and emotional states, producing a sense of “adaptive alignment.” This integration introduces notable shifts and complexities in adolescent emotional and social development. Our findings suggest that while AI may present effective tools for learning, communication, and support, it may also be associated with challenges such as algorithmic bias and altered views of human relationships. AI chatbots may be used by teenagers for companionship but can be linked to social withdrawal, emotional dependency, and evolving attitudes toward real-life relationships. This study concludes that AI-driven technologies significantly shape teen relationships and development. These tools should be used with intention and self-awareness, recognizing the delicate boundaries of their influence.

The History of Psychotherapy in Puerto Rico

Alejandro Alfonso*

Alejandro Alfonso, Puerto Rico

Poster Presentation Track: Research Track

Poster Abstract: Puerto Rico, a high-income Caribbean country of 3.2 million people, has a bilingual population shaped by Spanish and U.S. colonial histories. Under Spanish rule (1508–1898), emotional care came from family, clergy, and traditional healers, with no formal psychotherapy. After the U.S. occupation in 1898, North American psychiatry emphasized institutional care and somatic treatments, delaying psychotherapy’s development. Mid-20th century saw Puerto Rican clinicians trained in the United States introduce psychoanalysis, which strongly influenced private practice and training programs through figures such as Guillermo Arbona, Ángel G. Gaztambide Arrillaga, Ana María Gaztambide, Carlos Camacho, and María Cabiya, along with diaspora psychoanalysts like Ramón Fernández-Marina and César Alfonso.

The 1956 Mental Health Law established regional clinics, integrating psychotherapy into community psychiatry and adapting it to Puerto Rican cultural realities, including family structures and collective values. By the 1960s and 1970s, group, family, and community-based interventions became common. Later decades saw diversification into cognitive-behavioral therapy, dialectical behavioral therapy, acceptance and commitment therapy, humanistic, systemic, and integrative models. Clinicians increasingly emphasized cultural competence, addressing the collective trauma of colonialism, migration, natural disasters, and socioeconomic adversity.

Today, psychotherapy in Puerto Rico is pluralistic, combining psychoanalytic, cognitive-behavioral, supportive, systemic, and community approaches, alongside teletherapy, which has expanded in recent years. The island currently has 3,500 licensed psychologists, 200 psychiatrists, and 125 psychotherapists. However, migration of professionals has created critical shortages. Addressing this crisis requires task-shifting and targeted recruitment to sustain mental health services amid ongoing challenges of inequality and limited resources.

Streamlined Treatment and Evidence-Based Adolescent Counseling and Medication Support (STREAMS) Protocol

Phil Kreniske*, Proscovia Nabunya, Noeline Nakasujja, Vincent Mujune, Chloe Teasdale, Sasha Fleary, Samuel Kizito, Derek Brown, Rosco Kasujja, Holly Isenberg, Claude A Mellins, Myrna Weissman, John Santelli, Fred Ssewamala

Phil Kreniske, United States

Poster Presentation Track: Research Track

Poster Abstract: Background: Achieving the UNAIDS 95-95-95 targets requires addressing mental health co-morbidities among the 1.6 million adolescents living with HIV (ALWHIV) in Africa. While combination approaches are recommended, few evidence-based interventions exist that effectively integrate psychotherapy with HIV care for this population. We propose the Streamlined Treatment and Evidence-based Adolescent counseling and Medication Support (STREAMS) study to address this gap by combining and streamlining two proven interventions: StrongMinds Group Interpersonal Psychotherapy (IPT-G) and Suubi+Adherence (economic empowerment combined with medication adherence counseling).

Methods: STREAMS utilizes a Type I Hybrid design, 3-arm cluster-randomized trial implemented across 24 HIV clinics in Uganda. The study evaluates the effectiveness of the intervention on reducing depressive symptoms and improving antiretroviral therapy (ART) adherence, while simultaneously characterizing feasibility and acceptability. Adolescents will be

consecutively sampled and screened using a mobile phone-administered PHQ-9; those screening positive for depressive symptoms will be enrolled. Clinics are randomized to one of three arms: (1) Combination Intervention: Streamlined IPT-G + Streamlined Suubi+Adherence; (2) Psychotherapy Only: Streamlined IPT-G + Standard of Care (SOC) ART counseling and (3) Control: SOC mental health + SOC ART counseling.

Results: We hypothesize the combination arm will demonstrate superior outcomes regarding depression reduction and viral suppression compared to the SOC arms.

Conclusion: STREAMS aims to validate a low-cost, efficacious, and scalable approach to integrating mental health care into HIV service delivery. If successful, this model offers a viable pathway for resource-limited settings to improve both mental health and HIV treatment outcomes for vulnerable youth, directly supporting global health targets.

12:30 p.m. - 1:30 p.m.

Poster Session II - Screen E

Rebuilding Safety and Identity Through Trauma-Informed Psychotherapy: A Clinical Case of Complex Trauma and Panic Disorder in a Young Filipino Mother

Marie Angelique Gelvezon*

Marie Angelique Gelvezon, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Background: Survivors of prolonged childhood and adult sexual abuse face profound disruptions in safety, identity, and attachment. In low-resource and highly stigmatized settings, these individuals often struggle to access trauma-informed and rights-based mental health care. This poster presents a complex case illustrating the intersection of trauma, panic disorder, and personality vulnerability, and highlights a psychotherapy approach grounded in human rights principles.

Case Description: Rose, a 28-year-old Filipino woman, survived repeated sexual abuse at ages 7, 18, and 26, alongside lifelong emotional invalidation within her family. She presented with panic disorder, intrusive memories, affective instability, fear of abandonment, and chronic emptiness. Sociocultural pressures, bullying, pregnancy-related stress, and stigma further intensified her symptoms. Her history revealed patterns of insecure attachment and maladaptive coping shaped by long-standing trauma.

Interventions: Treatment integrated trauma- and attachment-informed psychodynamic psychotherapy, mentalization-based techniques to enhance emotional regulation, CBT strategies

for panic and intrusive symptoms, and careful therapeutic boundary-setting to address dependency and fears of abandonment. A safety plan and psychopharmacologic support complemented psychotherapy.

Outcomes: Over time, Rose achieved improved emotional stability, reduced panic attacks, enhanced reflective functioning, and strengthened interpersonal functioning. She regained a sense of agency, formed healthier attachments, and reconnected with meaningful roles as a mother and student.

Conclusion: This case underscores the central role of consistent, culturally attuned, human rights–based psychotherapy in caring for survivors of complex trauma. It demonstrates how psychotherapeutic relationships, when held with safety and dignity, can restore psychological resilience and support recovery in vulnerable populations.

Making Psychotherapy Training as Simple as Possible but Not Simpler

Jeffery Smith*

Jeffery Smith, United States

Poster Presentation Track: Clinical Track

Poster Abstract: Worldwide need for effective psychotherapy is increasing exponentially, particularly in developing countries. Multiple competing therapies lead to overcomplicated and inadequate training. Contemporary science suggests that all therapies have the same infrastructure and work to foster the same four goals: Trusting the therapist and process, learning and practicing healthier response patterns, activating outdated maladaptive patterns held in procedural memory, and delivering disconfirming new information and experiences to subcortical structures. All effective therapies embody ways to achieve these four objectives, providing a kind of Rosetta Stone to bring diverse therapies under one roof for purposes of training. Here we present a simple way to teach clinical application of this theory, which has been piloted with psychiatric residents in six programs. The trainee's goal is deepening "accurate empathy," by seeking increasingly detailed, emotionally engaged answers to five key questions derived from the neurophysiology of threat processing.

The end goal is to support the exchange of old maladaptive response patterns for more satisfactory ones.

Developing a Psychodynamic Identity Within a Culture of Pragmatism: Reflections From a Singaporean Trainee's First Case

Howard Khoe*, Glen Cedric Roche Tze Lee

Howard Khoe, Singapore

Poster Presentation Track: Clinical Track

Poster Abstract: This case report presents the experience of a psychiatry resident seeing a patient for psychodynamic psychotherapy for the first time: a 23-year-old woman with dysthymia. This therapeutic process explored themes of unresolved adoption trauma and identity formation, internalized superego harshness, and defenses against anxiety arising from shame and rejection. In parallel with this therapeutic relationship, the psychiatric trainee learns to appreciate how psychodynamic principles complement treatment in psychiatric practice. By addressing recurrent challenges to the therapeutic frame and engaging with transference and countertransference phenomena, the trainee developed a rich understanding of the unconscious relational processes central to psychodynamic practice.

Additionally, the resident and supervisor collectively reflect on the role of supervision in this case. In particular, the supervisor's training in Intensive Short-Term Dynamic Psychotherapy (ISTDP) lent a more active slant to supervision, and this influenced the resident's practice of psychodynamic therapy and course of therapy. By integrating psychodynamic neutrality with a goal-oriented focus and balancing free association with judicious defense work, the patient made surprising progress in their short course of treatment. A more active and focused approach, especially for patients at the neurotic level of personality functioning, may be suited to Singapore's psychodynamic landscape where cultural expectations often favor perceptible progress on brisk timelines.

In summary, this case highlights a novice psychiatry trainee's experiential appropriation of psychodynamic principles through active, ISTDP-informed supervision, fostering both therapeutic growth and patient progress. We contemplate how a pragmatic, culturally attuned psychodynamic approach might look like in the Singaporean Asian context.

27 Club: Mood Lability, Trauma Symptoms, and Substance Use in a Young Woman With Histrionic Personality Disorder

Nathalia Palma*

Nathalia Palma, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: This illustrative clinical case presents the psychotherapeutic management of Phoebe, a 25-year-old woman diagnosed with Bipolar I Disorder, current episode depressed, Posttraumatic Stress Disorder, and Histrionic Personality Disorder, with a background of childhood sexual abuse and trauma-related symptoms. The patient exhibited mood instability, recurrent intrusive memories, affective dysregulation, and maladaptive interpersonal patterns.

Psychotherapy was conducted over nine follow-up sessions following an initial inpatient admission for suicidal ideation.

Therapeutic work emphasized supportive-expressive and trauma-informed techniques, aimed at establishing safety, fostering affect regulation, and exploring the impact of early trauma on current relationships and self-concept. Through empathic validation, interpretation, and guided reflection, Phoebe gained insight into her pattern of seeking validation through self-sacrifice and reenactment of past abusive dynamics. Gradual improvement was noted in her emotional awareness, self-expression, and ability to identify triggers. She showed increasing autonomy in emotion regulation, reduced impulsivity, and improved adherence to pharmacologic treatment.

Notable findings included the therapeutic emergence of transference themes reflecting early relational trauma and the successful integration of trauma material into a more cohesive self-narrative. Despite residual affective lability and intermittent depressive episodes, Phoebe demonstrated growing insight and adaptive coping strategies.

This case highlights the value of integrative, trauma-informed psychotherapy in addressing complex comorbidities involving mood instability, trauma, and personality vulnerabilities. Psychotherapeutic engagement facilitated self-awareness, emotional regulation, and relational restructuring—key factors in achieving stability and functional recovery.

A Flower Pierced the Asphalt: Psychoanalytic Listening in a Conflict Territory

Filipe Agostinho*, Ludmila Frateschi, Gustavo Bezerra, Stella Piasentim, Matteo Ebram

Filipe Agostinho, Brazil

Poster Presentation Track: Research Track

Poster Abstract: Over two years, the author recorded his medical internship experience as part of the project "Talk to the Psychotherapist", which aimed to research experimental psychotherapy care models. Sited in “Cracolândia” and in its “flux” (an agglomeration of people, mostly homeless, forming around open drug-use scenes on city streets), and in partnership with another project called Teto, Trampo e Tratamento (House, Job and Treatment), he observed medical consultations, cultural expression activities and street-based listening and socialization. His analysis, based on records, studies the relationship between social suffering and subjective potential.

Cracolândia is a conflict zone marked by overlapping disputes (urban rights and housing, security policies, mental health), violence, and prejudice. Public imaginaries often reduce the flux inhabitants to a dehumanized “mass,” erasing subjectivities and singularities. This extreme reality confronts healthcare training with the challenge of exclusion.

The experience revealed that, beyond the "mass" experience and psychopathological classifications, each individual possesses a history, dreams, and transformative potential. The author acquired listening tools for different forms of expression and developed skills in observation, reality comprehension, and patient communication distinct from traditional training.

Conclusions: Embedding psychoanalytic listening in conflict territories is feasible, valued, and broadens local care networks. It contributes significantly to the development of core abilities in medical and psychological care.

A Community Participatory Analysis of Mental Health Needs and Supports in Harlem

Farhan Mohsin*, Laura Hobbs, Alexandra Restrepo, Srividhya Sharma, Victoria Ngo

Farhan Mohsin, United States

Poster Presentation Track: Research Track

Poster Abstract: Underserved communities in Harlem face disproportionate mental health challenges, intensified after the COVID-19 pandemic. A needs assessment engaging community-based organizations (CBOs), faith-based organizations (FBOs), and housing residents was conducted to design a culturally responsive mental health intervention. We used a semi-structured interview guide to explore community perspectives on mental health needs, barriers, facilitators, and the impact of COVID-19. Seven CBO staff, two FBO leaders, and five housing residents participated.

Mental health needs: Participants described how COVID-19 exacerbated their mental health needs and strained workforce capacity. Across all groups, COVID-related grief and loneliness among elders were identified as high priorities. Finally, residents emphasized the urgency of youth-based mental health programming and the importance of having mental health services located within their communities. Barriers: Barriers to accessing mental health services included long waitlists, staffing shortages, a lack of bilingual providers and awareness about available services, and fragmented referral pathways. Residents and faith leaders also expressed that mental health remains a stigma among underserved communities. Facilitators: Faith, exercise, and social support were identified as key coping strategies to address mental health needs. CBOs and FBOs were also identified as trusted gateways. Linking food, housing, and financial needs alongside programs that promote emotional well-being were also recommended.

These findings highlight the need for community-centered and stigma-reducing approaches that integrate mental health support with social services. Leveraging partnerships with trusted CBOs and FBOs, expanding multilingual and youth programming, and strengthening financial and housing support are critical to advancing mental health equity.

Culture, Trauma, and Community: A Multidisciplinary Approach to Suicide Prevention in Complex PTSD

Jacinto Armando Mantaring*, Lourdes Ladrido Ignacio

Jacinto Armando Mantaring, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Victims of childhood trauma have increased vulnerability to developing chronic affective disorders, suicidality, and impaired functioning, particularly within low-resource and culturally diverse settings. The following case explores the clinical course of a woman in her late twenties with Persistent Depressive Disorder, with intermittent Major Depressive Episodes, with mixed features, and Complex Post-Traumatic Stress Disorder, shaped by prolonged childhood sexual abuse, familial invalidation, and socioeconomic marginalization. Her suicidality emerged from cumulative trauma and an unstable caregiving environment, highlighting how structural and interpersonal inequities contribute to persistent risk.

The approach focused on being trauma-informed and sensitive to her cultural background. Along with pharmacotherapy, it combined trauma-focused therapy, dialectical behavior therapy skills, and support from a community-based rehab program. She showed progress in structured, supportive environments that aligned with her spiritual beliefs. This highlights how important community-based care can be, especially in areas where mental health stigma and financial challenges make ongoing treatment challenging. Her journey also highlights the need to address cultural ideas about shame, “impurity,” and family duty—common beliefs in her Filipino background—which had a direct impact on whether she sought help and stuck with treatment.

This case shows that aiding those who have faced trauma and are dealing with suicidal thoughts means going beyond just treating symptoms. It is about understanding cultural beliefs, rebuilding social connections, and including spiritual and community support. This case points to how mixing trauma-focused therapy with practical, culturally sensitive care can help people feel safer, stronger, and more hopeful about long-term recovery.

Kaleidoscope of Trauma and Resilience: Managing Complex Post-Traumatic Stress Disorder and Depression in the Context of High-Risk Pregnancy

Sydney Madlangsakay*

Sydney Madlangsakay, Philippines

Poster Presentation Track: Clinical Track

Poster Abstract: Background: Women exposed to chronic abuse and trauma are at heightened risk for psychiatric disorders and obstetric complications. The interplay of violence, pregnancy, and mental illness poses unique challenges in psychiatric care.

Case Presentation: DA, a 29-year-old single mother of three, presented with depressive symptoms and trauma sequelae in the context of multiple abusive relationships and recurrent miscarriages. Her psychosocial history was marked by early parental neglect, intimate partner violence, and financial instability. She developed recurrent major depressive episodes and post-traumatic stress symptoms following successive losses and abuse. At presentation, she was 27 weeks pregnant with a complicated gestation (succenturiate placenta, amniotic band syndrome) and in partial remission of depressive symptoms.

Management and Course: The therapeutic approach emphasized safety, empathic validation, and supportive-expressive psychotherapy within a trauma-informed framework. Mentalization-based strategies were introduced to address maladaptive relational patterns. Pharmacologic management was limited to prenatal supplements due to pregnancy, while coordination with obstetrics and social services was prioritized. Over nine outpatient sessions, therapy evolved from trauma exploration to a more supportive stance as her pregnancy complications progressed. Nica demonstrated gradual improvement in affect regulation, insight, and help-seeking behaviors, identifying her pregnancy and children as key motivators for recovery.

Conclusion: This case highlights the complexities of managing trauma and depression during high-risk pregnancy. An evolving therapeutic stance—shifting between trauma processing and supportive interventions—proved essential. Collaborative, trauma-informed, and flexible care may foster resilience and improve outcomes in perinatal women facing compounded psychiatric and obstetric challenges.

Perinatal Mental Health in Immigrant Women: Barriers, Opportunities, and the Role of Midwives – A Narrative Review

Irene Terenzi*

Irene Terenzi, Italy

Poster Presentation Track: Research Track

Poster Abstract: Perinatal mental health is a critical public health issue, as pregnancy and postpartum periods represent times of heightened psychological vulnerability for women. According to the “Human Birth Theory” by psychiatrist Massimo Fagioli, maternal mental health during these stages has a crucial role, potentially influencing the child's future psychological development. Therefore, supporting maternal mental well-being is fundamental, serving as a protective factor for both maternal and child mental health.

Immigrant women are at increased risk for perinatal mental disorders due to socioeconomic, linguistic, cultural, and systemic barriers, including limited access to healthcare services. This review aims to (1) identify the prevalence and risk factors of perinatal mental health issues in immigrant women; (2) explore barriers to accessing mental health care; and (3) evaluate the role of midwives in prevention and early detection.

A literature review (2005–2025) was conducted using PubMed, Scopus, and CINAHL, including observational, qualitative, and systematic studies published in English and Italian. Findings reveal that immigrant women face higher rates of perinatal mental disorders (Depression, Anxiety, PTSD) compared to native-born women. Major barriers to healthcare access include language difficulties, social stigma, lack of culturally tailored services, and administrative hurdles. While midwives are key figures in early detection, their training in perinatal mental health remains limited in many countries.

Improving outcomes requires integrating obstetric and psychosocial care, enhancing midwifery education, and implementing inclusive health policies. Culturally sensitive services and accessible pathways are crucial, aligning with Goal 10 of the 2030 Agenda for Sustainable Development - reducing inequalities.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BACKGROUND
CURRENT LANDSCAPE
HISTORICAL DEVELOPMENT, EVOLUTION, AND DIVERSIFICATION


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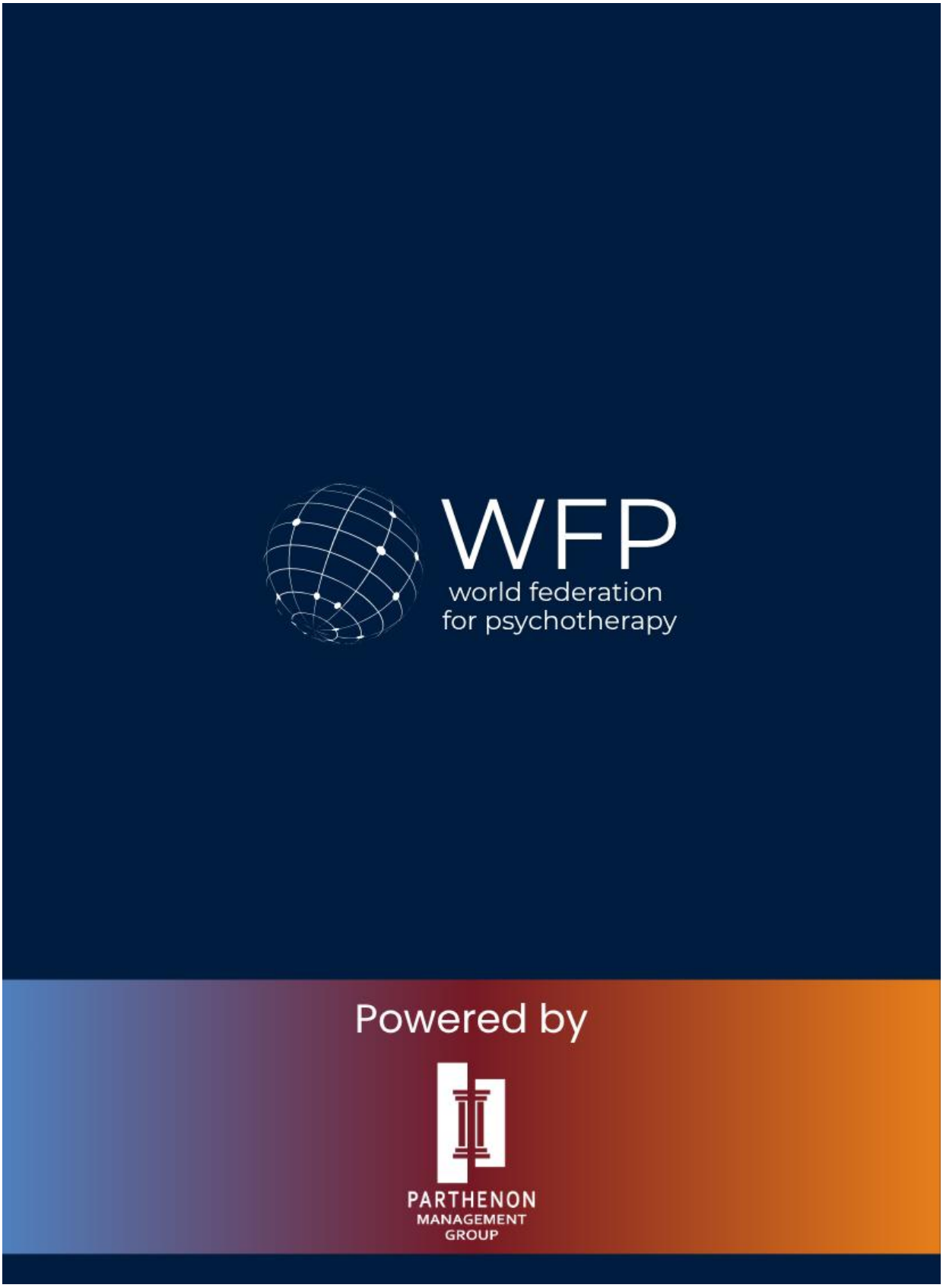
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