



Society for the Study of Psychiatry and Culture

Call for Papers for 38th Annual Meeting

April 27-29, 2017

Philadelphia, Pennsylvania

Villanova Conference Center at Villanova University

Abstract submission deadline: September 21, 2016

[Click here for Abstract Submission Form](#)

Culture and Mental Health: Family Matters

The theme of the annual meeting is *Culture and Mental Health: Family Matters*. We are particularly interested in submissions based on how culture and family interact, especially to help define and pattern mental health, mental illness, and health care access and utilization. We will address questions such as: How is culture reconstructed and transmitted in the medium of the family? How does focusing on the family as a “meso”-level structure between the “macro” level of society and the “micro” level of the individual help clarify help-seeking choices and treatment expectations? How does societal change such as mass migration, war, and poverty affect family and individual health? Do a cultural/community framework and effective family inclusion in care enhance clinical outcomes and reduce health care disparities? We also welcome papers, symposia, workshops, and posters in other clinical, education, and research areas at the intersection of culture and mental health.

Conference Learning Objectives

After attending this meeting, participants will be able to:

1. Identify cultural variations in the definition, composition, and dynamics of families and how this variation affects the mental health of its members, their interpretations of mental illness, and the process of help-seeking.
2. Integrate family assessment into the practice of cultural psychiatry and global mental health, including the use of family-focused interview instruments.
3. Discuss the theory and practice of therapy approaches that emphasize both family and culture, such as a culturally aware family therapy, a trauma-focused family systems approach for individuals with PTSD, and/or family-based suicide prevention models for diverse cultural groups.
4. Describe how families from different cultural traditions adapt differently to major mental illness, changes in gender roles and/or in gender identity, and other complex behavioral and psychological processes in their members.
5. Discuss the effects of the current refugee crisis on immigrant and host families, and the family's process of adaptation over time.

Conference Priority Themes

Examples of topics and domains related to the conference theme include the following:

1. **Families, culture, and resilience** – What does resilience look like within family systems and how can mental health care providers benefit from viewing resilience as a feature of both families and individuals? How do cultural differences in attachment impact family systems and mental health?
2. **Cultural discourse on “family”** – The concept of “Family” has been utilized in varied ways in diverse cultural settings, from a rallying point for conservative factions to preserve values and a way of life, to use by marginalized groups as a means of solidarity and support against social injustice. How does discourse over the meaning and use of “Family” in such struggles over power and abandonment impact mental health? How does it impact efforts to treat and relieve distress? How does it contribute to the misuse of power and furthering of mental distress or to the effort to obtain power and voice in order to diminish suffering?
3. **Trauma and family** – When trauma, violence, and abuse occur within the family or culture, what are the pathways to healing? What can we learn from trauma-informed family treatment?
4. **Family and help-seeking** – What is the role of the family in shaping help-seeking choices and utilization patterns, including facilitating or interfering with mental health care? How is stigma recreated or mitigated within families, and how does this affect health care?
5. **Family-centered care for refugees, asylum seekers, and immigrant communities** – Migration of communities is often characterized by disruption of family networks. Differential access to refugee status, unaccompanied immigration, and resettlement processes lead to reconfiguring of family relationships and can be a major source of distress. How do these processes contribute to mental health problems, and how can they be addressed in mental health services?
6. **Families caring for their chronically mentally ill (CMI) parent or child** – What can we learn from different cultures, from successful models of community care, and from unification programs with homeless CMI persons?
7. **Evolving concepts of family** – As cultural concepts of family change, what is the impact on the mental health of extended families and family members? Increasing awareness of LGBTQI and non-binary communities for mental health practitioners presents opportunities for mental health treatment and promotion. What do such shifts in cultural constructs related to gender and sexual orientation require of mental health providers?
8. **The family and suicide** – With rising suicide rates globally, how can understandings of the family, its response to cultural change, and family-based care contribute to the prevention of suicidal behavior? Given high risks of suicidal behavior among Latino, Native American, and immigrant adolescents, how can family-based programs prevent suicide? Moreover, with the highest rates of suicidal ideation in the United States occurring among adolescents who identify as bi-cultural and multi-cultural, how can concepts of culture be used to improve treatments for these at-risk youth?

9. ***The role of family in the internet and new technologies culture*** – How does the family become reconfigured and what are new resources and supports for families in the era of rapid changes in technology? How do intergenerational differences in technological literacy and use impact family relationships? How do parents and caregivers navigate supportive potentials of social media while reducing risk of cyberbullying, sexual exploitation, and other hazards?
10. ***Training in family therapy and culture*** – We are interested in workshop proposals focusing on teachable skills, including the administration of a Family Cultural Formulation Interview, individual vs. family or combined treatment, or how to run multiple-family group therapy.
11. ***Family through the lifespan*** – How can a family-focused lens advance research, education, and clinical care for children, adolescents, and the elderly?

Abstract Submission Categories

Abstract forms can be submitted for a Workshop, Symposium, Individual Paper or Poster, Work in Progress, and Trainee Fellowship. Workshops for participants to gain skills in issues related to family and culture are strongly encouraged and will be given priority. Symposium submissions are also encouraged. Submissions with qualitative, quantitative, or mixed-methods primary data and clinical encounters will be given preference over position pieces. Participants are encouraged to submit abstracts early. **SSPC will provide technical assistance for abstract submissions up to 48 hours before the deadline.**

[Click here for abstract submission form](#)

1. **Workshop** – Workshops are approximately 2 hours long. They should have one organizer and up to four co-facilitators. Workshops are different from symposia in that they are more interactive and are required to have hands-on activities for participants. In addition to an abstract, workshop submissions must include a timeline of activities. Workshop themes should address specific skills, debates, or concepts. Examples include how to train clinicians in the Cultural Formulation Interview and how to adapt screening tools for cross-cultural use.
2. **Symposium** – Symposia are approximately 2 hours long. Three original papers may be included, with a recommended presentation time of 20 minutes each. The organizer or moderator may provide introductory remarks on the topic. A discussant may be included if desired. Be sure to allot a minimum of 30 minutes for open discussion.
3. **Individual Papers or Posters** – Abstracts may be submitted by individuals indicating preference for paper or poster presentations. Individual papers will be grouped into symposia by the conference organizers.
4. **Work in Progress** – This new category allows individuals or teams the opportunity to receive feedback during the early stages of developing a project, curriculum, therapy approach, clinical service, future SSPC presentation, etc. Abstracts can present preliminary concepts or findings and should include specific topics or questions for discussion. Work in Progress symposia will include several brief presentations, with time dedicated to discussion after each presentation.

5. **Trainee Fellowship Presentations** – Trainees in medical or social sciences (masters, MD, PhD, or post-doctoral level) may submit papers for consideration for a fellowship presentation. A maximum of two fellowships are given each year. Registration costs are waived for SSPC Fellows, and they receive a \$500 honorarium to help offset travel costs. More information can be found in the Call for Hughes and Spiegel Fellowship Applications, which follows.

Instructions

Submissions must include a structured abstract (300 word limit), 2 learning objectives, and 2 related references.

Instructions for Preparing Abstracts

Abstracts should include the following subsections: (1) Background, (2) Aims/Objectives/Issues of Focus, (3) Methods/Proposition, (4) Results/Potential Outcomes, and (5) Discussion/Implications.

Instructions for Preparing Learning Objectives

Please make sure you use learning objectives, not teaching objectives. Teaching objectives state what you are trying to teach. Learning objectives are what you expect the attendee to know or be able to do after attending your presentation.

The objectives must use action verbs, which allow for the measurement of quantifiable outcomes. For example, *At the conclusion of this presentation learners will be able to:*

- (1) *define what an action verb is and list three characteristics of it*
- (2) *describe two reasons why educational objectives are important*
- (3) *discuss the importance of action verbs in preparing measurable educational objectives.*

An excellent reference for this task is Robert Major's *Preparing Instructional Objectives*, 3rd edition, available from Amazon.com if not at your local library.

The deadline for all submission types is **September 21, 2016**, except for Trainee Fellowship submissions, which have a deadline of **November 1, 2016**. [Click here for online submission form](#). If you would prefer to submit your materials by email rather than via the website, please contact Bonnie Kaiser, bonnienicolekaiser@gmail.com. All submissions undergo a multiple-reviewer selection and scoring process. Notification of acceptance or rejection will be sent by early 2017. After notification of acceptance, all presenters, workshop facilitators, and discussants will be required to pay the conference registration fee by February 1st for their submission to be included in the annual meeting.

For additional information, please visit the Annual Meeting page at www.psychiatryandculture.org.

If you have any questions, please contact
Bonnie Kaiser, Chair of the Program Committee, at bonnienicolekaiser@gmail.com, or
Liz Kramer, Executive Director, at ekramer931@gmail.com, phone: (484) 416-3915.