The American Institute of Medical Education

Fall Conference
Amsterdam, Rhine River Cruise and Florence, Italy
October 11-23, 2015

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Needs, Objectives & Outlines

October 13

AMACERTO

9:00 am – 2 hours

TITLE: Mata Hari: Subjugation, Adaptation, Deception and Acceptance

NEEDS: Many patients encountered in a medical or psychotherapy practice suffer from an overall feeling of dread. This feeling of dread may lead to clinically significant anxiety neurosis or even panic, exhaustion and true sadness. Some patients, however, seem to manage this free-float dread by adaptation as a reflection of their intellectual endowment, eschewing anxiolytic medication, meditation or yoga classes. Understanding of the development of this adaptive technique will help the clinician determine the proper treatment, even if that “treatment” is a supportive, psychoanalytic approach to no pharmacologic treatment at all. One of these adaptive techniques is the development of an “alter ego”, a very common means to an end to reduce the pervasive distress of dread and fear. Many younger people will recognize this concept as an “avatar”.

OBJECTIVES: At the conclusion of the presentation, participants will be able to:

• Explain Subjugation
• Explain Adaptation
• Discuss Deception as Commonplace
• Discuss The Difficulties of Acceptance

SPEAKER: Randall J. Bjork, M.D.

FORMAT: Didactic Lecture accompanied by a PowerPoint presentation

EVALUATION: Standard Evaluation Form
OUTLINE:

I. Subjugation
   - Fear and Dread
   - Identity Crisis

II. Adaptation
   - Mobilization of Intellect
   - A Star is Born

III. Deception
   - For Fun and Profit
   - Espionage
   - Betrayal
   - Judgment

IV. Acceptance
   - Or Not
   - Death with Dignity

V. Clinical Relevance
   - Everyday Deception

VI. Q & A - Discussion

11:00 am – 2 hours

TITLE: *Visioning Strategies: Creating Growth in Business to Retirement*

NEEDS: Many clients in counseling or business practice get side-tracked or “stuck” in their lives. The variety of problems center on “What’s next in my life?” can cause severe depression and withdrawal from life. The existential sense of “Is this all there is?” or “What’s my purpose now?” is an area where therapists can offer significant techniques and insights for assisting clients out of these deep blockages in their life planning. By case examples and describing various approaches to visioning tools and a different culture approach to future planning, Counselors can help those needing a personal vision or those heading toward retirement.

LEARNING OBJECTIVES: At the end of the presentation, participants will be able to:

- Discuss: Visioning an inherited or learned endeavor?
- Explain 3 Approaches for assisting Clients back through the visioning blockage
- List ways and methods for defining purpose;
- Business Visioning Techniques can be used in retirement planning.

SPEAKER: *William Mathis, PhD, Management Psychologist*

FORMAT: Didactic lecture supported by Power Point and Case Presentation

EVALUATION: Standard Evaluation Form

OUTLINE:

I. Case History of Manager Stuck in Life without Plans for Retirement
II. Visioning as innate skill or learned?
III. Methods to assist clients with developing a purpose and vision for their life
IV. Anatomy of a Vision/5 elements
V. 7 Most common derailments from the Vision?
VI. Development of a Replacement Picture
VII. Questions - Discussion

1:00 PM – 2 hours

TITLE: 
Veronica Franco: The Psyche of the Courtesan Unveiled

NEEDS: The clinician needs to be aware of the difficulties encountered by women as they strive for recognition, education, and the ability to advance in society. This is illustrated by the life of Veronica Franco, during the 16th century in Venice. At that time, the only roles available to women were as wives, which meant subjugation to her husband, housework or management, and no education, or that of Courtesans. Courtesans were the most educated women of the time. They participated in the men's world of politics, philosophy and letters. Veronica Franco was one of the most accomplished people in her world at that time. She was well educated, wrote volumes of poetry and letters. She is an example of a woman's rise in a world where resilience was a required characteristic.

LEARNING OBJECTIVES: At the end of the presentation the registrant will be able to:
• list 3 characteristics of resilience
• discuss some of the difficulties encountered by women as they strive for recognition, and authority.
• provide strategies and options for women encountered in practice when their aspirations seem to be thwarted.

SPEAKER: Jacqueline Berz-Panter, MA, MS
FORMAT: Didactic lecture with PowerPoint presentation
EVALUATION: Standard evaluation form
ABSTRACT: The life of Veronica Franco will be discussed as an illustration to choices we exercise, the psychology of those choices and the effects of them on our life, both before and after.

October 16 AMACERTO

9:00 am – 2 hours

TITLE: To Be or Not to Be: The Psychology of Suicide

NEEDS: Clinicians are often confronted by patients who are suicidal, or potentially suicidal. Motivations for suicide vary greatly and are related to numerous factors in patients’ lives. Some of those factors are purely internal, such as based on hallucinations and delusions. Other common motivations are culturally determined. Lifelong personality factors figure predominantly in many cases. Still others are dealing with what is frequently referred to as rational suicide. The clinician needs to understand each suicidal patient’s motivations in order to effectively treat them.

OBJECTIVES: By the end of this presentation, participants will be able to:
• Determine the primary motivations for suicidal patients.
• Identify key factors that precipitate a suicidal crisis.
• Choose appropriate treatment approaches for properly understood suicidal patients.

SPEAKER: **Martin Seidenfeld, Ph.D.**

FORMAT: Didactic lecture accompanied by a PowerPoint presentation.

EVALUATION: Standard evaluation form.

OUTLINE:

I. History of suicide
   • Ancient
   • Medieval
   • Enlightenment
   • Contemporary

II. Common Motivations for suicide
   • Depression from loss
   • Shame and guilt
   • Restoring honor
   • Revenge on those who wronged him
   • Rational end of life choice

III. Treatment options
   • Medical management
   • Insight-oriented therapy
   • Group therapy
   • Rational/Behavioral treatment

IV. Questions/Discussion

10:00 am – 2 hours

TITLE: **Bi-Polar Disorder: Michelangelo, The Agony and Ecstasy Revisited**

NEEDS: From clinical research we know that the infant needs loving care to develop a clear sense of self and the capacity to form close relationships with others. Michelangelo lacked the comfort of a caring family. His mother, only 18 when he was born, had already had another child, and was almost constantly pregnant. By the time she died in childbirth when Michelangelo was 6 and already had 5 siblings. As was typical in those times, Michelangelo was put in the care of a wet nurse from a stonemonger's family. When, as a young child, he showed a deep interest in sketching, his father belittled him, saying that he needed to show interest in a "more respectable" occupation. His father also suggested that they were from a high born family, though historical records belie that fact. He insisted that Michelangelo have a tutor, learn Latin and study to be a businessman so he could help support the family. Other than his brief stint as a governor of a small village, his father rarely worked.

LEARNING OBJECTIVES: At the end of this presentation, participants will be able to:
   • Discuss the possible adaptive function of bi-polar disorder in artists
   • Explain some social implications of bi-polar disorder
   • List 3 symptoms of bipolar disorder

SPEAKER: **Marlene Eisen, Ph.D.**

FORMAT: Didactic Lecture with power point, followed by discussion.

ABSTRACT: Michelangelo was a socially isolated, angry, obsessive man, preoccupied with wealth, land and social status. He was a sickly child, and a man who lived with physical and emotional pain. How can we help this brilliant, driven genius?
Would a diagnosis help? He certainly shows signs of bipolar disorder, suffering yet ecstatically involved in creating his masterpieces. First we can provide an accepting environment, one that offers what is needed without demanding anything in return. Second, we can focus on his strengths, not just his artistic accomplishments, but his generous care of family, his loving letters, his beautiful poetry. Using hypnotherapy, we can help him create a new image of himself, a man with a sense of inner peace, an acceptance of himself. We can encourage this "adult caregiver self" to nourish and love the "damaged child within". Just as he takes a large piece of marble and releases the creation within, he can look at his own character and find the beauty that resides within.

As a benign guide, we can walk with M on a path to self love and acceptance, so that he can get as much pleasure from his life and accomplishments as he gives to others.

October 18

9:00 am – 2 hours

TITLE: Sleep and Dreams in Madness and in Health

NEEDS: Many people suffer from insomnia at some point in their lifetime, or for some people much of their lifetime. The consequences of inadequate sleep can have a major impact on daytime functioning, quality of life and contribute to medical and psychiatric morbidity, and vice versa. Recent exciting research discoveries in sleep medicine have given us a more in depth understanding of the functions and processes of sleep and dream states and how to improve them, these findings will be discussed.

LEARNING OBJECTIVES: At the end of this presentation, participants will be able to:

- Explain the rhythms involved in sleep patterns and changes throughout a lifetime.
- Discuss need for sleep and impact of inadequate sleep.
- Recognize DSM 5 sleep disorders and consider new treatment options
- List 4 better sleep hygiene recommendations

SPEAKER: Suzanne M. Hammer, M.D.

ABSTRACT: Most of what we think we know is from what we sense, experience and or have learned while conscious and awake. For much of human existence sleeping and dreaming have been, a largely unknown and mysterious phenomenon.

Freud and Jung piqued our curiosity with their interpretation of the unconscious and dream analysis. The process and importance sleeping and dreaming have only been gradually elucidated during the past sixty years. Sleep medicine was only established as a subspecialty in 1996.

For your own health and that of your patients you will learn about the need for sleep, and the neurobiological mechanism of sleep, dreaming and
wakefulness; the impact of disrupted or inadequate sleep; and about sleep disorders and how to treat them. You will learn how to sleep better and therefore how to be more effectively awake.
The more we learn the more we need sleep.

October 20

**LUNGARNO HOTEL**

9:00 a.m. – 2 hours

**TITLE:** *Emile Zola, a literary giant of the late 19" Century: From Passion to Obsession: Heroic or Fool hardy?*

**NEEDS:** A psychological perspective on the writer who exposed corruption and wrong-doing by high ranking government officers in his native France. His polemics, expressed in novels and journalism, polarized France and continue to this day to have social and political effects far beyond the boundaries of his homeland.

He championed the oppressed and those treated unjustly. In his novel “Nana” he writes a scathing denunciation of the hypocrisy and moral corruption of the cosmopolitan elite in his contemporary France, a society of double standards, rushing headlong into the pleasures of sex and of unsustainable fantasy.

**OBJECTIVES:** At the end of this presentation, participants will be able to:

- Discuss and address the concerns of those patients who have been exposed to socio-political trauma
- Explain the place of metaphor in the acting-out of pathology

**SPEAKER:** Godfrey Ripley, MD

**FORMAT:** Didactic lecture enhanced by PowerPoint presentation

**EVALUATION:** Standard Evaluation Form

**ABSTRACT:** The presentation will give an overview of the social and political background to both “Nana” and “J’accuse” and identify both the heroes and the villains in the “Dreyfus case” with comments on the consequences of prejudice. Relevance to clinical presentation will be identified and the bibliography will include an English translation of “J’accuse”.

11:00 a.m. – 2 hours

**TITLE:** *The Psychology of Happiness, as seen through the Life of Louis Armstrong*

**NEEDS:** Clinicians use many tools to help their patients unlock and untangle the numerous emotional and psychological knots binding them to self-destructive patterns of behavior and poor interpersonal relationships. Therapists often find that they spend much time in the office trying to help people feel "happy". Psychoanalysts have traditionally been expert at uncovering what afflicts and damages people. But by focusing on narcissism and perversions, depression and sadism, psychoanalysis has all too often disregarded what nourishes and sustains us. By focusing on constructive forces, psychoanalysis can highlight the ingredients of love, ethics, creativity and spirituality, as well as the obstacles to experiencing them. It can serve as an indispensible resource for
helping us live with greater meaning and vitality.
A study of Louis Armstrong as a symbol of triumph over adversity, discrimination and child abuse. He accomplished this without the benefit of psychotherapy. For those who are unable to achieve happiness on their own, psychoanalytic theory and practice people grow and develop emotionally.

**LEARNING OBJECTIVES:**
At the end of this presentation, participants will be able to:

- Discuss the dynamics of psychoanalysis and how these principles can be applied to helping patients attain greater self-esteem.
- Discuss the life of Louis Armstrong and explain his struggles from a psychodynamic perspective.
- Recognize how the therapist's own perspectives and experiences of happiness can impact the therapeutic relationship.

**SPEAKER:** Marlene Gershman Paley, Ph.D.

**FORMAT:** Didactic lecture enhanced by PowerPoint presentation.

**EVALUATION:** Standard Evaluation Form

**OUTLINE:**
I. What is happiness? (exploration of Positive Psychology)
II. Bio of Louis Armstrong
III. Discussion of how to treat a patient so they can feel and experience greater self-esteem
IV. Questions - discussion

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**1:00 pm - 2 hours**

**TITLE:** Clinical Developments in Neuroscience

**NEEDS:** Rapid developments in neuroscience are giving the clinician new tools to examine the brain. Understanding how the brain receives and processes information will aid the clinician in developing treatment plans for clients based on this new information of thought processes and the connection to behavior.

**OBJECTIVES:** At the end of this presentation, participants will be able to:

- List two recently developed techniques for examining the human brain
- Describe three pathways of how emotions are transferred to deeper levels of the brain
- Explain the connection between thought processes and behavior
- Discuss the clinical application of this new information.

**SPEAKER:** Barry M. Panter, MD, PhD

**FORMAT:** Didactic lecture and PowerPoint presentation

**EVALUATION:** Standard Evaluation Form

**ABSTRACT:** Using new information from the neuroscience field, we will explore how the pathways in the brain impact behavior. As the paradigm shifts in this field, we gain an expanded view of how our brain works, how it is impacted by the thoughts we think and how we can re-train the brain to achieve different results, thereby assisting our clients/patients in greater ways.