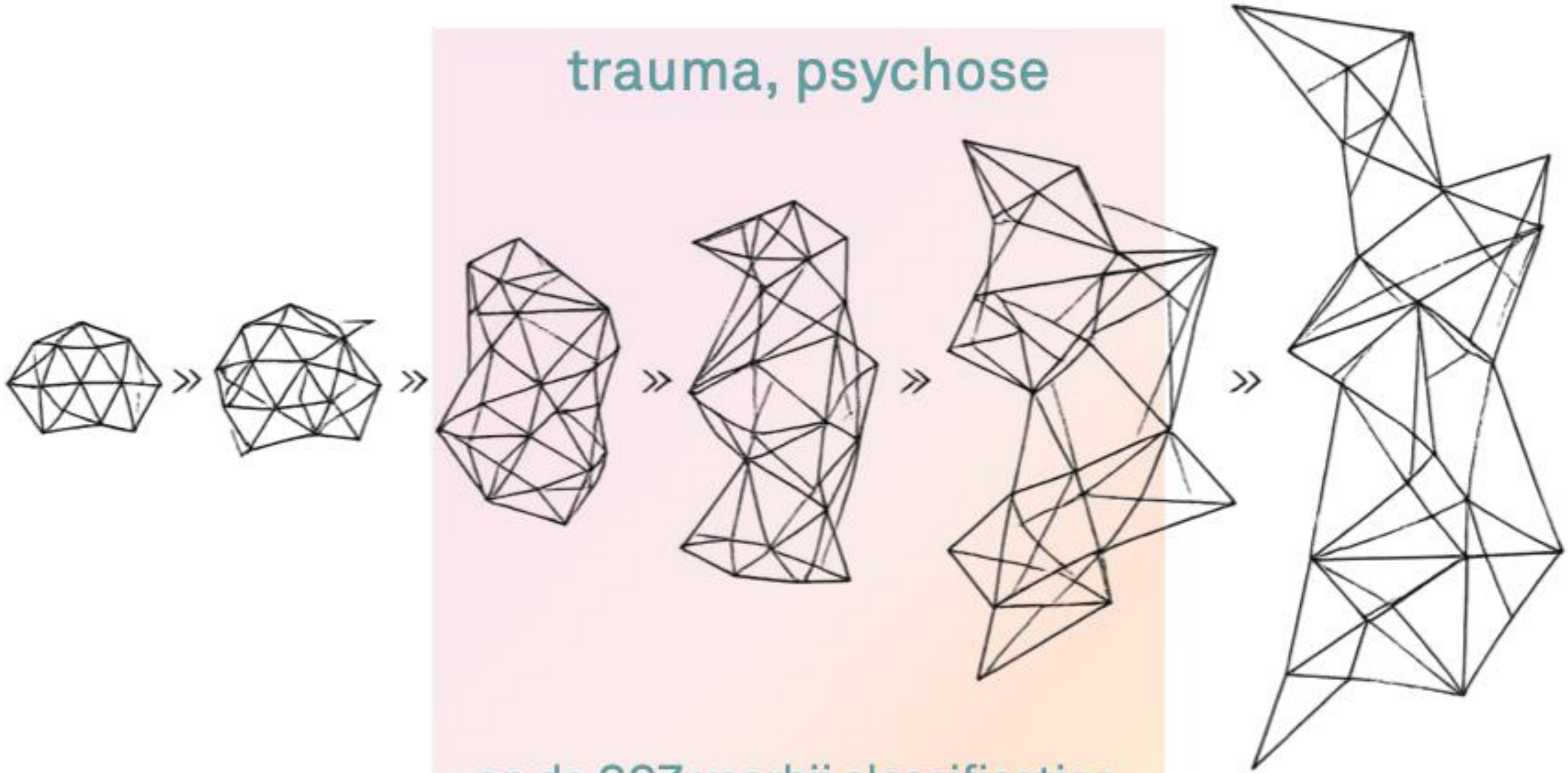
trauma, psychose



en de GGZ voorbij classificaties

David van den Berg

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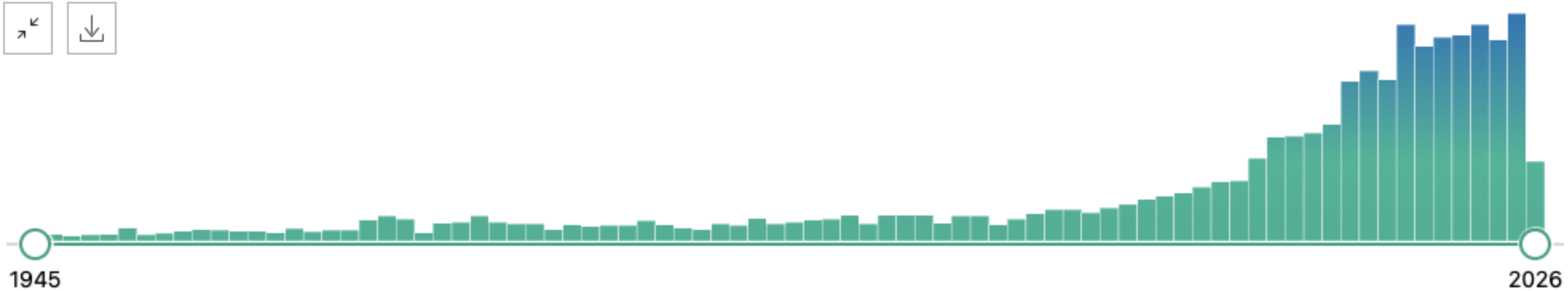

Dank aan heel veel mensen

waaronder
Simone Burger, Inez Verdaasdonk, Catherine van Zelst, Amy Hardy, Paul de Bont, Berber van der Vleugel, Tonnie Staring, Mark van der Gaag, Ad de Jongh, Machteld Marcelis, Agnes van Minnen, Carlijn de Roos, Arjan van den Berg, Abigaël Herschberg, Gitty de Haan, Annemariek de Haan, Stephanie Uijleman, Tineke van der Linden, Hanneke Wigman, Jen Gottlieb, Kim Mueser, Fillip Smit, Filippo Varese, Eva Tolmeijer, Alyssa Jongeneel, Daniel Freeman, Felicity Waite, Louise Isham.

met name aan

Simone Burger

Inez Verdaasdonk

Catherine van Zelst

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Mijn verhaal vandaag

- Psychose en trauma
- Traumagerichte behandeling
- Hoe nu verder?

parnassia groep

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ellende clustert!

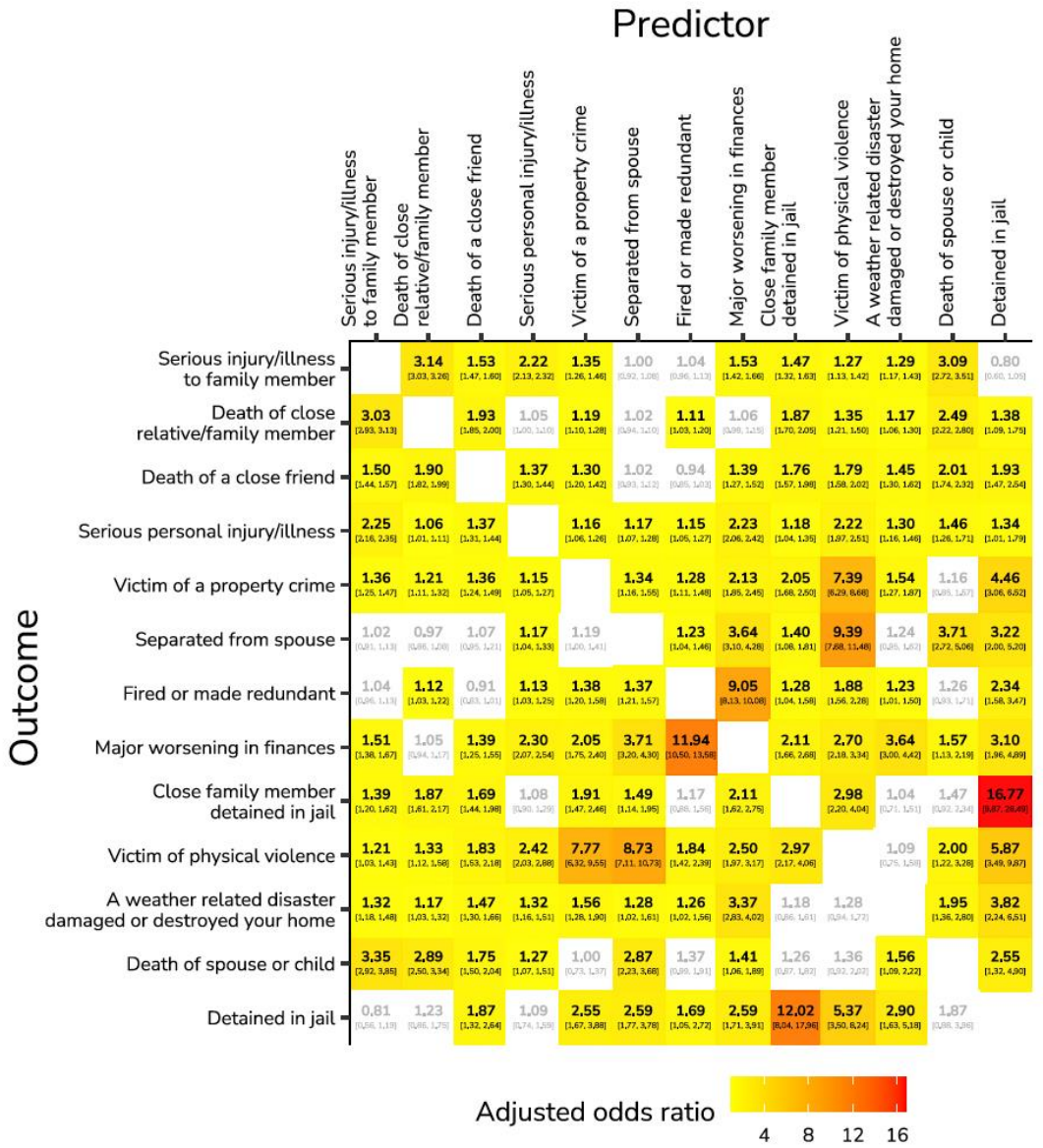
Article | Open access | Published: 27 February 2026

Non-random patterns in the co-occurrence and accumulation of adverse life events in two national panel datasets

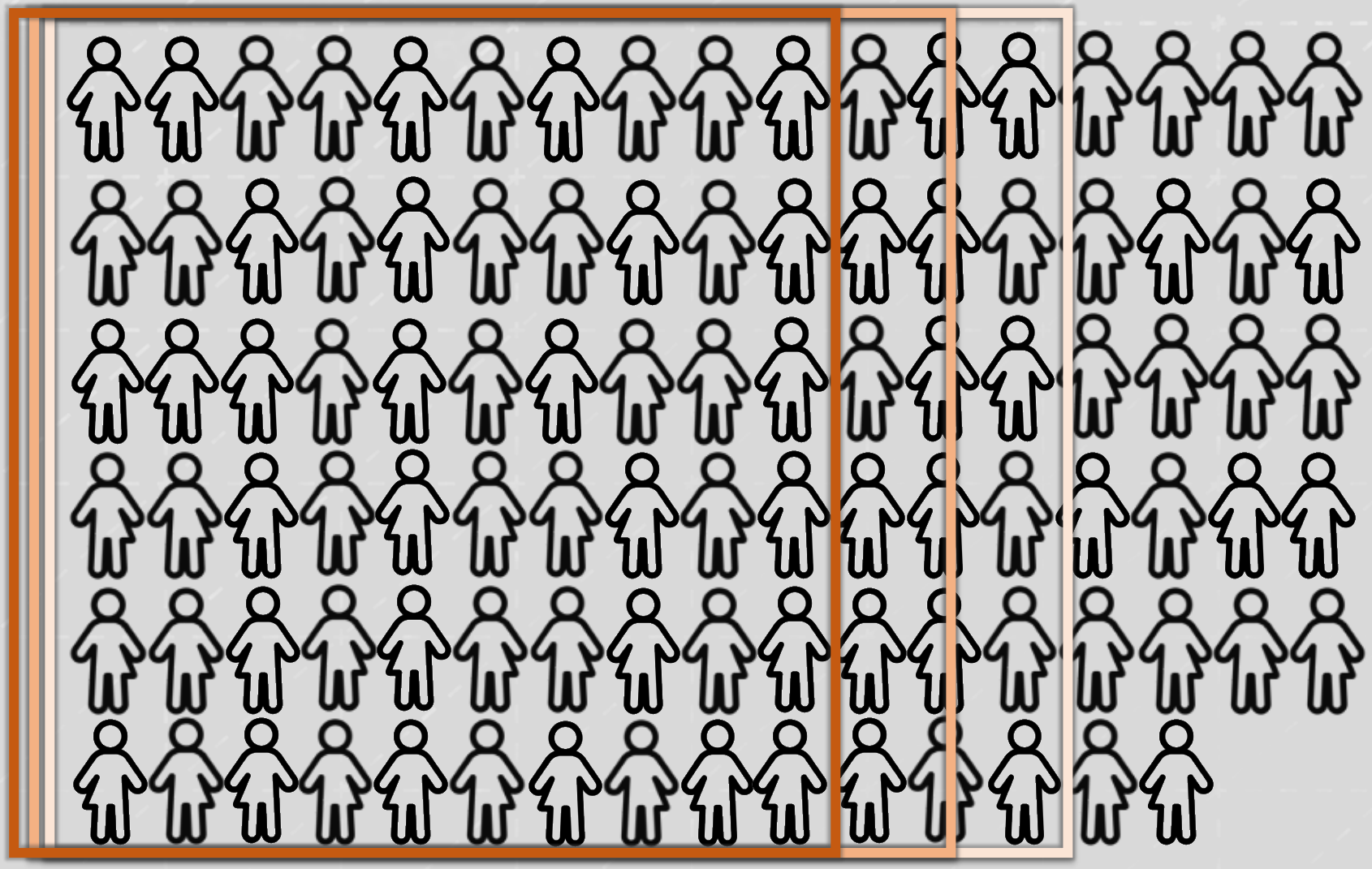
Kyra Evers ✉, Denny Borsboom, Eiko Fried, Fred Hasselman, František Bartoš & Lourens Waldorp

Communications Psychology , Article number: (2026) | Cite this article

Fig. 2: Adjusted odds ratios (OR) describing the contemporaneous associations between all adverse life events (HILDA).



Note. The estimates are based on 25,803 individuals from 29,410 households with a total of 210,031 person-years (Source: Household, Income and Labour Dynamics in Australia, HILDA). OR are adjusted for the effects of other variables, and are coloured from low (yellow) to high (red), which is only shown if the 95% profile confidence interval excluded an OR of one. An OR above one indicates the predictor event increased the odds of the outcome, which was the case for all significant events.



> 1 trauma (78%)

≧ 2 trauma's (70%)

≧ 3 trauma's (60%)

N=2.608

de Bont et al. *Br J Psychiatry.* 2015;206:408-416.

seksueel misbruik: 32.8%

fysieke mishandeling: 41.6%

emotionele mishandeling: 57.9%

ernstige verwaarlozing: 30.7%

> 1 trauma (78%)

≧ 2 trauma's (70%)

≧ 3 trauma's (60%)

N=2.608

de Bont et al. *Br J Psychiatry.* 2015;206:408-416.

“Het is een trauma wat je beleeft, en dat is zo ernstig dat je niet weet hoe je dat beleeft… Als ik misbruikt werd, dan trad ik als het ware uit mijn lijf. Dan was ik ook iemand anders, of ik was daar niet. En dan…, ja…, dan beginnen fantasie en de werkelijkheid door elkaar te lopen… Want je bent nog best wel klein…, en er komt zoveel op je af. Het is een sprookje, maar dan een wreed sprookje. Dus ja…, dan begin je op een gegeven moment dingen te ontwikkelen die een ander mens niet ontwikkelt…”

Deelnemer T.TIP studie

What Do Four Decades of Research Tell Us About the Association Between Childhood Adversity and Psychosis: An Updated and Extended Multi-Level Meta-Analysis

TABLE 1. Results of the separate meta-analyses focusing on specific subtypes anc

Adversity Subtype or Dimension	Number of Studies	Sample Size (N)	Odds Ratio	95% CI	Q Test	p
Adversity subtypes						
Sexual abuse	109	137,147	2.57	2.31, 2.87	590.83	<0.001
Physical abuse	103	142,175	2.42	2.16, 2.70	544.85	<0.001
Emotional abuse	78	64,626	3.54	3.04, 4.13	544.85	<0.001
Physical neglect	60	14,646	3.29	2.82, 3.85	236.27	<0.001
Emotional neglect	67	41,313	3.26	2.79, 3.80	450.63	<0.001
Bullying	27	53,111	2.42	1.97, 2.96	303.99	<0.001
Parental death	19	62,925	1.61	1.14, 2.28	74.88	<0.001
Parental separation	17	61,435	2.39	1.76, 3.23	102.34	<0.001
Parental antipathy	4	135,222	1.58	1.48, 1.68	3.46	0.33
Adversity dimensions						
Threat	130	168,941	2.78	2.53, 3.05	1,952.76	<0.001
Deprivation	80	86,094	3.23	2.82, 3.71	917.35	<0.001

[a] Q and I^2 statistics evaluate and quantify the amount of observed variance accounted for by true he the number of included studies, the 95% prediction interval (PI) provides a range in which the effec estimates the number of unpublished studies with null results required to nullify the observed publication bias.

N= 349,265

Case-control
Longitudinal
Cross-sectional

odds ratio for developing psychosis

case-control OR = 3.49

longitudinal OR = 2.43

cross-sectional OR = 2.37

overall **OR = 2.80** (95% CI=2.18, 3.60)

Psychological Medicine

www.cambridge.org/psm

Cumulative exposure to childhood adversity and risk of adult psychosis: a dose–response meta-analysis

Aidan Flinn[1,2], Rebecca Hefferman-Clarke[1], Sophie Parker[1,3], Kate Allsopp[1,2], Lan Zhou[4], Marieke Begemann[4], Richard Bentall[5] and Filippo Varese[1,2]

Review Article

Cite this article: Flinn, A., Hefferman-Clarke,

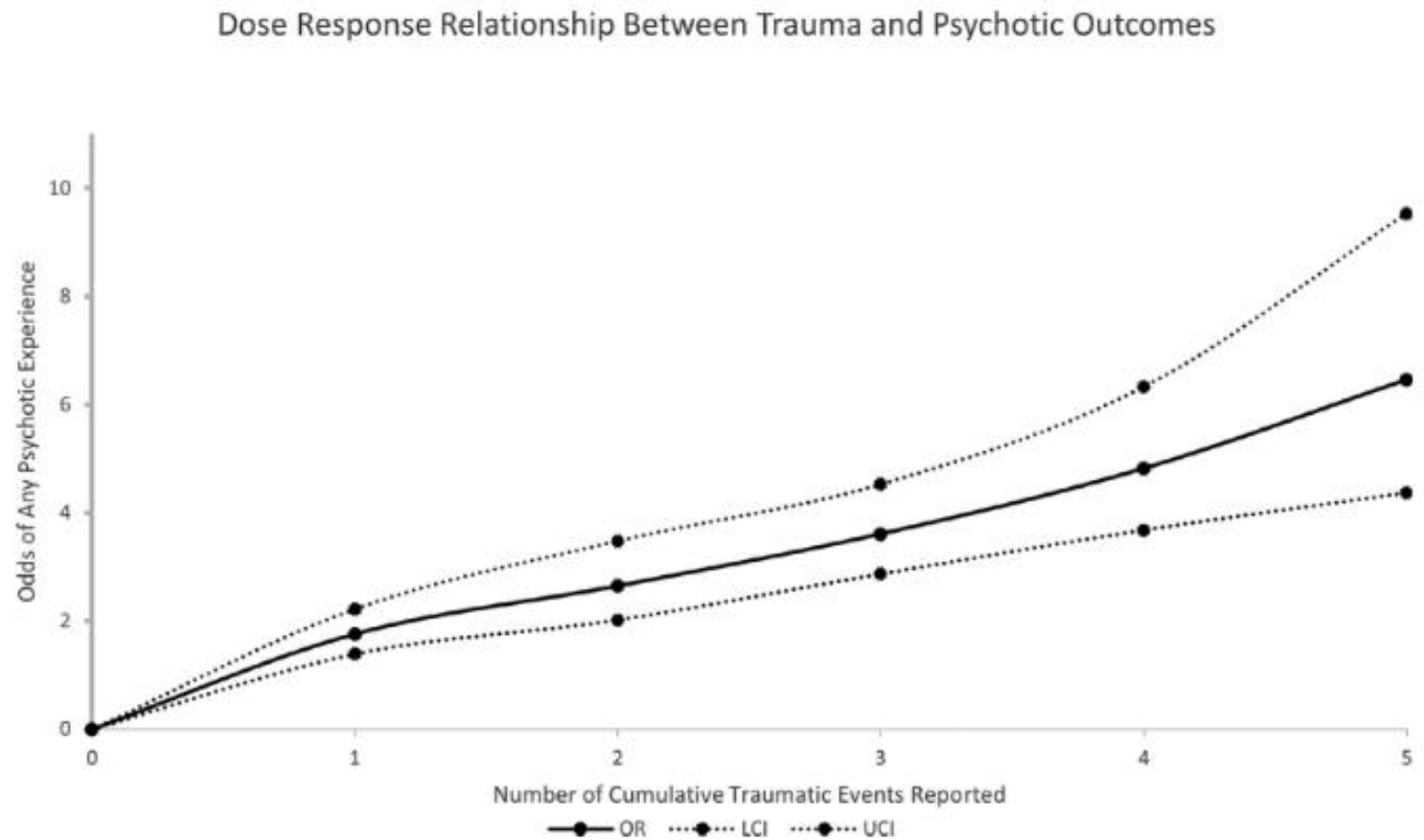


Figure 2 Dose–response analysis between cumulative traumatic event(s) and psychotic experiences with the solid line and the long-dashed line represents the odds ratio and 95% confidence intervals.

OORZAKEN STEMMEN (N=125)	**EENS**	
Psychosociale oorzaken	**Frequentie**	**%**
Traumatische ervaringen	**80**	**64.0**
Stress	77	61.6
Andere mensen	67	53.6
Persoonlijkheid	64	51.2
Gemoedstoestand	58	46.4
Kans	41	32.8
Persoonlijk gedrag	33	26.4
Biologische en andere oorzaken	**Frequentie**	**%**
Erfelijkheid/genen	33	26.4
Recreatieve of voorgeschreven middelen	28	22.4
Slechte medische gezondheid/zorg	14	11.2
Voeding	14	11.2
Vervuiling	7	5.6
Bacterie of virus	5	4.0

mensen zelf zien trauma vaak als een oorzaak!

Tolmeijer, Hardy, Jongeneel, Staring, van der Gaag, & van den Berg, 2021. Psychiatry Research, 302, 113997.

Also see: Read (2019). *J. Humanist. Psychol*, 59(5), 672–680; Read (2020). *Psychiatry Research*, 285, 112754

Schizophrenia Research 189 (2017) 27–36

Contents lists available at ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

The traumatic experience of first-episode psychosis: A systematic review and meta-analysis

Rebecca Rodrigues [a], Kelly K. Anderson [a,b,*]

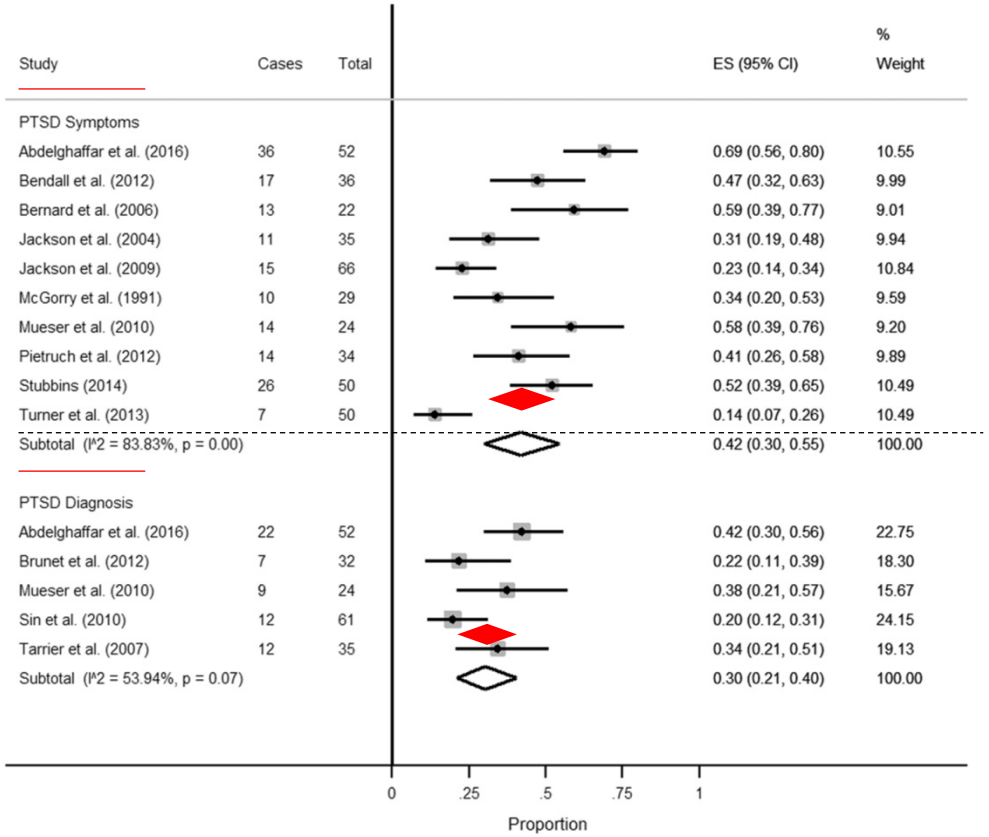


Fig. 2. Forest plot of the prevalence and 95% confidence intervals (CIs) of PTSD symptoms (pooled $n = 398$) or a PTSD diagnosis (pooled $n = 204$) as a result of experiencing psychosis and related treatment following a first episode of psychosis. Proportions of patients experiencing clinically relevant PTSD symptoms or exhibiting a diagnosis of PTSD were meta-analyzed using a random effects model with a Freeman-Tukey double arcsine transformation. Estimates were back-transformed so proportions are shown. The shaded boxes indicate the relative weights of each study in the meta-analysis.

na een eerste psychose

PTSS spectrum: 42% (95% CI 30%–55%)

PTSS classificatie: 30% (95% CI 21%–40%)

Prevalentie

PTSS spectrum = 33 - 45%

PTSS classificatie = 12.4 - 16.0%

de Bont et al. 2015; Achim et al, 2011; Rodrigues & Anderson, 2017

Dolly Sen (2014)

seriously bad news

Mueser, Lu, Rosenberg, & Wolfe. Schizophr Res. 2010;116:217-227;

Lysaker & Larocco. Compr Psychiatry. 2008;49:330-334;

Sautter et al. J Trauma Stress. 1999;12:73-88;

Schneeberger et al. J Trauma Dissociation. 2014;15:494-511;

Hassan et al. Schizophr Res. 2015;161:496-500.

Christy et al., Schizophrenia Bulletin, 49(2), 285-296.

Trotta et al. Psychological medicine, 45(12), 2481-2498.

Morkved et al. Schizophr Res. 2022;246:49-59.

traumagerichte behandeling

parnassia groep

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155 participanten met psychose en PTSS

3 groepen

standaard psychose behandeling

+

Wachtlijst (WL)

standaard psychose behandeling

+

Prolonged Exposure (PE)

standaard psychose behandeling

+

EMDR

T.TIP Treating Trauma in Psychosis

155 participanten met psychose en PTSS

3 groepen

standaard psychose behandeling

+

Wachtlijst (WL)

standaard psychose behandeling

+

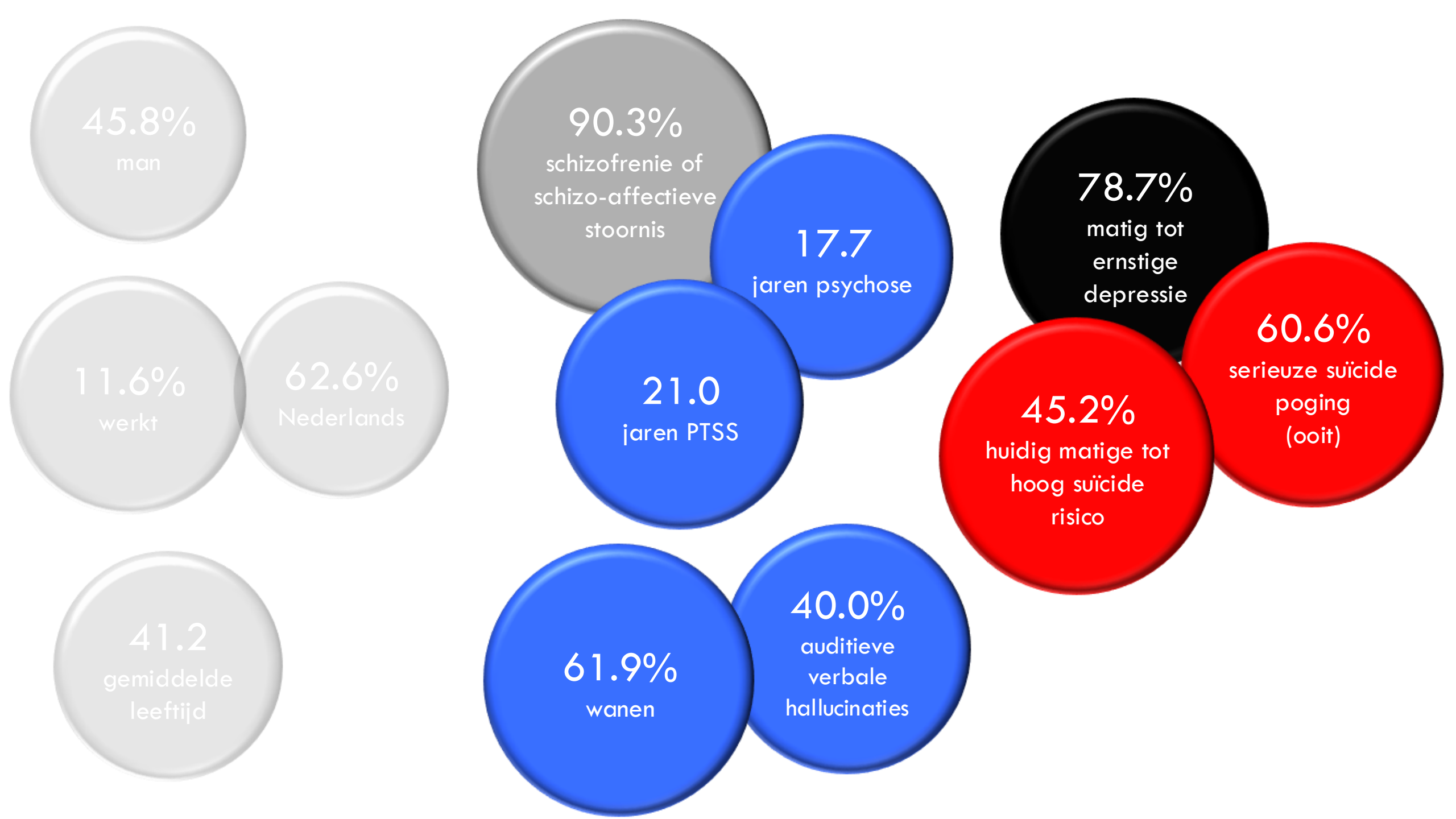
Prolonged Exposure (PE)

8 sessies ≠ full treatment

standaard psychose behandeling

+

EMDR


45.8%
man
11.6%
werkt
62.6%
Nederlands
41.2
gemiddelde leeftijd
90.3%
schizofrenie of schizo-affectieve stoornis
17.7
jaren psychose
21.0
jaren PTSS
61.9%
wanen
40.0%
auditieve verbale hallucinaties
78.7%
matig tot ernstige depressie
60.6%
serieuze suïcide poging (ooit)
45.2%
huidig matige tot hoog suïcide risico

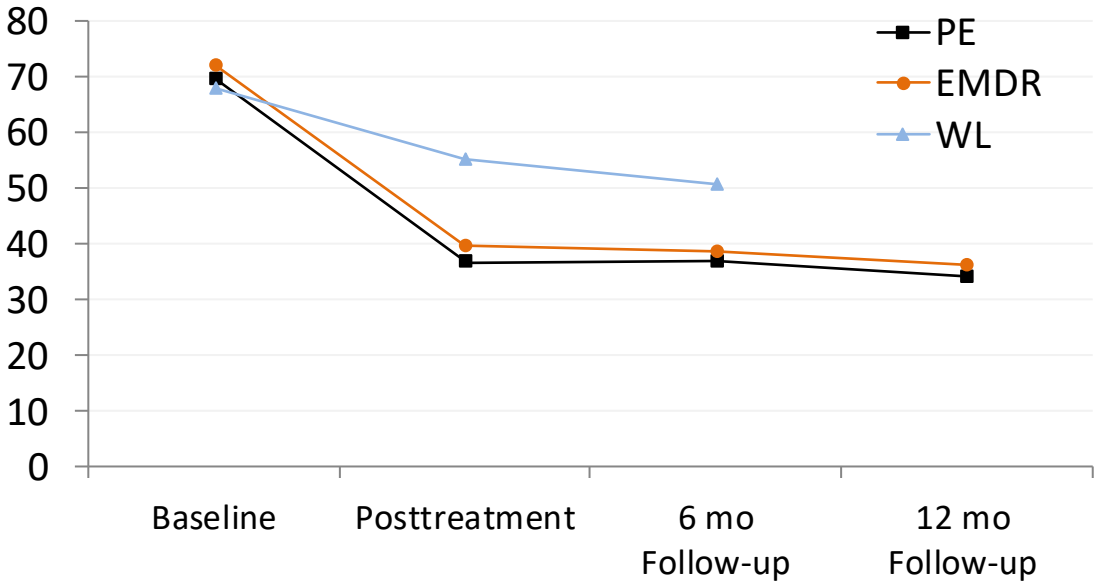
traumatische ervaringen ITEC

trauma categorieën in TTIP (eenmalig of vaker)	%
Seksueel misbruik	74.2
Betasting	69.7
Misbruik met coitus	64.5
Sadistisch	31.0
Lichamelijke mishandeling	95.5
Emotionele mishandeling in de kindertijd	97.4
Psychologische mishandeling	95.5
Onveilige thuissituatie	76.1
Ernstige verwaarlozing in de kindertijd	80.0
Emotioneel	75.5
Fysiek	44.5
Overige trauma's (ongeval, ramp, oorlog)	93.5
Traumatische psychose	98.1
Gerelateerd aan psychose zelf	95.5
Gerelateerd aan behandeling	75.5

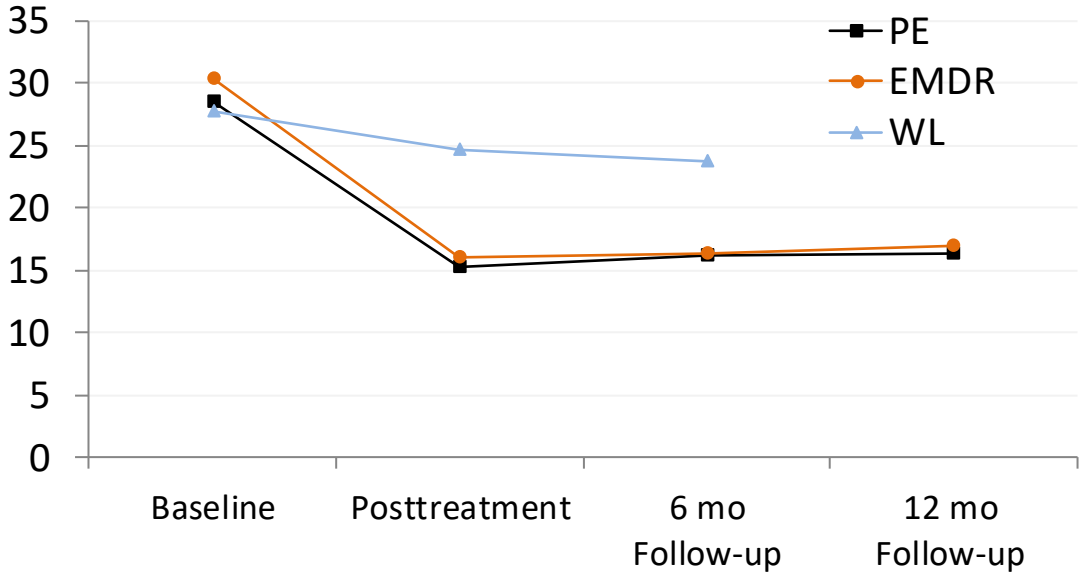
Effectiviteit van PE en EMDR

8 sessies
na
21 jaar

Clinician rated PTSD DSM-IV-TR (CAPS total score)



Self-rated PTSD (PSS-SR total score)



CAPS Post-treatment between group effect size PE vs WL = **.78**

CAPS Post-treatment between group effect size EMDR vs WL = **.65**

voorlopige conclusies

T.TIP Treating Trauma in Psychosis

Standaard traumagerichte behandeling voor mensen met psychose:

1. lijkt effectief
2. lijkt veilig
3. heeft neutrale tot positieve bijwerkingen

1) van den Berg et al. JAMA Psychiatry. 2015;72:259-267.

1) Van den Berg et al. Br J Psychiatry. 2018;212:180-182.

2) van den Berg et al. Schizophr Bull. 2016;42:693-702.

3) de Bont et al. Psychol Med. 2016:1-11.

4) de Bont et al. Eur. J. of Psychotraumatology. 2019;10:1565032.

“Het effect is dat je letterlijk en figuurlijk je eigen leven terug hebt… dat je naar jezelf terug kunt kijken als het ware door een beslagen ruit. Vroeger zat je in de vissenkom zelf, met alle ellende en de draaikolken, en nu zit je hier en je kunt die vissenkom zien. En er zitten misschien wel heel veel draaikolken in, maar ze raken je niet meer, want ze blijven in de vissenkom. Dat is het effect voor de EMDR.”

Deelnemer TTIP studie

voor veel deelnemers was het ook

too little

too late

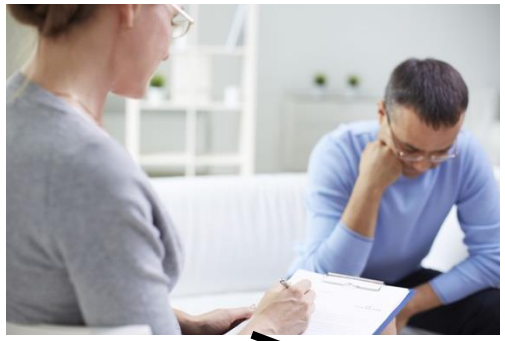
doelen RE.PROCESS TRIAL

- Replicatie T.TIP bevindingen
- Hogere therapie dosis (16 ipv 8)
- Hogere therapie frequentie (2 sessies p/w)
- Ook psychose targets behandelen
- Een niet op verwerking gerichte interventie onderzoeken
- Processen van verandering volgen middels regelmatige metingen en kwalitatief onderzoek

Trauma-gerichte therapieën

- Alle deelnemers ‘treatment-as-usual’ (TAU) voor psychose klachten (o.a. antipsychotica, FACT)
- 16 sessies van 75 minuten (2x p/w) gedurende 3 maanden

Prolonged Exposure (PE)



Eye Movement Desensitization and Reprocessing (EMDR)

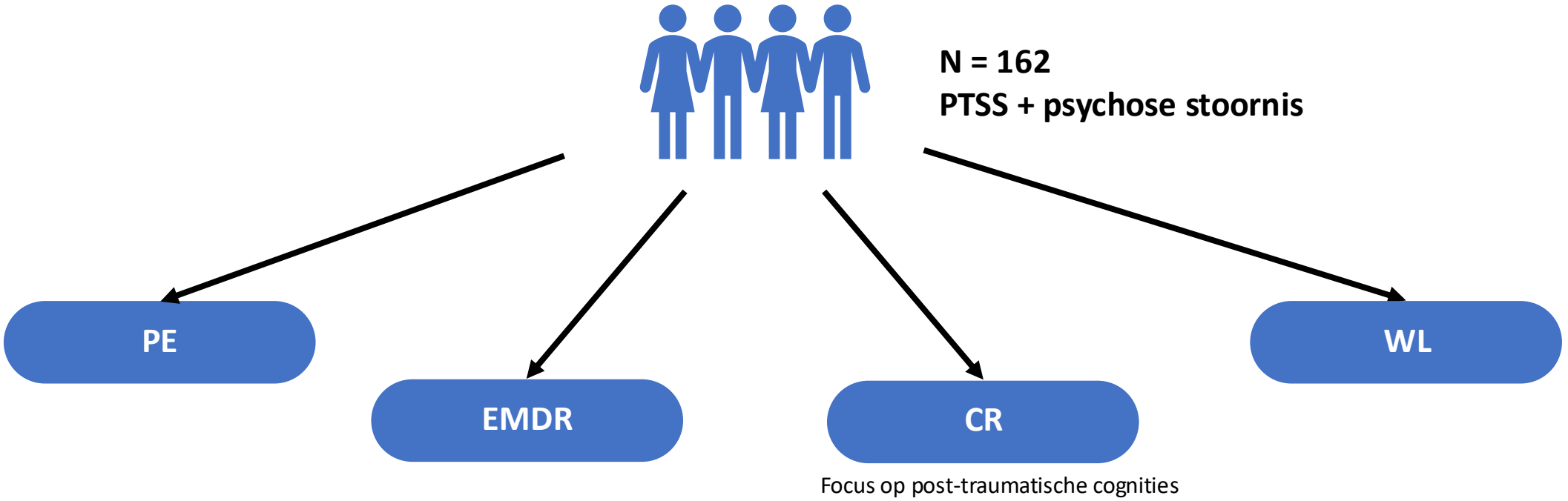
Cognitive Restructuring (CR)

Trauma–herinneringen

Trauma-gerelateerde negatieve overtuigingen

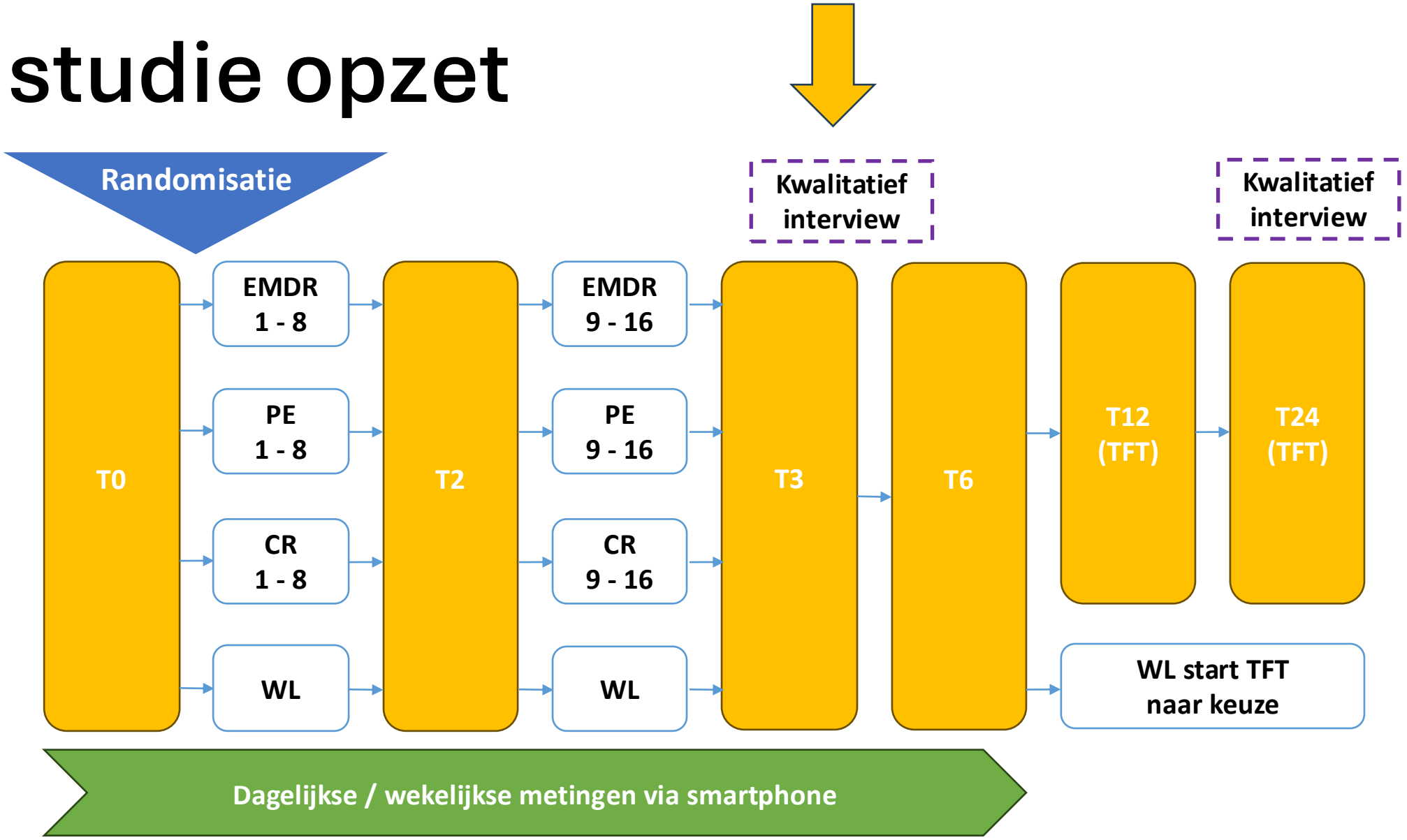
RE.PROCESS TRIAL

trauma-focused therapies in psychosis



+ in elke arm standaard behandeling van psychose

studie opzet



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Conclusies na deze twee studies

NB met extreem getraumatiseerde mensen die gemiddeld al 20 jaar in zorg zijn bij de GGZ!

- Traumagerichte behandeling is effectief in verminderen PTSS symptomen, breed
  - Inclusief post-traumatische cognities, dissociatie, complexe PTSS symptomen en depressie
- Meer sessies lijkt te leiden tot grotere afname PTSS klachten (?)
- Persoonlijk en functioneel herstel vraagt misschien meer tijd (?)
- Geen duidelijke positieve impact op stemmen horen en overmatige achterdocht

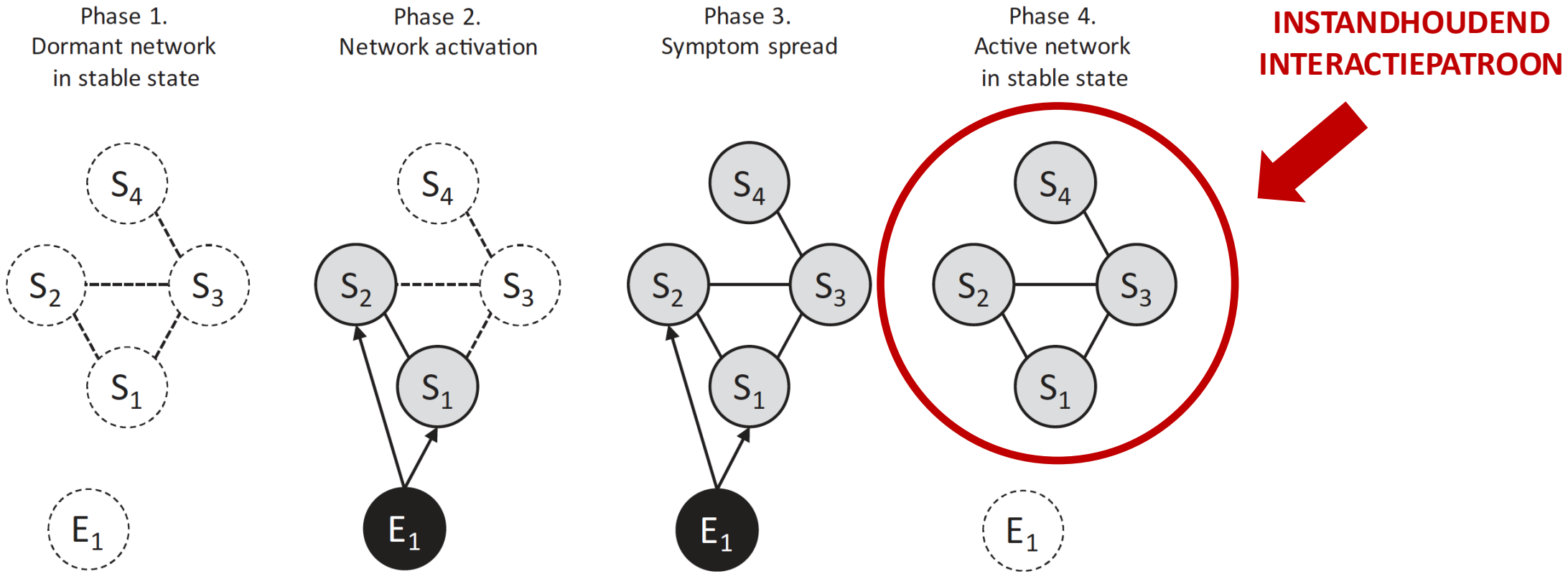

Figure 3 Phases in the development of ment orders according to the network theory. After an asymptomatic phase, in which the network is dormant (Phase 1), an external event (E tivates some of the symptoms (Phase 2), which in turn activate connected symptoms (Phase 3). If the network is strongly connected, rem of the external event does not lead to recovery: the network is self-sustaining and is stuck in its active state (Phase 4).

Borsboom. *World Psychiatry*. 2017;16:5-13.

Redesigning Psychiatry

Conclusies na deze twee studies

T.TIP Treating Trauma in Psychosis

RE.PROCESS TRIAL
trauma-focused therapies in psychosis

NB met extreem getraumatiseerde mensen die gemiddeld al 20 jaar in zorg zijn bij de GGZ!

- Behandeling is veilig, maar ook pittig en er vallen best veel mensen uit
- CR, zonder traumaverwerking component, lijkt ook effectief in de NL context

  >>

- Cliënt keuze
- Combinatie van CR met bv EMDR of Exposure nog effectiever? En zo ja, hoe combineren? Of verdunnen we dan de behandelingen?

hoe nu verder?

parnassia groep

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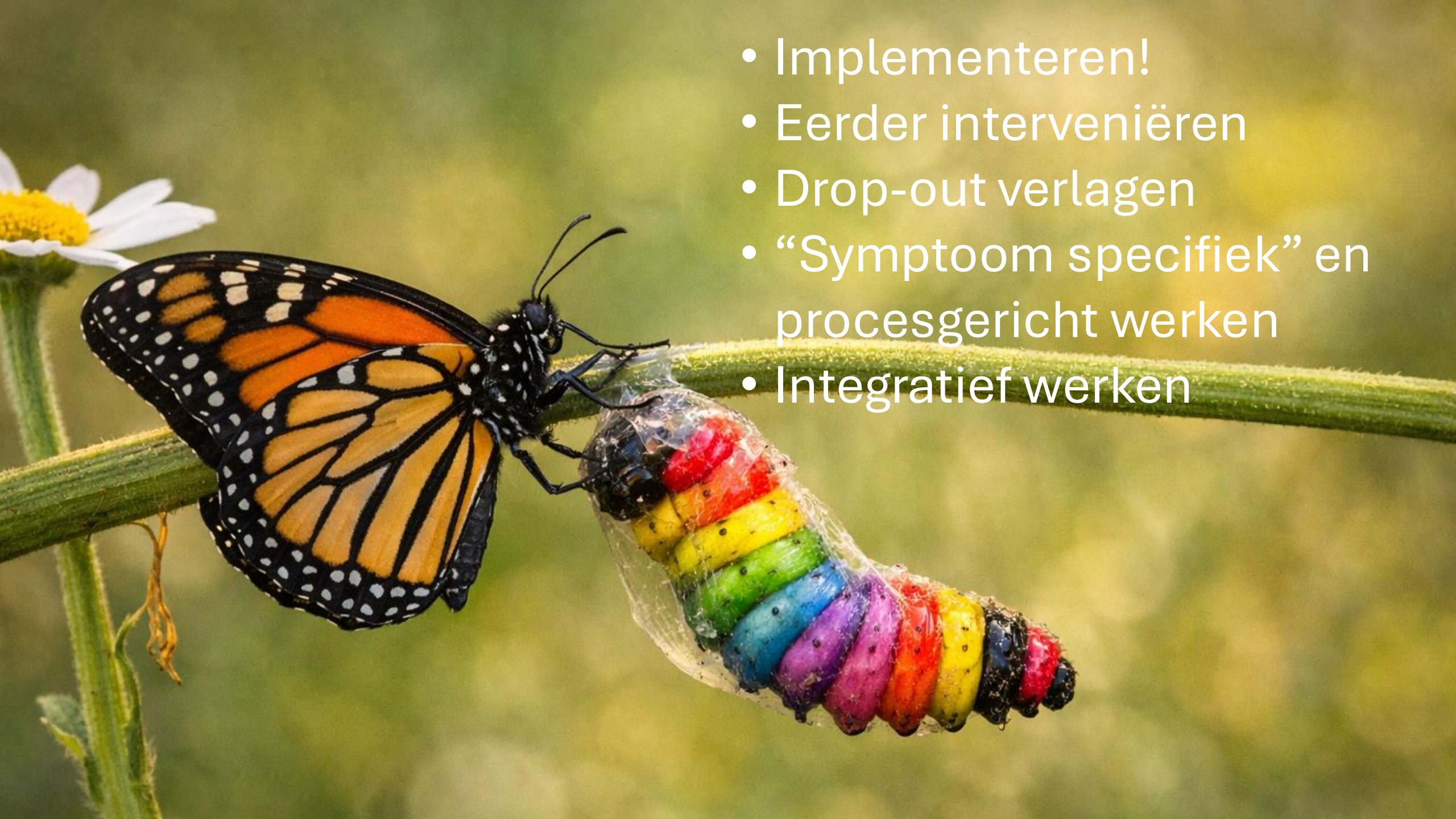

- Implementeren!
- Eerder interveniëren
- Drop-out verlagen
- “Symptoom specifiek” en procesgericht werken
- Integratief werken

for many participants it was

too little

too late

16
sessies
in 6 maanden

eerste
psychose
sample

deelnemers rapporteerden
ten minste 1
traumatische gebeurtenis
op de TSQ en ten
minste subsyndromale
PTSS-symptomen
in de afgelopen week

Psychological Medicine

cambridge.org/psm

Trauma-focused therapy in early psychosis: results of a feasibility randomized controlled trial of EMDR for psychosis (EMDRp) in early intervention settings

Original Article

Cite this article: Varese F *et al* (2023). Trauma-focused therapy in early psychosis: results of a feasibility randomized controlled trial of EMDR for psychosis (EMDRp) in early intervention settings. *Psychological Medicine* 1–12. https://doi.org/10.1017/S0033291723002532

Received: 4 March 2023
Revised: 31 July 2023
8

Filippo Varese[1,2,3], William Sellwood[4], Daniel Pulford[3], Yvonne Awenat[1], Leanne Bird[3], Gita Bhutani[5], Lesley-Anne Carter[5], Linda Davies[6], Saadia Aseem[1,3], Claire Davis[5], Rebecca Hefferman-Clarke[3], Claire Hilton[3], Georgia Horne[3], David Keane[5], Robin Logie[5], Debra Malkin[5], Fiona Potter[5], David van den Berg[7], Shameem Zia[5] and Richard P. Bentall[8]

Filippo
Varese

Table 3. Mental health outcome data at baseline and follow-up assessments

	EMDRp + TAU			TAU					
	M	S.D.	Missing	*M*	S.D.	Missing	M diff.	80% CI	Cohen's d
PANSS									
Baseline	66.8	11.3	0	67.9	14.4	0			
6 Month	56.4	13.3	1	64.1	10.9	0	−7.7	(−12.5 to −2.8)	−0.6
12 Month	50.7	14.8	1	54.4	9.6	1	−3.7	(−9.0 to 1.5)	−0.3
PSYRATS-AH									
Baseline	18.5	15.0	0	16.1	16.7	0			
6 Month	13.5	15.5	1	17.0	14.5	1	−3.5	(−9.6 to 2.5)	−0.2
12 Month	16.0	15.2	1	13.2	14.5	2	2.7	(−3.5 to 9.0)	0.2
PSYRATS-D									
Baseline	15.8	4.6	0	13.6	6.7	0			
6 Month	10.3	7.3	1	10.9	7.7	0	−0.6	(−3.5 to 2.4)	−0.1
12 Month	7.0	8.4	2	7.8	8.1	1	−0.8	(−4.3 to 2.6)	−0.1
GPTS									
Baseline	91.0	34.2	0	83.9	39.6	0			
6 Month	65.0	27.8	4	71.2	22.5	2	−6.3	(−16.9 to 4.4)	−0.2
12 Month	61.4	30.6	2	60.4	24.1	0	1.1	(−10.3 to 12.4)	0.0
QPR									
Baseline	32.1	8.3	1	28.6	9.8	0			
6 Month	37.3	11.1	4	31.2	9.1	3	6.1	(1.7 to 10.5)	0.6
12 Month	39.2	11.9	2	37.1	8.6	0	2.1	(−2.2 to 6.3)	0.2

uitval ≥ 26%

Schizophrenia Research 256 (2023) 1–7

Contents lists available at ScienceDirect

Schizophrenia Research

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16 wekelijkse sessies

EMDR versus waiting list in individuals at clinical high risk for psychosis with post-traumatic stress symptoms: A randomized controlled trial

Jie Zhao [a,b], Dong-Yang Chen [a,b], Xian-Bin Li [a,b], Ying-Jun Xi [a,b], Swapna Verma [c,d], Fu-Chun Zhou [a,b,*], Chuan-Yue Wang [a,b]

[a] The National Clinical Research Center for Mental Disorders & Beijing Key Laboratory of Mental Disorders & Beijing Institute for Brain Disorders Center of Schizophrenia, Beijing Anding Hospital, Capital Medical University, Beijing, China
[b] The Advanced Innovation Center for Human Brain Protection, Capital Medical University, Beijing, China
[c] Office of Education, Duke-NUS Graduate Medical School, Singapore, Singapore
[d] Department of Psychosis & East Region, Institute of Mental Health, Singapore, Singapore

At Risk Mental State sample met PTSS

Table 2
Outcomes of treatment groups in the Intent-to-treat Sample ($N = 28$ in EMDR group; $N = 29$ in Waiting List group).

Outcome		Baseline	Endpoint	Within-group changes			Between-group differences		
		Mean (SD)	Mean (SD)	*t*	*P*	Cohen's d	*F*	Partial η^2	*P* value
CAPS	EMDR	75.0 (13.7)	40.8 (21.8)	8.1	<0.001	1.9	23.2	0.30	<0.001
	WL	74.0 (13.8)	62.5 (13.7)	4.0	<0.001	0.8			
SIPS_P	EMDR	10.0 (2.9)	5.0 (3.3)	8.0	<0.001	1.6	17.8	0.25	<0.001
	WL	10.5 (2.7)	8.7 (3.5)	3.3	0.002	0.6			
PCL_C	EMDR	65.0 (11.0)	46.1 (16.6)	6.7	<0.001	1.3	14.5	0.21	<0.001
	WL	65.5 (9.3)	59.1 (11.1)	3.1	0.004	0.6			
CAPE-p15	EMDR	33.8 (7.7)	25.9 (8.9)	4.4	<0.001	0.9	4.4	0.08	0.040
	WL	34.0 (7.7)	30.0 (6.1)	2.7	0.012	0.6			
SDS	EMDR	75.4 (11.6)	58.7 (14.2)	6.6	<0.001	1.3	12.3	0.19	0.001
	WL	75.1 (10.1)	68.1 (9.7)	4.4	<0.001	0.7			
SAS	EMDR	66.8 (14.1)	52.8 (15.8)	5.3	<0.001	0.9	9.2	0.15	0.004
	WL	67.9 (10.9)	62.6 (11.4)	2.7	0.011	0.5			
SSI	EMDR	14.4 (6.9)	9.3 (7.7)	5.1	<0.001	0.7	6.7	0.11	0.013
	WL	18.0 (8.5)	16.0 (8.8)	2.1	0.047	0.2			

Abbreviations: EMDR, Eye Movement Desensitization and Reprocessing; WL, Waiting List; CAPS, the Clinician-Administered PTSD Scale; SIPS_P, the total score of positive scales of the Structured Interview of Psychosis-Risk Syndromes PCL_C, the Post Traumatic Stress Disorder Check List-Civilian version CAPE, Community Assessment of Psychic Experiences SDS, Self-rating Depression Scale; SAS, Self-rating Anxiety Scale; SSI, Scale for Suicide Ideation.

uitval = 17.9%

- Implementeren!
- Eerder interveniëren
- Drop-out verlagen
- “Symptoom specifiek” en procesgericht werken
- Integratief werken

trauma >>> psychose

trauma-gerelateerde psychologische mechanismen in psychose

Hardy, van der Giessen, & van den Berg (2019); Van den Berg, van der Giessen, & Hardy (2019)

schematische overtuigingen

Negatieve overtuigingen over zelf, anderen en de wereld
Schaamte en schuldgevoelens
Negatieve verwachtingen
Leefregels, moetismen
Meta-cognitieve opvattingen

emotieregulatie en overlevingsstrategieën

Angst, schaamte, boosheid, verdriet
Hyperalertheid
Piekeren
Onderdrukken
Middelen gebruik
Interpersoonlijke sensitiviteit
Dissociatieve onthechting
Afhankelijke relatie stijl
Vermijdende relatie stijl

CGT voor psychose

trauma >>> psychose

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Afhankelijke relatie stijl
Vermijdende relatie stijl

episodisch geheugen

(Intrusieve) herinneringen

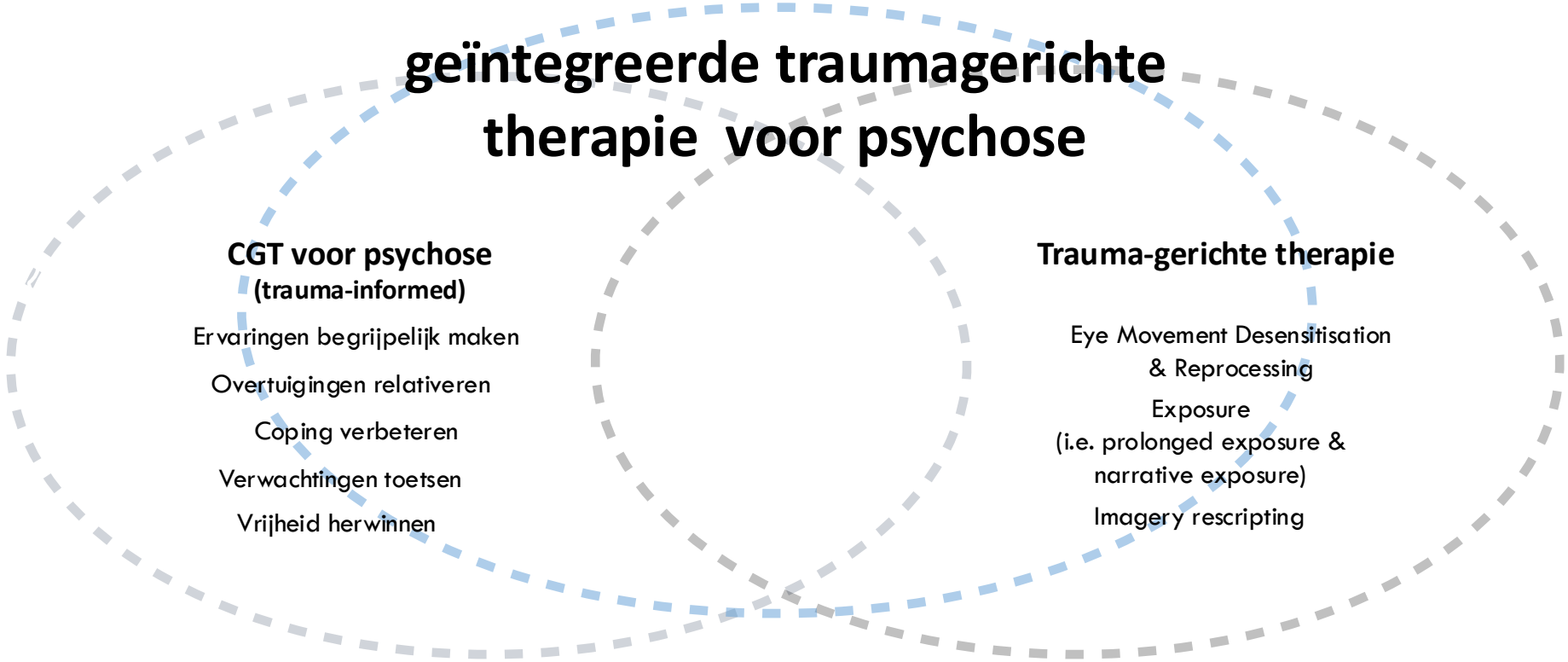
Flashbacks
Nachtmerries

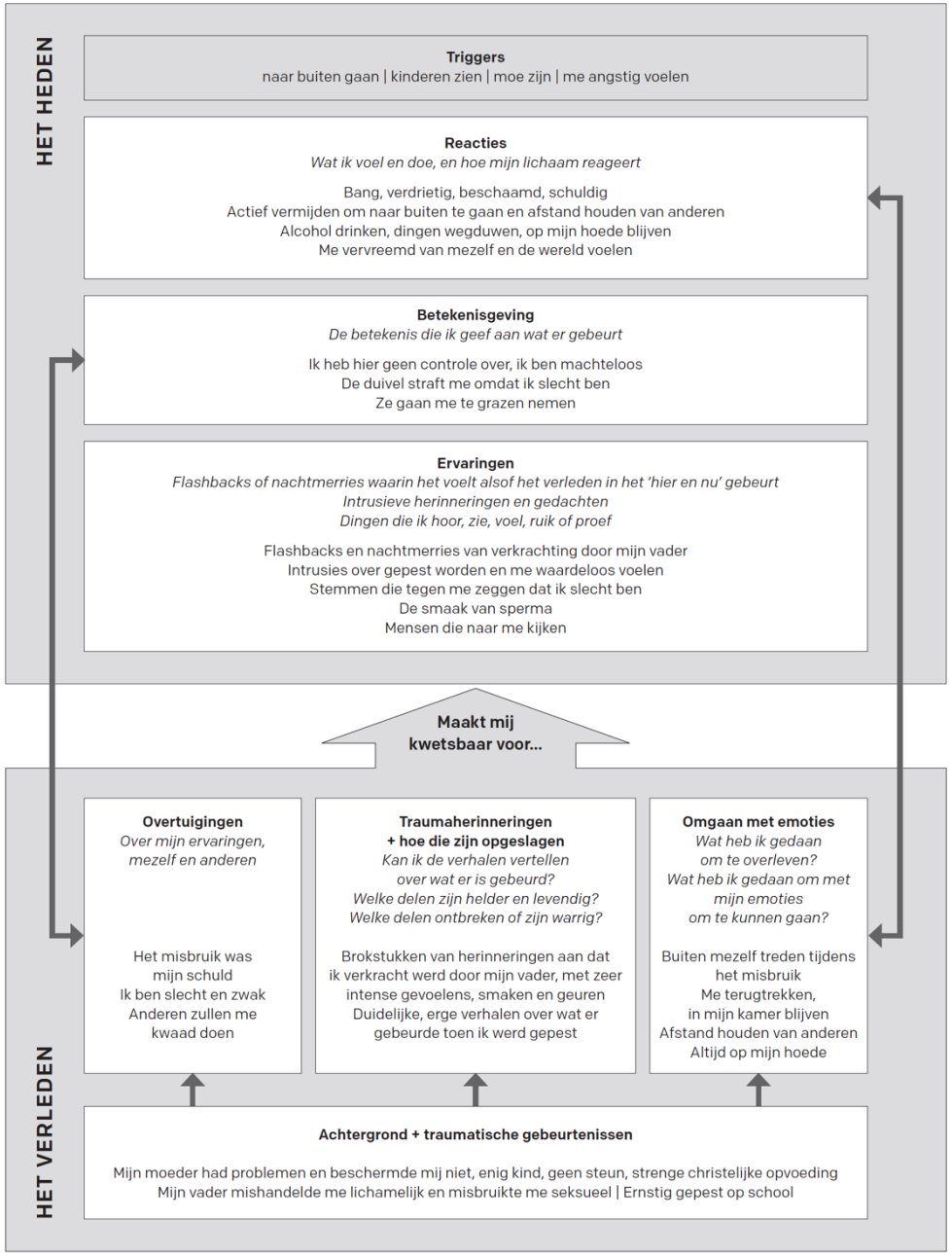
Gedecontextualiseerde intrusies

zie ook:
Hardy. Front Psychol. 2017;8:697.
Alameda et al. Psychol Med. 2020;50(12):1966-76.
Bloomfield et al. World Psychiatry. 2021 Feb;20(1):107-23.

Traumagerichte CGT voor psychose

Van den Berg, Van der Giessen, & Hardy, 2019; Hardy, Van der Giessen, & Van den Berg, 2019





Trauma-gerichte CGTp: een gefaseerde benadering

Hardy & Van den Berg, 2019;
Hardy, van der Giessen & van den Berg, in press

- Fase 1:
  Diagnostiek, casusformulering, doelen stellen en psycho-educatie
- Fase 2:
  Werken aan herinneringen: contextualiseren en uitbreiden
- Fase 3:
  Werken aan wat nog speelt: bv emotie regulatie, overtuigingen, belevingen, betekenisgeving, responsen.

STAR

Study of Trauma And Recovery

Emmanuelle Peters

Investigating trauma-focused therapy for people experiencing common effects of trauma who fear harm from others or who see, hear or feel things others cannot.

Slaap

stemmen

zelfbeeld

trauma beelden

piekeren

veilig genoeg voelen

feeling safe NL

aps ASSOCIATION FOR PSYCHOLOGICAL SCIENCE

636,120 Ways to Have Posttraumatic Stress Disorder

Perspectives on Psychological Science
8(6) 651–662

DOI: 10.1177/1745691613504115
pps.sagepub.com
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niet homogeniteit
maar heterogeniteit
is de norm!

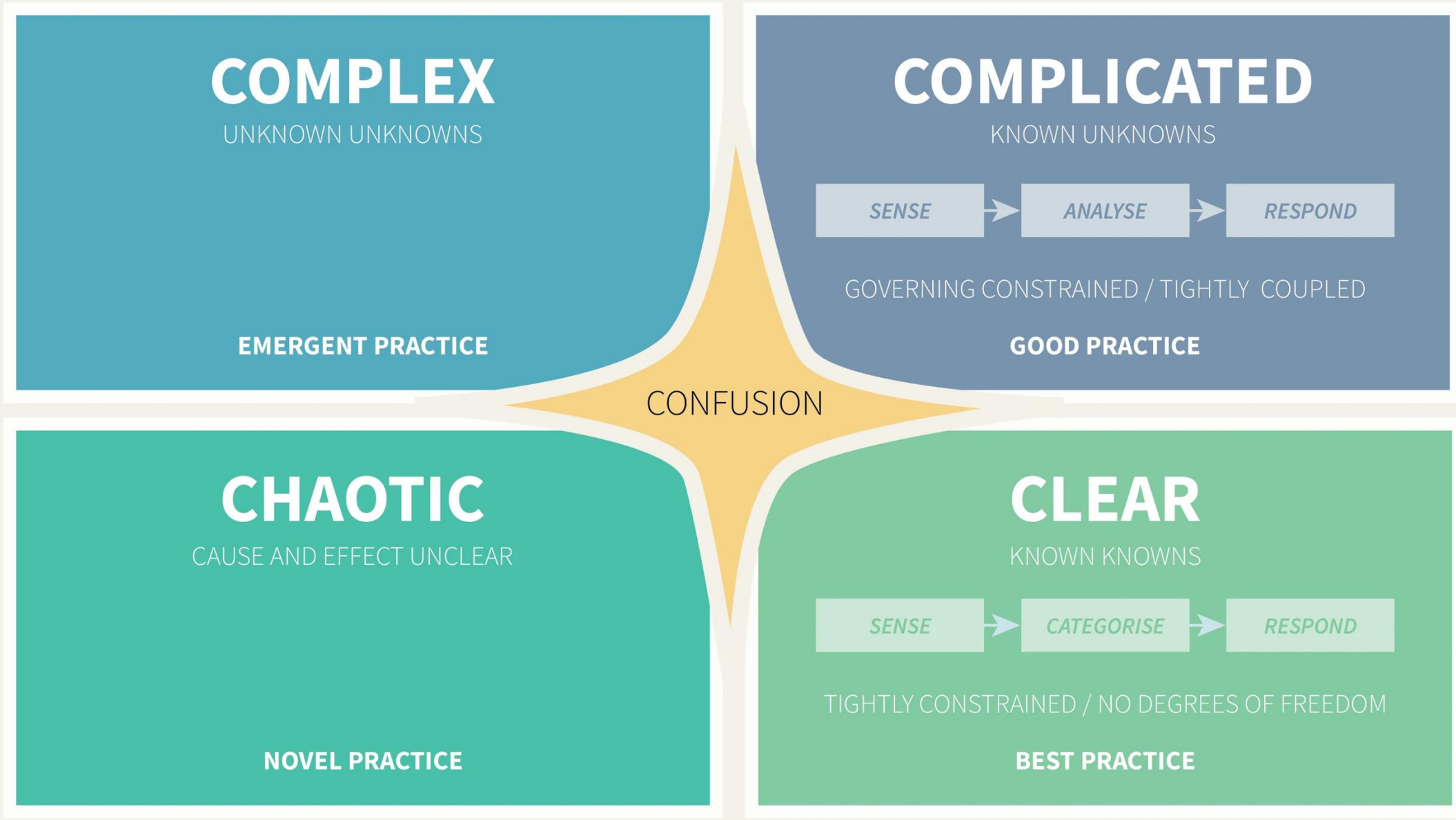
Abstract

In an attempt to capture the variety of symptoms that emerge following traumatic stress, the revision of posttraumatic stress disorder (PTSD) criteria in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–5*) has expanded to include additional symptom presentations. One consequence of this expansion is that it increases the amorphous nature of the classification. Using a binomial equation to elucidate possible symptom combinations, we demonstrate that the *DSM–IV* criteria listed for PTSD have a high level of symptom profile heterogeneity (79,794 combinations); the changes result in an eightfold expansion in the *DSM–5*, to 636,120 combinations. In this article, we use the example of PTSD to discuss the limitations of *DSM*-based diagnostic entities for classification in research by elucidating inherent flaws that are either specific artifacts from the history of the *DSM* or intrinsic to the underlying logic of the *DSM*'s method of classification. We discuss new directions in research that can provide better information regarding both clinical and nonclinical behavioral heterogeneity in response to potentially traumatic and common stressful life events. These empirical alternatives to an a priori classification system hold promise for answering questions about why diversity occurs in response to stressors.

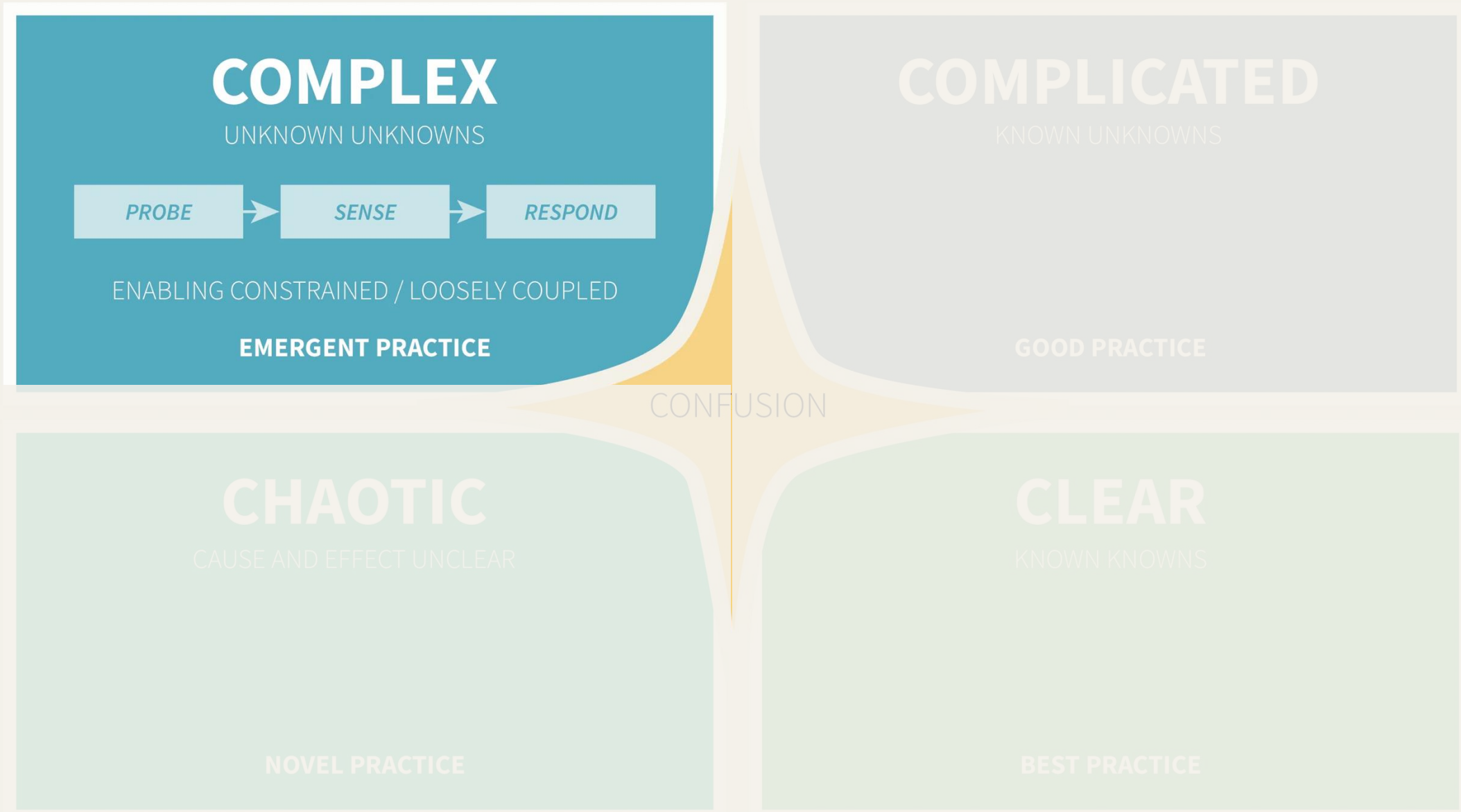
Redesigning Psychiatry

$$\Pi_{n=i}\left[\Sigma\binom{n}{k}\right], \text{where}\binom{n}{k} = n!/\,k!(n-k)! \qquad (1)$$

Galatzer-Levy & Bryant. Perspect Psychol Sci. 2013;8:651-662.



Cynefin Framework – Dave Snowden



Cynefin Framework – Dave Snowden

epistemische bescheidenheid

“Essentially, all models are wrong, but some are useful".

George Box (1987)

… en we willen het kind niet met het badwater weggooien

Patterns of Life

parnassia groep

MARK VAN DER GAAG RESEARCH CENTRE FOR MEANINGFUL HEALTHCARE

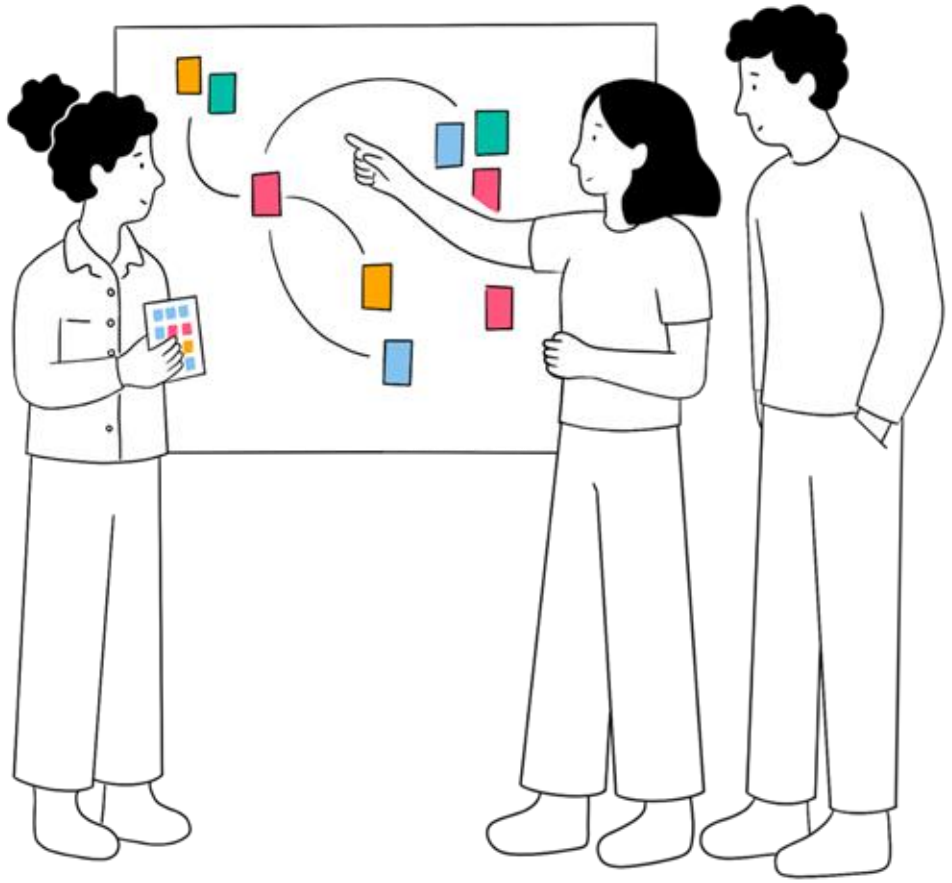
VU UNIVERSITY AMSTERDAM

Redesigning Psychiatry

Patroonbenadering in zorg

Patterns of Life

Website



Waarden en uitgangspunten

samen kunnen we de GGZ veranderen

omarm complexiteit en zie de mens in diens context

patterns of life

Website

de Redesigning Psychiatry summer school

RP

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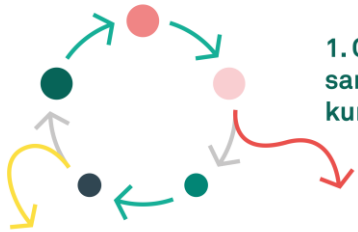

1. Onderzoek hoe we samen patronen kunnen doorbreken

2. Zorg dat mensen hun eigen verhaal kunnen vertellen

3. Ontwerp een leefwereld waar we minder onder druk staan

4. Investeer in de ontwikkeling van vermogens

VU UNIVERSITY AMSTERDAM · parnassia groep · MARK VAN DER GAAG RESEARCH CENTRE FOR MEANINGFUL HEALTHCARE · Redesigning Psychiatry