

## Instructions for Authors

All abstracts must be submitted as Word documents. They must be written in English and be of scholarly quality. Type size should be 11 or 12 point, and the font should be simple and clear. We prefer Arial. Your abstract must not exceed 200 words. Do not format your abstract or use fancy fonts. Be sure to complete the cover sheet and submit it with your abstract. Only the title of the abstract should be on the narrative itself.

The third part of the proposal process is completion of the disclosure form. Please note that proposals *will not* be reviewed without receipt of your disclosure form. All authors whose manuscripts are accepted for presentation must agree to submit all additional materials for the course syllabus no later than March 15, 2012.

Abstracts should be submitted to [sspc2012nyc@gmail.com](mailto:sspc2012nyc@gmail.com) , and the subject line on the email should say abstract 2012. If you have a scanner, please include your disclosure form with the package. If not, please fax it to Liz Kramer at (717) 848-1127.

Two sample abstracts appear below. Please use these as examples of the types of abstracts we expect. Again, all abstracts are due by November 1, 2011. Any received after that date will be reviewed at the discretion of the Program Committee.

If you have any questions, please contact Steven Wolin, Chairman of the Program Committee at [swolin@gmail.com](mailto:swolin@gmail.com), or Liz Kramer, Executive Director, at [ekramer931@gmail.com](mailto:ekramer931@gmail.com)

## Sample Abstracts

### Concept-driven paper:

Cultural competence in the context of evidence-based medicine  
Rob Whitley

Cultural competence and evidence-based medicine are two powerful discourses that have become core components of contemporary psychiatry. Evidence-based medicine has particularly influenced psychiatry by spawning the enthusiastic creation and adoption of evidence-based practices. Despite their prominence, these paradigms have stood somewhat in isolation to each other. This paper explores the relationship between these two conceptual paradigms, paying particular attention to implications for evidence-based practices. I aim to stimulate a greater degree of mutual engagement and integration of these paradigms by examining epistemological, philosophical and methodological overlap and discrepancy. I argue that both paradigms can stretch and enrich each other in a positive manner. This could help achieve a situation where cultural competency becomes more evidence-based and evidence-based medicine more culturally competent.

### Data-driven paper:

Redefining personality disorder: A Jamaican perspective  
Frederick Hickling & Vanessa Paisley

Case-control study by a Jamaican psychiatrist 1974 to 2005 in a private Jamaican psychiatric practice assessed whether phenomenological features of personality disorder in Jamaican patients fit conventional DSM-IV personality disorder categories. Patients (n = 351) diagnosed with DSM IV Axis II personality disorder categories were matched for sex, age, and social class with a control group of patients without a diagnosis of personality disorder.

M:F = 166 (47%):185 (53%); 50 (14%) white Caucasian; 301 (86%) black African-Jamaican; 293 (84%) born and raised in Jamaica; mean age 33.92, SD 10.236, with 202 (58%) from SEC I&II. Disaggregating the phenomenology, the conventional DSM IV personality disorder diagnoses disappeared. Factor analysis of 38 clinical phenomena identified 5 components; two indicated features of psychosis and major depression; three classified as power management; psychosexual issues; and physiological dependency. A t-test revealed patients without personality disorder had significantly higher mean

scores for psychosis; both groups scored equally for depression; those with personality disorder had significantly higher mean scores on the remaining factors. The phenomena clustering into 3 major groups suggested an Axis I diagnostic disorder of inter and intra-personal power. The term Shakatani from the Swahili words shaka (problem) and tani (power) is proposed as a possible name for this revealed unitary condition.