

## ASSOCIATION FOR THE ADVANCEMENT OF PHILOSOPHY & PSYCHIATRY CALL FOR ABSTRACTS

26<sup>th</sup> Anniversary Annual Meeting  
May 3-4, 2014  
New York City, NY

Theme: Clinical Reasoning

Conference Co-Chairs:

Ben Lewis, MD University of Utah School of Medicine  
Brent Kious, MD PhD University of Utah School of Medicine  
Claire Pouncey, MD PhD University of Pennsylvania  
John Z Sadler, M.D. UT Southwestern Medical Center

Philosophers and clinicians have good reasons to reflect upon the processes of clinical reasoning. It is perhaps among the most important of the under-theorized and under-discussed elements of mental health practice. Despite being a psychological process that clinicians engage with every day, clinical reasoning remains poorly characterized both methodologically and pedagogically. Furthermore, it remains unclear how to combine the experiential aspects of clinical practice, with its traditional maxims and heuristics, with more evidence-based approaches. Models of psychiatric practice commonly overlook clinical reasoning processes and problems.

For this 26<sup>th</sup> annual meeting of AAPP, our theme focuses on the conceptual and philosophical aspects of clinical reasoning. Clinical reasoning theory offers ecumenical appeal to both analytic and Continental philosophical traditions. Philosophers of science may consider the structure of clinical inference and its ontological assumptions. Action theorists may explore the relationship of clinical inference to clinical action. Hermeneutic philosophers may find compelling challenges in examining the play of interpretation and practical action in the clinical dyad. Field theorists of psychiatry may ponder the systematizing of clinical problem-solving. Students of culture may find the social construction of conceptual categories and the discourse with mental health service users compelling in understanding clinical reasoning. Social philosophers may consider the role of intersubjectivity in clinical reasoning. Moreover, ethical questions about clinical reasoning abound, such as “What role(s) should mental health service users play in clinical reasoning?” and “How do I, as a clinician, know I am practicing ethically?” For clinicians, choosing appropriate formulation(s) of the patient is an ongoing challenge in clinical care. Moreover, selecting, monitoring, continuing, revising, and abandoning treatment arcs are the core of clinical practice, usually grounded in taken-for-granted clinical reasoning processes. For psychiatric researchers, the relationships between clinical reasoning and research problem generation and testing are core issues.

Full Presentations will be strictly limited to 20 minutes, followed by 10 minutes for discussion.

Abstracts will be blindly reviewed, so the author's identifying information should be attached in a coversheet separate from the abstract text, giving names, degrees, academic affiliations, and e-mail addresses of authors and co-authors. Abstracts should be 500-600 words and should be sent as a PDF via email by October 15, 2013 to both [ben.lewis@hsc.utah.edu](mailto:ben.lewis@hsc.utah.edu) and [brent.kious@hsc.utah.edu](mailto:brent.kious@hsc.utah.edu). Notices of acceptance or rejection will be distributed in December.