

SYMPOSIUMS

S01-BIRTH OF PSYCHOTHERAPY - ON THE GENESIS OF PSYCHOTHERAPEUTIC RELATIONSHIP- Introduction

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The individual and unique aspects of a particular patient/therapist -relationship and their significance for usefulness of psychotherapy of psychoses are often neglected, as predominant professional and scientific interest is in the pursuit of developing standard, generally applicable therapy models. Thus the wealth of empirical evidence speaking for the importance of the quality of treatment relationship (“patient-therapist match”) as a predictor of treatment outcome seems often to be neglected.

The psychotherapists and researchers speaking in this symposium want to take the individual aspects of therapeutic relationships seriously and they discuss the patient-therapist relationship from following standpoints: its significance within the integrated model of treating psychoses, the emergent properties of patient-therapist relationship and their neurobiological explanation, the importance and impediments of continuity in treatment relationships and psychotherapy of psychosis as co-investigative effort patient and therapist undertake together.

S01.1 -PSYCHOTHERAPY OF PSYCHOSIS AS CO-INVESTIGATION

Françoise Davoine . - Psychoanalyst, Professor At Ecole Des Hautes Etudes En Sciences Sociales - Paris, France

Through a clinical vignette of a patient from Spanish origins, we will explore Gaetano Benedetti's indication for the psychotherapy of psychosis as a way of existing in the zone of non-existence of the patient. We will assume that this can be achieved by considering this non-existence as a way of investigating "areas of death", literally taken as areas of historical catastrophes, invaded by the death of disrupted social links, where speech and the given word are completely devaluated. This investigation is made possible only as a co-research, where the analyst is activated in analogous zones which made an analyst out of him. So that the analytical work approaches, as says Faulkner in Absalom, Absalom, , "the cradle of events" , of unspoken events, and become the cradle for the birth of speech, of a new loyalty, a new quality of otherness which delivers the subject of the inscription of a history, eradicated from History.

S01.2 -THE IMPLEMENTATION OF PSYCHOTHERAPY FOR FIRST EPISODE PSYCHOSIS; EXPERIENCES FROM THE TIPS-STUDY

Tor K Larsen . Stavanger University Hospital – Stavanger, Norway
Nina Helland . University of Stavanger – Stavanger, Norway
S. Hodne. -
A. Larsen. -
Marte McCombe . Stavanger University Hospital – Stavanger, Norway

Background

First episode psychosis (FEP) should be treated on at least three levels: medication, supportive psychotherapy and family-work. In modern psychiatry the notion that psychotherapy is to be offered for first episode psychosis, has been challenged. It's effectiveness has been questioned.

However, the fact that only about 75% of patients with FEP have remission of positive symptoms during the first year of treatment implies that a substantial number of patients have to cope with lasting symptoms such as hallucinations, delusions and thought disorders. A high number of patients have experienced severe trauma in life and recent studies show that especially cognitively oriented psychotherapy can help these patients.

Methods

In the TIPS (early Treatment and Intervention in PSychosis)-study we have developed a treatment algorithm containing all three elements. In this presentation we wish to focus on the implementation of psychotherapy as a part of the treatment programme.

Results

Seventy percent of the 281 patients received psychotherapy for at least 10 months during the first year. We will analyse the one year outcome data with dividing the sample in those that received and those that did not receive psychotherapy. In multivariate models we will ask what predicted participation/non-participation. Clinical implications will be discussed.

S01.3 -CONTINUITY OF TREATMENT RELATIONSHIP: A CASE STUDY

Markus Heinimaa. University Of Turku – Turku, Finland

In this presentation the significance of continuous personal treatment contact and involvement for coherent course of treatment and good psychosocial prognosis in schizophrenia is discussed in the illumination given by a single case study. Comparison data from research study material is used to give an idea on expected outcome in similar cases receiving standard treatment.

S01.4 -PROMOTING TREATMENT ADHERENCE IN CLIENTS WITH PSYCHOTIC SYMPTOMS

Paul Patterson . Early Intervention Service – Birmingham, United Kingdom

Treatment adherence is an ongoing challenge for mental health professionals working with young people - particularly when the challenges of adolescence are exacerbated by the additional problems of psychotic symptoms. Flexibility of attitude and approach have been found to be key to engaging with such young clients and crucial in forming an ongoing therapeutic alliance. Several strategies aimed at increasing the engagement and adherence of clients with both at-high-risk of developing psychosis those already experiencing first-episode psychosis are currently being employed in Early Intervention approaches. Employing an assertive outreach model (Test & Stein 1976); use of psychological therapies; focus on the clients treatment priorities; case management work and flexibility of appointment times have been found to be particularly effective in increasing engagement and reducing levels of distress with these clients. We provide examples from an established Early Intervention Service in the UK to show the efficacy of these approaches and additionally examine a range of factors that have been found to either decrease or increase treatment adherence with such client groups based in real clinical settings.

S01.5 - NEUROBIOLOGY AND THERAPEUTIC CHANGE

Viljo Rääköläinen. University Of Turku – Turku, Finland

In schizophrenic psychosis the patient has withdrawn into his own delusional world. In a situation like this the therapist's most important challenge becomes the issue of how to create a relationship with the patient and be able to understand private senses of meaning, contained in his delusions, possibly based on very early traumas. Freud, 1937, connected early trauma and

psychosis: "Perhaps it maybe a general characteristic of hallucinations to which sufficient attention has not hitherto been paid that in them something that has been experienced in infancy and then forgotten returns - something that the child has seen or heard at a time when he could still hardly speak and that now forces its way into consciousness, probably distorted and displaced owing to the operation of forces that are opposed to this return".

The modern neurobiological research has demonstrated marks that early traumas have left in neural circuits. But change can occur also to the opposite direction, Kandel, 2005: "Thus, we may now be able to describe with some rigor the metabolic changes in the brain that result... from psychotherapy".

S02 - PSYCHOLOGICAL INTERVENTION IN BIPOLAR DISORDERS: WHAT'S THE NEED AND HOW TO PROCEED?

Craig A. Macneil. Early Psychosis Prevention and Intervention Centre, Melbourne, Australia -
Philippe Conus. 1Département Universitaire de Psychiatrie CHUV, Université de Lausanne, Clinique de Cery, Prilly, Switzerland -
Lesley Berk. Mental Health Research Institute, Melbourne, Australia -
Jan Scott. Institute of Psychiatry, London, England -

Recent publications have shown an important discrepancy between symptomatic and functional outcome in bipolar disorders, as early as after the first manic episode. While various predictors of poor outcome have been identified, there are suggestions that psychological factors may play an important role. The identification of psychological barriers to recovery appears of paramount importance and may be mediated by specific psychological interventions.

In this symposium we will:

- 1) explore outcome in a sample of first episode mania patients which indicates the role of psychological factors in failure to return to previous level of functioning,
- 2) present research outcomes on the importance of psychological therapy in early intervention for bipolar disorders,
- 3) describe recent developments in group therapy for bipolar disorders, and
- 4) present a recently developed manualised psychological intervention specifically tailored to the needs of first episode mania patients.

S03 - PSYCHOSOCIAL CAUSES OF PSYCHOSIS

John Read . Psychology Dept.,University of Auckland - Auckland, New Zealand
Paul Hammersley. Psychology Dept, University of Manchester, UK -
Jim Van Os . Center For Cognitive Medicine - Chicago USA
Steven M. Silverstein. -

This symposium will summarise, and present examples of, the recent resurgence of research demonstrating that psychosocial factors are causal in, and not merely triggers of, psychosis. This body of research challenges the dominant 'bio-psycho-social' model of schizophrenia (and other expressions of human distress) in which social and psychological factors have been included but only as precipitators or exacerbators of an underlying genetic predisposition.

The implications of this research are (i) that clinical interventions should put at least equal weight on addressing the sequelae of social factors, such as poverty and trauma, as on chemical and electrical interventions, and (ii) that the incidence of psychosis can be reduced by the same sorts of primary prevention programmes used to target depression, suicidality etc. The notion that identifying brain differences automatically implies bio-genetic primacy in etiology is exposed as flawed - on the basis that the environment can cause those brain difference. The role of the pharmaceutical industry in promulgating a simplistic, reductionistic and pessimistic view of psychosis will be discussed.

S03.1 - A RESEARCH OVERVIEW OF THE PSYCHOSOCIAL PREDICTORS OF PSYCHOSIS, INCLUDING POVERTY, ETHNICITY, INTERGENERATIONAL FAMILY DYSFUNCTION, LOSS AND ISOLATION

John Read . Psychology Dept., University of Auckland - Auckland, New Zealand

Following several decades of the dominance of a reductionistic and pessimistic biological paradigm in clinical practice and research pertaining to psychosis, several recent developments are facilitating a move towards a more genuinely integrated psycho-socio-biological paradigm¹. These advances include:

- * The demonstration of the effectiveness of psychological treatment approaches for psychosis, including, but not restricted to, CBT
- * International research showing that psycho-social factors have a causal role (not merely a triggering role) in psychosis, with or without a genetic predisposition. These include: poverty, isolation, child abuse and neglect, bullying, family communication styles and discrimination
- * Increased understanding of cultural and spiritual issues pertaining to psychosis
- * Increased inclusion of people who experience psychosis in the planning and implementation of research services

This paper will summarise the recent research demonstrating the broad range of psychosocial factors that play a causal role in psychosis.

1. Read, J., Mosher, L., Bentall, R. (eds.) Models of Madness. Hove, UK: Brunner-Routledge, 2004.

S03.2 - UNEXPECTED FINDINGS IN SMALL COUNTRIES: NETHERLANDS RESEARCH ON THE PSYCHOSOCIAL PREDICTORS OF PSYCHOSIS: URBANICITY, DISCRIMINATION AND TRAUMA

Jim Van Os . Center For Cognitive Medicine - Chicago USA

A recent, comprehensive review of the incidence of the diagnostic construct of schizophrenia corrects the once fashionable hypothesis that since there is no geographic variation in the incidence of schizophrenia the cause must be genetic. An increasingly healthy view is apparent indicating how i) the micro- and macro environment interacts with any genetic risk to shape vulnerability for psychosis, ii) how any genetic risk for psychosis is not discrete but widely distributed in the general population (i.e. is human).

These points underline that the environment is of crucial importance in the aetiology of psychosis and need for care, and that the search for these should be the main focus of aetiological research. This review, focussing on recent studies, demonstrates widespread geographic, temporal, and other demographic variation in the incidence of schizophrenia, giving a new impulse to interactive research and models of psychosis. We will argue below that there is good evidence for in particular three (proxy) environmental factors that contribute to the population psychosis morbidity force: urbanicity, early trauma and discrimination.

S03.3 - AN UPDATE ON THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND PSYCHOTIC SYMPTOMS IN MOOD DISORDERS

Paul Hammersley. Psychology Dept, University of Manchester- Manchester, United Kingdom

An update on the relationship between childhood trauma and psychotic symptoms in mood disorders

S03.4 - EFFECTIVENESS OF A TRAINING PROGRAM TO REDUCE NEGATIVE TREATMENT OF INPATIENTS WITH SCHIZOPHRENIA BY HOSPITAL STAFF

Steven Silverstein. Robert Wood Johnson Medical School - – Piscataway, NJ, USA
Lindsay Schenkel. Rush University Medical Center- Chicago, IL, USA
Sandra Wilkniss. University of Illinois at Chicago – Chicago, IL, USA

Psychotic patients on long-term units are often responded to non-therapeutically by staff. We report data characterizing interpersonal treatment of patients on an inpatient rehabilitation unit, as well as the results of a didactic, in vivo training program to promote the use of therapeutic, behaviorally-oriented interpersonal techniques by staff. Staff behaviors were recorded using a time-sampling technique by a non-interactive observer who was unaware of when individuals received training. Results indicate improvement in staff knowledge and an increased ability to enact therapeutic interactions with patients after training. However, professional disciplines differed at baseline in their frequency of positive vs. negative verbalizations and behaviors, and these differences persisted post-training. Implications for working with patients with histories of negative interpersonal experiences will be discussed.

S04 - MENTAL HEALTH AND MASS MEDIA: TREATMENT OF INFORMATION ON MENTAL HEALTH. EXPERIENCES IN IRELAND AND SPAIN.

Félix Madero. Director of the Radio Program "De Costa a Costa" of PUNTO RADIO, - Madrid Spain
Montserrat Gómez. Journalist and Director of PROSAME - Burgos Spain
John Saunders. Director of Schizophrenia Ireland, Dublin, Ireland -
Esther Navarro. Responsible for the Communication Department of FEAFES - Madrid Spain

In this symposium an analyse will be led on the role of mass media in the creation and maintaining of social stigma of people with severe mental illness. The Style Guides created in Ireland and Spain will be presented. The objectives of these guides are to raise awareness, to inform, to give guidance and to offer resources for media and press professionals to enable them to create realistic information on mental health and to ensure that the people affected by mental illness is receiving fair and appropriate media treatment. Mass media can contribute efficacy to raise awareness in society.

S04.1 - TREATMENT OF THE INFORMATION ON MENTAL HEALTH

Félix Madero. Journalist, Director of Radio Programme Cadena Punto Radio - Madrid Spain

Mental illness is still the great unknown, in major or minor degree, in every society of the World. This lack of knowledge results in prejudices and stigma, fed by incomprehensible messages - often without rigor- transmitted by many agents: health authorities, scientific societies, health professionals, and specially, the media...

It is very usual to see in the press, radio and television appear pseudoscientific informations and violent and criminal behaviours associated to mental illness. In that sense, the role of the media is essential in order to build the portrayal of this illnesses, because they can contribute positive or negatively to the stigmatisation of the people affected, their families and even the professionals working with them. The analysis of the treatment of mental health in the media unveils its slow evolution and reasons for hope, but there is still too much work to do.

S04.2 - THE EXPERIENCE IN SPAIN

Montserrat Gómez . Journalist And Director Of PROSAME - Burgos Spain

One of the biggest challenges for people with mental illness is to overcome the stigma and discrimination they have to face, as a consequence of the prejudices and inaccurate portrayal perpetuated in many occasions by the media.

In view of this situation, the Spanish Confederation of Groupings of Families and People with Mental Illness (FEAFES) identified the need to improve and reinforce the positive presence of people with mental illness in the press, radio, television and internet.

One of the key points of the Strategic Plan in Communication is the Guide of Style "Mental Health and Media", which, under the motto "Use the words with sense, it is your responsibility", was conceived to guide, inform and raise awareness of the media professionals about the importance of reporting with rigor and justice mental health issues.

The Communication Plan consists as well of a Manual for Associations, created as a tool to help associations to be an effective source of information for the media.

S04.3 - THE EXPERIENCE IN IRELAND

John Saunders . Schizophrenia Ireland (Eufami Member Association) - Dublin Ireland

Since 2003 Schizophrenia Ireland has engaged in a media watch campaign. The focus of this campaign is to observe references to schizophrenia and other severe mental illnesses in the media, and to monitor the appropriateness of the language and message conveyed. By means of electronic search, we are able to gather information on all local and national print media, television and radio. Each item scanned, is judged on a scale of being either a positive message or a negative message. Unfortunately over the last years, the majority of references to mental illness have been of a negative nature.

Additionally Schizophrenia Ireland, in collaboration with other mental health organizations, has produced a guide for journalists on the reporting of schizophrenia in the media. This booklet, which has been distributed to all journalists in print and broadcast media, makes the case for reporting of accurate facts on schizophrenia and reporting of positive attitudes with regard to issues of stigma and discrimination. The presentation will focus on the work of Schizophrenia Ireland media watch and the contents and effects of the journalist's booklet.

S05 - ON GIVING OFFENCE: SEXUALITY AND PSYCHOSIS IN A FORENSIC SETTING

Jay Smith. East London And City Mental Health NHS Trust – London, United Kingdom

Jon Mason. -

Samantha Dove. -

Gerard Drennan. -

Jane Basher. -

In this symposium we aim to explore the relationship between sexuality, schizophrenia and crime. All the clinical work discussed took place within a forensic psychiatric setting.

Using a cognitive-behavioural model, Dr Jon Mason and Dr Samantha Dove will present a group conducted for individuals with schizophrenia who had committed serious sexual offences. They will focus on the adaptations of the model needed to understand and treat sexual offenders with psychosis.

Dr Gerard Drennan will discuss the individual psychotherapeutic treatment of a man who

presented a complex interplay between paedophilic fantasy and paranoid psychotic symptoms, which raises questions about theoretical understandings of the relationship between psychosis and sexual perversion. Continuing the individual approach, Jane Basher will present a man who committed a serious violent offence during a psychotic episode; individual psychotherapy revealed underlying conflicts regarding both sexual and gender identity. Looking at a long-stay ward for offenders with mental illness, Dr Jay Smith and Dr Jamie Sullivan will reflect on ward and institutional dynamics related to sexual expression within a secure psychiatric setting.

S06 - SCHIZOPHRENIA AND THE USE OF MENTAL HEALTH SERVICES

Victor Aparicio-Basasuri. Fundacion Hospital De Jove-Gijon. Spain
Ana Esther Sanchez Gutierrez. Hospital Alvarez Buylla.-Mieres, Spain
Cristina Gisbert. Parc Hospitalari Marti i Julia-Girona, Spain
Jordi Cid Colom. Parc Hospitalari Marti i Julia-Girona, Spain
Berta Moreno Küstner. Facultad de Medicina (psiquiatria).Universidad Granada – Granada, Spain
Oscar Martínez Azumendi. - Hospital de Basurto.Bilbao, Spain
Ana Esther Sánchez Gutiérrez. - Hospital Alvarez Buylla.-Mieres, Spain

The history of the use of mental health services change over the last years. Before a most important group of schizophrenic patients used the inpatient long-term facilities ,but with the improvement of the new mental health services (community based) and also with new tools (case register), we can know which ways they use inside this mental health network .This use is related to treatment adherence and to rehabilitation strategies. Otherwise ,now arise the role of primary care level about severe mental disorders.

In the new services the Schizophrenic patients has a lot of possibilities to provide a good adherence for treatment ,but also there are barriers and difficulties to comprehensive strategies.

S06.1 - SEVERE MENTAL ILLNESS IN PRIMARY ATTENTION SERVICES

Oscar Martínez Azumendi. - Hospital de Basurto – Bilbao, Spain

The progressive increase in the demand of attention for mental health problems, generally by neurotic and adaptive processes, falls fundamentally to Primary Attention, overflowing secondarily the specialized services in damage of the attention that can be offered to the most serious mentally ill patients. Many of these stay in contact with their GP, after leaving contact with the specialized services or because they need medical attention by other reasons. Nevertheless, a great number can remain unnoticed at this level or generate difficulties in its management.

By means of a mailed self questionnaire to GPs of a catchmented area related to a particular mental health centre, the work load, opinions on care responsibility and follow up, continuity of care, acknowledged professional capacities and possible areas of improvement in the care of those patients defined as "severe long term mentally ill" was surveyed. With the results at hand, some interventions are suggested to favour a greater knowledge and improvement of the attitudes towards this group of patients and their treatment, as well as for a more fluid collaboration between both levels of care.

S06.2 - SOCIAL FACTORS ASSOCIATED TO THE USE OF OUT-PATIENTS MENTAL HEALTH SERVICES IN SCHIZOPHRENIA PATIENTS

Berta Moreno Küstner . Universidad De Granada - Granada Spain

Introduction: Since community-based health care was introduced, the use of mental health services by patients with serious mental disorders has been an issue of much interest.

However, our knowledge of intervening factors is both scarce and partial.

Objective: To explore whether socio-demographic factors of the patients with schizophrenia do determine time-lapse between out-patients contacts.

Method: We used Cox's regression analysis to study the influence of the socio-demographic variables in the time lapsed between out-patient contacts.

Results: After adjusting for all other socio-demographic variables included, we found that to live in a rural area and being younger independently predicted a longer time-lapse between out-patient contacts while being retired predicted a shorter interval between such contacts. Other variables such as sex, educational level and marital status did not determine such length between out-patients contacts.

Conclusion: Socio-demographic variables, and not only psychopathological ones, determine mental health out-patient service use.

S07 - RISK FACTORS OF PSYCHOSES: IS A PREVENTIVE DETECTION POSSIBLE?

Jorge Tizón García. Institut Català De La Salut – Barcelona, Spain

Jordi Artigue. Institut Català de la Salut – Barcelona, Spain

Belén Parra. Universitat De Barcelona, Departament Treball Social – Barcelona, Spain

Josep Ferrando. Departament D'Ensenyament De La Generalitat De Catalunya – Barcelona, Spain

Laia Català. SASPE Project – Barcelona, Spain

Conxita Pérez. -

Françesc Pareja. -

We propose a research work with a main objective: To design and to experience an screening instrument of alarm signs and risk factors of psychoses, and especially of the schizophrenia, applicable to the first years of life on the part of the services of Primary Health Care.

Methodology, phases and secondary objectives:

1. To investigate the possible existence of a group of alarm signs and risk factors in the first childhood that can predict the serious mental dysfunction in the adolescence and mature age.

Sample: the clinical data and of research available on schizophrenia in an Unit of Community Mental Health and in their Basic Areas of reference Health.

2. To elaborate, starting from these data, the existent bibliography and of the clinical experience of the own team, a questionnaire of alarm signs and risk factors that can be predictors of mental dysfunction in the adolescence and mature age. We try to take advantage of the participation of several research team's members in the elaboration of the Healthy Boy's Protocol.

3. To group this series of alarm signs and risk factors in a screening questionnaire, studying their reliability and validity.

4. To begin a prospective study with general population and with offspring of schizophrenic patients to determine the predictive validity of the questionnaire.

S08 - SYMPOSIUM I - THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS): A LARGE SCALE PROSPECTIVE INVESTIGATION OF ASPECTS OF PSYCHODYNAMIC AND INTEGRATED TREATMENT.

Bent Rosenbaum. Centre Of Psychiatry, University Of Copenhagen – Copenhagen, Denmark

Anne Köster. State University Hospital, Department of Psychiatry- Copenhagen, Denmark

Matilde Lajer. Augustenborg Hospital, Department of Psychiatry -

Anne Lindhardt. Amager Hospital, Department of Psychiatry, Copenhagen University – Copenhagen, Denmark

Per Knudsen. -

The Danish National Schizophrenia project for persons with a first episode psychosis within the schizophrenia spectrum has initially collected data for 562 persons, included consecutively in a 2 years period (1997-1999). It covers 45% of the Danish population. The study has prospectively investigated three types of treatment: psychodynamic psychotherapy, integrated treatment and Treatment as usual.

The presentations will include results from the investigations of: psychopathology and social function, gender differences, treatment alliance and compliance, changes of interpersonal self-image in psychotherapy and changes in the neurocognitive test profiles, social networking as outcome measure, the content and results of Treatment as usual, psychopathology and offending, short term family group, and the outcome of psychodynamic treatment.

Data will encompass both 2- and 5-year follow-up after inclusion. The psychopathology, and the course and outcome of psychodynamic psychotherapy, will be in focus.

S08.1 - TREATMENT AS USUAL (TAU) IN THE FIRST EPISODE SCHIZOPHRENIA WITH FOCUS ON CONTINUITY OF TREATMENT.

Matilde Lajer. Augustenborg Psychiatric Hospital – Augustenborg,
Anne Køster. State University Hospital Copenhagen – Copenhagen, Denmark
Anne Lindhardt. State University Hospital Copenhagen – Copenhagen, Denmark

Very Few research projects describe the clinical routines and every day treatment procedures, and correlate these to the outcome.

Objectives: To determine the possible correlation between continuity of treatment and compliance leading to a positive impact on level of psychopathology and better social functioning.

Method: Patients with 1st episode of F2 diagnosis in The Danish National Schizophrenia Project (N= 269) were consecutively included during a two years period to be followed up for five years. Data were collected concerning continuity of relationship in treatment, treatment conditions, medication, psychotherapy, compliance and social support and training. Data was collected concerning social functioning and psychopathology.

Results: We will present data from a TAU-registration for the patients concerning continuity of relationship in treatment and a possible correspondence with level of psychopathology, compliance and social function.

S08.2 - GENDER DIFFERENCES IN PATIENTS WITH 1ST EPISODE PSYCHOSIS.

Anne Køster. The Danish National Schizophrenia Project – Copenhagen, Denmark
Matilde Lajer. Dept. of Psychiatry, Rigshospitalet, Copenhagen , Denmark
Anne Lindhardt. Psychiatric Hospital in Augustenborg -

Background: Premorbidly as well as after the first episode psychosis, female gender is associated with better social function. Also, a higher degree of compliance and less abuse is expected among female patients.

Objectives: The gender issue is relevant in order to be able to evaluate whether gender differences ought to result in gender specific treatment interventions.

Material: A subgroup of 269 persons (181 men and 88 women) receiving treatment as usual (TAU) was analyzed according to gender and possible variations in the expression of demography, premorbid function, psychopathology, results of treatment and social function as expressed by rating by PAS, DUP and PANSS as well as Strauss Carpenter and GAF.

Results: We will present data from two years follow-up of this group (baseline, 1- and 2-years follow- up with focus on gender issues. Clinical consequences of marked gender differences will be discussed.

S08.3 - THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS): DESIGN, COURSE AND OUTCOME AFTER FIVE YEARS

Bent Rosenbaum. Unit For Psychotherapy Education And Research, University Of Copenhagen – Copenhagen, Denmark
Anne Køster. State University Hospital, Copenhagen – Copenhagen, Denmark
Matilde Lajer. Augustenborg Psychiatric Hospital – Copenhagen, Denmark
Anne Lindhardt. State University Hospital, Copenhagen – Copenhagen, Denmark
Per Knudsen. Amager Hospital - Denmark

Aim: To describe the rationale, design and methods of the Danish National Schizophrenia project, and to characterise its sample at inclusion and after 1, 2 and 5 year.

Method: Prospective, longitudinal, multi-centre study (16 centres), including 562 patients with a first episode psychosis of ICD-10 F-2 type, successively referred during two years.

Patients were treated with three different interventions: 'an assertive, integrative psycho-social and -educational treatment programme', 'a supportive psychodynamic treatment as a supplement to treatment as usual', and 'treatment as usual'. Symptoms, social function and sociodemographic data were registered regularly, and followed up after two and five year.

Results: Comparison of the outcome of the three treatment methods will for the first time be presented and discussed.

S08.4 - COGNITIVE TEST PROFILES IN WAIS-R AND THE RORSCHACH COMPREHENSIVE SYSTEM IN A SAMPLE OF FIRST-EPIISODE PSYCHOSIS. ASSOCIATION WITH OUTCOME DATA

Per Knudsen. Amager Hospital, Dept. of Psychiatry, University of Copenhagen – Copenhagen, Denmark
Susanne Harder. The University Clinic, Department of Psychology, University of Copenhagen- Copenhagen, Denmark
Bent Rosenbaum . Psychiatric Center Glostrup, University of Copenhagen – Copenhagen, Denmark

Objective: The study describes aspects of global cognitive function of a baseline sample with first episode psychosis and the association between test performance and two year outcome data.

Materials and Methods: First episode psychotic patients psychologically tested at baseline with 6 WAIS-R subtest (Information, Similarities, Vocabulary, Picture Completion, Picture Arrangement, and Block Design) and the Rorschach CS, and rated on GAF and PANSS at intake, and after one and two years.

Results: Results on the relation between 6 WAIS-R subtests and selected structural data from the Rorschach CS reflecting level of Thought Disorder and impaired reality testing, will be presented and discussed in relation to the predictive value of psychological test results.

S09 -INTRODUCTION TO PRE-THERAPY AND THE PRE-EXPRESSIVE SELF

Garry Prouty – Psychologist – Tinley Park, IL, USA
Ann-Louise Silver - Private Practice In Columbia, USA
Elisabeth Sommerbeck . Bornholm Psychiatric Center - Bornholm Denmark
Dionysius Van Werde. - . Psychiatrisch Ziekenhuis Sint Camillus - Destelbergen Belgium

Pre-Therapy (Prouty, 1994) is a theory and method of treating chronic and acute schizophrenics as well as retarded /psychotics. The theory is evolved from Rogers (1957) suggestion that psychological contact is the first condition of a therapeutic relationship. Pre-Therapy as a theory is organized in three segments. 1- Contact Reflections (the work the therapist does) 2- Contact Functions (the client psychological process) 3-Contact Behaviors (measurables).

Every successful case history and pilot study leads to increased communication by the client resulting in greater access for psychotherapeutics. This shift from a pre-expressive level to an expressive level implies the presence of a pre-expressive self. Pre-Therapy is the facilitation of the Pre-Expressive Self to the Expressive Self of psychotherapy.

Van Werde (2001) expanded the individual Pre-Therapy to a ward-mileau therapy based on the concept of strengthening the Contact Functions Considerable clinical example is given.

Sommerback (2003) who understands Pre-Therapy as being applied when the client's communication is not understood describes the artistry of listening to the disorganized and chaotic and broken meanings.

S09.1 - GARRY PROUTY'S PRE-THERAPY TRANSLATED INTO A CONTACT-MILIEU IN PSYCHIATRIC CARE

Dyonisius Van Werde . Psychiatrisch Ziekenhuis Sint Camillus - Destelbergen Belgium

The question is addressed of how to apply Pre-Therapy not only to a psychotic population less chronic and less contact impaired than the one Prouty originally started doing Pre-Therapy with, but also in the context of a multidisciplinary setting of a ward in a residential psychiatric hospital. Not only restoring contact but also strengthening endangered contact-functioning is the aim of this approach that proves to be an advancement in the person-centred method and an expansion of Pre-Therapy practice.

S09.2 - ACCOMPANYING THE CLIENT IN AND OUT OF CONTACT: THE PRACTICE OF EMPATHIC REFLECTIVITY AND IMITATIVE ATUNEMENT

Elisabeth Sommerbeck . Bornholm Psychiatric Center - Bornholm Denmark

The presenter offers a short introduction to client-centred and pre-therapeutic psychotherapy (Carl Rogers and Garry Prouty) with clients who fluctuate between psychotic and non-psychotic experiential processes or, in Garry Prouty's terms, between being self-expressive and pre-expressive.

She then presents (in role-playing) two excerpts of dialogue where the empathic reflectivity of client-centred therapy is integrated with the contact reflectivity of pre-therapy in work with clients diagnosed with paranoid schizophrenia.

Written transcripts of the dialogues will be handed out for easy reference during the ensuing discussion.

S10 -INTENSIVE, PSYCHODYNAMICALLY ORIENTED PSYCHOTHERAPY OF SCHIZOPHRENIA AND OTHER PSYCHOTIC STATES:RECOVERY, HEALING, CURE

Ira Steinman. Private Practice- San Francisco, USA
Ann-Louise Silver. Private Practice, Columbia Md. - USA
Brian Koehler. NYU Postdoctoral Program in Psychotherapy and Ps - New York, USA
Bertram Karon. Professor, Dept of Psychology, Michigan State University - USA
David Garfield. Chicago Medical School – Chicago, USA

The intensive psychotherapy of schizophrenia is a frequently discounted, nearly lost and forgotten, art. Yet some experienced practitioners have had a great deal of success with the psychodynamically oriented psychotherapy of psychosis, as medications are titrated down and sometimes stopped.

Five perspectives from our more than 175 years of clinical experience will detail both rationale and case illustrations, emphasizing the benefits of an intensive, exploratory and uncovering psychotherapy of schizophrenia.

Previously hopeless and untreatable patients, who responded to our insight oriented approach, will be presented and discussed. Healing schizophrenia is our goal; cure may be the result of our method.

S11 -TRAUMA AND PSYCHOSIS

John Read . Psychology Dept. University Of Auckland - Auckland Australia
Pauline Callcott. Newcastle Cognitive And Behavioural Therapies Centre - Newcastle Upon Tyne United Kingdom
Colin Ross. Colin A. Ross Institute For Psychological Trauma - Richardson, Texas USA
Lindsay Schenkel. University Of Illinois - Chicago USA
Ingo Shafer. - Hamburg Germany

This symposium will summarise, and present examples of, recent research demonstrating that childhood and adulthood trauma, contrary to the ideologically driven perspective of a simplistic bio-genetic paradigm, do contribute, directly and indirectly, to the etiology of the 'symptoms' of 'schizophrenia'. The implications are (i) that clinical interventions should put at least as much weight on acknowledging and addressing the sequelae of trauma, as on chemical and electrical interventions, and (ii) that the incidence of psychosis can be reduced by primary prevention programmes targeted at reducing child abuse and neglect and violence against women etc.

The notion that identifying brain differences automatically implies bio-genetic primacy in etiology is exposed as flawed - on the basis that childhood trauma can cause those brain differences, including: overactivity of hypothalamic-pituitary-adrenal (HPA) axis, abnormalities in neurotransmitter systems (especially dopamine), hippocampal damage, cerebral atrophy and reversed cerebral asymmetry. The masking of abuse sequelae by our current diagnostic system's separating them under headings like PTSD, dissociative disorders and psychosis etc. will be discussed, along with an example of treatment approach based on the understanding of the role of trauma, as contrasted to a purely/predominantly decontextualised chemical approach to treatment.

S11.1 -A RESEARCH UPDATE ON THE RELATIONSHIP BETWEEN CHILDHOOD AND ADULTHOOD TRAUMA AND PSYCHOSIS.

John Read - Psychology Dept. University Of Auckland - Auckland Australia

S11.2 - CBT FOR PSYCHOSIS

Pauline Calcott . Newcastle Cognitive And Behavioural Therapies Centre - Newcastle Upon Tyne, United Kingdom

Trauma within psychosis is often undiagnosed or untreated. There is a wide body of literature on the efficacy of cognitive behaviour therapy (CBT) for post-traumatic stress disorder (PTSD), but there has been no report of combining CBT for psychosis and CBT for PTSD in modular form. The authors discuss a combined treatment for four patients with psychosis and a history of trauma. The clinical features, process of therapy, and outcome are all described in relation to cognitive therapy models developed for use in PTSD. The implications for therapy, service development, and training are discussed.

S11.3 - SCHIZOPHRENIA, DISSOCIATION AND TRAUMA

Colin A. Ross . The Colin A. Ross Institute For Psychological Trauma- Richardson, Tx - USA

S11.4 - CHILDHOOD MALTREATMENT AND CONCURRENT AND LATER PSYCHOSIS AND COGNITIVE IMPAIRMENT: EVIDENCE FROM CHILDREN AND ADULTS

Lindsay Schenkel . Rush University Medical Center – Chicago, USA
Steven M. Silverstein. – Robert Wood Johnson Medical School - Piscataway, NJ,USA
Theresa Yancey. -
David DiLillo. -
Mary Fran Flood. -
David Hansen. -

Two studies investigated the effects of early trauma on prevalence of psychosis and other forms of impairment. Study 1 compared adult schizophrenia patients with histories of childhood

maltreatment to those without. Patients with histories of maltreatment were characterized by poorer premorbid childhood functioning, greater symptomatology (especially hallucinations and delusions), and poorer cognitive test performance. Study 2 examined associations between maltreatment and psychopathology among inpatient children and adolescents. Sixty-five percent of patients with psychotic symptoms reported histories of maltreatment. Different forms of maltreatment (e.g., neglect, physical abuse, sexual abuse) were associated with differential patterns of elevations on the MMPI-A, with sexual abuse most associated with elevations on the schizophrenia scale. As in Study 1, patients with maltreatment histories were more cognitively impaired. These data support theories suggesting an etiological role of childhood trauma in the development of psychosis.

S11.5 - CHILDHOOD TRAUMA IN PATIENTS WITH PSYCHOTIC DISORDERS

Ingo Schäfer - Klinik Für Psychiatrie und Psychotherapie – Hamburg University – Hamburg, Germany

Objective: The role of traumatic life events in psychotic patients has received considerable attention over the past years. Crucial findings point to an increased prevalence of traumatic experiences over the lifespan and differences with regard to symptoms and course of the illness in patients concerned.

Method: We examined 90 consecutively admitted patients with schizophrenia spectrum disorders using the Childhood Trauma Questionnaire (CTQ), the Structured Trauma Interview (STI) and the Parental Bonding Instrument (PBI). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID), psychopathology was measured with the Positiv and Negativ Symptom Scale (PANSS), the Dissociative Experiences Scale (DES) and a purposed-designed interview.

Results: The prevalence of all forms of childhood abuse was significantly elevated compared to the normal population. All subscales of the CTQ were raised, especially in the case of "emotional abuse" and "emotional neglect". Dissociative symptoms showed significant correlations with childhood trauma and seemed to be state-dependent.

Conclusion The results of our ongoing research suggest that childhood trauma in psychotic patients needs further investigation and emotional abuse and neglect might be of special interest.

S11.6 -CHILDHOOD TRAUMA AND PSYCHOTIC SYMPTOMS IN THE MAJOR MOOD DISORDERS

Paul Hammersley. Manchester University – Manchester, United Kingdom

A significant body of recent research points towards a strong association between childhood trauma and psychotic symptoms in the schizophrenia spectrum disorders.

The relationship between childhood trauma and psychotic symptoms in the major mood disorders (bipolar disorder and psychotic depression) is less well studied.

This presentation will summarise the current findings in this area that appear to suggest that the relationship between severe childhood trauma and psychotic symptoms (notably hallucinations) may be a genuine cross-diagnostic phenomenon.

S11.6 - IMPACT OF PSYCHOLOGICAL TRAUMA ON THE TRAJECTORY OF PSYCHOSIS PRONENESS

Jim Van Os . Dpt. Of Psychiatry And Neuropsychology, South Limburg Mental Health Research And Teaching Network – Maastricht, The Netherlands
Janneke Spauwen. Max Planck Institute Of Psychiatry – Munich, Germany
Lydia Krabbendam. Institute Of Clinical Psychology And Psychotherapy, Technical University Dresden – Dresden, Germany
Roselind Lieb. Division Of Psychological Medicine, Institute Of Psychiatry – London, United Kingdom
Hans-Ulrich Wittchen. -

Background: The reported link between psychological trauma and onset of psychosis remains controversial.

Aims: To examine associations between self-reported psychological trauma and psychotic symptoms as a function of prior evidence of psychosis proneness.

Method: At baseline, 2524 adolescents aged 14-24 years provided self-reports on psychological trauma and psychosis proneness, and at follow-up on average 42 months later, subjects were interviewed for presence of psychotic symptoms.

Results. Self-reported trauma was associated with psychotic symptoms, in particular at more severe levels (adjusted OR 1.89, 95%CI 1.16-3.08) and for trauma associated with intense fear, helplessness or horror. The risk difference between those with and without self-reported trauma at baseline was 7% in the group with baseline psychosis proneness, but only 1.8% in those without (adjusted test for difference between these two effect sizes: $\chi^2=4.6$, $P=0.032$).

Conclusion. Exposure to psychological trauma may modify the trajectory and outcome of distributed psychosis proneness.

S12 - EARLY INTERVENTION IN PSYCHOSIS: THE UK EXPERIENCE

Swaran Preet Singh. St George's Hospital Medical School- London , United Kingdom
Max Birchwood. University of Birmingham- Birmingham, United Kingdom
Tom Craig. Institute of Psychiatry- London, United Kingdom
Sonia Johnson. University College – London, United Kingdom
Paddy Power. South London & Maudsley Mental Health Trust- London, United Kingdom-

The outcome of schizophrenia has not changed in the 20th century, despite the availability of very effective drug treatments. With sustained antipsychotic treatment, majority of first-episode patients achieve symptomatic remission but this does not translate into functional recovery. The first three years of the illness have been called 'the critical period' since this is the time of maximum deterioration in functioning, emergence of repeated relapses and treatment-resistant symptoms, and accumulation of major personal, social and occupational disabilities. Emerging evidence suggests that with specialist early intervention, patients experience better outcome with regard to overall quality of life and social functioning, have a lower average length of hospital stay and receive lower doses of medication. This symposium will feature presentations describing the theoretical basis, clinical experience and research evidence from four early intervention services in UK, discussing service models, optimal treatment strategies and clinical effectiveness. The topics covered will include the critical period hypothesis, models of early intervention, vocational recovery in early psychosis, and managing mood disorders and comorbidity in early psychosis.

S13 - EGO STRUCTURING PSYCHOTHERAPY: A TREATMENT METHOD AND AN INSTRUMENT OF RESEARCH

Wilfried Ver Eecke. Georgetown University - Washington DC - USA
Bent Rosenbaum. Copenhagen County University Hospital - Copenhagen - Denmark
Armand Felix. Private Practice -
Elisabeth Felix. Private Practice -

Psychoanalytically informed psychotherapy is assumed to be non-manualizable due to its complexity, dialectics of intersubjectivity, and non-linear course. In psychotherapy of persons with schizophrenic psychoses, the Lacanian theory of psychosis - with its emphasis on the foreclosure of the function of the Symbolic Father - presumes a reduced ability, on the patient's side, to engage in dialectics, interpretation of emotions and other self-exploring processes. Furthermore, the dominance of the Imaginary Order of meaning makes its possible sketch a course of psychotherapy, potentially profitable to the working of the patient's mind, and his way of relating to the world.

Egostructuring Psychotherapy follows a plan consisting in three distinct phases. It provides therapists with signs to observe before entering the following phase.

A number of patients have been evaluated retrospectively and showed significant results. We shall depict a prospective design that would put the egostructuring psychotherapy on the map of empirically based methods of psychotherapy.

As Egostructuring Psychotherapy is a new form of treatment, we will start the symposium with a presentation of its methodology and main theoretical foundations.

S13.01 - EGO-STRUCTURING PSYCHOTHERAPY

Bent Rosenbaum - Copenhagen County University Hospital – Copenhagen, Denmark

More than fifty cases treated with Ego-structuring psychotherapy were reviewed retrospectively and assessed with simple instruments. The positive results raised a demand for more specific measurements adhering closely to the method of the therapy. A scale encompassing the variables of "signs of idolization" and "signs of structure" will be proposed and discussed

S13.02 - PHILOSOPHICAL AND LACANIAN BASIS OF VILLEMoes' EGO STRUCTURING TECHNIQUE.

Wilfried Ver Eecke. Georgetown University – Washington DC, USA

Why is it that, in Villemoes' method, such a simple thing as describing objects in the life world of the patient is so healing for people afflicted by schizophrenia.

Informed by Kant I want to argue that the person afflicted with schizophrenia is stuck in a first phase of perception: i.e., feeling bombarded by sense data. Kant argues that bombardment by sense data only provides appearances. According to Kant, normal perception involves a second, active and intellectual phase which consists in the application of categories of the mind on appearances which allows human beings to create objects. This second phase of perception allows a human being to be active and to use his or her mind. By describing the objects in the patient's life world Villemoes' method, in my opinion, provides the help necessary to transform the bombardment of the sense data from appearances into objects. If Villemoes' method succeeds in doing so, then it produces several healing results. The patient becomes active. He uses his mind. He feels part of a common human world.

S13.4 - Essentials of- Ego-structuring Psychotherapy (Palle Villemoes)

Armand Felix. Child And Adolescent Psychiatry - Haderup, Denmark

Introducing the essentials of ego-structuring psychotherapy, the focus will first be on the appearance of the "signs of idolisation", as these prove the patient's involvement in the therapeutic process. This is a core element in the initial phase of the treatment, since psychotic patients usually don't ask for therapy and are inapt to establish a transference relationship to the therapist.

Next, the focus is on the appearance of the "signs of structure" during the working phase of the treatment. "Signs of structure" are the empirical documentation of the patient's ego-development into the symbolic way of being, which is the aim of ego-structuring psychotherapy. Theoretical references to the lacanian concept of psychosis are presented in order to highlight the foundations for ego-structuring psychotherapy.

S13.5 - Ego-structuring Psychotherapy (Palle Villemoes) - Case presentation

Elisabeth Felix. Private Practice - Haderup, Denmark

The presentation of a case history on the ego-structuring psychotherapy of a 35-year old male paranoid schizophrenic patient is used primarily to illustrate the "signs of idolization" and the "signs of structure" as they appear in the course of the therapeutic process. Consequently, the prerequisites for and the way of ending the therapy are depicted.

S14 - SYMPOSIUM II: THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS): A LARGE SCALE PROSPECTIVE INVESTIGATION OF ASPECTS OF PSYCHODYNAMIC AND INTEGRATED TREATMENT.

Kristian Valbak. Psychiatric Hospital in Aarhus – Risskov – Denmark
Susanne Harder. University of Copenhagen – Copenhagen, Denmark
Runa Munkner. The Psychiatric Clinic At Copenhagen University Hospital, Rigshospitalet - Copenhagen, Denmark
Ann Stärk Buksti. Broenderslev Psychiatric Hospital – Hjoerring - Denmark
Anne M. Christensen. Bispebjerg Hospital, Copenhagen , Denmark

The Danish National Schizophrenia project for persons with a first episode psychosis within the schizophrenia spectrum has initially collected data for 562 persons, included consecutively in a 2 years period (1997-1999). It covers 45% of the Danish population. The study has prospectively investigated three types of treatment: psychodynamic psychotherapy, integrated treatment and Treatment as usual.

The presentations will include results from the investigations of: psychopathology and social function, gender differences, treatment alliance and compliance, changes of interpersonal self-image in psychotherapy and changes in the neurocognitive test profiles, social networking as outcome measure, the content and results of Treatment as usual, psychopathology and offending, short term family group, and the outcome of psychodynamic treatment.

Data will encompass both 2- and 5-year follow-up after inclusion. The psychopathology, and the course and outcome of psychodynamic psychotherapy, will be in focus.

S14.1 - THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS) II: SOCIAL NETWORK MAPPING AS AN EFFECT MEASURE IN PSYCHOANALYTIC PSYCHOTHERAPY FOR PATIENTS WITH SCHIZOPHRENIC ILLNESSES

Kristian Valbak. Psychiatric Hospital In Aarhus – Risskov, Denmark

The social networks for 82 patients with first-episode schizophrenic illnesses participating in DNS were recorded in terms of number of persons, frequency of contacts, intensity and confidentiality, balance of involvement and benefit of the network contacts. Additionally up to nine of the most important persons for each patient were mapped by drawing them in a matrix. With the patient in the middle of the matrix the measured distances on the paper to the network persons were used to operationalize the strength of the bonds in the social network. For a subgroup the recordings and social network mapping were done before, during and after patients receiving guided individual psychoanalytic and/or group analytic psychotherapy for 2-3 years. The changes in the social network for the intervention group were compared to the group of patients, who had 'treatment as usual'. The results will be presented, discussed and compared to other findings. Methodological problems like the one of validity will be discussed.

S14.2 THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS): CHANGE OF INTERPERSONAL SELF-IMAGE DURING PSYCHOTHERAPY IN FIRST-EPIODE SCHIZOPHRENIA SPECTRUM DISORDERS.

Susanne Harder. University of Copenhagen - Copenhagen, Denmark

Background: Self-image was found to be a strong predictor for outcome in positive psychotic symptoms, negative psychotic symptoms and social functioning at one year in a sub-sample of 97 patients participating in DNS. The patients received supportive psychodynamic psychotherapy in combination with standard treatment. This treatment has focus on intrapsychic and interpersonal processes important for enhancing self-image. Aims: The present study will examine the changes in self-image during the first year of treatment and analyse the association between self-image at baseline, change in self-image during the first year of treatment and outcome at one year. Method: Self-image is measured by SASB-Intrex questionnaire (Benjamin 1989) and outcome measures are PANNS Positive and Negative Symptom Scale) and GAF (Global Assessment of Functioning). Results will be presented and discussed in relation to previous findings and theoretical and clinical implications.

S14.3 - THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS) II: ANALYSIS OF THE PSYCHOPATHOLOGY AMONG FIRST-EPIODE PSYCHOSIS PATIENTS WITH OR WITHOUT A CRIMINAL HISTORY

Runa Munkner. The Psychiatric Clinic At Copenhagen University Hospital, Rigshospitalet – Copenhagen, Denmark

Many schizophrenia patients commit crimes before first contact with the psychiatric hospital system. Early detection is crucial, also in the judicial system. The study analyses: 1) The temporal relationship between the first psychotic symptoms and first contact to the judicial system and the psychiatric hospital system respectively. 2) Which psychopathological features characterise the patients who begin a criminal career before their admission with first-episode-psychosis and which psychopathological features separate them from the schizophrenia patients who have not committed any registered crime previously. Population: In Denmark the opportunities for register-based studies are as good as can be, due to thorough, comprehensive and accurate registers and the fact that all Danes have a civil registration number, making linkage across time and registers very accurate. Data concerning psychiatric hospital admittance and criminality were linked to data from the Danish National Schizophrenia Project, in which psychopathology, duration of untreated psychosis (DUP) and

premorbid function was rated at admission for first-episode psychosis.
Results: The differences in psychopathology associated with prior criminal behaviour among first-episode will be presented and discussed.

S14.4 THE DANISH NATIONAL SCHIZOPHRENIA PROJECT (DNS)II: IMPORTANT COMPONENTS OF A SHORT-TERM FAMILY GROUP PROGRAMME.

Ann Stærk Buksti. Brønderslev Psychiatric Hospital - Hjoerring, Denmark

The DNS Project examined a short-term family group programme. Three psychiatric departments established family groups for the relatives of patients with first-episode psychosis. The intervention manual combined a psycho educational model with psychodynamic principles. The aim of this study was to identify the most important components of the programme. A questionnaire was developed in order to examine the participants' satisfaction concerning: The actual knowledge received; Improvement in ability to cooperate with the treatment system; the possibility to share thoughts, feelings and problems with other relatives; Dealing with feelings of guilt and shame.

35 relatives of 26 patients filled in the questionnaire. 95% appreciated the gained knowledge as well as the possibility of sharing thoughts and feelings. Most important factors were: 1) to listen to others with similar problems and 2) the group leaders' attitude towards patients and relatives. The 26 patients whose relatives participated in the family group did not differ from the 29 patient whose relatives did not participate in relation to sex, age, GAF-S, GAF-F and DUP.

S14.5 -Danish National Schizophrenia Project (DNS) II: Psychosis and psychosocial outcome. A five-year prospective study of adolescents.

Anne Marie Christensen. Child And Adolescent Department – Copenhagen, Denmark

The aim of this prospective five-year study of psychosocial outcome for 51 adolescents with first onset psychosis (F20-F28) was to give a descriptive analysis of psychosocial changes during first years of psychosis. Follow-up interviews and assessment of psychosocial outcome were done at year one, two, three and five. Pre- and post outcome analysis, comparative analysis of adolescents versus adults in the DNS.

Results: 41 of 51 adolescents (80%) completed the follow-up. After one year more than half of the adolescents had moved into some kind of publicly funded treatment institution. After five years one third was living on their own, one third still with their parents and one third were living in institutions. The percentage of adolescents active in education or work was decreased by 50%. On the positive side the decline in number of social contacts seemed to be only temporarily. The adolescents lost contact to friends but the majority acquired a new peer group. Institutional placements versus treatment at home need further exploration.

S15 -EXPERIENCES IN PSYCHOSOCIAL REHABILITATION AND EMPLOYMENT

María Moniz . AIEPS Associação para o Estudo e Integração Psicossocial , Lisbon, Portugal and EUFAMI European Federation of Associations of Families of People with Mental Illness, Leuven, Belgium -
Carmen Rubio Martín . AFAEM - Despertar (Association of Families and Friends of People with Mental Illness), Toledo, Spain - Spain
Sara Rodríguez . ASCASAM - Association Pro-Mental Health - Santander Spain
Pilar Sánchez Sánchez . Despertar - Spain

Rehabilitation for work, as well as other psychosocial initiatives, goes beyond the traditional medical and psychiatric areas. In consequence, there is a need to create resources and

supports aimed to facilitate people with severe Mental Illness their recovery and the acquiring or strengthening of abilities, habits and knowledge necessary to reach their maximum level of psychosocial integration and employment. In this framework we will present three experiences of rehabilitation projects: a day centre, a psychosocial rehabilitation centre and a special employment centre.

S15.1 -SUPPORTED EMPLOYMENT, EMPOWERMENT AND RECOVERY OF PEOPLE WITH THE EXPERIENCE OF MENTAL ILLNESS

María Moniz . Aeips – Lisboa, Portugal

Supported Employment is a philosophy and a practice that aims towards the accessibility of the people with an experience of mental illness to the open labour market. The AEIPS is a Portuguese NGO, that promotes the supported employment values and practice. The relevance of the supported employment model is the potential to contribute for Empowerment processes and results, as well as, the reported experience of Recovery.

Through this practice the AEIPS has had the opportunity to integrate several EU Projects with similar organisations for the dissemination of the supported employment model, and to establish/ consolidate networks or coalitions with employers and companies organizations.

The Supported Employment practice is grounded on the idea of full access to the open labour market, combined with individualized strategies that include choice (based on interest, talent and qualification), procedural issues, and long-term supports.

The main conclusions drawn from the experience gathered, and user reports is that employment supports the development of social relations, values diversity within labour contexts, and contributes towards the elimination of stigma of those men and women with experience of mental illness.

S15.2 -CRPS and Psychosocial Rehabilitation

Pilar Sánchez Sánchez . Director Of The Miniresidence DESPERTAR – Toledo, Spain
Carmen Rubio Martín . President Of AFAEM-Despertar – Toledo, Spain

The aim of people with mental illness attending a CRPS (Psychosocial Rehabilitation Centre) is to accede to a certain level of coherence in their life context in order to incorporate some coherence in their inside life. The main obstacles for people with mental illness are social barriers and a short range of opportunities to get fully included in society. Therefore the psychosocial rehabilitation has to work with the disabilities and limitations of the person to contribute to modify the social barriers.

Psychosocial rehabilitation supposes a change of mentality, a different way of understanding the person with mental illness, the family and other supports that both need. The person with mental illness is the main actor in this process and all his/her vital needs are considered to offer the supports required (friends, employment, training, accommodation ...).

Psychosocial rehabilitation is based in human rights, which implies the right of every citizen to live in the best conditions possible and to develop a life style similar to the majority's of people living in their community: personally and financially independent, in adequate housing, etc.

S15.3 - THE WORK WITH PEOPLE WITH MENTAL ILLNESS IN SPECIAL EMPLOYMENT CENTRES

Sara Rodríguez . Ascagam – Zaragoza, Spain

Two key objectives of the special employment centres are to undertake a productive activity with possible continuity, and to offer care services for employees with disability. To find a balance between both aims is determinant to the success of the centres. Since 2001, ASCASAM (Association of Cantabria for Mental Health) has a special employment centre dedicated to the recycling of ITC products. Currently it has 40 staff members, where more than 90% have a disability (more than two thirds are people with mental illness). The presentation will consist on a short description of the centre, its characteristics, the contracting principles used during the five years the centre has been running, and finally the challenges it will be facing in the immediate future.

S16 - GROUP PSYCHOTHERAPY OF PSYCHOTIC PATIENTS: ON THERAPEUTIC PROCESS, SUPERVISION AND RESEARCH. Introduction

Ivan Urlic . Medical School, University Of Split – Split, Croatia

Luisa Brunori. University Of Bologna - Bologna ,Italy

Silvia Chiesa. Centro Di Salute Mentale - Piacenza ,Italy

This Symposium will focus on recognizing and understanding of psychotic frame of reference based on psychodynamic concepts. The authors' approach is essentially considering the possibility of modifying autistic barriers in order to promot the possible changes in psychotic patients: in there behaviour, there relationship and there internal objects world. In order to achieve these goas they explain the use of group psychotherapy with modified group analytic approach. Some clinical vignettes from various therapeutic settings from group psychotherapeutic and supervision processes will illustrate the experiences and concepts of the authors.

The researches is an essential feature in the assessment of our therapeutic skills. The preliminary results of the multicentred pilot study about the efficacy of group psychotherapy practiced with psychotic patients will be exposed. The participants of the Symposium will be invited to join the research project.

S16.1 - GROUP TREATMENT OF PSYCHOTIC PATIENTS AND THE THERAPIST'S ROLE

Ivan Urlic . Medical School, University Of Split, - Split, Croatia

The author describes some important contributions and some essential assumptions in the group psychotherapeutic approach to psychotic patients. Than he explaines some basic elements of the psychotic patient – therapist relationship, the roles of the therapist and their potential evolution in the group. Through Clinical illustrations he will explane his experiences and discuss some specific features concerning inpatients and outpatients group psychotherapy with psychotics. A special attention will be directed towards the dynamics of the therapist's roles.

S16.2 - GROUP SUPERVISION OF GROUP PSYCHOTHERAPY WITH PSYCHOTIC PATIENTS. A GROUP-ANALYTIC APPROACH

Ivan Urlic . Medical School, University Of Split – Split, Croatia

Silvia Chiesa. Centro Di Salute Mentale - Piacenza, Italy

Group-analytic method is applied for therapeutic, training, supervision and research purposes. The Foulkesian ideal for the therapeutic group to became the therapist in itself is possible to attain working with neurotic patients. The psychotics require very much modified approach of group-analytic orientation.

Since several decades group as a psychotherapeutic tool has been applied to psychotic patients successfully. Group-analytic approach has been extended even on that clinical cathogy, and has shown it's efficiency.

Help for helpers has been recognized as one of the essential requirements in psychotherapeutic approach to schizophrenic and otherwise psychotic patients. The two types of group supervision, of individual psychotherapists and of the therapeutic teams revealed as an appropriate method to foster the understanding of underlying dynamics not only in groups, but among team members, too. That means that the transferential – countertransferential issues, institutional dynamics and various other interferences had the possibility to be recognized and analyzed not only by the supervisor – conductor of the supervision group, but by the whole group.

In this paper the authors expose their experiences in small and median groups of supervision of conductors and therapeutic teams that are dealing with group psychotherapy with psychotic patients within institutional framework, and discuss dynamics, as well as enlarging of therapeutic possibilities of group psychotherapy of group-analytic orientation for application in these settings.

S16.3 -A MULTICENTRED PILOT STUDY ABOUT THE EFFICACY OF GROUP ANALYTIC GROUPS WITH PSYCHOTIC PATIENTS

Ivan Urlic . Medical School, University Of Split – Split, Croatia

Luisa Brunori. Departmen Of Psychology, University Of Bologna – Bologna, Italy

The following study is about the application of group analytic groups with psychotic patients.

The aim of the research is to provide evidence about the usefulness of the group analytic approach with these patients as well.

Method: the sample is composed of patients referred to different Mental Health Services of Emilia Romagna Region, involving the Centres of Carpi, Forlì and Piacenza.

Patients referred to these services undergone limited time group analytic therapy in addition to the usual treatments provided by these centres and have been assessed through the use of DSM IV and ICD 10. The subjects have been tested at the beginning and at the end of the group experience through the following instruments: Global Assessment Functioning, Symptom Check List-90, World Health Organization Quality of Life (brief form), Self Efficacy Questionnaire and Network Chart, an Italian sociogram used to explore the relationships of the persons and their qualities.

Patients have also been administered the Group Climate Questionnaire along the experience and a Questionnaire on the evaluation of the group at the end of the therapy. A control group has been set up as well.

Results: the study confirms the usefulness of the group experience, both for what concerns general trends and for some statistically significant changes emerged as main outcomes.

In particular the group experience seems to be supportive and able to facilitate the improvement of patients in their symptoms, their quality of life, self efficacy and relational and social life.

S17 - BEYOND PSYCHOTHERAPY COMMUNICATION BARRIERS IN DIFFICULT SITUATIONS WITH SCHIZOPHRENIC PATIENTS

Vicente Ibáñez-Rojo. Hospital De Poniente – El Ejido, Spain

Francisco González. -

Francisca Sánchez. -

Ruth García. -
Peter Hindle. -
Macarena Marín. - Psychiatry Unit. La Inmaculada Hospital. Huercal Overa. Almería - Huercal Overa (Almería) Spain

Psychotherapeutic interventions in schizophrenia and other psychosis have achieved a well-developed status. However in this world of multiculturalism and emergence of minorities defending their rights, standard interventions (many of them manualized in concrete clinical situations with "normal" population) don't reach a great proportion of our patients. Our group in Almería have a special interest in situations with communication difficulties due to our experience working with immigrants, mostly North Africans, which supposes a challenge in which transcultural and acculturation issues must be taken into account. Francisco Gonzalez, an experienced psychiatrist in war situations has extensively developed psychosocial interventions with schizophrenic patients under these circumstances, having to overcome cultural but also contextual barriers. Francisca Sánchez in collaboration with Dr. Roder (who has developed a well known behavioural cognitive IPT programme for schizophrenic patients) and the Department of Psychopathology of Almería University presents a Social Skill training programme adapted to the very special characteristics of gypsy population in Almería. Finally Ruth García and Peter Hindle of St George's University Hospital, present a work challenging another communicational problem in treating families of deaf schizophrenics.

S17.1 -Psychosocial interventions under war conditions with people suffering schizophrenia

F. González Aguado. Hospital Alcalá de Henares - Alcalá de Henares Spain
A. Fernández Liria. Alcalá De Henares University. Mental Health Coordinator Hospital Alcalá De Henares - Alcalá de Henares Spain

People with schizophrenia have different necessities that deserve specific psychopharmacologic and psychotherapeutic treatments and rehabilitation. In a war situation the chance of delivering these interventions becomes a dispensable effort. This is due to several reasons: psychotic patients cannot play a role in war as they live into their psychosis. Moreover most wars happen in third world countries where psychiatric care (if it exists) is custodial and often does not respect human rights. Another reason is that wars are not only military combats but a violent attempt to disintegrate a community, breaking its institutions, symbols, daily life, and the sense of goodness and basic security given by social bonds. The community as a whole is affected by war and develops coping strategies. In psychotics these strategies are strange to others, failing to achieve any effective social support. Having worked in several war contexts, we discard interventions based on the delivery of individual medical treatment and propose actions aimed to empower and rebuild social networks including the health network. Based in these principles treatments, psychotherapy and rehabilitation to psychotic patients is provided.

S17.2 -PSYCHOSOCIAL INTERVENTIONS WITH PSYCHOTIC IMMIGRANT PATIENTS. THE EXPERIENCE IN ALMERIA.

Macarena Marin Olalla. Psychiatry Unit. La Inmaculada Hospital. Huercal Overa. Almería - Huercal Overa (Almería) Spain
Pedro Ibañez Allera. Psychiatry Unit. Poniente Hospital. El Ejido. Almería - El Ejido (Almería) Spain
Vicente Ibañez Rojo. Psychiatry Unit. Torrecardenas Hospital. Almería - Almería Spain

According to dates of Transcultural Group of Almería (Sanchez F et al, 2003) 21 out of 239 immigrants patients attended in Mental Health Unit of Almería (2000 – 2003) were diagnosed of schizophrenia disorder. In fact, psychosis diagnosis in immigrant's population (8.78%) was less frequently than other diagnosis such as affective disorder (30.4%) or adjustment disorder (14.2%).

Furthermore psychiatrist, psychologist, nurses, social workers of Almería Mental Health displayed some hitches to do an acceptable approach to immigrants psychotics. For this reason, we develop a questionnaire which has been carried out our staff. Moreover, this

questionnaire makes an effort to realize: Firstly, types of difficulties we may find in the interviews of patients. Secondly, complications had been launching in a truthful care programme. In fact, one of the most important barriers of poor diagnosis, treatment, psychosocial intervention was to speak a foreign language. In summary, an adequate acknowledge of patient culture at the same time as manifestation of psychiatry symptoms should be necessary to understand in immigrants patients approach.

S17.3 - FAMILY THERAPY IN DEAF PATIENTS WITH SCHIZOPHRENIA.

Ruth Garcia. Springfield Hospital. – London, United Kingdom
Macarena Marin Olalla. La Inmaculada Hospital. Huerca Overa. Almeria. Spain

Psychotic Manifestations are subjective experiences, difficult to quantify in all patients, in particular in specific populations such as deaf patients. To date there is still very little information available in the literature regarding how to diagnose psychosis in deaf patients. In working with deaf adolescents we are adding an extra layer of complexity in trying to understand their normal fantasy and imaginative world. During our work in a specialist mental health service for deaf children and adolescents, family therapy has been a key intervention in the treatment of schizophrenia and prevention of further relapses. Over involvement of parents and high levels of criticism and hostility from siblings are not uncommon. Premorbid difficulties of communication between deaf and hearing members of the family add to an already complex picture, as 90% of deaf children are born to hearing parents. Our interventions have adapted techniques from the different schools of family therapy to the specific communication needs of this population, including training in British Sign Language and use of interpreters, an understanding of the Deaf culture and the use of Deaf therapists.

S17.4 -SOCIAL SKILLS IN GYPSY POPULATION WITH SCHIZOPHRENIA

Francisca Sánchez Sánchez . Hospital De Poniente - Almería Spain
Volker Roder. Berna University - Berna Switzerland
Adolfo Cangas. Almeria University - Almería Spain

Gypsy population is an ethnic minority who has been living in Spain from century xv. To date, this group has more frequently social, economic and sanitary differences than the rest of the population.

In fact, age, sex, gender, socioeconomic level or the ethnic group variables are risk factors on the mental health. For this reason, we concern that people who belong to minority ethnic could be suffering from specific inequalities in health.

This report displays the experience with a gypsy ethnic group with schizophrenia diagnosis, in an Inpatient Day Hospital Mental Health Unit. Moreover, we consider the outcomes obtained after working with these patients in Social skills groups.

Social skills considered as behaviours aimed to achieve an adequate adjustment in interpersonal situations are very important in all psychotic patients. In fact, gypsy population have their owns cultural values and they have been suffering from situations of social exclusion. For these reason we should work hardly this aspects in these. Finally, their complex attachment and a poor clinical progress must be taken into account.

S18 - NEED-ADAPTED APPROACH IN DIFFERENT LOCAL AND INTERNATIONAL TRADITIONS OF TREATMENT

Jukka Aaltonen. University of Jyväskylä, Dept. of Psychology, Finland -
Juha Holma. - University of Jyväskylä – Jyväskylä, Finland
Outi Kalla. - University Of Jyväskylä – Jyväskylä, Finland

The Acute Psychosis – Integrated Treatment Project (API), Finland, is a multi-centre research and development project for the treatment of first-episode schizophrenic patients, carried out since 1992 at six psychiatric treatment centres with different traditions of psychiatric care. It was initiated and motivated by earlier projects in Finland on the care of schizophrenia patients (The Turku Schizophrenia Project and the Finnish National Schizophrenia Project 1981-1987). The treatment model used at the API Centres consisted of an flexible integration and of individual planning of different therapeutic modalities, psychotherapeutic attitude, family interventions, multidisciplinary acute psychosis teams and case-specific teams. The patients, family members and other significant others were regularly included in all treatment situations when the treatment was planned and carried out. The model (called as Need-Adapted Approach) has been developed, especially, for the community- based treatment systems. Our last efforts have been in comparing the Finnish with Spanish first-episode schizophrenic patients. In the symposium we present the main quantitative (characteristics, courses, outcomes and follow-ups) and qualitative results (basic recommendations for organizing and studying Need-Adapted Approach in different psychiatric treatment traditions).

S18.1 -CHARACTERISTICS, COURSE AND OUTCOME IN FIRST-EPISODE PSYCHOSIS. A CROSS-CULTURAL COMPARISON OF FINNISH AND SPANISH PATIENT GROUPS.

Outi Kalla. University Of Jyväskylä – Jyväskylä, Finland

The fact that first-episode psychosis is heterogeneous is well known from earlier studies. The course of the illness varies for reasons which remain inadequately understood but which very likely involve a number of factors, including patient-related background characteristics, treatment administered, and environmental or socio-cultural factors. In the last part of our symposium, the findings of a naturalistic longitudinal research project on first-episode psychosis in Finland and Spain are presented. In this project, the tradition established over the last three decades in Finland of combining research and treatment in psychosis was set alongside work done with patients in the Spanish treatment culture. The project is related to the Finnish multi-centre API project (The Acute Psychosis - Integrated Treatment Project) on the treatment of schizophrenic disorders and was initiated with the object of acquiring knowledge on the feasibility of integrating the Need-Adapted Approach into different kinds of psychiatric treatment cultures. The main interests of this project were to explore the characteristics of patients with first-episode psychosis who enter treatment, how they are treated, and how the course of their illness develops in the treatment systems used at the Finnish and Spanish sites. The study which will be presented focuses on the early course and 12-month outcome.

The Finnish data consisted of 49 patients from Kupittaa, Keroputaa and Kangasvuori hospitals and the Spanish data of 37 patients from the General University Hospital "Gregorio Marañón". Outcome was measured for 68 (79%) patients at 12 months by BPRS, GAS, Grip on Life and a standardised semi-structured questionnaire.

Results showed that although the Finnish and Spanish patients differed in certain characteristics, received different treatment, and lived in a different sociocultural environment, they shared many similarities in illness manifestation, course and outcome. The most important predictors of poor outcome were factors referring to poor earlier functioning and weak social network in both patient groups. Among the Finnish patients, competence in peer relations, and among the Spanish ones, family-related factors seemed to weigh heavily in the recovery from psychosis. The results also indicated that the scientific follow-up methodology developed within the Finnish Need-Adapted Approach is also valid in cross-cultural research on schizophrenic

disorders.

The findings of the 12-month outcome and factors associated with it are discussed in relation to their implications for treatment.

S18.2 -NARRATIVE VIEWPOINT TO ACUTE PSYCHOSIS

Juha Holma. University of Jyväskylä – Jyväskylä, Finland

From the social constructionist narrative viewpoint the psychotic person as defined above no longer takes part in socially shared communicative practices when having the psychotic symptoms. In the psychotic story a psychotic person connects events, persons and sensations differently from other people in same place at the same moment. If the psychotic person does not adopt the dominant, culturally dependent, socially constructed way of using language he is easily discounted, marginalized and pathologized. Psychotic persons may be able, however, to construct a narrative that contains all the criteria for an intelligible narrative. Such a narrative has an understandable plot and it connects events and people in a meaningful way. It can be hypothesized that these narratives do not construct enough meaning for the psychotic person's experiences, that is, important parts of the individual's experience remain unnarrated. The aim of the study was to investigate from a social constructionist narrative viewpoint psychosis and schizophrenia as well as the psychology of the recommendations of the need-adapted treatment model. The material was gathered during the treatment of 21 first-episode psychotic patients. The narrative viewpoint can be seen to be implicitly incorporated in the model's recommendations for the treatment even if it emerged from psychodynamic and systemic family therapeutic background.

S18.3 - BACKGROUND, MAIN RESULTS AND RECOMMENDATIONS OF THE FINNISH NEED-ADAPTED APPROACHES

Jukka Aaltonen. University Of Jyväskylä – Turku, Finland

Since the 1970s several national and local projects have been carried out in Finland to develop need-adapted treatment systems for first-episode schizophrenic patients. The new principles of the model are defined as follows: a) emphasis on horizontal expertise: seeking consciously to cross the professional boundaries and the barriers between different sectors of expertise, and by giving to as many staff members as possible on-the-job- training in family therapy, group therapy or individual psychotherapy; b) de-ritualization of treatment: the expertise of all staff members is best utilised in a setting in which rituals are at their minimum and the patients have wide freedom of choice concerning their treatment. This can sometimes be best achieved in a treatment process conducted entirely in the patient's home; c) the need-adapted approach can be integrated into different kinds of psychiatric treatment cultures, and d) there are phenomena that even indicate increasing in the s.c. cultural capital within the basic population. In the first part of our symposium summary of the main results and recommendations for organizing a need-adapted approach for first-episode schizophrenic patients are presented.

S19 - DETECTION AND INTERVENTION IN PRODROMAL STATES OF SCHIZOPHRENIA: PROBLEMS AND CHALLENGES

Bent Rosenbaum. Centre Of Psychiatry, Glostrup, Copenhagen County, Denmark-
Tor Kjetil Larsen. Psychiatric Clinic. Stavanger, Norway

Agneta Sjöman OR Dr. Margareta Falk Hogstedt. Hässelby-Vällingby Psykiatriska Mottagning- Stockholm, Sweden-
Lise Mondrup. Stockholm County Council, Institute of Psychotherapy- Stockholm, Sweden
Kirstine Agnete Olsen. – University of Copenhagen – Kobenhavnk - Denmark

This symposium will focus on the field of research and intervention in putative prodromal states of schizophrenia. All speakers are associated with research clinics in Scandinavia, targeting adolescents with an elevated risk of psychosis (according to the criteria of the Structural Interview of Prodromal Syndromes (Miller, McGlashan et al., 1999) or the Ultra High Risk Criteria (Yung, Phillips et al., 1998)).

Psychotherapeutic intervention is a main component in these specific programmes, and treatment strategies will be the primary focus of the symposium. Clinical cases will be presented in order to illustrate the strategies. In addition, essential problems connected to research and intervention in prepsychotic states will be discussed. Assessment instruments used in ongoing prospective studies will be introduced, and problems concerning conceptual issues will be discussed.

S20 - PARENTING IN WOMEN AND MEN SUFFERING SCHIZOPRENIC DISORDERS AND OTHER MENTAL ILLNESS

Mariano Hernández Monsalve. Servicio Madrileño De Salud – Madrid, Spain
Joanne Nicholson. Center For Mental Health Services Research At The University Of Massachusetts - Massachusetts USA
Josefina Más. Hospital De Día Alcalá De Henares - Alcalá de Henares, Spain
Margarita Rullas. Centro De Rehabilitación Psicosocial De Alcalá De Henares - Alcalá de Henares, Spain
Cristina Del Alamo. Servicios De Salud Mental De Parla - Area 10 – Parla, Spain

People who meet criteria for psychiatric disorder are likely to be parents; motherhood and fatherhood are identified like very important roles, but the clinical implications of this conditions frequently are neglected

Currently, few programmes exist that describe and attend to seriously mentally ill parents. The impact of parental mental illness on the family, is conditioned for complex interactions that contribute to increase their level of stress, and it is added to their mother's and father's role. Therefore, we describe the clinical implications of parenting in this clinical population, the opportunities to make effective clinical intervention and, particularly, strategies developed to severe mentally ill mothers. Interventions are designed to increase mother's parenting skills in order to get high levels of autonomy and normalization in the parent's life.

S21 - MARISTAN PROJECT: A QUALITATIVE MULTICENTRIC STUDY ON STIGMA AND SCHIZOPHRENIA. Introduction

Francisco Torres-Gonzalez. Universidad de Granada – Granada, Spain
Marcelino López-Alvarez. Fundacion Andaluza para la Integracion Social del Enfermo Mental – Sevilla, Spain
Francisco Torres-Gonzalez. Universidad de Granada – Granada, Spain
Ariadne Runte-Geidel. Universidad de Granada – Granada, Spain
Nestor Ortiz. Universidad de Concepcion - Chile -

It is known from long time that persons who suffer from mental disorders are systematically stigmatised and discriminated in different areas. Nowadays it has been stated that stigma affects the self-esteem of these persons, having impact on their mental health and impeding also the social integration. Stigma is particularly relevant after the diagnosis of schizophrenia. MARISTAN network decided to face up a multinational project that extends to European and Latin American countries. The hypothetical base is that stigmatization that comes with schizophrenia manifests differently and has different effects, depending on social, cultural and developmental factors. In view of the subjective importance of the phenomenon and its extensive and heterogeneous consequences, the researchers thought that it was necessary to approach the problem with a different methodology from the usual and chose the qualitative approach. 54 focus groups from six countries (2 European countries and 4 Latin American) and

with three different languages (Spanish, Portuguese and English) were assessed. This symposium will present a revision of literature about the issue and will be on display preliminary results of the MARISTAN project.

S21.1 -CURRENT KNOWLEDGE ON STIGMA AND SCHIZOPHRENIA

Marcelino López . Faisem - Sevilla Spain

Stigma is a social phenomenon affecting certain groups of people that are identified by some kind of "marks", in different societies and period of time. It usually plays a defensive role and implies cognitive ("stereotype"), affective ("prejudice") and behavioural ("discrimination") aspects. Its modification demands information and also social interactions and corrective measures.

In relation with Schizophrenia, there is a growing evidence on its negative role, at multiple levels, in most of our societies. Its effects on the mentally ill, their family and on the care system have been identified. And its consequences on the self-esteem, social relationships, access to the services and, generally, on the real capacity to exercise basic civic rights, have been verified.

The subjective aspects of the stigma and its variations in different societies and social groups are an important field of interest and also the main issue of the Symposium. To this respect, in this introduction, a review on the available literature on these different aspects is made, summarizing the most important data for future research and also for corrective interventions, in the community care field.

S21.2 - MARISTAN PROJECT – ABSTRACT

Ariadne Runte . -

A number of studies carried out by the WHO has reported better outcomes for schizophrenia in developing countries, a differential advantage that could be due to lower levels of stigma and discrimination. This study is part of an international multicentre project that aimed to examine how the nature and prevalence of stigma varies with country and culture.

Methodology:

We conducted Focus Groups with persons with schizophrenia and with formal and informal caregivers in six different countries.

Result and Discussion:

Five principal categories of stigma were recognised by participants: self stigma, family stigma and social, institutional and work stigma. The category in which there were greatest differences between countries was institutional stigma, that is discrimination by professionals, services and institutions responsible for providing mental health care, as well as government policies.

Conclusions: Stigma has an influence on the lives of persons with schizophrenia, affecting their social relationships, their work possibilities and their mental and physical care. In addition, stigma deeply affects their self-esteem.

S21.3 - GENDER AND STIGMA PERCEIVED IN SCHIZOPHRENIA: AN ADVANCE OF MARISTAN PROJECT

Néstor Ortiz . -

Francisco Torres-Gonzalez . -

Sandra Valdivia. -

Objective:

To know the gender induced differences of stigma perceived by people affected by schizophrenia and its caregivers.

Method:

Multicentric qualitative research study gathering data from four Latin American and two

European countries have been used. 48 Focus Groups were carried out, until the information was saturated, with people suffering from schizophrenia and their formal and no formal caregivers. The data was processed by using specific software for qualitative analysis (NUDIST 4.0). The field work was executed during 2002.

Results:

Within the population, the female users perceive greater prejudices towards the men. While the male users recognize greater difficulties for the women. The caregivers in general perceive greater severity of both stigma and a clinical mental state within men.

Conclusions:

Caregivers and users perceive gender induced differences in the manifestation of the disease and social stigma associated to the illness.

S22 - THE LEGACY OF OTTO WILL: HUMANIST, PSYCHOTHERAPIST, PROPHET

James Gorney. Independent Practice- Knoxville, Tn., USA -
Beverly Gibbons. Independent Practice- Knoxville, Tn., USA -
Jean-Max Gaudilliere. Ecole des Hautes Etudes en Sciences Sociales- Paris, France

This symposium will memorialize and transmit the legacy of Otto Will, one of the most creative and influential psychotherapists of the twentieth century. During his career at Chestnut Lodge and the Austen Riggs Center, Dr Will taught by example, inspiring colleagues and students to engage in long-term psychoanalytic relationships with psychotic and schizophrenic patients. Drawing inspiration from his two analysts, Sullivan and Fromm-Reichmann, Dr Will emphasized the healing power of human attachment and relatedness. Although he contributed significantly to the psychoanalytic literature, Dr Will's enduring legacy resides most vividly among his former patients, supervisees, students and colleagues. Consequently, this symposium will not only review Dr. Will's publications and research upon the psychotherapy of schizophrenia; it will also provide first hand accounts of his exemplary clinical practice and inspired teaching. The presenters will demonstrate how Dr. Will's creative and innovative praxis introduced both attachment theory and a relational perspective into psychoanalytic technique, thirty years prior to their respective contemporary elaboration. Here will be marked the journey of a true visionary, humanist and prophet.

S22.1 - OTTO WILL: MORE SIMPLY HUMAN THAN OTHERWISE

James Gorney . Independent Practice – Knoxville, TN, USA

It will be the purpose of this paper to paint a living portrait of Dr. Otto Allen Will, Jr., one of the twentieth century's foremost advocates and practitioners of the psychotherapy of psychosis. In order to bring Dr. Will's personality and praxis to life for a new generation, I will summarize his life history and chronicle his extraordinary involvement with the many psychoanalytic pioneers with whom he worked, first at Chestnut Lodge, and then at the Austen Riggs Center. As a means of making vivid Dr. Will's unique qualities as a psychotherapist, supervisor and teacher, I will provide personal recollections during my own years of training and collegueship at Riggs. Otto Will was a larger than life figure to all that encountered him. He inspired numerous therapists to persist in their efforts to engage psychotic individuals in depth treatment. Unquestionably, his life and work continues to have extraordinary relevance in today' increasingly anti-humanistic world

S22.2 - OTTO WILL: THE WRITTEN LEGACY

Beverly C. Gibbons . Independent Practice - Knoxville, TN USA

From the vicissitudes of his own experience with attachment, separateness and disruption, Otto Will developed both a method of working with profoundly troubled people and a philosophy of being human that informs this work. As Dr. Gorney and Prof. Gaudilliere note, this method and philosophy were most vividly transmitted orally, experientially, in live action during his work with patients and colleagues. Yet an important body of written work also exists comprising 62 pieces and spanning almost four decades. This presentation will examine selected papers from Dr. Will's written legacy explicating his theory and praxis, and elucidating his ferocious commitment to human connectedness as well as his uncompromising respect for the dignity and distinct separateness of each individual, regardless of their psychiatric status

S22.3 - WITH OTTO WILL

Jean-Max Gaudillière . ISPS-US, Ecole Des Hautes Etudes En Sciences Sociales, Paris - Paris France

As a means of complementing Dr. Gorney's and Dr. Gibbons' presentations, I will recall and elucidate a series of personal encounters with Otto Will and his wife Dr. Beulah Parker at the Austen Riggs Center and later, during his retirement in San Francisco. In this context, I will also pay homage to the recently deceased Dr. Martin Cooperman, who was second-in-command to Otto Will when he was medical director at Riggs. The purpose of this paper will be to emphasize the crucial importance of personal transmission from ancestors such as these to younger therapists. In particular, it is via an oral tradition that these masters illuminate the special frame of transference within psychosis. This living oral tradition is in striking contrast to the sterile, abstract quarrels and polemics found within much of the psychoanalytic literature and among psychoanalytic institutes.

S23 - BRINGING COMPASSION TO THE EYE OF THE STORM: CLINICAL REFLECTIONS ON THE WORK AND WRITINGS OF HAROLD SEARLES

Susan Mull . Institute Of Contemporary Psychoanalysis –Los Angeles, CA, USA
Vittorio Gonella. Independent - Italy
Ann-Louise Silver. ISPS-US President -

The purpose of this symposium is to offer first-hand accounts of experiences with psychotic individuals that reflect and illuminate some of the most valuable contributions offered to us by Harold Searles. Although clinical themes will vary in both description and application, the profound respect and compassion embodied by Searles in his work with and supervision of psychotic patients will be elaborated upon through the experiences presented. Particular attention will be paid to the essential qualities of ongoing curiosity and openness. Searles beautifully elaborates upon the centrality of the human encounter in working with psychotic patients in many of his writings. The symposium offered will address the profound significance of this "encounter" and the often "mysterious" ways in which it unfolds to those willing to participate in it. Such encounter, according to Searles, allows both individuals to be touched by the others' humanity, facilitating greater possibility for real contact. Compassionate commitment to one's own humanity, as well as to that of the individual one is attempting to understand, remains the unshakeable bedrock upon which all other efforts are laid.

S24 - GROUP THERAPY AS A MODEL OF INTEGRATION

Ignacio Garcia Cabeza . Hospital G. U. "Gregorio Marañón" – Madrid, Spain
Alfonso García Ordás. Diputación De Badajoz - Badajoz Spain
M^a Isabel Rodríguez Gorostiza. Hospital G.U. "Gregorio Marañón"- Madrid, Spain
Juan Carlos Fraile. - Hospital G.U. "Gregorio Marañón"- Madrid, Spain
Margarita Silvestre García. Complejo Hospitalario Universitario de Badajoz - Badajoz, Spain

Group therapy provides a series of advantages due to intrinsic characteristics (context, mirroring and therapeutic factors) that favour treatment in the schizophrenic patients. We believe that

must play a key role in the health care programs of schizophrenia, offer a realistic and specific reference context, promote therapeutic alliance and relationship and provide greater knowledge and self-knowledge of the group members.

Classically, group psychotherapy can be divided into three large orientations: educational, psychodynamic and interpersonal, although in recent years, proposals for therapies having integrating characteristics have been made. The authors present an integrative model of group therapy approach within a program of combined therapies. They will describe an historical review, since the beginning of group therapy to an integrative perspective, the possibility of integrating support, interpersonal and psychodynamic orientation through the different stages of group therapy. They will define those therapeutic factors which are specific of group therapy and others common to others psychotherapies and finally they will talk about a programme of combined therapies centred basically in group psychotherapy.

S24.1 - GROUP THERAPY AS THE KEY OF A COMBINED TREATMENT PROGRAM FOR PSYCHOTIC PATIENTS

Ignacio García-Cabeza . Hospital G.U. Gregorio Marañón - Madrid Spain

The practical consequence of a multifactorial approach to schizophrenia is the application of combined treatments of it, consisting in therapeutic programs combining several forms of help available. We present our model of combined-treatment focused on a broad and predominantly dynamic approach to psychosis. It includes pharmacological treatment and rehabilitation, but with a prominent role given to psychotherapy. In this sense group therapy plays a key tool for psychosis treatment, always combined with individual and, familial interventions if necessary, with emphasis on emotional support, interpersonal relationships and insight. We present the way to combine individual, group and pharmacological treatments, its synergies, difficulties and facilitating factors.

S24.2 - GROUP PSYCHOTHERAPY WITH PSYCHOTIC PATIENTS. HISTORICAL OVERVIEW. FROM THE UNCONSCIOUS GROUP TO THE GROUP UNCONSCIOUSNESS.

Alfonso García-Ordás . ESM Los Pinos - Badajoz Spain

We make an historical overview from the origins of Group Psychotherapy, its techniques (skills), applications and settings, with reference to authors like Foulkes, Bion, Yalom, Kanas, and others, and certainly to Freud. Likewise we briefly analyze schools such as the Psychoanalytic and the Existential one, as well as the Institutions of major importance in the application of this type of approach.

S24.3 - SPECIFIC THERAPEUTIC FACTORS IN GROUP PSYCHOTHERAPY FOR PSYCHOTIC PATIENTS

Isabel Rodríguez Gorostiza . Hospital G.U. Gregorio Marañón - Madrid Spain

Therapeutic factors are a series of therapeutic action mechanisms which exist in group therapy and which help bring about change in the patients, contributing to the therapeutic process. They are inherent to group interaction or dynamics and are not directly associated to the therapist's activity. They are basic components of the therapeutic change derived from the group matrix. We will describe the most important therapeutic factors during group therapy for psychotic

patients and how they act, interact, their strength and how they vary through the therapeutic process

S24.4 - AN INTEGRATIVE APPROACH TO GROUP PSYCHOTHERAPY FOR PSYCHOTIC PATIENTS

Juan Carlos Fraile . Hospital G.U. Gregorio Marañón - Madrid Spain

Classically, we can divide group psychotherapy into three large orientations: educational, psychodynamic and interpersonal, although in recent years, proposals for therapies having integrating characteristics have been made. In these, aspects of the psychodynamic model (using a format oriented towards discussion, attempting to strengthen the ego functions as well as helping the patient to handle his/her internal conflicts and evolution failures) and the interpersonal model (integrating the relationships with others through group discussions) would be combined. The author presents the way how emotional support, interpersonal relationships and insight is provided through the different stages of group therapy. The first one is essential during the crises and first phases of the therapy while self-knowledge and insight are only reached in the latest ones.

S24.5 -DEVELOPMENT OF A GROUP THERAPY OF SCHIZOPHRENIC PATIENTS

Margarita Silvestre García . Complejo Hospitalario Universitario De Badajoz - Badajoz Spain

Initiating with the concept of schizophrenia as an illness of multifactorial etiology, we consider that schizophrenia is an illness in which biological, psychological and environmental factors come together and give rise to a heterogeneous disturbance and to chronic disabilities in caring for oneself, in social relations and in the capacity to work for those who are suffering it. These patients depend on their families and the National Health Service during all of their lives.

Thus an approach to schizophrenia patients from an integrated point of view based on biological, psychological and sociofamily aspects of this disease is needed.

In this work we will describe a model of therapeutic approach where group psychotherapy is the basic element and supports the remaining therapeutic interventions.

The group is the therapeutic space where we work with the psychological aspects of this illness. It is also the place where the patients develop their experiences and where the implications that the disease process has for the rest of the interventions (drug treatments, hospital admissions during acute outbreaks, family interventions, rehabilitation treatment) for the patient are seen.

S25 - SOTERIA AND OTHER ALTERNATIVE APPROACHES TO ACUTE PSYCHOSIS.

Introduction

Luc Ciompi .Prof. D. Med. Emerit. Belmont – Sur Laussane, Switzerland
John F. Bola. University Of Southern California - Los Angeles USA
Julian Leff. Inst. Of Psychiatry - London United Kingdom
Wielant Machleidt. University Of Hannover - Hannover Germany
Wolfgang Eymer. Fachkrankenhaus Für Psychiatrie - Haar Germany
Holger Hoffmann. University Of Berne - Berne Switzerland
John Strauss. Yale University - New Haven USA

The symposium provides complementary information on alternative approaches related to the Soteria idea which is also presented in the special lecture by Luc Ciompi, entitled "Soteria Berne - 22 years of experience with an innovative milieu-therapeutic approach to acute schizophrenia". The symposium will have the following structure:

§ Luc Ciompi, Belmont, Switzerland: Chair and short introduction

§ John F. Bola, Univ. of Southern Calif., Los Angeles, USA: New research data and Soteria developments in USA

§ Julian Leff (Inst. of Psychiatry, London, UK): Desinstitutionalisation and community-based alternatives for schizophrenics in UK

§ Wielant Machleidt (Univ. Hannover, Germany): Alternative Soteria developments in Germany

§ Wolfgang Eymmer (Fachkrankenhaus für Psychiatrie Haar, Germany): Two years of experience with a hospital-based Soteria-ward in Munich

§ Holger Hoffmann (Univ. Berne, Switzerland): The Soteria idea in the current scientific, ideologic and economic context

§ John Strauss (Yale Univ., New Haven, USA): Wishful thinking on future treatments for acute schizophrenics

S25.1 -IDENTIFICATION AND SOTERIA TREATMENT OF SCHIZOPHRENIFORM SUBJECTS IN EARLY EPISODE PSYCHOSIS

John Robert Bola . University Of Southern California - Los Angeles, CA USA

The lack of evidence for a long-term benefit from treating early episode schizophrenia spectrum clients with antipsychotic medications, combined with a large 25-40% subgroup recovering without medications, together argue for the identification and differential treatment of true schizophreniform subjects. Current DSM-IV diagnostic criteria, requiring less than 6 months of symptoms for schizophreniform disorder, do not discriminate medication-free responders from those requiring medications. Identifying schizophreniform subjects and providing them with a time limited trial of psychosocial treatment without antipsychotics may result in three significant benefits: better outcomes, reduced medication dependence leading to fewer medication induced side-effects, and lower costs to governments providing mental health services. This paper reviews evidence for: (1) lack of a long-term benefit from initial antipsychotic treatment in early episode schizophrenia spectrum, (2) existence of a naturally remitting subgroup, (3) progress towards identifying this subgroup, and (4) interim approaches to clinical treatment guidelines while identifying criteria are being developed. These developments have led to a resurgence of interest in Soteria-type early intervention programs in several countries. A brief introduction to these developing programs will be presented.

S25.2 -DEINSTITUTIONALISATION IN THE UK AND COMMUNITY-BASED ALTERNATIVES FOR PEOPLE WITH SCHIZOPHRENIA

Julian Leff. Royal Free And University College London Medical School – London, United Kingdom

In the UK almost all of the psychiatric hospitals have been closed. In general, patients have benefitted from this change. However, admission wards in general hospitals are now operating at more than 100% occupancy because of the failure to provide adequate rehabilitation facilities and sheltered accommodation in the community. As a result, conditions on these wards have deteriorated, adversely affecting patients and staff. Length of stay has become progressively shorter, the level of disturbance has risen and staff are at greater risk of being assaulted. Patients feel less safe and are critical of the ward atmosphere and the availability of space. Most patients and their relatives prefer alternatives to hospital admission. Some interesting innovative services have been developed in the UK and elsewhere. These include the acute day hospital, crisis houses based on the Soteria model, and crisis homes. There will always be patients whose behaviour is too difficult to manage in these novel facilities and who will need a

hospital setting. The ideal design for an admission facility on a general hospital site will be considered.

S25.3 - WISHFUL THINKING ABOUT FUTURE TREATMENT FOR SCHIZOPHRENIA?

John Strauss . Yale University - New Haven CT USA

At lunch yesterday a friend told me with great anguish about his twenty five year old daughter, who while under the "best" psychiatric treatment had become progressively so psychotic that she had to be hospitalized. A thought I have had many times came to my mind, "If we know so much, why can't we prevent something like that". Luc Ciompi suggested the title of my remarks, "Wishful thinking about future treatment for schizophrenia?" I will start with what I would wish to see would be possible for my friend's daughter and suggest how I think that Soteria is an important step in that direction and what we might hope for next.

S26 - INDIVIDUAL PSYCHOLOGICAL APPROACHES TO RECOVERY AND STAYING WELL AFTER PSYCHOSIS

Andrew Ian Gumley. University Of Glasgow – Glasgow, Scotland
Max Birchwood. University of Birmingham - Birmingham, United Kingdom
Philippa Garety. Institute of Psychiatry, London, United Kingdom
Matthias Schwannauer. University of Edinburgh – United Kingdom

There is strong evidence that cognitive behavioural therapy (CBT) is effective in alleviating persisting and distressing psychotic experiences. However, there is little evidence that CBT is effective in the prevention of relapse. This evidence may reflect important methodological or sampling characteristics of clinical trials of CBT. On the other hand, this evidence may reflect the need to tailor cognitive behavioural models to the formulation therapeutic strategies specifically tailored towards the formulation, detection and prevention of relapse. This symposium will focus on the description of the clinical approaches and strategies developed in four clinical research centres aims at facilitating staying well after psychosis.

S27 - PSYCHOLOGICAL PROCESSES IN EARLY PSYCHOSIS

David Fowler. University Of East Anglia – Norwich, United Kingdom
Joanne Hodgekins. University of East Anglia – Norwich, United Kingdom
Corinna Hackmann. University of East Anglia – Norwich, United Kingdom
Freya Mellor. Norfolk Early Intervention Service - Norfolk, United Kingdom
Gavin Taylor. Norfolk Early Intervention Service – Norfolk, United Kingdom

Investigating psychological processes in early psychosis allows researchers to both attempt to uncover how and why psychosis develops and also to devise interventional strategies which may help prevent further deterioration and future psychotic episodes.

However, attributing specific psychological processes to the individual symptoms of psychosis is not an easy process. Many associations have already been highlighted including premorbid and

dispositional personality traits, traumatic experiences, emotional factors and numerous schematic variables. The relative influence and combined structure of such factors is still very much under debate. This symposium will attempt to unpick some of these relationships in order to further uncover and develop theories as to those factors which may potentially result in a vulnerability to and/or the maintenance of psychotic experiences.

The clinical implications of research in this area will also be discussed, with particular emphasis on social-recovery oriented cognitive behavioural therapy in early psychosis samples.

S27.1 -COMPARING LOW-LEVEL PSYCHOTIC PHENOMENA IN CLINICAL AND NON-CLINICAL POPULATIONS: MORE THAN JUST AN ISSUE OF PREVALENCE?

Joanne Hodgekins. University Of East Anglia – Norwich, United Kingdom
David Fowler. University of East Anglia - Norwich, United Kingdom

Prevalence studies of psychotic-like experiences in the general population reveal high levels of symptomatology (e.g. van Os et al, 2000). This makes distinguishing these individuals from first-episode psychosis samples difficult on the presence of symptoms alone. Experience per se is arguably neither pathological nor sufficient to highlight an individual as being at-risk of developing psychosis. There is a need to look more closely at the dimensions of these experiences. Cognitive models of psychosis suggest that the frequency of low-level psychotic experiences is important as this may drive the 'search for meaning', leading to the creation of delusional systems.

This study investigates the notion that psychotic symptoms exist on a continuum of frequency, with clinical populations experiencing psychotic phenomena on a more frequent basis than non-clinical populations. It describes the modification of a self-report measure of schizotypy for use in assessing low-level psychotic symptom frequency in both populations. A comparison of the frequency of low-level psychotic experience between the two populations is reported. Social-anxiety and paranoia appear to be particularly important discriminators, as do anomalous symptoms, albeit to a lesser extent.

S27.2 - POSSIBLE SELVES, SCHEMA, AND BELIEFS ABOUT ILLNESS IN RECOVERY FROM FIRST EPISODE PSYCHOSIS

Gavin Taylor . Norfolk Early Intervention Services. Norfolk And Waveney Mental Health Partnership – Norfolk, United Kingdom

Recovery from an initial psychotic episode is often measured by the reduction of positive symptoms that a person is experiencing. However, social, emotional and behavioural adjustment is also vital for pre-morbid levels of functioning to be attained. The present study aims to further the understanding of associations between psychological processes, depression and social recovery in first episode psychosis. The data collected from a cohort of 90 consecutive referrals to the Norfolk Early Intervention Service was investigated in regards to these factors. Social adjustment and levels of depression following a first episode of psychosis were investigated in relation to beliefs about the self and others, beliefs about illness and possible selves. Research suggests that negative personal beliefs about illness (e.g. entrapment, humiliation, self as illness, loss and stigma) and low status future possible selves are linked to post-psychotic depression in chronic schizophrenia (Birchwood, 2000) and the present study investigates this in a first episode sample.

S27.3 - TRAUMA AND EARLY PSYCHOSIS

Jos De Kroon . Private Practice – Eindhoven – The Netherlands

Evidence suggests that trauma is prevalent in early psychosis (Neria et al, 2002). However, the nature and severity of the trauma has not been explored in detail or in relation to non-clinical populations. This study examines the lifetime exposure to trauma in an early psychosis cohort of 90 participants compared to matched student controls. The aim is to investigate whether trauma is more prevalent in the group with psychosis and moreover, whether the subjective response to the trauma is more severe. A detailed investigation into the early psychosis cohort looks at the nature of the relationship between trauma history and psychotic symptoms and the potential underlying neurocognitive mechanisms.

S27.4 - SOCIAL RECOVERY CBT: A NEW APPROACH TO IMPROVING SOCIAL RECOVERY IN EARLY PSYCHOSIS

David Fowler. University Of East Anglia – Norwich, United Kingdom

The previous talks in this symposium have highlighted some of the key psychological problems facing people with early psychosis in the recovery phase; these include schizotypal symptoms, the sequelae of past traumas and negative beliefs about self and others. Addressing these problems is important in developing new approaches to assisting the recovery from early psychosis. We are currently conducting research evaluating a new intervention: Social Recovery oriented Cognitive Behaviour Therapy. This approach combines the latest approaches in vocational rehabilitation which focus on individualised work placement (Individual Placement and Support) with stress and symptom management techniques derived from cognitive behaviour therapy. This lecture discusses the rationale for the approach, describes promising preliminary results from work in the Norfolk Early Intervention Service and current research including a Medical Research Council funded randomised controlled trial.

S28 - THE TIPS (EARLY TREATMENT AND INTERVENTION IN PSYCHOSIS) STUDY; NEW RESULTS FROM THE EARLY DETECTION WORK

Tor K Larsen. Stavanger University Hospital – Stavanger, Norway
Jan Olav Johannessen. Rogaland Psychiatric Hospital – Stavanger, Norway
Kristin Gilje Johannessen. Randaberg High School, Norway
Inge Joa. - Stavanger University Hospital –Stavanger - Norway
Sigrun Hodne. National Centre for Reading Education and Research, Stavanger University – Stavanger, Norway

In the Scandinavian TIPS (early Treatment and Intervention in PSychosis)-study we have shown that early detection of psychosis can be achieved with use of early detection teams and information campaigns. The duration of untreated psychosis (DUP) was reduced from 26 to 4.5 weeks (median) in the Early detection site. Early detection was related to having less symptoms at start of treatment. In this symposium we will of all first will present the general idea of the TIPS-study, design and strategies (Johannessen). Then discuss the importance of education campaigns for the reduction of DUP with new data from the TIPS-II study (Joa). 1 year follow-up data from TIPS will be presented and discussed in relation to early intervention strategies (Larsen). A separate lecture on the cooperation with and programme for, the schools will be given (Bloch-Thorsen/Gilje Johannessen) and finally we will present data from our study on language and early psychosis (Hodne). Altogether our symposium will discuss the practical challenges for early detection of psychosis and present a model for this work.

S28.1 - THE TIPS-PROJECT. OVERVIEW- STRATEGIES AND MAIN RESULTS

Jan Olav Johannessen . Rogaland Psychiatric Hospital - Stavanger, Norway
Tor K Larsen . Stavanger University Hospital – Stavanger, Norway
S. Friis. -
U. Haahr. -
I Melle. -
Br Rund. -
S Opjordsmoen. -

The TIPS project (Early Identification and Treatment of Psychosis) is a four site prospective clinical trial in Norway and Denmark designed to investigate the effect of the timing of treatment in first-episode psychosis (FEP).

Two health-care sectors (Stavanger and Haugesund (Rogaland county) are experimental and have developed a system for early detection, aimed at reducing DUP. Two other sectors (Ullevaal (Oslo, Norway) and Roskilde, Denmark) are sectors used as comparison and rely on existing referral systems for FEP patients.

The study ultimately compares early detected patients with those detected via conventional routes, or late-detected patients. The project has achieved some important results:

- a. Early detected FEP patients have reduced Duration of untreated psychosis (DUP)
- b. Early detected FEP patients are included in treatment when they are less ill/psychotic.
- c. Early detected FEP patients do better at on-year
- d. Early detected FEP patients have less suicidal actions (reduced by ca 50%)

This presentation will also present an overview over early intervention strategies; what strategies are effective? Two elements seem necessary to achieve early intervention:
1) Information directed towards the: i) public, ii) schools, and iii) professional health workers, and 2) low-threshold/easy access to treatment. The relative importance of these elements will be detailed.

S28.2 - THE EFFECT OF CHANGING DUP IN A SINGLE CATCHMENT AREA

Tor K Larsen . Stavanger University Hospital, Psychiatric Clinic - Stavanger Norway
Jan Olav Johannessen . Rogaland Psychiatric Hospital - Stavanger, Norway -
Svein Friis. -
Ulrik Haahr. -
Ingrid Melle. -
Stein Opjordsmoen. -
Bjorn Rishov. -

Aim; To study whether early detection (ED) of psychosis will lead to a better 1-year outcome, when compared to a sample with no ED (historical control).

Material; During 1997-2000 132 early detected patients age 15-65 with first episode psychosis were included (ED-site). These are compared with a sample of 43 patients included during 1993-94, before the ED work started (no-ED sample). The ED sample had a median duration of untreated psychosis of 4.5 weeks compared to 26 weeks in the no-ED sample.

Methods; All patients were assessed at baseline for diagnosis, premorbid functioning, symptom profile, social functioning and abuse of drugs/alcohol. After 1 year outcome were measured with SCID, PANSS, social functioning, drug/alcohol abuse and course of psychosis.

Results; We were able to follow up 88% of the sample, ED patients had less symptoms at baseline (positive, negative and general PANSS-scores). At 1 year follow-up ED patients had less negative symptoms (12.3 mean, 6.1 st. dev. vs 17.0 mean, 6.8 st. dev.). No differences were found for positive or general symptoms or remission status.

Conclusion; ED does not lead to better outcome regarding positive symptoms or remission status, but has a clear effect on level of negative symptoms.

S28.3 - THE IMPORTANCE OF PUBLIC EDUCATION CAMPAIGNS FOR EARLY DETECTION IN FIRST EPISODE PSYCHOSIS

Inge Joan. – Stavanger University Hospital – Stavanger, Norway
Jan Olav Johannessen . Rogaland Psychiatric Hospital - Stavanger, Norway
Bjorn Auestad. -
Svein Friis. -
Thomas McGlashan. -
Ingrid Melle. -
Stein Opjordsmoen. -

Aim: We investigate the effect on DUP and clinical status at baseline of eliminating the Information Campaign from the Early Detection package in the TIPS experimental health care sector.

Design: The study has a historical control design.

Setting and Patients: We included two cohorts of consecutive patients with DSM-IV diagnosis of nonorganic, nonaffective psychosis coming to their first treatment. All patients were assessed at baseline for diagnosis, premorbid functioning, symptom profile, DUP, social functioning and abuse of drugs/alcohol. The first sample was included between January 1, 1997, and December 31, 2000, with use of Information Campaigns, and the second between January 1, 2002 and June 30, 2004 with no use of Information Campaigns.

Interventions: Both samples were offered an equivalent assessment and treatment program for first-episode psychosis.

Results: We included 183 patients, (108 IC and 75 no-IC patients). The IC cohort had a median duration of untreated psychosis of 5 weeks compared to 15 weeks in the no-IC cohort. Clinical status was significantly better for patients from the IC cohort at baseline.

Conclusions: Intensive education about psychosis and its early signs appears to have impact on detection of and on clinical status at baseline in first episode psychosis.

S28.4 - WHAT IS IT WITH MONICA?

Gerd-Ragna Bloch Thorsen . University Hospital In Stavanger - Stavanger, Norway
Jan Olav Johannessen . Rogaland Psychiatric Hospital - Stavanger, Norway

Based on the experiences from the Norwegian early intervention project, the TIPS-program, central health- and school-authorities has launched a three year nationwide education program for teachers and councillors in high schools in all of Norway's twenty counties. The program is called "What is it with Monica", and originally provided insight in early signs and symptoms in young people gradually developing a psychosis. The program has later been developed into a more comprehensive education program, covering most of the more common psychiatric conditions in young people/high school students.

The experiences connected to the implementation of such a program, costs, and usefulness will be discussed in detail. Major elements of the program will be demonstrated, with emphasis on those elements deemed to be important within early intervention strategies.

S29 - SPANISH EXPERIENCE ON FAMILY INTERVENTION FOR PEOPLE WITH SCHIZOPHRENIA

Isabel Montero. University Of Valencia – Valencia, Spain
Fermin Mayoral. CSM Malaga – Málaga, Spain
Jesus de la Higuera. CSM Cádiz – Cádiz, Spain
Enrique Peñuelas. Spain
Adela Berrozpe. Spain

In spite of their proven efficacy, treatment that integrate psychopharmacological and family interventions for relatives of patients with schizophrenia are not being routinely offered in mental health services in Spain.

One of the main factors limiting the dissemination of family interventions is the availability and content of training courses for the staff. In addition issues related to case load management, prioritisation of work and flexible working time affect the subsequent implementation. But the benefits of using treatment strategies based upon controlled research evidence of their efficacy can only be replicated in routine practice if the quality of application of those strategies approximates that provided in the clinical trials.

The aim of the present study is to address the problem of the gap between the efficacy and effectiveness of family interventions in schizophrenia by assessing the quality of care provided by four Spanish mental health services after continued training and supervision of their teams and by the creation of a network of mental health services teams able to disseminate its expertise by means of educational and training workshops.

S29.1 EFFECTIVENESS OF A PSYCHOEDUCATIVE MODEL INTERVENTION ON RELATIVES OF PEOPLE SUFFERING FROM SCHIZOPHRENIA.

Francisco Torres-Gonzalez . Universidad de Granada - Granada Spain

M^a Del Mar Muñóz. - Spain

Aurora Jiménez. - Spain

Alberto Palma. - Spain

Lorenza Maggiano. - Spain

PSYCHOEDUTRAINING study has been supported by the EC within the V Framework Programme and carried out in six European countries. Objective: To assess the impact of two alternative staff training programmes on the implementation and effectiveness of psychoeducational intervention for relatives of patients with schizophrenia.

Method: Both training programmes included the following core components: a) basic psychoeducational intervention course; b) supervision sessions on the family work. The "augmented" programme also included: a) training on communication and to cope with problem occurring on the intervention; b) supervision; c) practical exercises in routine work setting. Four mental health services (MHS) have participated by country, allocated randomly on the two programmes. The Spanish MHS have followed a control essay design with a experimental group: N = 48 cases (patients and theirs families) control group: N = 48 cases (patients). Results: Our results confirm the efficacy of psychoeducational interventions, also when provided in routine conditions. These results support the idea that it is possible to introduce psychoeducational interventions in routine settings.

30 - ASSERTIVE COMMUNITY TREATMENT (ACT) OF PATIENTS WITH SEVERE MENTAL ILLNESS

Javier Montejo Candosa. SSM Asturias - Avilés, Spain

Enrique Peñuelas Carnicero. SSM Aviles-Asturias - Avilés, Spain

Juan Jose Martinez Jambrina. SSM Avilés-Asturias – Avilés, Spain

Mary Ann Test. Mendota Hospital , Wisconsin , USA

Hellen Killaspy.

Assertive Community Treatment (ACT) was first developed by Leonard Stein and Mary Ann Test in Wisconsin (USA). ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to people with severe mental illness, focusing into the patient's social network.

"Home-based", domiciliary interventions constitute the cornerstone of ACT, integrating multidisciplinary services (pharmacological, psychoeducational, social, family support and job-training services).

ACT is the most evaluated community-based intervention obtaining outstanding results. That's why we present the II National ACT Symposium, in an attempt to disclose this approach among scientific community.

S31 -PSYCHOANALYSIS´CONTRIBUTIONS TO THE PSYCHOTHERAPY OF THE SCHIZOPHRENIA

José Gimillo. Department of Psychiatry, Hospital Infantil Universitario del Niño Jesús Madrid. Member of the Psychoanalytical Association of Madrid (International Psychoanalytical Association) – Madrid, Spain

José María Erroteta. Member of the Psychoanalytical Association of Madrid (International Psychoanalytical Association) – Madrid, Spain

Luis Fernando Crespo. Member of the Psychoanalytical Association of Madrid (International Psychoanalytical Association) – Madrid, Spain

Pedro Gil. Member of the Psychoanalytical Association of Madrid (International Psychoanalytical Association) – Madrid, Spain

Manuel De Miguel. Member of the Psychoanalytical Association of Madrid (International Psychoanalytical Association) – Madrid, Spain

The Psychoanalysis´ contribution to the psychotherapy of the schizophrenia shall be developed by five members of the Psychoanalytic Association of Madrid (International Psychoanalytical Association). Some of them are members of the psychoses researching group of that institution. The different trends of psychoanalysis have collaborated to the understand about the altered mind of the schizophrenic patient and they have developed psychotherapeutical technics modified from the classic orthodox treatment.

Freudian trend of treatment includes the contribution of psychoanalysts as Nurnberg, Federn as well american analysts like Harry Stack Sullivan or Frieda Fromm-Reichman. The Klein´s School contributions are very important too. Analyst as Hanna Segal, Herbert Rosenfeld or Wilfred R. Bion. They develop in the treatment of the schizophrenia important technical contributions in relation to the interpretation of the projective identification as communication way and the possibility of become a psychoses of transference and analyze it. Racamier´s suisse school and Pichón-Rivier´s argentinian school introduce current technical contributions.

S32 - MUSIC THERAPY FOR PSYCHOTIC PATIENTS: RESEARCH AND CLINICAL PERSPECTIVES

Christian Gold. Sogn Og Fjordane University College – Sandane, Norway

Marianne Lygren. Jaeren District Psychiatric Centre -

Inger Marie Karterud. Stavanger University Hospital, Psychiatric Clinic - Bryne Norway

Ingrid Petersen. -

Music therapy is a therapeutic method that uses musical interaction to help people with serious mental illness to develop relationships and to address issues they may not be able to using words alone. In a systematic review (Gold et al., 2005) we identified several randomised studies examining music therapy as an add-on treatment to standard care. The results suggested that music therapy improves global state, mental state, and functioning, and may be especially valuable for those patients who exhibit negative symptoms, such as affective flattening, poor social relationships and a general lack of motivation and interest. Music as a motivating factor, and an orientation emphasising resources, may be two central elements that make music therapy work for this group of patients. We will give an overview of research results, present a protocol for a new study, and illustrate the potential benefits of music therapy with clinical case material.

Gold, C., Heldal, T. O., Dahle, T., & Wigram, T. (2005). Music therapy for schizophrenia and schizophrenia-like illnesses (Cochrane Review), The Cochrane Library, Issue 2, 2005. Chichester: Wiley.

S32.1 -An overview of results and current issues in outcome research on music therapy for people with psychotic disorders

Christian Gold . Sogn Og Fjordane University College – Sandane, Norway

Music therapy is a psychotherapeutic method that uses musical interaction to help people with serious mental illness to develop relationships and to address issues they may not be able to address using words alone. The results of a systematic review of randomised studies (RCTs) suggested that music therapy, in addition to standard care, improves global state, mental state, and functioning, when a sufficient number of music therapy sessions are provided. However, several issues have not been resolved in previous research - including (a) the principles used in music therapy that govern therapeutic change, (b) the mediators through which therapeutic change occurs, and (c) how the results generalise to typical patients seen in clinical practice, many of whom have a low level of therapy motivation. This presentation will illustrate how we attempt to address these issues in an ongoing study.

S33 - EARLY INTERVENTIONS IN SCHIZOPHRENIC DISORDERS: SOME IBERIC EXPERIENCES.

Jorge L. Tizón. Catalan Institut Of Health & Ramon Llul University – Barcelona, Spain
Serafín Lemos. Ramon Llul University – Barcelona, Spain
Oscar Vallina. Cantabria Service of Health -
Nuria Farriols. Maresme Sanitary Consortium -
Carol Palma.
Jordi Artigue.

The Symposium tries to provide bases for the discussion of the works of three Spanish teams interested in the early help on schizophrenic psychoses on Spanish public health system. Dr. Lemos and Dr. Vallina will present the theoretical bases of their way of early detection and psychological intervention, their application and first results in the experience of Torrelavega (Cantabria, Spain): a primary intervention with dual, social and clinical strategy, of detection and treatment.

Dra. Farriols and the Prof. C. Palma, will present the cognitive-motivational bases and the first results of the program that they are carrying out in the services of the Maresme Sanitary Consortium (Catalunya, Spain). The program includes control and intervention groups. J. Artigue, B. Parra and J.L. Tizón will present the theoretical, clinical and organizational bases of the USM Sant Martí - La Mine Program and the Schizophrenic Psychoses Early Attention Team (EAPPE), two Mental Health experiences of Catalan Institute of Health (Barcelona). The objective of the Symposium is triple:

1. To give to know these programs
2. To give cause to the discussion of the same ones and the exchange of experiences with assitants.
3. To facilitate the exchange with other south-European experiences.

S34 - TAOPSYCHOTHERAPY AND WESTERN PSYCHOTHERAPY OF MENTAL ILLNESSES INCLUDING PSYCHOSES

Chan Hee Huh - Korean Academy Of Psychotherapists – Daegu, Korea
Erik Craig - Center for Existential Studies and Daseinsanalytic Psychotherapist – Santa Fe, NM, USA
Garry Prouty- Chicago Counseling, Psychotherapy and Research Center – Chicago, USA
Dongshick Rhee - Korea Academy of Psychotherapists –Daegu, Korea
Brian Martindale - South Of Tyne And Wearside Mental Health NHS Trust - Sunderland, United Kingdom

This symposium will present a multi-perspectival examination of Taopsychotherapy, a synthesis of Eastern and Western psychotherapies developed by Professor Dr. Dongshick Rhee, from Seoul, Korea. Although embracing the basic principles of Western depth psychotherapies including psychoanalysis, object relations, self psychology, daseinsanalytic and existential psychotherapies, Taopsychotherapy grounds both its underlying philosophy and its clinical practice in the principles and perspectives of Eastern thought including Confucianism, Buddhism, Zen, and contemplative Taoism. The symposium will begin with Dr. Rhee offering a comparative overview of Taopsychotherapy and Western psychotherapy with a special emphasis on the understanding and treatment of severe mental illnesses including the psychoses. The symposium will then examine Taopsychotherapy from the perspective of different Western psychotherapies: Client-centered and daseinsanalytic. Renowned experts in each of these approaches will compare their approach with that of Taopsychotherapy, including their different perspectives on the understanding and treatment of psychopathology, including severe conditions such as borderline, bipolar, and psychotic disorders. Some emphasis will also be placed on the different ways of conceiving and interpreting such dissociative experiences as delusions and hallucinations.