Symposium 1: Psychological and pharmacological treatments for obsessive compulsive disorder
Chairman: Gail Steketee

Sy 1:1. Cognitive–behavioral therapy with and without medication in the treatment of obsessive–compulsive disorder
Jonathan S. Abramowitz

Prospective patients often ask treatment providers whether a combination of medication and psychotherapy is more likely to be helpful than psychotherapy alone. In the case of obsessive–compulsive disorder (OCD), the efficacy of cognitive–behavioral therapy (CBT) involving exposure and ritual prevention (EX/RP) is established as is the efficacy of pharmacotherapy with serotonin-specific reuptake inhibitors (SSRIs). However, very few studies have examined the combined effectiveness of these two approaches for OCD, leaving this issue somewhat unresolved. In the present study we explored this issue using data from a clinical sample of 56 outpatients who received outpatients CBT in an anxiety disorders clinic; 31 (55%) were not using any psychotropic medications, while 25 (45%) were being treated simultaneously with an SSRI. Both groups made clinically significant and comparable gains at post-treatment, suggesting that EX/RP is similarly effective with or without concomitant pharmacotherapy. Ways in which clinicians can use this information to help OCD patients make informed decisions regarding their clinical care will be discussed, as will strategies for making CBT for OCD more widely available.

Mayo Clinic, Rochester, MN, USA.

Sy 1:2. Behaviour therapy and cognitive therapy in the treatment of obsessive–compulsive disorder: which is more effective?
Paul M.G. Emmelkamp, Patricia van Oppen

Two psychologically based interventions have been found to be effective in the treatment of obsessive–compulsive disorder: behaviour therapy, consisting of exposure and response prevention, and cognitive therapy. In this presentation, an overview will be given of these approaches and the pros and cons of the respective treatments will be discussed. The emphasis will be on the changes in obsessive–compulsive behavior and irrational beliefs associated with the obsessive–compulsive complaints. Does behavior therapy result in cognitive changes and does cognitive therapy result in behavioural changes? Results of controlled studies will be presented that give answer to these questions. Further, it will be argued that a stepped care approach is the most effective and least costly treatment of obsessive–compulsive disorder.

University of Amsterdam, The Netherlands.

Sy 1:3. Family and group modalities for cognitive behavioral treatment of OCD: research and practical aspects
Gail Steketee

Cognitive and behavioral methods of treatment have been demonstrated effective for OCD using individual formats of 12–20 or more sessions. Less is known about the value of group and family methods of intervention for this disorder. Several studies have examined group treatments for OCD. Among these studies, there is considerable variability in the duration of therapy, the frequency of sessions, and even the content of sessions, although behavioral methods predominate. Outcomes are generally good, but somewhat less beneficial than individual treatments, and it appears that a group format may not be the best modality for delivery of cognitive therapy for OCD. Most of the studies that have examined the usefulness of family interventions have been case studies. Van Noop and colleagues have completed uncontrolled trials of multi-family group treatments for OCD that combined family communication training with exposure and response prevention. Generally positive outcomes were reported. Thus, both group and family interventions using CBT methods have produced good outcomes. Predictors of outcome for these methods and important aspects of family communication such as expressed emotion will be presented. Special benefits of these methods and decisions regarding when to employ them in clinical contexts will be discussed.

Boston University, Boston, MA, USA.

Sy 1:4. Home-based cognitive–behavioral treatment of OCD patients: ecological relevance bridges the gap between research and clinical practice for complex, unresponsive cases
Johan Rosqvist, Jay C. Thomas

Although exposure-and-response prevention (ERP) has been empirically supported for the treatment of obsessive–compulsive disorder (OCD), substantial numbers (up to 50%) of patients either fail to respond, drop out once treatment begins, or relapse soon after treatment ends. In the research literature, this collective group of patients has not been well understood, and practitioners who treat them using traditional evidence-based approaches often have had little impact. The authors describe a home-based, ecologically relevant cognitive–behavioral treatment (CBT) approach for chronic, refractory and severe OCD that is delivered in natural settings. It has been found to produce both clinically significant and reliable change (Jacobson & Truax, 1991) for patients that have not been helped by traditionally delivered ERP. The authors discuss treatment implications and suggest future research directions that would further facilitate bridging the gap between research and clinical practice for these unresponsive OCD patients.

Pacific University, Forest Grove, OR, USA.
presented. Both patient characteristics and therapist interventions that facilitate or impede relationship development will be discussed. Results will be integrated in a therapy model linking alliance-building behaviors with treatment collaboration and outcomes.

Department of Psychology, University of Denver, Denver, CO, USA.

Sy 2:2. Cognitive therapy with children and adolescents
Chrissie Verduyn
Abstract not received at time of publication.

Sy 2:3. Child psychotherapy in Norway—a survey
Bjorg Roed Hansen
Abstract not received at time of publication.

Sy 2:4. The child psychotherapist as a meaning bearing other
Per Einar Binder
This presentation should be regarded as a theoretical and clinical inquiry into the prerequisites for change in relationally oriented psychoanalysis and psychodynamic psychotherapy. This paper discusses what might be seen as basic forms of relatedness and interaction in light of Donald W. Winnicott’s developmental approach and Heidegger and Gadamer’s philosophy of meaning and interaction. The child or adolescent patient relates at different levels to the psychotherapist as “a meaning bearing other”, i.e. someone who allows the possibility of meaningful thoughts and feelings, either through his or her actual communicative presence or as an unconsciously imagined communication partner. Being with a meaning bearing other is postulated as a prerequisite for development of immediate, playful and reflective understanding of needs, wishes and affect in self and other. The term “meaning bearing other” refers to three distinct but often synchronic modes of relatedness. They might be seen as developmental imperatives in both parenting and in psychotherapy. These modes are: “being immediate embedded”, “projective being” and ”deep being”.

Stavanger, Norway.

Sy 2:5. Symbolization in child psychotherapy
Helge Holgersen
Basic theoretical assumptions in Stern et al.’s theory of development and change are critically examined, with a special focus on the authors’ understanding of language, symbolization and change in psychoanalytic psychotherapy. The Stern et al. theory is interpreted as an expression of a broadened non-verbal turn in psychoanalysis. The discussion does not support their thesis that language alienates us in relation to self, affects and relationships with others. On the contrary, it takes the position that symbolization plays an integrated part in human life. In reinterpreting Stern et al.’s clinical material, it is maintained that these workers lack an understanding of the centrality of meaning and symbolization in human communication and in life as a whole.

BUPA, Haukeland Sykehus, Bergen, Norway.

Sy 2:6. The process and outcome in goal-directed, time-limited child psychotherapy and parallel work with parents
Gunnar Carlberg
Abstract not received at time of publication.

Symposium 3: IPT training-certification
Chairman: Chris Freeman
Paul Rushton, Michael Robertson, Carmen Ballón
Abstracts not received at time of publication.

Symposium 4: Factors involved in establishing early alliance with patients presenting personality disorders
Chairman: Jean-Nicolas Despland
Sy 4:1. The Brief Psychodynamic Investigation (BPI): a very brief psychotherapy to build alliance with patients presenting personality disorders
Jean-Nicolas Despland
The Brief Psychodynamic Investigation (BPI, Gilliéron, 1988) is a very short form of psychotherapy. Its goals are: (1) to assess defense mechanisms and central relationship themes; (2) to interpret and to treat the crisis having led to consultation; and (3) to negotiate every parameter of further treatment. The main characteristics of BPI will be illustrated using the Competence Scale (CSBDI), an instrument that has been developed in order to assess and control its clinical use. The instrument consists of a scale of 33 items, with five sub-scales: (1) psychotherapeutical attitude, (2) psychoanalytical attitude, (3) exploration technique, (4) initial interpretations technique, and (5) framing technique. Inter-rater fidelity is good (mean ICC: 0.71) as well as internal consistency (mean alpha: 0.89) and first signs of validity are promising.

Department of Adult Psychiatry, University of Lausanne, Switzerland.

Sy 4:2. Process research study I. Defense mechanisms and personality disorders in early alliance building
Martin Drapeau
Defense mechanisms are generally assumed to be an important aspect of personality structure. As such they are often systematically considered during personality assessment. Recent findings indicate that a defense axis is a reliable and non-redundant addition to the DSM-IV (Perry et al., 1998). Moreover, defense mechanisms have the potential to offer a good dynamic diagnosis relevant for proper treatment. Process measures included: (1) defense mechanisms (DMRS, Perry et al., 1986) and (2) exploratory vs. supportive therapist interventions (PIRS, Cooper & Bond, 1986). When considering defense functioning, two different scenarios appeared: (a) with patient presenting a high defensive functioning level (Overall Defense Functioning > 5), high alliance is related to the accuracy of the content of therapist interpretations (b) with other patients (ODF < 5), high alliance is related to the more general attitude described as the adjustment of therapist interventions (exploratory vs. supportive interventions) to the defensive functioning level of the patient. As expected, the clinician should pay attention to the functioning level of the patient rather than to the categorical diagnosis of PD.

Institute of Community & Family Psychiatry, Jewish General Hospital and McGill University, Canada.
Sy 4.3. Process research study II. Emotional regulation and personality disorders in early alliance building
Yves de Roten

Interpersonal theorists suggest that patients with personality disorder (PD) present rigid, extreme, and incongruent interpersonal patterns. Regulating emotions related to these rigid interpersonal patterns may be crucial to the development of a positive relationship. To study this emotional process, which is essentially of a non-verbal kind, we have developed an instrument to detect and code the functions of mutual smiling episodes (MSE). Smiling is known as the most frequently socially used tool for sharing and regulating all kinds of emotions. Frequency and types of MSEs determine three modes of emotional regulation: (1) optimal regulation, (2) under-regulation, and (3) over-regulation. PD is associated to over- and under-regulation modes, and there is an interaction effect with alliance. Lack of mutual emotional engagement and coordination is particularly present in cases of low alliance and PD. MSEs stress the emotional and affective dimension of alliance. They shed a new light on some of the relational difficulties with these patients.

Department of Adult Psychiatry, University of Lausanne, Switzerland.

Symposium 5: Treatment of eating disorders – a review of five recent Norwegian research projects
Chairman: Jan H. Rosenvinge

Sy 5.1. Process predictors in the cognitive treatment of the eating disorders: testing a cognitive model
Asle Hoffart

The purpose of this study is to test a cognitive model of the eating disorders by examining the sequential relationships between the variables of the model during therapy. Both the impact of individual sessions and the weekly state of the patients will be assessed. The measured concepts and the items are either measured on 0–100 VAS scales, on 5–0 frequency scales (5 = always, 0 = never), in number of occurrences, or in kg. Many items are taken from the Eating Disorder Examination, the Eating Disorder Inventory, or the Eating Attitude Test.

Family Therapy Unit, Modum Bad, Vikersund, Norway.

Sy 5.2. Treatment for eating disorders from a patient satisfaction perspective: a replication of a British study
J. H. Rosenvinge, A.K. Rian

The purpose of this study was to replicate a British survey on patient satisfaction with treatment for eating disorders, factors associated with satisfaction and the consumer’s suggestions on how to improve the quality of healthcare services. A questionnaire was completed by 321 members of the Norwegian organisations for eating disorder patients. The British results were replicated as subjects were highly satisfied with outpatient individual and group psychotherapy, and to a less extent with family therapy. Also, a similar delay of 5–6 years from the first subject recognition of eating disorder symptoms to the time of seeking help was found. However, we found a relation between treatment delay and treatment satisfaction. Inpatient treatment was more favourably experienced in UK than in Norway. Subjects who experienced therapists as competent on eating disorders reported higher treatment satisfaction. The results imply a critical view on the issue of early detection, a more selective use of family therapy, the need for more competence on eating disorders among clinicians, and a closer cooperation between professionals and the services provided by the patient organisations.

University of Tromsø, NO-9037 Tromsø, Norway.

Sy 5.3. The long-term effect of physical exercise compared with cognitive behavioral therapy in treating bulimia nervosa: a randomized controlled study
J. Sundgot-Borgen, J.H. Rosenvinge, R. Bahr, L. Sundgot-Schneider

The aim of this study was to examine the effects of physical exercise and nutrition advice against the well-documented cognitive behavioral therapy for bulimia nervosa. Normal weight bulimic patients aged 18–29 years were randomly assigned to a physical exercise program (n = 13), cognitive behavioral therapy (n = 14), nutritional advice (n = 17) or a waiting list control group (n = 13). Seventeen healthy controls were also included. Therapeutic change was assessed by counting the binge–purge frequency and using the Eating Disorder Inventory (EDI) to measure symptom severity. Assessments were made pre- and post-treatment and at 6 and 18 months follow-up. Improvement is found for all treatment groups, which is sustained at the follow-ups for the exercise and the cognitive behavioral therapy groups. The exercise group EDI sub-scale scores are similar to healthy controls, indicating that physical exercise is important in the treatment of normal weight bulimic patients.

University of Tromsø, NO-9037 Tromsø, Norway.

Sy 5.4. Inpatient treatment for severe bulimia nervosa – results from a eating disorder unit in Norway
Ø. Rø, E.W. Martinsen, J.H. Rosenvinge

Hospital treatment for bulimia nervosa is rather uncommon, but may be indicated in case of psychiatric comorbidity, a long duration of treatment and a series of previous treatment failures. The paper describes a multicomponent treatment programme consisting of cognitive–behavioural group – and individual therapy, physical training and steps to normalize eating patterns. All 51 patients admitted to the programme from 1998–2000 were eligible, and only four had to be excluded from the material. Patients were interviewed and completed self-report instruments at the time of admission and discharge. The results indicated a significant improvement with respect to bulimic as well as general psychiatric symptoms.

Family Therapy Unit, Modum Bad, Vikersund, Norway.

Sy 5.5. The relation between leptin and eating disorders
Anne Grethe B. Pedersen, Reidun Olstad, J.H. Rosenvinge, Grethe S. Birketvedt

In studying the role of leptin in eating disorders, it seems unclear whether leptin relates to body weight and/or to psychological factors. The aim of this study was to compare
leptin levels in female controls with leptin levels in female patients with eating disorders. Fourteen women (10 with bulimia nervosa and four with anorexia nervosa) aged 30.0 years were included. The mean duration of illness was 15.2 years. Subjects were screened using a semi-structured interview and standard self-report questionnaires. Blood samples were obtained to measure leptin levels. A gender- and age-matched normal control group (n = 4) was included. The level of log-leptin per BMI was significantly lower for patients than for controls. No relation was found between leptin, symptoms of eating disorders and measures of general psychopathology. Neither was there any correlation between leptin and the duration of illness. However, leptin levels correlated significantly and inversely with the age of debut of the eating disorder. Due to the low number of patients in our study, this relation needs replications in larger samples.

Symposium 6: Population needs call for computerised cognitive–behaviour therapy  
Chairman: David A. Shapiro  
Abstracts not received at time of publication.

Symposium 7: Effectiveness of short-term psychotherapy for personality disorders  
Chairman: Steinar Lorentzen  
Sy 7.1. Personality disorders and long-term outcome after brief dynamic psychotherapy  
Per Høglend  
In a sample of outpatients treated with dynamic psychotherapy (the number of sessions varying from nine to 53), the sub-sample of patients with personality disorders (n = 15) improved slower after therapy. Treatment length was associated with acquisition of insight 2 years after therapy and overall dynamic change 4 years after therapy. Very small long-term benefits were observed for PD-patients after a brief focused therapy, but significant improvement were observed after therapy longer than 30 sessions. Delayed improvement was most common for patients with personality disorders.  
Department of Psychiatry, University of Oslo, Norway.

Sy 7.2. Effectiveness of short-term dynamic psychotherapy and cognitive therapy for Cluster C personality disorders  
Martin Svartberg  
This study examined and compared the effectiveness of short-term dynamic psychotherapy (STDP) and cognitive therapy (CT) for 50 outpatients with Cluster C personality disorders. Patients had mostly anxiety or depression diagnoses on Axis I and were randomly allocated to 40 session STDP or CT. Therapists were full-time psychiatrists and clinical psychologists and in manual-guided supervision during the course of the study. Patient outcomes were assessed repeatedly in terms of symptom distress, interpersonal problems and core personality functioning during treatment and a 2-year follow-up period. The effects of the treatments as analyzed separately and comparatively will be presented and discussed. The clinical significance of the effects will be highlighted.  
Department of Psychiatry, Norwegian University of Science and Technology, Trondheim, Norway.

Sy 7.3. Are recovery and healthy functioning achievable treatment goals for Axis-II disorders?  
J. Christopher Perry  
The psychotherapy of personality disorders has a surprisingly robust number of empirical studies, yet the median treatment duration is around 6 months, and the longest less than 3 years. Even with such durations, improvement is the rule, with sizeable within-patient changes, yet few studies indicate what proportion of patients recovered or became healthy in functioning. The type and severity of disorder, treatment type, frequency or intensity, duration, and especially the selection of target measures of improvement (symptomatic vs. fundamental psychopathology) are issues which together influence outcome. This presentation will review this literature. Considering the findings and limitations of current research together, the presenter will suggest what may be needed to achieve higher treatment goals, including recovery from both psychiatric symptoms and disordered personality patterns, and the attainment of healthy functioning. The two preceding presentations of this symposium will also be discussed.  
Department of Psychiatry, McGill University, Montreal, Canada.

Symposium 8: Treatment and research on OCD – the state of the art from the patient perspective  
Chairman: Sidsel M. Nielsen  
Sy 8.1. Obsessive compulsive disorder (OCD) in children and adolescents  
Kitty Dahl  
Obsessive-compulsive disorder is characterized by unwanted intrusive thoughts (obsessions) and anxiety reducing behavior (compulsions). Approximately 1 child in 200 is believed to suffer from OCD, but their problems are often misunderstood or misdiagnosed, and the children often do not get appropriate treatment. Close to half of all adults suffering from OCD have developed the disorder in childhood or adolescents. This presentation describes the present status of treatment of OCD in Norway, with the main focus on cognitive-behavioral therapy in the form of exposure therapy and response prevention (ERP).  
Sogn Center for Child and Adolescent Psychiatry (SSBU) and Center for Anxiety Disorder, University of Oslo, Norway.

Sy 8.2. What does research tell us about the treatment of OCD?  
Sandra Bates  
In the tradition of evidenced-based psychotherapy it is important to use treatments that have been proved to be effective. This presentation answers some of the questions about the treatment of Obsessive Compulsive Disorders (OCD). Using the research findings of the last 20 years, answers to the following questions are discussed:  
1. Does exposure and response prevention (ERP) cure OCD?  
2. Are variants of ERP differentially effective?  
3. Is there a “dose effect” with ERP?  
4. Is outcome related to patient characteristics?  
5. What is the ideal treatment strategy for people with OCD?
Based on research and 20 years of clinical experience with OCD, the final portion of the presentation explores practical parameters of both inpatient and outpatient treatment as well as later additions to ERP, such as cognitive interventions and family involvement.

IBT, Institute for Cognitive Behavioral Therapy, Uppsala, Sweden.

Sy 8:3. How to live with OCD from a patient’s perspective
Anita Sedal

A patient with OCD shares her experience and suffering and describes how the patient organization, Ananke, has given her support and comfort.

ANANKE Norway, the OCD Patient Organization, Norway.

Sy 8:4. ANANKE, the OCD patient organization
Kicki Bonsaksen, Anita Odell

Representatives from both the Norwegian and Swedish OCD patient organization, ANANKE, describe how the organization is organized and functions in the two countries.

ANANKE Norway/ANANKE Sweden.

Symposium 9: The integration of Tao and psychotherapy
Chairman: Park Lin-Seng

Sy 9:1. A psychotherapeutic understanding of the ox in Kuo-an’s Ten-Oxen-Pictures
Lee Jung-Kug

The authors tried to understand the psychotherapeutic meaning of the ox in Kuo-an’s Ten-Oxen-Pictures, as a preliminary step to the comparative study of psychotherapeutic process and the process of Enlightenment in the Kuo-an’s. As a text, the authors chose the Five-Mountain Version kept in the library of Tenri University, and reviewed the literature on the Kuo-an’s pictures and the sayings of several eminent Zen masters. As a result, the authors regarded the ox as the practitioner’s (or the patient’s) feelings, and the black ox as the practitioner’s (or the patient’s) nuclear feelings, which were unconscious to him. This view offers a practical focus to be pursued. For practitioners, focusing on his feelings can be an effective method that facilitates practising. Also, in psychotherapy, this view occupies a common ground on which a patient can be seen as he is, without relying on concepts or theories of different schools. In addition, this understanding teaches us that, in order to find and hold the ox, one should not repress one’s feelings; rather, on should disclose and recognize them as they arise.

College of Medicine, Korea University, Korea.

Sy 9:2. Integration of East and West psychotherapy: the case of Professor Rhee Dongshick
Kang Suk-Hun

Professor Rhee maintains that the goal of Western psychoanalysis and psychotherapy and the Eastern Tao is the same and only a matter of degree or level. Since 1942, he has studied Western psychiatry, psychotherapy, existential philosophy and for the past 40 years, he also studied Eastern Tao, integrating theoretically and practically the essence of those Eastern and Western disciplines. As an exemplary model of the Tao and Western psychotherapy, the author will describe some theoretical contributions he made and try to show some characteristic aspects of his therapy sessions, by demonstrating his clinical materials. In the Tao, the Masters treat other people by wu-wei and no mind, with the highest capacity of empathy, i.e. is the jen or compassion of the subject/object congruency. It must be stressed, however, that the Tao is not a theory or method to be applied. It is a practice and a way of life.

Dept of Psychiatry, School of Medicine, Kyungpook National University, Taegu, Korea.

Sy 9:3. Introduction of Thee’s Tao psychotherapy
Chan Hee Huh

The purpose of this paper is to review some theoretical characteristics and the practical features of Professor Donshick Rhee’s Tao Psychotherapy integrating Eastern Tao and Western psychotherapy. Professor Rhee started psychiatry in 1942. He introduced dynamic psychiatry, psychotherapy, interview technique and existential psychotherapy into Korea. Since 1965 he has been studying Buddhism, Confucianism, Laozhu and Chuangzhu with his colleagues and students. Prof. Rhee maintains that the goal of Western psychotherapy and the Eastern Tao is the same but there is only a difference in degree or level. He maintains the process of psychoanalysis and psychotherapy, however, is similar to the process of enlightenment in Zen practice to a certain point.

Dr. Huh’s Neuropsychiatric Clinic, 1039-10 Manchon-dong, Daegu 706-808, Korea.

Symposium 10: New approaches in the psychotherapy for combat-related PTSD
Chairman: Richard White

Sy 10:1. Current issues in management of PTSD in elderly war veterans
Michael Robertson

A number of studies have followed veterans of conflicts in the 1940s and 1950s with variable observations of their clinical course and adaptation to the various developmental stages over the life span. This paper will discuss the specific issue of PTSD in older veterans both chronic and of recent onset, making reference to a recent descriptive study of the phenomena of late onset PTSD. The late life manifestations of PTSD will be placed in a developmental and neurophysiological context. Results of a recent open trial of group-based cognitive behaviour therapy as well as the applications of other psychological treatments will be discussed.

Mayo-Wesley Centre for Mental Health, Taree, Australia.

Sy 10:2. Interpersonal psychotherapy for PTSD
Paul Rushton

Interpersonal psychotherapy was originally developed as a control treatment for a series of large-scale depression treat-
ment trials. Since then it has been adapted for a variety of conditions. The rationale of IPT as a psychological treatment for PTSD will be discussed as well as the results of recent small-scale trials in Australia and the UK.

**Department of Psychology, Bond University, Queensland, Australia.**

Sy 10:3. Novel psychotherapies for PTSD  
Elizabeth Gifford

Current best treatment practice emphasises psychoeducative, cognitive and behavioural approaches in the psychological management of PTSD. Recently, newer interventions such as core mindfulness skills and so-called “dream rehearsal strategies” have found a place in the management of residual PTSD symptoms. These newer therapies will be described and case examples of these techniques in clinical practice will be presented.

**Mayo-Wesley Centre for Mental Health, Taree, Australia.**

Symposium 12: Effects of CBT and exposure treatments  
Chairman: Paul Emmelkamp

Sy 12:1. Motivation for group cognitive–behavioral psychotherapy  
S. Witold

The author will demonstrate theoretical background and the research project results of Clinic of Neurotic Disorders and Psychotherapy. The Motivation Questionnaire designed especially for people treated with behavioural–cognitive therapy will be described. Some key motivation theories (Maslow, Rejkowski, Sifneos) that influenced MQ will be summarized. Some factors taken into account while constructing MQ and influencing motivation process are: sense of necessity, sense of helplessness sense of wrong; sense of threat; ability to identify and confront problems; ability to face fear and uncertainty; readiness to struggle; hope; realistic expectations; willingness to change. Correlations between motivation factors and symptoms check list measured by HSCL questionnaire will be discussed. The practical therapeutic implications will be stressed out. Symptoms were measured three times: during qualifications, at the beginning and the end of therapy. All of them were significantly reduced. Due to the stepwise regression motivation was found responsible of 14.6% symptoms change.

**Clinic of Neurotic Disorders and Psychotherapy Institute of Psychiatry and Neurology ul. Sobieskiego 9, 02-957 Warsaw, Poland.**

Sy 12:2. Exposure therapy and sertraline in social phobia – how is the effect at 1-year follow-up?  
Tone Tangen Haug, Svein Blomhoff, Kerstin Hellström, Ingar Holme, Mats Humble, Hans P. Madsbu, Jan E. Wold

Abstract: Maintenance of treatment effect is important for the decision of which treatment to be chosen for social phobia. **Aim of the study:** This study examines the effect of exposure therapy and sertraline 28 weeks after cessation of medical treatment. **Methods:** 375 patients with social phobia were randomized to treatment with sertraline or placebo for 24 weeks, either combined with exposure therapy or general medical care. Fifty-two weeks after inclusion, 328 patients were evaluated by the same psychometric tests as at baseline and the end of treatment (24 weeks). **Results:** The exposure group and the placebo group had a further improvement in scores on CGI-SP (disability and overall severity sub-scales $p < 0.05$), DBSPS (fear and avoidance sub-scales, $p < 0.05$), MFQ, and FNE ($p < 0.05$). The changes for the combined exposure-sertraline and the sertraline alone groups were non-significant, but the improvement achieved at the end of treatment was maintained at follow-up. **Conclusion:** Sertraline and exposure therapy are both effective treatments of social phobia and the effect is maintained after end of treatment.

**Department of Psychiatry, Haukeland University Hospital, NO-5021 Bergen, Norway.**

Sy 12:3. Behavioral couple therapy vs. individual therapy in the treatment of alcoholism  
Ellen Vedel, P. M. G. Emmelkamp, G. M. Schippers

Both cognitive behavioral therapy and behavioral couple therapy are considered “empirical supported therapies” in the treatment of alcohol dependence. However little is known about how these two effective treatments compare. Some have suggested behavioral couple therapy to have surplus value. There are some indications that involving a significant other, especially a spouse, enhances treatment compliance. In addition, during behavioral couple therapy sessions drinking triggering or reinforcing behaviors of the spouse can be addressed. Further, increasing marital satisfaction may promote relationship stability and thus support treatment outcome and in the long run may even reduce the chance of relapse. The objective of this presentation is to present data of the first 20 patients who have been treated in a randomized clinical trial, currently conducted in the Netherlands, in which cognitive behavior therapy is compared with behavioral couple therapy in an outpatient treatment population. Treatments will be illustrated by presentation of a case study.

**Department of Clinical Psychology, University of Amsterdam, Roetersstraat 15, 1018 WB Amsterdam, The Netherlands.**

Sy 12:4. Virtual reality in the treatment of phobias  
P.M.G. Emmelkamp, M. Krijn

The aim of studies from our research group is to evaluate the effectiveness of low-budget virtual reality exposure (presented via HMD) in patients suffering from acrophobia and claustrophobia. Virtual reality exposure was found to be as effective as exposure in vivo on anxiety and (behavioural) avoidance and results were maintained up to 6 months follow-up. To assess the affective states of the phobic patients, heart rate, subjective anxiety (SUDS data) and cognitive measures reveal that the results of virtual reality exposure are best explained in terms of habituation. Anxiety, heart rate and negative self-statements decline both within session and across sessions. These processes have been studied in high and low immersion conditions (HMD vs. CAVE presentation) and in exposure in vivo therapy, making conclusions with respect to the generality of changes in affective states across various exposure presentations (VR environments and real world environments) possible. Finally, implications for the use of VR for the clinical assessment and therapy of patients with anxiety disorders will be discussed.
Symposium 13: The evaluation of child and adolescent psychotherapeutic interventions
Chairman: Helmut Remschmidt

Sy 13.1. Obstacles to psychotherapy research in a clinical setting
Siv Boalt Boëthius

It is a well-known fact that many psychotherapists do not perceive current psychotherapy research as relevant to their clinical work. The aim of this presentation is to describe a strategy for enabling psychotherapists to carry out projects based on their psychotherapeutic work. A force field analysis was performed in order to ascertain the types of factors perceived as stimulating or inhibiting their ability to engage in research. Four areas of concern emerged regarding the impact of research: (a) its impact on relationships among colleagues, (b) its impact on organizational structure, (c) practical issues regarding time, money and space, and (d) ethical and legal concerns with regard to the content of the study. The result indicated that the first two factors were rated as much more important by staff. A long-term strategy focusing on overcoming these factors was developed. Several successful research projects have now been completed with involvement by all therapists.

Stockholm University, The Erica Foundation, Odengatan 9, SE-114 24 Stockholm, Sweden.

Sy 13.2. Therapy evaluation on conduct disorders
Hermann van Engeland
Abstract not received at time of publication.

Sy 13.3. Evidence-based psychosocial treatments for children and adolescents
Thomas Ollendick

This presentation examines the current status of empirically supported treatments for children and adolescents. In doing so, it reviews major treatment programs for autism, phobic and anxiety disorders, depressive disorders, oppositional and conduct disorders and attention deficit/hyperactivity disorder. It will become evident that the bulk of evidence resides with behavioral and cognitive behavioral interventions. The lecture also explores three major concerns about using evidence-based treatments: namely, the differential efficacy and superiority of some treatments over others, the use of manuals in the conduct of treatment, and the relative effectiveness of these treatments in clinical settings. Finally, the presentation examines the promises and pitfalls associated with transporting effective treatments from clinical research settings to applied clinical settings. Advantages of using evidence-based treatments are highlighted.

Virginia Polytechnic Institute and State University, USA.

Sy 13.4. Presentation of a research project on conduct disorders in Trondheim and Tromsø
Bo Larsson, Willy Tore Mork
Abstract not received at time of publication.

Sy 13.5. Examining the impact of abuse risk among biological and foster parents.
Anthony J. Urquiza, N. M. Zebell, J. M. McGrath, S. Timmer

Child maltreatment is a serious problem in the United States and worldwide. Effective treatment programs usually focus on improving parenting skills and assisting the parent’s rehabilitation. Focus on the quality of the parent–child relationship and on breaking the cycle of coercion and violence is rarely addressed. This presentation examines the effectiveness of an empirically supported treatment program that enhances parent–child interactions (PCIT) for 88 biological parent–child dyads and 58 foster parent–child dyads with low, moderate and high risk for abuse by examining changes in scores on measures of parent and child functioning. All dyads completed PCIT, attending between 14 and 20 weekly sessions before attaining mastery in PCIT skills. Results showed that all dyads significantly improved from pre- to post-treatment. However, parent–child dyads reporting the greatest levels of risk pretreatment showed the most gains. These findings suggest that PCIT is an effective treatment for parents with a high risk for abuse.

UC Davis Medical Center, CAARE Diagnostic and Treatment Center, 3300 Stockton Blvd., Sacramento, CA 95820, USA.

Symposium 14: Somatoform disorders: from nosology to intervention
Chairman: Tor Haugstad
Abstracts not received at time of publication.

Symposium 15: Psychotherapy for difficult populations
Chairman: Ulrich Schnyder

Sy 15.1. A randomized controlled trial of short-term psychotherapy for trauma survivors: methodological issues
Ulrich Schnyder, H. Moergeli

This is a randomized controlled trial of psychotherapy for recently physically injured trauma survivors. Objective: To investigate the efficacy and acceptance of Gerson’s Brief Eclectic Psychotherapy (BEP), as compared to Fava’s Well-Being Therapy (WBT). Outcome measures: Psychopathology, quality of life, and return to work. Method: From a large population of trauma survivors, patients at risk of developing trauma-related psychiatric morbidity will be identified using a short screening instrument. These patients will be contacted 1 month post-trauma, and assessed for trauma-related psychopathology. Patients showing clinically relevant symptom levels will be randomly assigned to one of the following treatment conditions: (1) Gerson’s Brief Eclectic Psychotherapy; or, (2) Fava’s Well-Being Therapy (WBT). Discussion: This RCT will start in summer 2002. Methodological issues will be addressed, such as the definition of target symptoms, the use of reliable and valid outcome measures and blind evaluators, assessor training, the application of manualized treatment programs, unbiased assignment to treatment, and, finally, ratings of treatment adherence.

Psychiatric Department, University Hospital, Culmannstrasse 8, CH-8091 Zurich, Switzerland.
Sy 15:2. Psychotherapy for the burnout syndrome
Atle Roness

The burnout syndrome is a controversial concept. All agree that burnout exists, but there is a discussion about what it means. Medical doctors are using descriptive diagnoses and often talks about it as a form of depression, while psychologists are not so occupied with diagnoses and more often think in terms of relations and processes. They talk about burnout as a kind of stress related to work, and it is a result of the interaction between work and personality. The author has been the editor of a comprehensive work about the burnout syndrome with contributions from 20 of the leading psychiatrists and psychologists in the field in Norway. On the conference he will present the concept of burnout, its causes and how it can be treated. Psychotherapy is a main approach to the burnout syndrome. The author will focus how to help the person to handle with stressors on the job and to solve personal problems. The author is psychoanalytically trained both in individual and group therapy

Department of Psychiatry, Haukeland University Hospital, NO-5021 Bergen, Norway.

Sy 15:3. Psychotherapy with homeless young adults
Mario Poirier

Our research results with several groups of young homeless adults in Montreal between 1995 and 2000 have shown that about a third of them had previous mental illness history. All but a few had gone through a variety of psychiatric services, most often involving medication that our subjects had irregularly taken and sometimes resold on the street. Few had gone through systematic psychotherapy although most of them had feel and still felt the need to talk to someone about their daily life, their family and their emotional difficulties. Our research results also showed that their capacity to stay in housing projects, to handle money in a useful way and to have some positive future objectives were related to their need of long-term constructive relationships and availability of professional help. These results have led us to devise a client-specific systemic group psychotherapy program. We will discuss the specifics of this research-based psychotherapy set-up designed for the homeless young adult population.

Tele-University, University of Quebec, Canada.

Sy 15:4. Experience from 12 days of intensive group psychotherapy in an inward setting
Hans Olav Tungesvik

Frihamn-senteret in Skånevik, at the western coast of Norway, is a psychiatric centre which takes into treatment patients at age 20–70 years on the following indications: anxiety conditions, OCD, depressive conditions at a moderate level, neuroasthenia, and various degrees of life crises. The patients are submitted either from general practitioners or from specialists of psychiatry, and the setting is a 2-weeks stay at the centre, where the patients live together from early morning to late night. The treatment consists of the following elements: group therapy, 1½ h daily, individual therapy, 1 h three times a week, expression therapy with pencil and painting 1 h a day, trim activities assisted by music and followed by relaxation training 1 h a day. One day during each week the whole group, together with professionals, take a 3–4 h trip out into the woods, bringing coffee and lunch with them. Twenty-eight groups have until now fulfilled this program with surprisingly good results. The presentation will tell about the patients; evaluation of the setting and the value of the programme statistics will be presented.

Frihamn-senteret, POB 24, NO-5594 Skånevik, Norway.

Symposium 16: Treatment – relevant assessment methods
Chairman: Are Holen

Sy 16:1. Borderline personality disorder (BPD) as a prototype. An empirical investigation
M. Johansen

Few professionals would today claim that BPD is a disease entity. The appropriate logical model for conceptualising BPD is rather that of a prototype. Empirical data from psychotherapy, hospital settings, a large number of similar life stories, studies of treatment responses, suicidal behaviour, classification, genetics, etc., have justified the nine BPD criteria that are in current use (DSM-IV). The criteria describing the prototype are more like a narrative. Real persons can be more or less like this prototype. If they correspond to five or more criteria, we call their personality makeup borderline. Is the current prototype good enough? We have a sample of 1244 patients from different day hospitals in The Norwegian Network of Psychotherapeutic Day Hospitals from the years 1994–1999. The sample contains 356 BPD patients. The patients are thoroughly diagnosed according to the DSM-III/DSM-IV on two axes and several months of observations in therapeutic communities (LEAD principle). By the use of various statistical analyses we will investigate the nine criteria of BPD to find out whether some of these criteria are more prototypic.

The Norwegian Network of Psychotherapeutic Day Hospitals, Ulleval University Hospital, Oslo and Modum Bad, NO-3370 Vikersund, Norway.

Sy 16:2. Monitoring topics in group psychotherapy by questionnaire
Are Holen

A questionnaire has been developed for use in group therapies. Its aim is to capture central issues dealt with by most group members in the course of the group therapy. The factor structure of the questionnaire will be presented as well as preliminary findings on its psychometric properties. Also, some relations between topics and stages of the group process will be discussed.

Department of Psychiatry and Behavioural Medicine, Faculty of Medicine, Norwegian University of Science and Technology (NTNU), Trondheim, Norway.

Sy 16:3. Self-assessment of interpersonal behavior with the Relationship Patterns Questionnaire: results from a sample representative for the German population
A. Körner, M. Drapeau, M. Geyer, J. C. Perry

The Relationship Patterns Questionnaire (RPQ) is a short version of the IRQ and is based on the theory-driven SASB
model and the empirically derived structure of the CCRT method. The reliability and validity of the RPQ has been demonstrated in a sample of 602 patients and 170 students. This self-report measure captures three things: responses of the subject towards the anticipated behavior of others, responses of others towards the behavior of the subject and the manner in which an individual treats himself. In contrast to the original circumflex scaling, we present factor analytic scales based upon a representative sample of the German population (n = 1908) and correlation’s with basic characteristics of personality. Our results indicate that the RPQ, in an innovative and economic way, may document changes in relationship patterns regarding psychotherapy practice and research.

University of Psychosomatics Freiburg, Department for Psychosomatics and Psychotherapeutic Medicine, Hauptstraße 8, DE-79104 Freiburg, Germany.

Sy 16:4. From ego to enlightenment
Chang-Yong Chung

It is a tradition within psychiatric theory and practice to understand the ego as the self-conducting and self-sustaining entity. The ego is frequently believed to be a crucial entity in a person’s life. This presentation aims to discuss and question the role of the ego. Is there no alternative course? The author suggests and discusses an alternative view of the self-reflecting experiences of enlightenment from Zen-meditation.

Korean Academy of Psychotherapists, 9 Gongpyung-Dong, Chung-Gu, Daegu, Korea.

Symposium 17: Training in group psychotherapy in a transcultural setting
Chairman: Steinar Lorentzen

Sy 17:1. Evaluation of a block-training program in group psychotherapy in the Baltic states. Five years of experience
Steinar Lorentzen

Since March 1995, the Institute of Group Analysis, Norway has been responsible for a block-training program in group psychotherapy in Vilnius, Lithuania. The training takes place during five weekends per year, has participants from all three Baltic countries, and is held in English. It has three levels: 1 year basic, 2 years advanced, and 2 years qualifying course. The elements in the training are self-experience in small and large groups, supervision, and theory discussions. The plan has been to educate a staff locally who could carry on training of colleagues on an independent basis. Evaluations show a high degree of satisfaction with the different elements of the course. In November 2001, the first 10 candidates ended 5 years of training, and most of them were included on the teaching staff for the sixth year of training. Experiences during the first 5 years of training will be presented.

Psychiatric Institute Vinderen, University of Oslo, PO Box 85 Vinderen, NO-0319 Oslo, Norway.

Sy 17:2. Coping with language problems in a group analytic block-training programme
Tore Sørlie

Significant language differences among Baltic countries make the use of either Russian or English necessary in simultaneous communication between participants from all three countries. With teachers having no knowledge in Russian or Baltic languages and with a prevailing reluctance in communicating in Russian among the participants, English was chosen as the common language. Since English was not the mother tongue of any of the parties, the ground on which to meet may be more neutral compared with a situation in which the mother tongue of one of the parties was used. The knowledge in English was evaluated by consensus among the Norwegian teachers after the first basic year. On a scale from 1 to 7 (1 = very bad, 7 = very good), 23% were scored at a level of 2–3 while 77% were scored above a level of 4. Over time there was an improvement in English skills in all participants and especially in those who benefited most personally and professionally. The group was offered as “translator” and “interpreter” when the participants needed help in verbalising thoughts and feelings. This common task contributed to increased involvement of both participants and conductors and to the formation of increased group cohesion. The individual member’s way of dealing with this communicative challenge here and now in the group, often reflected typical interpersonal patterns similar to those revealed in solving challenges of ordinary life. Focus upon these patterns often contributed to a fruitful recognition of aspects of the transference towards conductors and different cultures as well as towards members. How do limitations in the participants’ knowledge in English appear and influence the small-group processes? How to cope with these phenomena? How do limitations in the conductors’ knowledge in the “foundation matrix” of the Baltic countries influence the small-group processes? Some examples pertaining to these questions will be presented and discussed.

Department of Psychiatric Research and Development, University Hospital of Tromsø, NO-9291 Tromsø, Norway.

Sy 17:3. Psychotherapy of manic-depressive illness: integrative approach with western psychodynamic psychotherapy and East Asian spiritual tradition
Chan Hee Huh

Abstract not received at time of publication.

Sy 17:4. The teaching experience of meditation and psychotherapy in Korea
Jinseng Park

The most important prerequisite in order to become a mature psychotherapist or psychoanalyst is attaining the ability to solve their own neurotic problems. For this, psychotherapists or psychoanalysts should undergo self-analysis and supervision by others over a long period of time. But after finishing such training, the majority of the therapists are not completely free from their neurotic motivations. For this reason, I think that meditation is a great method of a therapist’s self-culturing. So I would like to present the teaching experience of meditation and psychotherapy in the graduate course of the psychological department at the Korean Catholic University.

135-080 Dr. Park’s Psychiatric Clinic, 3rd Fl. Vision Bld. Yuksamdong kangnamgu Seoul, Korea.
Sy 17:5. New models of psychotherapy: integration of East and West techniques and evaluation research
Judy Kuriansky

This new century dominated by the Internet and technology has demanded new approaches to therapy and created new links between East and West that extend to psychotherapeutic methods. This plenary will address new models of therapy that have been developed from extensive work in the United States and China evaluating the relationship problems of men and women. Research will be presented from studies of advice shows on the Internet, on radio, on a unique hotline, and in clinical practice demonstrating frequencies of problems and effectiveness of the therapy models. The techniques integrate brain theory and ancient Eastern teachings applied to traditional Western therapy that can be applied to clinical settings with a variety of patients. A unique integrative approach will also be presented, as well as the content and research study of pioneer training programs of counseling techniques.

Columbia University Teachers College, 65 West 55th Street, New York, NY 10019, USA.

Symposium 18: Depression research
Chairman: Ellen Hartmann

Sy 18:1. Positive bias or avoidance coping strategies in previously depressed individuals?
C.E. Wang

The processing of emotional information by currently depressed patients (CD; n = 61), previously depressed participants (PD; n = 42), and never depressed participants (ND; n = 46) was investigated by a listening preference task and the Deployment of Attention Task. The results showed: (1) the NDs and the PDs exhibited a positive bias for self-referent statements and for emotional words, whereas the CDs were more even-handed, (2) the NDs had longer response times and higher body temperature than the PDs and the CDs, which did not differ from each other, and (3) there were mood changes during testing for the NDs and the CDs, but not for the PDs. The results are discussed as possible strategy of avoidance of negative information in PDs, as opposed to a “true” positive bias, as observed in the NDs. Possible theoretical and clinical consequences are outlined.

Institutt for Psykologi, SV-fakultetet, Universitetet i Tromsø, NO-9037 Tromsø, Norway.

Sy 18:2. A systematic review of psychological treatments for refractory depression
Jo-Anne Carlyle, P. Cairns, P. Richardson, D. Taylor, D. Shapiro

Studies show that 10–15% of patients with depression experience a chronic form of the disorder. Of the remaining 85–90% only 11% can expect to recover and remain well without a relapse during a remission phase or a subsequent episode. A significant minority of the patients fail to respond to antidepressant medication. Between 10% and 20% of patients remain depressed for 2 years or more despite pharmacological treatment. Furthermore, approximately one third of the patients who initially respond to medication will relapse within 1 year, with as many as 75% relapsing within 5 years. This study aims to review the results of psychological treatments for refractory depression. The inclusion criteria for the study was patients with major depression, failure to respond to at least one previous trial of antidepressant intervention, and a score of more than 14 on the Hamilton Rating Scale or 19 on the Beck Depression Inventory. Psychological treatments carried out in both inpatient and outpatient settings were included. All studies were assessed for quality using Down and Black’s checklist of assessing randomized and non-randomized healthcare intervention studies. Because there are performed very few randomized controlled studies, also non-randomized studies were included. This paper will present the findings from this review and point to some of the constraints that such systematic reviews bring to evaluating psychological interventions and methodologies.

Adult Department, Tavistock Clinic, 120 Belsize Lane, London NW3 5BA, UK.

Sy 18:3. The overcoming depression program: a clinical, research and training program for chronic depression
P. Rushton, P. Morris, J. Hallam, D. Ashley-White, W. Moore

Chronic depression is associated with more marked impairments in psychosocial function, increased healthcare utilisation, more frequent suicide attempts, and hospitalisation, than acute depression (Keller, 2000). Therefore research clearly needs to examine how different treatment approaches perform in treating clients with chronic depression. The purpose of this paper is to present a clinical, research and training program developed for clients with chronic depression. This program compares the effectiveness of group cognitive–behaviour therapy and group interpersonal psychotherapy. Results indicate that whilst outcomes for the two interventions are comparable, IPT is superior to CBT for overall psychosocial functioning. In addition to investigating the relative effectiveness of these treatments, the program has also provided valuable training for postgraduate psychology students from local universities. In conclusion, this program is innovative as it targets chronic depression, compares two treatment modalities in a field setting, and provides training for postgraduate students. This presentation will describe the program and the results to date.

Bond University; Adjunct Lecturer, School of Applied Psychology, Griffith University, Gold Coast.

Sy 18:4 Cognition, vulnerability and depression as assessed by the Rorschach and Beck Depression Inventory
E. Hartmann, C.E. Wang

Currently depressed subjects (CD; n = 16) with DSM-IV diagnosis Major Depression were compared to previously depressed (PD; n = 19) and never depressed (ND; n = 18) individuals on 13 selected Rorschach variables and on Beck Depression Inventory (BDI). The results showed: (1) significant between-group differences between the CDs and the PDs and the NDs respectively on eight of the Rorschach variables and on BDI. (2) No significant between-group differences between the PDs and the CDs on any of the outcome measures. (3) Logistic regression revealed that Rorschach data accumulated incrementally to the prediction of DSM-IV classification of Major Depression when entered after BDI, whereas BDI did not increase in prediction when entered after
the Rorschach. The findings, giving no support to the assumption that individuals who have suffered previous depression would demonstrate vulnerability markers in their test results, are discussed in relation to the mood-state-dependent hypothesis proposed by Persons & Miranda (1992).

Institute of Psychology, University of Oslo, Norway.

Sy 18:5. Depression and depressive states in a dialectical analytic perspective
G. Giacomo Giacomini

Depression and depressive states are considered according to many different methodologies in psychiatric, psychopathological and psychotherapeutical literature. In its first classical psychopathological formulation, depression is theorized according to the structuralistic reductionistic conceptualization of “nosographic entity” as a neurobiological disease (E. Kraepelin, C. Wernicke, K. Kleist, etc.). In conformity with a functionalistic integrationistic point of view, depression and depressive states are defined as “psychopathological syndromes” and “depressive reaction types”, depending on neurobiological and/or psychosocial factors (A. Hoche, O. Bunke, E. Bleuler, A. Meyer, etc.). According to the functionalistic reductionistic point of view of the DSM – Manual of Mental Disorders, depressive phenomena should simply be considered as behavioral “disorders” possibly to be reduced to neurobiological processes. In a structuralistic integrationistic context, depressive states can be conceived according to an explanatory (naturalistic) methodology or a comprehensive (personological) methodology according as they are to be related to neurobiological diseases, or to personological problems (K. Jaspers, K. Schneider, and others). In a psychotherapeutical perspective aiming at an intimate comprehension of depressive experiences in a personological and interpersonal subjective context, a dialectical analytic methodology is indispensable.

Institute for Psychological Sciences and Systematical Psychotherapy – CESAD – Center of Studies for Dialectical Analysis, Genova, Italy.

Symposium 19: Substance use among patients with severe mental disorders
Chairman: Kim T. Mueser

Sy 19:1. Towards a better life – a structured group rehabilitation program for persons with substance-use disorders and severe mental disorders
Rolf W. Grawe

Research demonstrating significant effects of comprehensive treatment of persons with “dual-diagnosis” frequently applies some form of substance-use group treatment. These are typically short-term interventions involving some sort of psychoeducation, skills training, the 12-step method, motivation and support. Most of them have a narrow focus on substance use and do not deal with other major aspects of life being buffers against relapse. Because of this it is developed a Norwegian highly structured and long-term group program for this group of patients. The program is called Towards a Better Life and addresses skill areas such as communication skills training, assertiveness training, resisting drugs and alcohol, how to avoid relapses or slips, and friendship and leisure activities. The main focus of the program is on skills training and psychoeducation. The goal of this presentation is to present this program in more detail. The Better-Life program is currently being evaluated in a Norwegian–Danish multi-center study.

Department of Psychiatry and Behavioural Sciences, Norwegian University of Science and Technology, NO-7489 Trondheim, Norway.

Sy 19:2. Clinical experiences with the Better-Life rehabilitation program in a hospital ward for young persons with schizophrenic disorders
Tor Sæther

Patients with schizophrenic disorders and comorbid substance-use disorders are a challenge to the psychiatric services because of poor drug compliance, poor prognosis, violence and criminality, family, economic and housing problems. A Norwegian psychiatric ward specializing on this group of patient’s, has made a comprehensive treatment of addressing these problems. This presentation is going to review this treatment, with a special focus on the preliminary experiences of the effects of a highly structured substance-use group program called Towards a Better Life.

Sor-Trondelag Psychiatric Hospital, NO-7441 Trondheim, Norway.

Sy 19:3. Substance use among patients admitted to acute psychiatric care
John Christian Fløvig

The link between substance-use disorders and other psychiatric disorders is well established. However, there is very little research on the prevalence of substance use among patients in acute psychiatric wards. Studies of persons with primary substance-use disorders have shown that most do also suffer from other psychiatric disorders. Research on psychiatric patients does also reveal a very high prevalence of substance-use disorders. This presentation aims to review the prevalence of substance use among patients in psychiatric acute wards. The author is also going to present the results and discuss the clinical consequences of the data from a study of substance use among patients in a Norwegian acute psychiatric ward.

Department of Psychiatry and Behavioural Sciences, Norwegian University of Science and Technology, NO-7489 Trondheim, Norway.

Sy 19:4. Substance use among young patients with recent-onset psychotic disorders – experiences from a Norwegian outpatient mental health unit
Odd Storseter

The Psychiatric Youth Team is a Norwegian outpatient unit for patients with psychiatric disorders and substance-use disorders. The Team has experienced an alarming increase of young patients with psychotic symptoms and substance-use disorders in the last decade. Because it is clinically important to differentiate between drug-induced psychosis and first onset schizophrenia, this study aims to describe in further detail the diagnosis, the psychopathology and medication issues for a sample of these patients. In 2001 referrals to the Youth Team from the catchment area were evaluated with SCID-I
and SCID-II, the Montgomery Asberg Depression Rating Scale or the Beck Depression Inventory. Some patients with schizophrenic symptoms were referred to a Psychosis Team (assertive community mental health services) for further diagnostic screening and testing. During 2001, 10 patients were referred to this team.

**Sy 21: Psychotherapy research**

Chairman: Per Høglend

**Sy 21:1. Matching therapy to patient characteristics**

P.A. Høglend

One of the reasons for the equivalency of outcome from different types of psychotherapy may be that different types of patients react differently to different styles of therapy (for example, directive vs. non-directive therapies). In psychotherapy research, most researched aspect of psychotherapy is the severity of the disorders. Other patient characteristics that have been studied to some extent are general mental abilities (IQ), externalizing vs. internalizing, quality of interpersonal relationships, psychological mindedness, analytic vs. introjective features and motivation. Research in education has led to some consistent findings of aptitude–treatment interactions in learning, which may be of relevance in psychotherapy as well. The goal of this study is to review aptitude–treatment interactions in clinical psychotherapy and it is suggested that future research address testing of different candidate matching characteristics. Such matching characteristics may improve the effects of existing treatments.

University of Oslo, Institute of Psychiatry, PO Box 85 Vinderen, NO-0319 Oslo, Norway.

**Sy 21:2. Patient and therapist characteristics associated with exploratory interventions in dynamic psychotherapy**

Anne Grete Hersoug, K.P. Bøgwald, P.A. Høglend

Patient and therapist characteristics were explored as predictors of therapist interventions in a Norwegian multisite study of process and outcome of brief dynamic therapy ($n = 43$). Therapist interventions were rated with the Psycho-dynamic Intervention Rating Scale in an early session and in the mid phase of therapy (of a maximum of 40 sessions). Low scores on patients’ pretreatment dynamic relationships (rated with Dynamic Scales) predicted more interpretations early in the therapy. Therapists with long experience gave more interpretations. Differences between individual therapists accounted for 35% of the variance early in therapy and 42% in the mid phase. Less experienced therapists gave more interpretations for patients with maladaptive defense mechanisms (rated with Defense Mechanism Rating Scale). Poor working alliance combined with maladaptive defensive functioning was associated with a higher proportion of interpretation. The therapists did also give significantly fewer interpretations early in the treatment.

Department of Psychiatry, University of Oslo, Norway.

**Sy 21:3. The Affect Attunement Scales: conceptual underpinnings and clinical and research applications**

M. Svartberg, E. Thue, O. Røkkum

The newly developed Affect Attunement Scales (AAS) will be presented with an emphasis on their theoretical background, conceptual underpinnings and clinical and research applications. The concept of affect attunement has been mostly studied in infant–caregiver interactions and has been shown to have pervasive implications for affect and self-development in the child. It remains to be shown whether therapist affect attunement is equally impactful in the treatment of adult patients. The AAS may lend themselves to examine such questions.

Department of Psychiatry and Behavioural Sciences, Norwegian University of Science and Technology, NO-7489 Trondheim, Norway.

**Sy 21:4. Predictors of therapist interventions and empathic qualities in short-term treatments**

K.P. Bøgwald, A.G. Hersoug, P.A. Høglend

This paper reports findings from two empirical studies where the Therapist Interventions and Qualities Inventory (TIQI, Bøgwald 2001) was applied to measure the therapeutic profile of clinicians working in outpatient settings. In the first study, the TIQI was given in parallel to 23 clinicians and 300 of their patients at the termination of treatment. The agreement between therapist and patient on what the therapist had done in the treatment as low to moderate on individual items, but good on the profile of the treatment. In another study, 51 therapists used TIQI to predict how they would treat six patients presented as case vignettes. We will report how patient variables (gender, level of distress) and therapist variables (gender, profession, theoretical orientation) predicted the therapist’s actions and interpersonal qualities such as empathy and frustration.

Department of Psychiatric Research and Education, Diakonhjemmet Hospital, P. O. Box 85 Vinderen, NO-0319 Oslo, Norway.

**Symposium 22: Research on group therapy in child psychiatry**

**Sy 22:1. Treating children who have been sexually abused**

Esther Deblinger

This workshop will provide participants with (1) a brief overview of the research findings supporting the use of cognitive behavioral interventions with children who have suffered sexual abuse; (2) descriptive examples of structured therapeutic interventions for children including coping skills exercises and gradual exposure/processing exercises; (3) creative strategies for helping children overcome resistance to treatment; (4) cognitive behavioral methods for assisting non-offending parents in coping with their own distress, while also responding effectively to their children’s difficulties; and (5) methods for enhancing parent–child communication particularly with respect to sexual abuse, personal safety and healthy sexuality. The practical implementation of the interventions will be illustrated through specific case examples and slide presentations.

Department of Psychiatry, University of Oslo, Norway.
Recommended readings: Deblinger, E. & Helfin, A. H. (1996). Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach. Newbury Park, CA: Sage Publications. Deblinger, E., Lippmann, J. & Steer, R. (1996). Sexually Abused Children Suffering Post-traumatic Stress Symptoms: Initial Treatment Outcome Findings. Child Maltreatment, 1(4), 310–321.

University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine, USA.

Sy 22:2. Two approaches to group treatment of children with sexual behavior problems
Barbara Bonner

This presentation describes two approaches to group treatment of children (aged 6 to 12) with inappropriate or aggressive sexual behavior. Two approaches to working with the children’s caregivers in a group format are also described. The two approaches for the children and their caregivers are cognitive-behavioral group treatment and dynamic play group therapy. The presentation focuses on the clinical techniques used in each approach so that participants will understand the differences between the two approaches and will have new skills to use with this problematic population. This project was a 5-year treatment outcome study funded by the National Center on Child Abuse and Neglect. Data about the children, their caregivers, and treatment follow-up are presented.

Department of Pediatrics, University of Oklahoma Health Sciences Center, 1100 NE 13. P.O. Box 26901, Oklahoma City, OK 73190, USA.

Symposium 23: Predictors and causal factors in the treatment of panic disorder with or without agoraphobia
Chairman: Asle Hoffart

Sy 23:1. Cognitive–behavioral group therapy for panic disorder in the general clinical setting: a naturalistic study with 1-year follow-up
Egil W. Martinsen, Torbjorn Olsen, Eli Tonset, Kaj E. Nyland, Trond F. Aarre

Eighty-three consecutive patients with DSM-III-R panic disorder (56 women and 27 men, mean age 34.5 years) were studied. There was a high degree of comorbidity of major depression, social phobia, and psychoactive substance abuse/dependence. Treatment consisted of 4-h group sessions once a week for 11 weeks. More than half of the patients used antidepressant drugs. Degree of phobic avoidance, bodily sensations, anxiety cognitions, and depression were assessed at pre-treatment, baseline, and end of treatment and after 3 and 12 months. There was a large decrease in scores from start to end on all assessments. Sixty-three (89%) of 73 completers responded. Gains were maintained and even improved at follow-up. A high depression score at the end of treatment predicted poor outcome at 1-year follow-up. Twelve (14%) of 83 did not complete the program. The presence of severe personality disorders and ongoing substance abuse or dependence was associated with poor outcome and high drop-out rate.

The Research Institute, Modum Bad, Vikersund, Norway.

Sy 23:2. Panic disorder: predictors of outcome from the multicenter clinical trial
David H. Barlow, Jack M. Gorman, M. Katherine Shear, Scott W. Woods

We conducted a randomized double-blind placebo controlled clinical trial evaluating imipramine, cognitive–behavioral therapy, and their combination across four different sites in 314 carefully screened patients with panic disorder. A rich and interesting set of results revealed little advantage of combined treatment over individual. Individual cognitive–behavioral treatment and imipramine worked approximately equally well at the end of acute treatment and after 6 months of maintenance and both treatments were significantly better than placebo on most measures at most points in time. Six months following treatment discontinuation, however, significantly more patients on imipramine whether combined with CBT or not, had deteriorated compared to those receiving CBT without active drug, who tended to retain their gains. Predictors of outcome from the trial will be presented.

Center for Anxiety and Related Disorders, Boston University, MA, USA.

Sy 23:3. Mechanisms of change during cognitive therapy for severe panic disorder with agoraphobia
Asle Hoffart, H. Sexton, Liv M. Hedley, Egil W. Martinsen

The purpose of this study was to test the contrasting predictions of a cognitive and a behavioral model of panic disorder during the process of observed therapeutic change. The sample consisted of 188 patients with panic disorder and/or agoraphobia who participated in inpatient therapy programs. The studied variables were assessed before and after treatment. The results suggested that during the active treatment process, the anxiety elicited by bodily sensations influenced catastrophic beliefs, which then influenced avoidance. Thus, it appeared that catastrophic beliefs were maintained by the anxious state conditioned to bodily sensations. That is, when individuals were in this anxious mode, the rules leading to catastrophic thoughts were activated, which then led to avoidance.

The Research Institute, Modum Bad, Vikersund, Norway.

Symposium 24: Eating disorder
Chairman: Stephan Herpertz

Sy 24:1. Paradox, persecution and the therapist as repository – the psychotherapy of anorexia nervosa
Janice Russell

Objective: In anorexia nervosa, the interface between psychotherapy and physical management is fraught with difficulties and continues to provoke dissent, dislike and distress in therapists working with these extraordinarily needy patients. For this reason, theoretical approaches to psychotherapy and their practical applications were explored and evaluated. Method: A selective review of the literature was based on the authors' clinical experience in the clinic-based treatment setting. Evidence in support of various treatment approaches was sought. Results: The psychosomatic paradigm, the threat to life, the secrecy shrouding the shameful aspects of reward and trauma in the developmental context of anorexia nervosa necessitate a particular form of integrated psychotherapy. Conclusions: The approach is essen-
tially that of self-psychology but with an important departure which must be addressed in the therapeutic process namely the paradox of persecution by refeeding and the peculiar role of the therapist as repository of the patient’s unmanageable emotions.

University of Sydney, Director Eating Disorders Program, Northside Clinic Greenwich NSW, Australia.

Sy 24:2. Relationship between weight loss and body image improvement in obesity: is body image therapy a necessary component of weight loss treatment?
Deborah L. Reas

Preliminary findings from a prospective, multi-center study designed to examine the impact of weight loss on body image in a sample of obese individuals will be presented. The following two research questions are addressed: (1) do participants’ estimates of body image improve as they lose weight, and (2) does the amount of weight loss correlate with body image improvement? Body image was assessed before and 6-months after weight loss therapy in a clinically obese population. Other variables of interest included depression, anxiety, self-esteem, binge eating, age of onset, history of teasing, and dieting history. To date, 30 participants recruited from a behavioral weight loss treatment program and 20 surgical patients have been included in the study. Results will be discussed in the broader context of whether a body image treatment component should be routinely included in weight loss programs.

Mental Health Services Research, Sintef-Unimed, Oslo, Norway.

Sy 24:3. Influence of high-caloric supplements on weight gain and weight course in the inpatient treatment of anorexia nervosa
Katrin Imbierowicz, N. Groenebaum, K. Braks, F. Geiser, R. Conrad, G.E. Jacoby, R. Liedtke

Objective: This study compares weight gain, weight course, and therapy duration in two groups of patients with anorexia nervosa, one receiving a normal diet aimed at promoting weight gain, the other receiving high-caloric supplements in addition to normal diet. The study includes patients from two different clinics with comparable psychotherapeutic treatment settings except for the diet supplement. Methods: A total of 78 patients were examined: 30 patients with substitution were compared with 30 patients without supplement. In addition, nine patients without supplement from the first clinic were compared with nine patients without supplement from the second clinic in order to exclude potential differences between the two institutions independent of the supplement. Results: Diet supplement leads to more rapid weight gain, to greater weight on discharge and to shorter therapy duration. The weight course of the substituted patients shows significant less fluctuation. Differences could be observed between patients severely or less severely underweight on admission and between patients with restrictive or bulimic anorexia. Conclusion: Within the framework of inpatient psychosomatic treatment involving a psychotherapeutic treatment setting, supplement facilitates weight gain.

Clinic for Psychosomatic Medicine and Psychotherapy, University Hospital Bonn, Sigmund-Freud-Strasse 25, DE-53105 Bonn, Germany.

Sy 24:4. Sequential inpatient/outpatient treatment of patients with a binge-eating disorder in an integrative group therapeutic setting
Stephan Herpertz

In a sequential inpatient/outpatient treatment setting, patients with a binge-eating disorder and obesity were treated. The inpatient setting comprised psychotherapy focusing on conflicts (e.g. problems of self-esteem, interpersonal problems) and symptoms (normalization of eating behavior based on an anti-diet concept). This was followed by outpatient treatment for a period of 9 months comprising integrative behavioral/analytic interactional group psychotherapy. The goal of the outpatient treatment was to stabilize the improvement from the inpatient treatment. The prospective study, planned for a period of 2 years, is based on two structured interviews as well as psychological parameters concerning depression, anxiety, social support, quality of life, life satisfaction, and self-esteem. Assessment of BMI, waist circumference, blood lipids and NBZS served to determine the medical risks. Up to the present, 44 patients (31 women, nine men) have been treated as inpatients. The results of 30 patients with a 1-year follow-up are presented.

Clinic of Psychotherapy and Psychosomatics, University of Essen, Germany.

Symposium 25: Applications like IPT-PTSD or IPT eating disorders
Chairman: John Markowitz

Sy 25:1. Interpersonal psychotherapy applied to close relatives of patients suffering from eating disorders
Lecina Fernández

Treatment of anorexia and bulimia nervosa requires a multi-dimensional approach involving medical, psychological and familial aspects. The importance of the familial environment plays a key role in the success of the treatment. This presentation deals with how interpersonal psychotherapy (IPT) is applied to the close relatives of patients suffering from eating disorders. With this approach, we help parents improve interpersonal relationships with their children. Preliminary outcomes with 39 families have shown that this format greatly benefits evolution of the treatment. The results of this study show an improvement in interpersonal relationships within families, a satisfactory change in the nature of those relationships and, simultaneously, an improvement in the eating disorder. Patients and their parents recognize the value of the therapy.

Spanish Health Service, Spain.

Sy 25:2. Adaptations of interpersonal psychotherapy (IPT)
Josep Solé

Quoting the updated IPT manual (Weissman, Markowitz & Klerman, 2000), the original target diagnosis was major depressive disorder without psychotic symptoms among adult outpatients. Like many therapies demonstrating efficacy in one area, IPT has been tested for alternative, “off-label” indications. Successful treatments are commonly extended to new diagnostic indications. The spread of IPT probably reflects several factors. First, it has proved to have efficacy for major depression. Second, CBT, similarly researched and
proven, has been successfully extended to other indications. Third, patients and therapists seem to find the focus of IPT on the relationship between affective state and environment a coherent, reasonable approach to psychiatric syndromes. This linkage of emotion and environment is an essentially ubiquitous tool in the treatment of psychiatric syndromes. It would seem to follow that IPT might need adaptation to work optimally with each treatment population. This symposium deals with a sample of new, promising IPT indications which have undoubted clinical relevance.

B. Menni Psychiatric Hospital, Barcelona, Spain.

Symposium 26: Maladaptive schemas, personality disorders and treatment
Chairman: Asle Hoffart

Sy 26.1. A cognitive model for couples therapy
Terje Tilden Nordby, T. Gude, H. M. Nordahl, O. J. Hovland, A. Hoffart, H. Holthe, J. A. Haugum

A project, based on short-term standard cognitive therapy (Beck), schema-focused cognitive therapy (Young), self-psychology and Tomkin’s affect-theory, has been run to develop and explore an integrative model for couples therapy within a psychiatric hospital. Interactional problems are seen as partly reflecting individual schemas (vulnerabilities and coping strategies), and partly reflecting the couple’s systemic relational roles. The course of maladaptive schemas, symptoms and relational satisfaction during and after therapy is examined, as well as the ability of schema change during therapy to predict change in relational satisfaction in a 1-year follow-up period, and vice versa. A hypothesis will be discussed whether schema change interact with relational change in order to create a healing climate for the partners’ individual vulnerabilities.

Family Therapy Unit, Modum Bad, Vikersund, Norway.

Sy 26.2. Dependent personality traits and maladaptive schemas: how do they relate?
Tore Gude, A. Hoffart

Based on theoretical considerations, we wanted to investigate how some of Young’s schemas relating to dependency could validate the partitioning of the dependent PD (DSM-IV) into two dimensions. Based on the eight items comprising the dependent PD in DSM-IV, a principal component analysis (PCA) yielded two factors labeled “Incompetence” and “Abandonment”. We hypothesized the following correlation pattern: (a) the Incompetence dimension with the schemas Vulnerability to harm or illness, Defectiveness/Shame, Failure, Self-sacrifice, and Subjugation; (b) the Abandonment dimension with the schemas Abandonment/Instability, Mis-trust/Abuse, Enmeshment/Undeveloped self, and possibly Defectiveness/Shame. Defectiveness/Shame and Abandonment/Instability was the two schemas most obviously validating the dependency dimensions Incompetence and Abandonment. Among the other schemas, Subjugation correlated only with the Incompetence dimension, while Enmeshment/Undeveloped self-correlated only with the Abandonment dimension. The partitioning of the dependent PD into two dimensions was partly validated by their relationships to schemas.

The Research Institute, Modum Bad, Vikersund, Norway.

Sy 26.3. The role of early maladaptive schemas in Axis-I and Axis-II disorders
Hans M. Nordahl, A. Holthe, J.A. Haugum

Schema-focused therapy focuses on the early maladaptive schemas as the essential core in chronic psychiatric disorders and symptoms. A modification of early maladaptive schemas is presumed to predict relief both in patients with Axis-I but in particular in patients with Axis-II disorders. In accordance with these assumptions, a study was conducted to test the following hypotheses: (1) early maladaptive schemas are related to personality disorders and (2) modification of schemas predicts significant symptom relief in both Axis-I and Axis-II disorders. Eighty-two patients at the psychiatric outpatient clinic at Innherred hospital in Norway underwent a clinical psychiatric interview for both Axis-I (SCID-I) and Axis-II (SCID-II) and were administered self-report inventories measuring symptoms and maladaptive schemas by the first, fifth and the 20th (or the last) session. The findings supported the hypotheses and the results of the study will be presented.

Department of Psychology, NTNU, Norway.

Sy 26.4. Examining the relationships between early maladaptive schemas (EMS) and psychopathology in patients with personality disorders
Ole Johan Hovland

Four reproducible second-order schema-domains (EMS) have been identified in earlier research: disconnection, impaired autonomy, exaggerated standards and impaired limits. This paper explores possible empirical relationships of adherence to these domains of beliefs and various expressions of psychopathology in patients with personality disorders. The study applies a 32-item measure developed from the SQ-75 to identify the four schema-domains of beliefs and Morey’s Personality Assessment Inventory (PAI) to identify the various expressions of psychopathology. Results based on a sample of about 60 patients with personality disorders will be presented and discussed.

Nord-Hordaland Outpatient Clinic, Norway.

Symposium 27: Outcome research on group psychotherapy in various outpatient settings
Chairman: Roy MacKenzie

Sy 27.1. Outpatient group psychotherapy and rehabilitation
Per Anders Øien, E. Berg, E. Martinsen

The present study intended to investigate the outcome of outpatient group psychotherapy for non-psychotic patients with various psychiatric illnesses. Special emphasis will be placed on work rehabilitation. Thirty-two patients were followed during a 3-year period. Psychometric tests were performed before treatment, during a 2-year group treatment in a closed group setting, and at 1-year follow-up. The results indicate a fairly good outcome concerning work rehabilitation, paralleled by a significant decrease in symptomatic distress (measured with the Symptom Check-List 90). With respect to interpersonal problems (measured with the Inventory of Interpersonal Problems) the self-assertiveness scale, in particular, showed significant improvement, probably due to the special feature that the group setting offers. It will be discussed whether: (1) the group format offers something
important and different from the individual treatment format for patients on long-term sick leaves and (2) the group format should be used more often as a means of rehabilitation.

*Modum Bad Psychiatric Hospital, Vikersund, Norway.*

**Sy 27:2. Evaluation of outpatient group psychotherapy in a network of psychotherapeutic day hospitals**

Terese Wilberg et al.

Poorly functioning patients with personality disorders (PDs) are known to be difficult to treat. There is a need to develop treatment programs that can offer long-term psychotherapy to a great number of patients at a reasonable cost. Few studies have focused on the applicability of outpatient group analytic psychotherapy for thoroughly described patients with PDs. The present study is a multicenter investigation of patients treated in the Norwegian Network of Psychotherapeutic Day Hospitals. The study includes approximately 445 patients with a wide range of PDs, who have been treated with outpatient group psychotherapy after intensive day treatment. The presentation will focus on: (1) completion rate and characteristics of treatment completers, (2) characteristics of patients who drop out of treatment, (3) additional treatment, (4) complications, (5) changes in global functioning, symptoms and interpersonal functioning, and (6) relationship between change and patient’s perception of therapeutic alliance and group climate assessed at the end of treatment.

*Norwegian Network of Psychiatric Day Hospitals, Psychiatric Division, Ullevål University Hospital, Norway.*

**Sy 27:3. A test battery for use in clinical practice and research**

Torleif Ruud

The research committee of the Norwegian Association for Group Psychotherapy has compiled a Test Battery for Group Psychotherapy (TBG). The battery includes questionnaires measuring problems and level of social functioning (SCL-90, IIP, SAS-SR) as well as questionnaires on group climate and processes in group psychotherapy (GCQ, SB) and treatment alliance. Diagnoses and clinical ratings are done by the group therapist. The manual for the TBG gives advice on how the instruments may be used in assessing patients, in monitoring the treatment process, in measuring outcome and in giving feedback to the group or its individual members. The TBG and its computer software TBGWin will be described. These tools may help to assure the quality of group psychotherapy and make possible outcome research on the basis of data files of similar content and structure generated by group therapists. At the Institute of Group Analysis in Norway the TBG is now routinely presented to the trainees.

*SINTEF Unimed, Department for Mental Health Services Research, Norway.*

**Sy 27:4. Change during and after long-term analytic group psychotherapy in a private practice**

Steinar Lorentzen, K. P. Bogwald, P. Høglend

Sixty-nine patients in long-term analytic group therapy in a private psychiatric practice were evaluated pre-post-therapy, and 1 year after termination. The outcome measures were the Symptom Check List-90-R and the Inventory of Interpersonal problems (SCL-90-R and IIP, patient self-report). In addition, the Global Assessment of Functioning (GAF) was scored by two independent evaluators. Average time in treatment was 32.5 months. The patients improved significantly during treatment on all measures, and mean effect size across three outcome variables was 1.40. A significant improvement continued in the follow-up period on the GAF and the IIP, and the gains on the SCL-90-R were maintained. Criteria for clinically significant change will be presented. On the GAF, 86% improved reliably from pre-therapy to follow-up and 61% recovered.

*Psychiatric Institute, University of Oslo, PO Box 85 Vinderen, NO-0319 Oslo, Norway.*

**Symposium 28: Is there a place for religious subjects in psychotherapy?**

Morten Guldahl, Øyvind Taraldset Sørensen

Religious subjects have a rather small place in psychotherapy. One can wonder if this has something to do with the therapist. We believe that the therapist’s image of God may have important consequences for the progress of the therapy. In order to use this therapeutically, the therapist has to be conscious of his or her own image of God. We want to contribute to a process of increasing awareness where the therapist may discover his or her image of God and work with the conditions of this image. What good objects are internalized and idealized in each individual’s image of God, and what function does this image have? Is the thought about the image of God dependent on a religious life interpretation? The symposium will consist of an introduction and a case presentation. In addition we will invite the participants to explore their own images of God.

*Sør-Trøndelag Psychiatric Hospitals, Department Østmarka, Norway.*

**Symposium 29: Scientific measurement of personal conflict and clinical setting**

Chairman: Wolf Lauterbach

**Sy 29:1. The assessment of intra-personal conflict in psychopathology and psychotherapy**

Wolf Lauterbach

Most intra-personal conflicts can be described in terms of the incompatibility/inconsistency of a person’s cognitive network of attitudes and beliefs (cognitions) in respect to topics/concepts pertaining to values, life-circumstances, other people etc. Based on a cognitive inconsistency model derived from Heider’s, Festinger’s etc., the inconsistency vs. consistency of a person’s network of cognitions can be determined. The items of tests of conflict inquire a person’s cognitions pertaining to a selected range of personally relevant topics and their interactions (how does A affect B and vice versa). A computer then determines the extent to which each cognition conflicts or harmonizes with all other cognitions. Qualitative analyses describe the (in)consistent cognitive constellations. Quantitative analyses determine the topics’ and cognitions’ degrees of inconsistency, and a person’s degree of conflict. Hypotheses that degree of conflict ( = percentage of inconsistency) correlates with mood and symptom severity and is high before treatment and in problem groups and low after treatment and in low-problem groups were confirmed. Keywords: Measurement of conflict; cognitive inconsistency; qualitative test results.
Sy 29:2. Avoidance, conflicts, and incongruence: their conceptual and empirical relation to psychopathology and well-being
Klaus Grawe, M.G. Holtforth

According to consistency theory (Grawe, 1998) incongruence, defined as the discrepancy between motivational goals and perceived reality, has a strong influence on ill-being and can be seen as a breeding ground for the development of psychopathological symptoms. A permanent dominance of avoidance over approach goals and persisting conflicts between approach and avoidance goals both can contribute to an elevated level of incongruence and, by that, to a high level of psychopathological symptoms. Earlier we have developed measurement instruments for the intensity of approach and avoidance goals, for conflicts between approach and avoidance goals, and for the level of incongruence. Psychopathology was measured with the SCL-90R and well-being with the BFW, a well-known German well-being questionnaire. We applied these measurement instruments to several large in-and outpatient samples in order to examine whether the empirical correlations fit with the conceptually assumed functional relations between the variables. We found highly significant correlations, partly of an astonishing absolute size, that clearly corroborate our theoretical assumptions. The results are discussed in terms of their relevance for the understanding and therapeutic treatment of mental disorders. Keywords: Motivation, avoidance, conflict, psychopathology

Institut fuer Psychologie, Muesmattstr. 45, CH-3009 Bern, Switzerland.

Sy 29:3. 1 Intrapersonal conflict in depression
Ulrich Stangier, W. Lauterbach, U. Ukrow, M. Grabe

Although chronic conflicts are often postulated to be an important factor of depression, there are only few empirical studies relating to this issue. The present paper is based on a study using the computerized conflict test designed by Lauterbach (1996) to assess inconsistencies between various attitudes and life areas in 53 inpatients with unipolar depression and 24 controls (inpatients of internal and surgery ward). Patients with depressive disorders showed significantly higher scores for total conflict and ideal-real conflict than controls. Interestingly, conflict measures were uncorrelated to the Beck Depression Inventory, the Automatic Thoughts Questionnaire, the Dysfunctional Attitude Scale, and the frequency of negative life events. Significant correlations were found between conflict measures and the Inventory of Interpersonal Problems and the Problem Solving Inventory. Implications for the cognitive-behavioral treatment of depression are discussed. A modified approach of problem-solving training is presented that focuses on the improvement of coping with intrapersonal conflicts. Reference: Lauterbach, W. (1996). The measurement of personal conflict. *Psychotherapy Research, 6*. 213–225. Keywords: Personal conflict, depression, problem-solving.

Institute of Psychology, Frankfurt University, Postf. 11 1932, Fach 54, DE-60054 Frankfurt/M, Germany.

Sy 29:4. Personal conflict as a risk factor for clinical symptoms
W. Renner, M. Leibetseder, Th. Platz

Personal conflict, as measured with the Lauterbach method of conflict assessment, was examined in a clinical context. One-hundred-andThirty-nine participants from a psychotherapy outpatient department and from a workshop on health promotion in the workplace received measures of three types of personal conflict and the Symptom Checklist by Derogatis. Personal conflict and symptom strain were correlated substantially in a low conflict subgroup, but not in a high conflict subgroup. In a second study, 59 patients with anxiety and affective disorders received the same measures before and after cognitive behavioral group therapy. Although clinical symptoms decreased significantly in both groups, personal conflict was reduced significantly in the anxiety group only. From the results of both studies it is concluded that personal conflict and clinical symptoms represent distinct dimensions of psychological strain in high conflict persons and personal conflict must be regarded as a risk factor for developing clinical symptoms. In psychotherapy an individualized approach is recommended for high conflict patients. Keywords: Personal conflict, symptom severity, cognitive behavior therapy.

Department of Psychology, University of Klagenfurt, Universitätsstrasse 65-67, A-9020 Klagenfurt, Germany.

Symposium 30: Psychotherapy in different countries
Chairman: Tsutomu Sakuta

Sy 30:1. Approach to psychological reasons for running away from home, in adolescents in Iran
M.R. Eskandari

Introduction: Running away from home is a complex social problem of our country. Development of this problem may lead to severe family, cultural, religious, and economic difficulties. Purpose: to prevent running away from home it is important to understand the psychological reasons. Method: 27 cases of run away adolescents that were referred to a private practice at the age of 12–18 years old were compared to 27 cases of adolescents that referred for other reasons. Structured clinical interviews were used to assess the Axis I and II disorders on DSM. Results: Psychological reasons were most often affective disorder, substance related disorders, schizophrenia and other psychotic disorders. Adjustment disorder in Axis I and Conduct disorder, mental retardation in Axis II are important disorders that plays prominent role in occurrence of run away from home. Cognition and information of these reasons and the patients and providing a suitable treatment, may be effective, in preventing of this problem.

ARQ asquar, Beheshti Hospital, Zanjan, Iran 45136.

Sy 30:2. Psychotherapy in Ukraine
B.V. Mykhaylov, S. Karami

There are a large number of the theoretical approaches to understanding of the essence and directedness of psychotherapy as a common clinical discipline today. Our long-term clinical experience shows that, irrespective of theoretical base and orbit of clinical use, psychotherapy for an effective outcome psychotherapy should include a diagnostic stage, an integral part. The diagnostic stage is a stage of study of the contents of psychopathological syndromes with identification
at a nosological level. Psychotherapy should be used first of all as a pathogenic and ethological method. The diagnostic definition of the reason for a psychopathological syndrome should become conceptually general for psychotherapy in all theoretical schools and methods. Psychopathology studies the clinical contents of a syndrome and its volume, and psychotherapy, eliminating its reason, mechanism or direction, will be varied, depending on the reason for psychopathological manifestations. An item at the Ukrainian school, founded by I. Z. Velovsky, is the medical model of psychotherapy, and the psychological model should be its constituent, instead of independently existing.

Kharkiv Medical Academy of Postgraduate Education, Kharkiv, Ukraine.

Sy 30:3. The role of psychotherapy meeting the demands from a changing China
R. Nathow

As a consequence of the application of the theories of Deng Xiao Ping, economic and social life in China has changed. Many new problems have to be faced, especially increased suicide rates, unemployment, psychosomatic disorders and sexual problems. The psychiatric healthcare system is not prepared to deal with the consequences of these changes and China is just at its beginning of creating psychological and psychosomatic services for a new generation of challenges.

Hua Qiao San Can 43, Wuhan 430019, P.R. China.

Sy 30:4: Psychotherapies originated in Japan
Tsutomu Sakuta

This presentation aims to present and discuss the clinical relevance of two Japanese psychotherapeutic approaches. Most of the numerous psychotherapeutic approaches applied in Japan have been developed in Western countries. There are, however, two psychotherapeutic approaches that are truly Japanese: Morita therapy and Naikan therapy. The latter is also called introspective psychotherapy. Morita therapy is a psychotherapy for neuroses developed by Masatake Morita (1920). Naikan or introspective psychotherapy was developed by Ishin Yoshimoto (1937) and has been applied to both neuroses and personality disorder. Rokuo Ishida has further developed the Naikan techniques. The author concludes that it is important to evaluate the clinical effects of both Morita and Naikan therapy in future research.

Department of Psychiatry, Keio University, Shinjuku-ku, Tokyo, Japan.

Symposium 31: Different treatment approaches to different patient populations
Chairman: Tove Aarkrog

Sy 31:1. Psychodynamic psychotherapy in schizophrenic adolescents. When does it work? How is it done?
Tove Aarkrog

The schizophrenias can be by symptomatology be divided into (a) those with positive symptoms, (b) those with negative symptoms and (c) mixed cases with disordered personal relationships. Positive symptoms include disturbances of thought, content, disturbances of perception and behavioural manifestations. Schizophrenia with predominantly positive symptoms has been correlated with severe disruption of early family environment. The psychotherapeutic methods in the different types of schizophrenia in adolescents are described. The setting of the group-supervision of psychotherapy by residents is described. The work is described in a stepwise fashion, rated on a scheme, and the changing methods of psychotherapy are described. It is concluded that in adolescent schizophrenia psychological and familial stressors are often found. Thus, psychodynamical oriented psychotherapy should be offered in the phase of remission, if the adolescents had psychological and/or familial problems before the debut of schizophrenia.

Child-Adolescent Psychiatric Department, Bispebjerg Hospital, Copenhagen, Denmark.

Sy 31:2. Treating disturbing behavior. Development of technique in child psychotherapy
P. Eresund

The aim of this study is to contribute to theory and technique in individual psychotherapy with children who present disruptive behavior disorders. The empirical data were collected from a clinical project implementing supportive expressive play psychotherapy (Kernberg & Chazan, 1991) as treatment for disruptive boys in latency age. Nine treatments were studied via process notes, ratings, questionnaires and interviews. All the boys had DSM IV diagnoses of either oppositional defiant disorder or conduct disorder. In addition, three boys had neuropsychiatric diagnoses (ADHD). The supportive expressive technique was adequately used in six cases. More improvement of psychosocial adjustment, psychological structure and behavior in school was rated in the cases where the technique was used. This treatment worked well for boys with varying degrees of borderline personality structure and narcissistic disturbance. With the addition of more structure and pedagogic interventions it also worked well for one boy with ADHD. Collaborative meetings with teachers contributed to positive effects, especially in behavior at school, but the therapists found school conferences difficult to combine with therapeutic work.

Enheten för utveckling och utvärdering, Barn- och Ungdomspsykiatrin, Stockholms läns landsting, Sweden.

Sy 31:3. Projective hypnotherapy; combination of dynamic and behavioral approaches
R.D. Tukaev

We have developed hypnotic reality therapeutic transformation technique. This includes training and therapeutic stages. Projective hypnotherapy utilizes few basic concepts. Hypnotic reality – is cumulative attributive projection of one’s person and organism in hypnosis. It can be: circumscribed, intra-perceptual; unrolled, intra–extra-perceptual. Unrolled hypnotic reality has its center and periphery. Hypnotic reality center is submitted by person’s “Self”. Its periphery forms space including various objects. Hypnotized “Self” can move in space of periphery. The objects of hypnotic reality may be transformed. First therapeutic entrance into unrolled hypnotic reality inevitably localizes patient in its problem zone – primary “illness place”. Successful therapeutic work:
travelling from “illness place” to “convalescence zone”, trans-
formations of “illness place”, transformations of patient’s “Self”; all inevitable changes primary “illness place”. Project-
ive hypnotherapy generates contextual night dreams, which are connected with preceding session’s hypnotic reality im-
geases. Projective hypnotherapy showed its effectiveness in cases of borderline disorders.

Moscow Research Institute of Psychiatry Ministry of Health, Suicidology Department, Russia.

Sy 31:4. Group therapy for people damaged by abuse, neglect and pregnancy loss
S. Witold
Abstract not received at time of publication.

Sy 31:5. The involved subject. Reframing of a basic premise in mainstream psychology
Øyvind Eikrem, Paal Johansen

Psychologists by necessity have to relate to philosophical issues. Psychology’s notion of the subject is a construct founded in the outdated Cartesian view of the world. This insight has important implications for ontology, epistemology and empirical research. We argue this state of affairs is to the detriment of psychology, and propose a different concept of the subject. We claim that the entity within the field of scientific psychotherapy is meaning, not fact, and must be explored within contexts. There exists a close kinship between our approach and existentialist thinking.

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