

the disorder, and hope for improvement. Furthermore, SET obtained a highly significant reduction of the dropout rate and a significantly increased use of therapy. Similar results for both comparison groups were found regarding behavioural coping and self-effectiveness. Results indicate that SET both entails a high acceptance of treatment and offers an adequate and effective group therapy for patients with personality disorders. From a clinical and economic point of view, SET promises to significantly contribute to mental health care.

### S37.04

Time series analysis of therapy process in groups of clients with personality disorders

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During recent years the treatment of personality disorders has increasingly come into focus. As the psychotherapeutic interventions are still limited with respect to these demanding disorders there is a considerable need for further efficacy and, particularly, therapy process investigations. A promising approach is the development of integrated psychotherapy which combines cognitive-behavioral interventions with further change mechanisms such as the clarification of maladaptive schemata. On top of that, interventions should maintain a focus on emotional aspects of the therapeutic alliance (emotion regulation). In a study on “Schema-focused Emotive Behavioral Therapy” (SET), 93 patients with personality disorders of clusters B (predominantly narcissistic and Borderline PS) and C (avoidant and dependent PS) were randomised into one arm with SET group therapy and a control arm with manualised social skills training (SST). Therapies lasted for approximately 30 two-hour sessions.

Therapy process was closely monitored using therapy session reports both from the patients’ and therapists’ perspectives. Therapy outcome was assessed prior to and after therapy.

We report here on the change mechanisms, which were derived from modeling therapy session reports with novel time series methods (vector autoregression based on the estimation of session-to-session changes). It was found that the two therapy approaches differed with respect to change mechanisms. In SET (yet not in SST) therapy groups, clarification and insight reduced feelings of being rejected and disrespected, which was a major concern of many patients. In addition to this, a contrast was found between the prototypical therapy processes of cluster B and C patients. In conclusion, these results lay the ground for a disorder-specific application of integrated psychotherapy in personality disorders.

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## S38. Symposium: NEW DIRECTIONS IN CULTURAL DIRECTORY (Organised by the AEP Section on Cultural Psychiatry)

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### S38.01

Cultural identity, cultural congruity and distress

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Migration, cultural identity and mental distress are linked. In addition, social support can provide a buffer against mental illness. Other vulnerability factors in migrants include the type of society they originate from and the type of society they settle in. Societies and cultures have been described as being individualistic or collectivist (also called ego-centric or socio-centric). Similarly, individuals are idio-centric or allocentric. When individuals migrate from one type of culture to another it is likely that, depending upon their own personality traits (along with their biopsychosocial vulnerabilities), they may develop psychiatric disorders. It is possible that response to stress as a result of migration will depend upon the type of culture people migrate to. However, the cultural identity of the individuals will also determine their coping strategies. Under these circumstances, it is crucial that clinicians are aware of the impact cultural identity has on the expression of distress and coping among individuals. The cognitions and idioms of distress will be influenced by cultural factors. The clinicians must take into account cultural background when planning any interventions to enable a stronger therapeutic alliance.

### S38.02

The challenge of cultural diversity and psychiatric assessment

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**Background and Aims:** Psychiatric diagnosing is a gateway to mental health care for the individual, central to psychiatric research and socially affects the conditions for mental health care delivery for refugees and minority groups. This presentation will discuss: 1) The value of combining psychiatric categorisation with an understanding of patients’ cultural life context, and 2) Clinician needs for models supporting the capacity for taking culture into account, and for showing sensitivity to patients’ needs, as well as for making psychiatric diagnoses in individualised ways.

**Methods:** The outline for a Cultural Formulation in DSM-IV (2005, pp. 897-898) is an attempt to construct a clinical model for an idiographic formulation that reviews culture in a systematic way, and pays attention to cultural aspects of presentation and interaction in psychiatric diagnosing. When taking into account patients’ culture in Sweden it is often pivotal to pay attention to migration, patients’ transitional situation of being uprooted, displaced - often involuntarily - and relocated.

**Results and Conclusions:** In this presentation preliminary results from a current study on adapting, applying and evaluating the Cultural Formulation in a multicultural milieu in Stockholm/Sweden will be discussed.

### S38.03

The Rif-project delivery of psychiatric care to Dutch-Moroccan migrants in Morocco during summer

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The Department of Transcultural Psychiatry (TCH) of the Regional Institute for Mental Health Care (Riagg) Rijnmond, Rotterdam, the Netherlands, set up an outreaching program, the Rif-Project, in response to the need for adjusting mental health care services to a more diverse and mobile client population while containing costs. In the past, TCH observed a decline in mental health status in