

- The doctor as patient: What makes him/her different?
- Attitudes and behaviours of impaired physicians.
- The most common mistakes made by psychiatrists
- Setting problems: avoiding corridor consultations.
- How to establish a fruitful collaboration: Essential elements of the therapeutic relationship.
- Taking advantage of the patients' condition: How to use her or his expertise in a constructively and collaboratively.
- Ethical considerations: confidentiality, licensure, etc.
- Basic characteristics of a specialized service for impaired physicians.

## C04

### Complexity of posttraumatic reactions

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**Background:** Our knowledge on many aspects of posttraumatic reactions is growing so are the questions that need to be answered. Today the field of psychotraumatology is spread from neuroscience through clinical issues to the social sciences.

**The structure of a course:** Within the four presentations we would like to put the focus on chronic and longlasting consequences of psychotraumatisation addressing new understanding of neurobiological factors and psychological background as well as therapeutic possibilities. The multicultural aspects of psychotrauma and the consequences on rehabilitation will be presented as well.

The presentations themes are the following:

- Neurobiology of chronic and longlasting posttraumatic syndromes.
- How to understand complex PTSD.
- Multicultural aspects of posttraumatic syndromes.
- Facing complex PTSD-wath can be done in therapy?

The aim of the course is to present advances in the field but to discuss some open questions and doubts that still exist.

## C05

### Interpersonal psychotherapy of depression

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Among a variety of short term psychotherapies created to treat depression IPT (Interpersonal Therapy) by Klerman et al. (1984) is meanwhile one of the most well known and widespread used approaches. A variety of studies have shown empiric evidence of its efficacy. IPT's most influential theoretical grounds are Bowlbys attachment theory and the interpersonal school of psychiatry (Sullivan), assuming that all psychiatric illnesses incl. depression develop in an interpersonal context: problems areas in interpersonal relations may contribute to onset and potentially chronicity of current depression or/and depressive symptoms may interfere with interpersonal well being/psychosocial functioning.

Based on empirical studies on e.g. life events, social support, stress & depression the authors defined four problem areas:

- 1) complicated grief
- 2) interpersonal conflict
- 3) interpersonal role conflict/role transition and

### 4) interpersonal deficits/isolation

The therapy is divided in 3 phases: In the initial 3-4 sessions the patients current depression is individually attributed to one of the four problem areas on which will exclusively be focused on within the main therapy section. IPT works in a "here-and-now" framework and connects state and change of depressive symptoms with state and change of (realtime) interpersonal functioning and well being through therapeutic work. The dual goals of IPT are achieving symptom remission and solving attributed interpersonal problem by promoting the interpersonal skills of patients both within and outside the therapeutic setting.

Open and focused exploration, psychoeducation (patient as expert of his/her illness), the transportation of the sick role (Parsons 1954), assessment of the interpersonal inventory/interpersonal resources, instilling hope, the definition of patients and therapist role during therapy, the explanation of the IPT concept, the agreement on the problem area and a therapy contract are basic procedures within introductory sessions in IPT.

In the main period (3/4-14 sessions) patient and therapist work on explore the agreed-upon focus. The IPT manual describes goals and treatment strategies for each problem area. Clarification, self disclosure, communication analysis, option seeking etc. are main techniques in IPT.

During termination period the patient recognizes what was gained, what impairments, problems are left. The motivation for booster sessions (maintenance) is clarified and the patient is prepared about prophylaxis and how to manage crises in the future.

This CME course is meant to teach IPT basics enabling participants of the course to start practising IPT under supervision. It will be focused explicitly on the following aspects:

- time frame
- medical model
- dual goals of solving interpersonal problems and symptom remission
- interpersonal focus on patients affective engagement solving current life problems contributing to current depression
- specific and general psychotherapeutic techniques and
- empirical support of IPT

Short role-playing will be used to train IPT techniques. A handout will be available.

## C06

### Mental health care of migrants

A. Qureshi, F. Collazos. *Servei de Psiquiatria, Hospital Universitari Vall D'Hebron, Barcelona, Spain*

Multiculturalism in Europe is becoming a reality that increasingly affects most every psychiatrist. Effective mental health treatment adaptations to respond to the myriad ways in which migration impacts psychosocial development, help-seeking, symptom presentation, and all aspects of diagnosis and treatment. The bulk of research and theory in transcultural psychiatry has its origins in North America, and although highly laudable, represents a different context, history, and present with regard to multiculturalism and immigration. It is in response to this situation that the Section on Transcultural Psychiatry offers the following course.

This course will be an introduction to the general themes pertinent to the effective psychiatric care of migrant patients. The first part of the course will provide attendees with a general overview of key aspects relevant to the relationship between migration, culture, minority

status and mental health/illness, which will then serve as the basis for the second part which will be focused on psychiatric interventions. The development of Intercultural communication and the development of a strong therapeutic relationship are key for diagnosis and treatment. Errors in the diagnosis of migrant patients is all too common due to differences in symptom presentation and meaning, as well as due to psychiatrist's lack of familiarity with this population. In addition to migration, culture, and minority status, psychiatric treatment is also affected by biological and genetic differences, which are both subtle and complex. Cultural mediation is increasingly being introduced as means of bridging the linguistic and cultural gap between psychiatrist and migrant patient, however, for a variety of reasons, effective use of this resource demands that specific steps be taken and that professionals are sufficiently well trained.

The course will be in the format of lecture, case presentations and group discussion.

### C07

Infant psychiatry, its relevance for adult psychiatry

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The aim of the course is to give adult psychiatrists some basic knowledge in infant psychiatry that has become in the recent years, very relevant to the understanding the link between brain development, early childhood experiences, pathophysiology of personality disorders in adulthood, and psychotherapeutic transference processes.

The course will be built as follows:

The first part will cover very recent data on the impact of early experiences in general, and attachment experiences in particular, on brain development and development of a theory of mind and empathy. Concepts of resilience, vulnerability, bio-psycho-social risk and protective factors will also be explored in length. Through these basic concepts, we will show how infant psychiatry is linked to prevention of adult psychopathology, and how the early attachment experiences reflect themselves in the psychotherapeutic process.

The second part will be clinical and will illustrate the basic concepts learned in the first part. A clinical case will be presented to show the development of borderline personality disorder from early childhood to adulthood, its transgenerational transmission to the offspring through disturbed attachment relationship, and some of the processes that took place during the dyadic mother-infant psychotherapy. We will show how parenthood can become a new motivation for change.

The course applies to any adult psychiatrist who is interested in the field of developmental psychopathology, and no previous experience with young children is needed. Clinical experience with personality disordered patients will be an advantage.

### C08

Delusions - diagnosis and treatment

M. Musalek. *Medical School, University of Vienna, Vienna, Austria*

Concluding the literature in definition, pathogenesis, nosological position and treatment of delusions we are confronted with a wide range of opinions. In the first part of the course the various definitional approaches and their value in clinical practice will be discussed. The main focus of second part of the course is dedicated to the manifold results concerning the pathogenesis of delusions, which showed that

delusions are caused by complex interactions of various mental, physical and social factors. The choice of a particular delusional theme is determined by gender, age, civil status, social isolation, and special experiences ("key experiences") whereas the incorrigible conviction is based on cognitive disorders and/or emotional derailments and reinforced by social factors. But delusions cannot be longer reduced to psychopathological manifestations once established and therefore persisting. The delusional conviction is a dynamic process which only persists if disorder maintaining factors become active. These disorder maintaining factors are not necessarily corresponding with the delusion's predisposing and triggering factors. In the third part classificatory problems will be raised. Assumptions concerning nosology and classification of delusions have ranged from an independent nosological entity to the attribution to a certain mental disorder, to multicategorical classification models. Previous polydiagnostic studies indicate that delusional disorders are neither a nosological entity nor due to one particular disorder (e.g. schizophrenia) but represent nosologically non-specific syndromes which may occur superimposed on all mental disorders. Most of the so-called primary delusions (or delusional disorders in a narrower sense - delusions not due to another mental disorder) have to be considered as diagnostic artefacts caused by the use of diagnostic criteria in particular classification systems. The final part of the course will focus on differentialdiagnostics and differentialtherapeutics. As delusions represent nosological non-specific syndromes with a multifactorial pathogenesis modern integrative treatment approaches (including psychopharmacological, psychotherapeutic and socio-therapeutic methods) have to be based on a multidimensional differential diagnosis of all the predisposing, triggering, and disorder maintaining factors. In this context the disorder maintaining factors provide the basis for effective, pathogenesis-oriented treatment of the actual symptomatology, whereas the predisposing and triggering factors provide informations for planning prophylactic long-term treatment.

### C09

Cognitive behavior therapy in anxiety disorders

L-G. Ost. *Department of Psychology, Stockholm University, Stockholm, Sweden*

During the last 25-30 years a large number of randomized controlled studies have been published on Cognitive behavior therapy (CBT) for various anxiety disorders. CBT is now an evidence based treatment for all the anxiety disorders, and the only form of psychotherapy that has achieved this status.

The purpose of this course is to give an overview of CBT for anxiety disorders and for each of the disorders the following components will be presented: 1) The CBT model of the primary maintaining factor(s) for the disorder, 2) The most important CBT treatment(s) for the disorder, 3) Illustrations from current randomized controlled studies, and 4) Short- and long-term results for each disorder.

By attending the course participants will get the most current update of CBT for anxiety disorders.

### C10

Taking care of ourselves: Managing stress, preventing burnout

W. Roessler, B. Schulze. *Department of General and Social Psychiatry, University of Zurich, Zurich, Switzerland*

Work in psychiatry can be highly rewarding, interesting, and challenging in a positive sense. On the other hand, we are confronted