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DOES A HIGH DEGREE OF INSTABILITY DURING PSYCHOTHERAPY ENHANCE A POSITIVE THERAPY-RESPONSE? - AN EVALUATION OF AN IN-PATIENT BEHAVIOR THERAPY OF OBSESSIVE-COMPULSIVE DISORDER

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**Introduction:** The study evaluates a central hypothesis of synergetic psychotherapy research according to which a marked instability in the psychotherapeutic process is associated with high response rates.

**Methods:** 14 patients with obsessive-compulsive disorder (OCD) successfully completed an eight-week in-patient course of multi-modal behavior therapy with exposure exercises followed by response management. The instability during the course of the therapy was recorded by daily self-assessment by the patient using the Synergetic Navigation System (SNS), an Internet-based real-time monitoring procedure.

**Results:** There was a negative correlation between the degree of the instability and the percentage reduction in the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) ( $r = -0.395$ ;  $P = 0.199$ ), the "Global Severity Index" (GSI) of the symptom check-list (SCL-90-R) ( $r = -0.718$ ;  $P = 0.013$ ), the scale value for obsessive-compulsiveness in the SCL-90-R ( $r = -0.782$ ;  $P = 0.004$ ) and the remaining sub-scales of this data-gathering instrument.

**Conclusions:** An unstable progress of the psychotherapy causes a smaller reduction in symptoms than a stable one. The contradiction relative to the study hypothesis is possibly based on the special features of OCD, with a high level of patient insecurity when anticipating new, non-obsessive-compulsive ways of thought and behavior. The relationships between instability and reduction in symptoms appear to be diagnosis-specific.