

Wednesday, April 6, 2005

C-21. Educational course: Intensive short-term dynamic psychotherapy compared to classical analysis and to CBT

Course director(s): Heiner Lachenmeier (Affoltern, Switzerland)

08.30 - 12.00, Hilton - Salon Studer

Objective: The course gives a: - theoretical introduction in ISTDP - videopresentation of an initial interview - discussion of the conformities and differences between ISTDP, classical analysis and CBT

Methods: ISTDP is a psychoanalytical method, developed by H. Davanloo (McGill University, Montreal) under consequent audiovisual evaluation, with the aim of a direct access to the unconscious neurotic structure and its treatment. ISTDP uses an active technique. The defensive system is rapidly identified, the patient is made acquainted with it and its selfsabotaging consequences in his life. Thus the patient turns himself against his defences, mobilizes his own will, which becomes a decisive force in the treatment. The patient perceives the therapist with his relentless but respectful confrontations as a solid partner in the struggle to overcome the pathogenic forces, an unconscious therapeutic alliance emerges. At the same time this work at the defences mobilizes the unresolved feelings (which are repressed by the defences) in the transference, and triggers corresponding anxiety. A crucial element in ISTDP is the continuous observation of the neurobiological channels of anxiety, and the knowledge of how they indicate the patient's tolerance capacity, in order to keep the process securely within the patient's capacity. The process results in the patient's inner experience of his repressed feelings in the transference with a subsequent shift to the person in his life, towards whom the repressed feelings originally were generated. The corresponding feelings of rage, guilt, grief, but also affection, can be directly worked through, the defensive (symptom- and problem-generating) system can be overcome and the tolerance capacity gets improved. Compared to classical analysis there exists a common metapsychological base, but the technique is different. ISTDP does not use free association, interpretation and the development of a transference neurosis. Based on the patient's will it applies challenge and pressure to overcome the defences and the anxiety, and pressure to the inner experience of the repressed feelings. Through this direct experiencing and working through of the feelings, that rise up in the transference, it avoids the development of a transference neurosis, which thus contributes to the shortening of the analytical process. Compared to CBT the metapsychological foundations are mainly different, but there are several common technical elements. For instance the patient improves his anxiety tolerance by repeated exposition to anxiety. While in CBT this is achieved by exposition to external, anxiety provoking situations, this is done in ISTDP by the inner mobilisation of anxiety provoking, unconscious feelings.

Monday, April 4, 2005

C-22. Educational course: Taking care of ourselves: Managing stress, preventing burnout

Course director(s): Wulf Rössler (Zurich, Switzerland), Beate Schulze (Zurich, Switzerland)
08.30 - 12.00, Hilton - Salon Studer

Sunday, April 3, 2005

O-03. Oral presentation: Interdisciplinary

Chairperson(s): Povl Munk-Jørgensen (Aalborg, Denmark), Juha Veijola (Oulu, Finland)

16.15 - 17.45, Holiday Inn - Room 7

O-03-01

Experiences from the first Assertive Community Treatment (ACT) programme in Denmark

J. Aagaard, C. Müller-Nielsen. *Psychiatric Hospital in Aarhus Dept. of Psychiatric Demograp., Risskov, Denmark*

Objective: Several studies, mostly in US, have shown that patients attached to an ACT programme have better outcome, these results have not to the same degree been replicated in European studies. On May 1, 2001, we started in the Tønder region (45,000 inhabitants), Sønderjyllands county, aiming an evaluation of the ACT model. The treatment included intensive case management, psycho education, social skill training, crisis homes and vocational rehabilitation.

Methods: The principle of evaluation is within a quasi experimental design (intervention-/control region) to obtain register data and clinical data.

Results: During the first two years 90 patients started in the ACT programme in Tønder. A corresponding number of ACT target group patients were identified in the control region (Aabenraa). The Tønder and the Aabenraa regions had prior to the start of the ACT programme the same pattern of use of psychiatric services. Compared to control more patients were treated as outpatients and more were adherent. A significant reduction in use and costs of hospital benefits were found, as improvements in psychopathology and social functions. Patients and relatives were rather satisfied with the treatment and service.

Conclusion: The results are encouraging. Similar projects are in progress at two other places in Denmark, thus meta analyses might be a possibility, before a more general implementation of some of the ACT principles in Denmark.

O-03-02

Nonparticipants have more commonly mental disorders than participants

J. Veijola, M. Haapea, M. Joukamaa, K. Läksy, J. Miettunen. *University of Oulu Psychiatry, Oulu, Finland*

Objective: There exist only a few studies estimating psychiatric morbidity among nonparticipants. We were able to compare the psychiatric morbidity between nonparticipants and participants in a field survey.

Methods: The material consists of 8 411 subjects in the Northern Finland 1966 Birth Cohort. All subjects were invited to participate in a field survey during the year 1997. Of the subjects 5988 participated in the field survey and 2 423 did not. The