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Electronical communication in psychotherapy

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Background and aims: The new technologies and computer-mediated communication may be used in psychiatric treatment for different type of contacts between patients and therapists including psychotherapy.

Methods: Elements of systemic family therapy (under peer supervision) were used by the means of electronic communication with the patient, addicted to alcohol and combined with therapeutic sessions in the therapist's office. E-mail sessions were conducted in a form of "electronic circle" with three family members: the patient, his wife and his sister, each of them representing a part of the family.

Results: Comparison between live and e-mail sessions shows similar patterns in communication, roles and behavior of family members.

Conclusions: E-mail contacts in the form of "electronic circle" could be used as addition to the live family therapy session, when regular meetings could not be conveyed. E-mail communication gives new tool for psychiatric and psychotherapeutic treatment and represents new type of patient-therapist relationship.

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Delivering CBT to a community: The 'Living Life to the Full courses'

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Purpose: The Living Life to the Full college and free online courses are based on the Cognitive Behaviour Therapy (CBT) approach and is offered at Further Education Colleges and free of charge online (www.livinglifetothefull.com). The classes teaches key skills such as identifying and challenging unhelpful thoughts, problem solving etc.

Results: In the college course, total mean scores at baseline for knowledge questions was 8.20 increasing to 11.07 gain 2.87 $p=.042$. Self assessed skills were 24.00 at baseline, increasing to 34.20 at session 8 (mean difference = 10.20 $p=.001$). The Training Acceptability Rating scale showed content scores at session 1 of 77% rising to 91% at session 8. Process scores were 73% at session 1 rising to 89%, showing training acceptability throughout the course. The online course has over 15,000 registered users. 70% are clinical cases of anxiety (HAD scale), and 55% depression. 24% of users are clinical cases and are not receiving any support from a practitioner. The site has had over 4 million hits in 10 months and an average of 1000 hits/hour.

Conclusion: Delivering CBT in this way seems to lead to gains in mental health literacy. Such courses may provide another useful option for helping people access CBT for mild to moderate problems of distress. A RCT of the core course materials has just been completed.

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Short term psychotherapy for the soldier in crisis following estimation for military duty

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Background: There are many factors which cause soldier's crisis during the military duty: problems in adjustment to military environment or some problems in relationship with his parents or a girlfriend. If those problems are enormous, soldier has to interrupt military duty in that moment for a period. But problems can be continued and existed furthermore.

Aim of our study was to show the application of short term psychotherapy for the soldier in crisis following estimation for military duty who couldn't overcome his problems during the military duty that preserve him to adapt to civilian environment successfully.

Methods: In three phases of short term psychotherapy: initial, when the therapist makes the diagnosis of the disorder and also the interpersonal problematic is pointed out; intermediary when the focus is treated, and the final phase when the therapist encourages the patient to recognize and consolidate gains and prepare the patient to use it in the future, the therapist aims to enable patient to identify, understand and give a meaning to his conflicts; still aiming to correct the distortions in the perceptions that patient has about himself and his environment, as well to improve his interpersonal relationships.

Conclusion: The final result of short term psychotherapy for the soldier in crisis following estimation for military duty is decreasing patient's anxiety and depression and increasing his self-confidence. All of that provides him to come back to the level of functioning that existed before the beginning of the crisis and to continue his life successfully.

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Pregnancy, aripiprazole and psychotherapy

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Introduction: M.A female 30 years old, second born after her brother. Her parental family was overprotective. Her mother's or father's family were free of mental illness.

Case report: At 1998 she met a young man. Three years later they decided to get married. They both had stigma of b-thalassaemia. Those days she had her first stroke of paranoid schizophrenia (according DSM IV). She had been hospitalized for 40 days. Six months after her discharge note, continued to have symptoms (such as less concentration and side effects of antipsychotics). Then we met her. We changed her treatment into atypical antipsychotics and at the same time we psychotherapize her. We changed the treatment into aripiprazole because she gained weight. Her figure was improved more and more. At February of 2005 she has got pregnant, she had never stopped her treatment. According to her personality and psychopathology, it was sure that if we had stopped the medicine or psychotherapy she would had an abortion. Then, we continued aripiprazole.

Conclusion: During her pregnancy nothing psychopathological happened. So she continued to work till the 36 week of her pregnancy. Her sexual and family life was very good and she gained only 7 kilograms in her pregnancy. At the amniocentesis the fetus was negative for b-thalassaemia. After 40 weeks of pregnancy she gave birth to a healthy (goodlooking) male. After all these, the couple is very functional and this was the aim of our trial.

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Cognitive behavior therapy: Treatment of choice for somatic presentations