

S38 *Personality disorders: from research to practice*

## COGNITIVE BEHAVIOURAL APPROACH TO PERSONALITY DISORDER

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Cognitive-behaviour therapy (CRT) for personality disorder (PD) is defined in terms of model rather than techniques (Beck and Freeman 1990). An information processing model of personality is briefly presented: its components are cognitive schemas, operations and products (images and automatic thoughts). CBT hypothesises that the modification of the distorted thinking style and underlying dysfunctional beliefs will improve PD. As the relation is the core problem, therapeutic relationship is more important in CBT for PD than for axis I disorders. The therapist, after conceptualising the case, uses cognitive, emotional, interpersonal, behavioural and maintenance techniques. Special mention should be made of the elicitation and modification of life-scripts related to cultural and familial background (Cottraux and Blackburn, 1995). Therapies may last up to two years depending on the PD and its comorbidity. Controlled trials suggest the effectiveness of CBT in antisocial PD with depression, addiction (Woody et al., 1985, Carrol, 1994), borderline PD (Linehan et al., 1991), and avoidant PD (Alden and Capreol, 1993). CBT for PD is a promising clinical approach that justifies more controlled research in the future.

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## SUBJECTIVE ASSESSMENT OF SHELTERED WORK

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Several studies have been performed during the last ten years to evaluate the outcome of psychiatric services offering vocational rehabilitation. Between 18.5 and 68% of the mentally ill participants in this study were unemployed at follow-up. The aim was to investigate the subjective view of those unable to work in the free labour market. The study was conducted at a workshop for chronically ill psychiatric outpatients offering sheltered work for 1-4 hours a day. 73.1% of the sample suffered from schizophrenia. No client has been employed during the last year before admission. The clients were asked for their subjective views on several census days. A questionnaire with 43 items was distributed to those participating for more than six months. About 65% reported that self-confidence and subjective well-being had increased since they began to work. The majority reported that their social network had enlarged by contacts during work. Most felt the possibility to work only a few hours a day was appropriate to their impairments. The study shows that vocational activities are felt to be important by those unable to be employed in the free labour market.

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## NEW TRENDS IN PSYCHIATRIC REHABILITATION

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Data from epidemiological studies indicate that about 1% of the general population is suffering from chronic psychiatric disorders. The rehabilitation and social integration of these persons are essential. The Section of Psychiatric Rehabilitation is presenting a symposium that will offer papers concerning new data on rehabilitation research. The topics will include studies on vocational rehabilitation, and on the role of atypical neuroleptics in the rehabilitation of persons suffering from schizophrenia. Additionally, the implications of family burden, self-concept and coping strategies on rehabilitation programmes will be reported.

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## Vocational integration of mentally ill patients on the general labour market - results of a three-year prospective study

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*Background:* The vocational integration of mentally ill patients is confronted not only with illness-related restrictions but also with the current situation on the labour market and prejudices on the part of potential employers (Schubert 1988). If rehabilitation programmes are to be successful, then, they must cover adequate preparation of those concerned, close cooperation with employing companies, and longer-term follow-up care.

*Method:* Within the scope of a major study on vocational rehabilitation in the Westphalia-Lippe region of Germany (Eikelmann & Reker 1993), we carried out a prospective study of the further vocational course of 61 patients for whom employment had been found on the general labour market after a preparatory phase based on a special rehabilitation programme. These patients (30 men, 31 women) had a mean age of 31 years (std±6.9), 54% of them were suffering from schizophrenic disorders, with the mean duration of illness 8.2 years (std±6.8).

*Results:* The medium-term success rates were above average (Fabian 1992), with two-thirds of the patients achieving stable vocational integration. Predictors of success proved to be 1) a higher vocational stress threshold on introduction of the measure, 2) an earlier start to rehabilitation, and 3) financial assistance for the company. Close correlations were recorded between course of illness (rehospitalisations) and success of rehabilitation.

*Conclusions:* Vocational integration of mentally ill patients is highly successful in the medium term if those concerned offer favourable preconditions and intensive efforts involving employer companies are made towards rehabilitation.