

P133 Psychopathology and psychotherapies**EXPERIENCED PSYCHOTHERAPISTS: FOCUS ON ONGOING EVOLUTION**

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Over the last ten years, research in psychotherapy increasingly focused on personal characteristics and development of psychotherapists, and their influence on therapeutic process. This study was part of an international research programme handing over to psychiatrists the perception of their development current practice and expectations. It proceeded through the 370 item Common Core Questionnaire, developed by the Collaborative Research Network. 52 Italian psychotherapists were included forming a relatively homogeneous cohort of experienced therapists who mostly identified themselves as psychoanalysis (82.7%). Median duration of didactic training in psychotherapy was 10 years and median duration of practice was 18 years. Because even for these experienced therapists present evolution and improvement were rated as important, determinants of such development and consequences for current practice were further investigated. Results indicated correlations between development patterns and affective states during recent therapy sessions and both anxiety and boredom experiences were associated with low level of development, whereas feeling stimulated or engrossed were positively perceived. Age also appeared as an influencing factor with respect to such patterns. Daa further suggested that continuous education through either courses or supervision may help maintain "enthusiasm" and contribute to development.

P134 Psychopathology and psychotherapies**CAN WE CHANGE OUR TREATMENT OF BPD IN THE SAME CONDITIONS OF WORK?**

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There are many reasons why the effects of treatment on different kinds of patient are not satisfactory, particularly with BPD. These include magnitude of the disorder and the change of motivation in the patient for involvement in therapy. In the workplace, the reasons include the engagement of the therapist in a large number of different duties and lack of time for the realisation of full treatment for all the patients needed treatment-therapy. We tried to find and modify some models which would be most useful and effective with young and adult BPD using an integrative approach (cognitive and analytic), individual and group setting, but with the collaboration of family members (e.g. parents, spouse) in dealing with family problems and using psychopharmacology (antidepressants and anxiolytics mostly). In this paper we discuss the results of the assessment of 1996 patients and we concluded that by using a new method as research with a group on the waiting list using only drugs it would be possible to find more time to realise the psychotherapies of others. The follow-up study will be presented at a future Congress.

P136 Psychopathology and psychotherapies**THE INFLUENCE OF FAMILY THERAPY ON THE COURSE AND PROGNOSIS OF PSYCHOSIS**

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Modern psychiatric care is inconceivable without the inclusion of the patient's family in the preventive, therapeutic and rehabilitation process. Psychotic patients particularly need a complex and long-term treatment aiming at restoring the patient's functioning at an optimal level.

The aim of the 2 year study was to investigate the effects of family approach in 20 families with a psychotic member. Patients met criteria for schizophrenia (N=10) and affective /disorders (N=10) according to DSM-IV and ICD-10 criteria. The efficacy of treatment was assessed by: Family Adaptability and Cohesion Evaluation Scales III - present and ideal state, Family Satisfaction Scales, Family Strengths Scales.

We found that the most positive effects concerning contact of patients with the team and the course of further psychotic development, the number of relapses and rehospitalizations and collaboration of families with patients. The results recommended family therapy as an integral part of the treatment of psychotic patients.

P137 Psychopathology and psychotherapies**THE QUALITY OF LIFE OF SCHIZOPHRENIC OUTPATIENTS**

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The study aimed to find out whether chronic symptoms of schizophrenia and neuroleptic adverse effects influence the quality of life of outpatients receiving depot neuroleptics. Demographic, clinical and drug history data were collected from a 20 percent sample - 100 male and 100 female - of schizophrenic outpatients receiving neuroleptic maintenance the at the outpatients clinic in Ljubljana, Slovenia. The following instruments were used: Abnormal Involuntary Movement Scale, Rating Scale for Drug-Induced Akathisia, Rating Scale for Extrapyramidal Side Effects, Krawiecka Scale, Global Assessment Scale (GAS) and Quality of Life Scale. Multivariate logistic regression was used, with a GAS score of under 70 or over 70 as the dependent variable. In a multivariate model, female sex, longer period of employment and good relationships with friends were positively related to GAS score - while the presence of depression, hallucinations and disability pension were negatively related. Neuroleptic adverse effects did not enter the model. The conclusion is that symptoms of schizophrenia strongly diminish the quality of life. The influence of treatment of adverse effects is less important