C01. Brief dynamic psychotherapy

Chair: A. Dahl (N)

C01.01
BRIEF DYNAMIC PSYCHOTHERAPY

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No abstract was available at the time of printing.

FC03. Psychotherapy

Chairs: S.M. Stein (UK), H. Papezová (CZ)

FC03.01
INFERTILE COUPLES – POSSIBILITY OF COGNITIVE-BEHAVIORAL THERAPY IN REDUCTION DISTRESS

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Objective: In our pilot study we evaluated the impact of Cognitive-behavioral therapy for infertile couples, included women with recurrent spontaneous abortion for period of 4 mounts.

Methods: In therapy program were participated twenty-four infertile couples, included fen women with recurrent spontaneous abortion, who had experience of distress. To evaluate consequences a distress, Zung scale of anxiety and depression, CRS scale/circumplex Model of family Counseling were used, before and after the therapy. The therapy infertile couples contained mostly systematic desensitization thai consists of tree steps: relaxation training, hierarchy construction and the desensitization of the stimulus. The therapy program comprised some of modules of cognitive-behaviorally that optimized chance of conception, improved sexual satisfaction and functioning, improved marital communication skills, and reduced thoughts of anxiety, helplessness, and other aspects of depression.

Results: After 4 mounts follow-up, some problems focused on thoughts had decreased significantly, specially anxiety, depression, and haplessness in 62% all couples. Two women delivered living children, and in 70% infertile couples were reported decrease in marital distress.

Conclusion: As known, cognitive-behavioral therapy has been successful in variety of disorders and could be easily practiced. It requires less lime than other therapies and it is less expensive to administer. In our study we suggest, that cognitive-behavioral treatment could be an effective approach for treatment the infertility evaluation of the infertile couples problems, motivation and psychological strengths and this treatment should he the psychotherapy of choice.

FC03.02
A COGNITIVE-BEHAVIOURAL GROUP-BASED INTERVENTION FOR SOCIAL PHOBIA IN SCHIZOPHRENIA

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An area of disability associated with schizophrenia, and which has not hitherto been adequately addressed, is that of social anxiety. We describe here a randomised controlled trial of a group-based cognitive-behavioural intervention for social anxiety in individuals with schizophrenia.

Cases were ascertained by screening (using the Brief Social Phobia Scale) attenders at a Living Skills community based mental health facility, catering for the severely mentally ill. In addition to the BSPS, all participants in the intervention phase of the study were administered the following questionnaires, both pre- post- and 6 weeks post-treatment:

- The Social Interaction Anxiety Scale
- the Calgary Depression Scale for Schizophrenia
- the Quality of Life Enjoyment and Satisfaction Questionnaire
- the Brief Symptom Inventory
- the Alcohol Use Disorders Identification Test.

The first twenty screen-positive patients who agreed to participate in the study, were randomly assigned to the group intervention or waitlist control. The intervention employed cognitive behavioural principles, with exposure and response prevention, cognitive restructuring, and homework.

The intervention group showed significant improvement from baseline on all measures, with little or no change in the control group. At follow-up 6 weeks post-treatment, gains were maintained by the intervention group. The gains in direct social phobia items were mirrored by improved mood, as well as improved quality of life. The study underlines the potential benefits for schizophrenia patients, of treatments targeting specific comorbidities.

FC03.03
INTERPERSONAL PSYCHOTHERAPY: UPDATE FOR 2000

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Interpersonal psychotherapy (IPT), a time-limited treatment initially developed by the late Gerald L. Klerman, M.D., Myrna M. Weissman, Ph.D., and collaborators for major depression has been defined in a manual, and tested in randomized clinical trials. It has subsequently been modified for different age groups (adolescents-elderly); types of mood disorders (dysthymia, bipolar disorder, antepartum and postpartum depression); and non-mood disorders (bulimia, drug abuse, borderline personality disorder, social phobia, somatization and medically ill patients). It has been used as a long-term treatment; in a group format; over the telephone; and as a patient guide. It has been translated into Italian, German and Japanese and soon will be in French and Spanish. Having begun as a research intervention, IPT is only recently being disseminated among clinicians or in residency training programs. The publication of efficacy data, the appearance of two practice guidelines in the United States that include IPT among treatments for depression and the interest in defined treatments for managed care have led to increasing requests for information and training. An update of the original manual and modifications by Weissman, Markowitz and Klerman appeared in November, 1999. This talk will describe the concepts and techniques of IPT and the current status of adaptations. In summary, evidence from controlled clinical trials suggests that IPT is a reasonable alternative or adjunct to medication as an acute, continuation, and/or maintenance treatment for patients with major or mild depression; patients who are human immunodeficiently virus (HIV) positive, or who have bulimia for depressed adolescents and for geriatric patients. It is promising treatment for patients with dysthymia and as treatment for depressed couples with marital disputes. A final conclusion awaits the completion of clinical trials underway before substantial claims can be made. IPT

https://doi.org/10.1016/S0924-9338(00)94012-4 Published online by Cambridge University Press