

began in September 2005. The initial mandate was to reduce the length of hospital stay for youth with complex mental health issues. This partnership program provides transitional treatment beds from YAP, a hospital-based program, to ENP, a community-based intensive residential program, which can be available for a 2 to 3 month period until the child is integrated back into the family setting. After its initial 6-month pilot period, the Calgary Health Region (CHR) completed a preliminary program evaluation. The results demonstrated that the youth admitted to the ENP-YAP program were successfully integrating back into their homes without readmission to the hospital program. A formal contract has been established to fund the ENP – YAP ongoing partnership. Services provided include: a CHR liaison nurse, psychiatric follow-up by CHR psychiatrists, family and individual therapy, parent support groups, client treatment groups, educational support, and connections to other community therapeutic agencies. In February 2006 a one-year follow-up evaluation was completed that demonstrated ongoing success with enhancing family relationship dynamics and avoiding readmission into hospital. A recommendation from this second evaluation was to expand the number beds and broadening the partnership base to include the Child and Adolescent Mental Health Program (CAMHP). This commenced April 1, 2007. This poster presentation will illustrate the history of the partnership, details of the program services, specific outcomes, lessons learned, and plans for future development.

P0306

Evaluation of non-specific psychological attributes in different types of gender identity disorder

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Background and Aim: For different group of gender identity disorders were creation specific attributes, but also important to consider identify non-specific psychological attributes of gender identity.

Methods: were assessed clinically and using experimental-psychological approach with modified BSRI (MiF) and colour attitudes test (CAT) to identify characteristics of gender identity and emotional attitudes respectively.

Subjects: 89 male and 68 female patients following their request for gender change

Results: The patients were divided in three groups according to their main diagnosis: 38 patients were diagnosed with histrionic personality disorder, 52 patients with transsexualism and 67 patients with schizophrenic disorders. The unspecific attributes of the first group were correspondence between gender identity and gender preferences and biological gender (92%) and absence of the negative image of the opposite gender (93%). In the second group patients didn't identify themselves with infantile male and female images (87%), gender preferences did not fit the image of own biological gender (90%) and there was no distortion in representation of male and female roles on both logical and emotional levels elicited (87%). Images of ideal and real sexual partners did not correspond with the image of gender wanted (90%) and emotionally ambivalent or negative one's image appraisal was absent (83%). It was not possible to determine non-specific characteristics in the third group as their combination was too diverse.

Conclusion: evaluation of non-specific psychological attributes for each separate diagnostic group can be a valuable tool in differential diagnostics of gender identity disorders.

P0307

Time gap experience in slight consciousness disturbance

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We present a case of SLE psychosis with a characteristic symptom mainly concerned to time dysorientation.

A lady of 17 years old without any previous history is hospitalised to Jichi Medical University Hospital, because of convulsion. After this problem is disappeared, she became inactive, however, sometimes irritated without any specific reason. Brain imaging (MRI, CT) was normal, but EEG revealed slow waves as basal rhythm. Her physical state and labodatas fulfilled the criteria of SLE. She was treated with Steroid-pulse therapy (Methylprednisolone 1.000 mg/day for 3 days), prednisolone 90mg/day (for two weeks) and finally betamethasone 8mg/day (for three weeks) which made her consciousness clear, and her behavior coherent.

During the period of the steroid pulse therapy and the start of betamethasone, this patient repeated to say "the date is wrong". She believed that one year had already passed since her admission. She appeared to be perplexed continuously between the two different time standards (wrong standard of her own and the right one of common world). We could not correct her misunderstanding until her consciousness became clear.

This symptom of misunderstanding and perplexion derives from continuous dysorientation. We may call this "time gap experience". We could observe this type of dysorientation in a very slight consciousness clouding which continues stably during certain period. Therefore, "time gap experience" can be a key to find a psychosis based on somatic disease like SLE.

P0308

Autism in adulthood: 48 months follow-up evaluation of the farmstead community model

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Background: Many authors punctuate the lack of knowledge about the evolution of autistic spectrum disorders (ASD) in adulthood (Howlin et al., 2004). This deficiency leads to an almost absolute absence of long term care structures specifically conceived for autistic adults; hence, they usually live at parental home, or they are admitted into mental institutions which are not suitable for cognitive and adaptive peculiarities of autistic disturbance (Barale & Ucelli, 2006).

Aim: Among the limited ad hoc solutions, the present research concentrated on the farmstead community model, which utilizes the rural setting in order to plan rehabilitation projects (Giddan & Giddan, 1993); the aim was to establish whether the farm community model can positively affect the long-term outcome.

Methods: A 48 months follow-up study was performed; the sample, recruited from the community "Cascina Rossago", was composed of 10 adults (1F, 9M; mean age: 29.4 years) affected by ASD and mental retardation (APA, 2000). The construct of adaptive behaviour, assessed by Vineland Scales (Sparrow et al., 1984), was