

the disorder, and hope for improvement. Furthermore, SET obtained a highly significant reduction of the dropout rate and a significantly increased use of therapy. Similar results for both comparison groups were found regarding behavioural coping and self-effectiveness. Results indicate that SET both entails a high acceptance of treatment and offers an adequate and effective group therapy for patients with personality disorders. From a clinical and economic point of view, SET promises to significantly contribute to mental health care.

### S37.04

Time series analysis of therapy process in groups of clients with personality disorders

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During recent years the treatment of personality disorders has increasingly come into focus. As the psychotherapeutic interventions are still limited with respect to these demanding disorders there is a considerable need for further efficacy and, particularly, therapy process investigations. A promising approach is the development of integrated psychotherapy which combines cognitive-behavioral interventions with further change mechanisms such as the clarification of maladaptive schemata. On top of that, interventions should maintain a focus on emotional aspects of the therapeutic alliance (emotion regulation). In a study on "Schema-focused Emotive Behavioral Therapy" (SET), 93 patients with personality disorders of clusters B (predominantly narcissistic and Borderline PS) and C (avoidant and dependent PS) were randomised into one arm with SET group therapy and a control arm with manualised social skills training (SST). Therapies lasted for approximately 30 two-hour sessions.

Therapy process was closely monitored using therapy session reports both from the patients' and therapists' perspectives. Therapy outcome was assessed prior to and after therapy.

We report here on the change mechanisms, which were derived from modeling therapy session reports with novel time series methods (vector autoregression based on the estimation of session-to-session changes). It was found that the two therapy approaches differed with respect to change mechanisms. In SET (yet not in SST) therapy groups, clarification and insight reduced feelings of being rejected and disrespected, which was a major concern of many patients. In addition to this, a contrast was found between the prototypical therapy processes of cluster B and C patients. In conclusion, these results lay the ground for a disorder-specific application of integrated psychotherapy in personality disorders.

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## S38. Symposium: NEW DIRECTIONS IN CULTURAL DIRECTORY (Organised by the AEP Section on Cultural Psychiatry)

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### S38.01

Cultural identity, cultural congruity and distress

D. Bhugra. *Section of Cultural Psychiatry, HSRD, Institute of Psychiatry, London, United Kingdom*

Migration, cultural identity and mental distress are linked. In addition, social support can provide a buffer against mental illness. Other vulnerability factors in migrants include the type of society they originate from and the type of society they settle in. Societies and cultures have been described as being individualistic or collectivist (also called ego-centric or socio-centric). Similarly, individuals are idio-centric or allocentric. When individuals migrate from one type of culture to another it is likely that, depending upon their own personality traits (along with their biopsychosocial vulnerabilities), they may develop psychiatric disorders. It is possible that response to stress as a result of migration will depend upon the type of culture people migrate to. However, the cultural identity of the individuals will also determine their coping strategies. Under these circumstances, it is crucial that clinicians are aware of the impact cultural identity has on the expression of distress and coping among individuals. The cognitions and idioms of distress will be influenced by cultural factors. The clinicians must take into account cultural background when planning any interventions to enable a stronger therapeutic alliance.

### S38.02

The challenge of cultural diversity and psychiatric assessment

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**Background and Aims:** Psychiatric diagnosing is a gateway to mental health care for the individual, central to psychiatric research and socially affects the conditions for mental health care delivery for refugees and minority groups. This presentation will discuss: 1) The value of combining psychiatric categorisation with an understanding of patients' cultural life context, and 2) Clinician needs for models supporting the capacity for taking culture into account, and for showing sensitivity to patients' needs, as well as for making psychiatric diagnoses in individualised ways.

**Methods:** The outline for a Cultural Formulation in DSM-IV (2005, pp. 897-898) is an attempt to construct a clinical model for an idiographic formulation that reviews culture in a systematic way, and pays attention to cultural aspects of presentation and interaction in psychiatric diagnosing. When taking into account patients' culture in Sweden it is often pivotal to pay attention to migration, patients' transitional situation of being uprooted, displaced - often involuntarily - and relocated.

**Results and Conclusions:** In this presentation preliminary results from a current study on adapting, applying and evaluating the Cultural Formulation in a multicultural milieu in Stockholm/Sweden will be discussed.

### S38.03

The Rif-project delivery of psychiatric care to Dutch-Moroccan migrants in Morocco during summer

P. Van Loon, J. Lamé, F. Saarloos. *Department of Transcultural Psychiatry, Riagg Rijnmond, Rotterdam, The Netherlands*

The Department of Transcultural Psychiatry (TCH) of the Regional Institute for Mental Health Care (Riagg) Rijnmond, Rotterdam, the Netherlands, set up an outreaching program, the Rif-Project, in response to the need for adjusting mental health care services to a more diverse and mobile client population while containing costs. In the past, TCH observed a decline in mental health status in

Moroccan clients following their stay in Morocco, which was linked to uncoordinated eclectic health care consumption in Morocco, the pursuit of personally more acceptable diagnoses, somatic checkups or medication, and the occasional use of (stress-inducing) traditional healing methods. Rif-Project is based on the assumption of providing continuation of care to its Moroccan clients who spend their summer months in Morocco, through strategic positioning of TCH care-deliverers across the kingdom. Their activities include the continuation of the treatment program that was initiated in the Netherlands, visiting clients in their preferred environment and system, psycho-education and preventive activities. By monitoring their clients health care consumption, coordinating services in collaboration with local institutions, treatment interventions and psycho-education, TCH-workers were successful in providing and maintaining stability to their clients, which reduced the incidence of deterioration and crisis.

**Keywords:** Rif-Project, Morocco, migrants, continuation, trans-cultural, outreaching

### S38.04

Culturally sensitive psychopharmacological research

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In recent years there has been increased recognition of the importance of developing culturally sensitive treatment in European psychiatry. A key area that requires further attention, however is related to the efficacy and security of psychopharmacological agents. It is increasingly well understood that drug metabolism can vary considerably across populations groups. At the same time, psychopharmacological research, from initial development of a new molecule to efficacy and security studies, to the identification of new indications, is generally carried out in Europe or North America, primarily using research subjects who are of White European descent. Furthermore, the development of the medication is predicated on the specific clinical issues that are of relevance to the target population. The upshot of this is that psychopharmacological research may be of limited relevance for those patients who are not of European or European American descent. To make psychopharmacological research more relevant requires that clinical issues relevant to the target population are included in the research protocol, that genetic variations are taken into consideration and identified, that the instruments used to measure the disorder in question are culturally valid, and that the overall research project is designed with the objective of understanding how cultural and genetic differences can impact pharmacodynamics and pharmacokinetics. This presentation will conclude with a brief description of a culturally sensitive ethnopsychopharmacological research project.

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## W12. Workshop: A ROAD MAP FOR EUROPEAN COLLABORATIVE RESEARCH IN SCHIZOPHRENIA (Organised by the AEP Section on Neuroimaging)

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### W12

A road map for European collaborative research in schizophrenia

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**Background and Aims:** Neuroimaging is one of the most promising avenues for exploring psychiatric disorders in general and schizophrenia in particular both in terms of aetiology but also pathophysiology and treatment response. The aim of this workshop is to discuss possible avenues for Europe-wide collaborative research in neuroimaging and the implications it has for training and general infrastructure

**Methods:** The workshop leaders will discuss at their individual presentations the current vision for more uniform approach to neuroimaging across Europe, steps already taken towards it and plans for the future.

**Results:** The organisers of the workshop hope that a consensus view will emerge to move neuroimaging research in schizophrenia into a Europe wide platform.

**Conclusions:** The future rests in collaborative large scale multi-centre research.

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## S39. Symposium: INTERNET PSYCHOTHERAPY: A NEW PSYCHOTHERAPEUTIC APPROACH IN PSYCHIATRY

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### S39.01

Is stepped care the right format for internet delivered cognitive behavioural therapy for anxiety disorders and depression?

G. Andersson. *Department of Behavioural Sciences, Linköping University, Linköping, Sweden*

The database supporting Internet delivered minimal therapist contact cognitive behavioral therapy (CBT) is growing rapidly. Several randomized trials show that this novel treatment approach can work for anxiety disorders and major depression of mild to moderate character. However, in clinical practice the implementation of Internet delivered CBT is not straightforward, as it can be difficult to target the right audience and client might worsen following or during the first “low cost” treatment attempt. The aim of this talk is to describe a model for the stepped care implementation of Internet CBT and data supporting the model. Results from a randomised trial on major depression will be presented as well as a summary of the available evidence regarding Internet CBT vs. regular CBT in individual or group format and the potential for stepped care. The data obtained so far raises some doubts regarding the widespread implementation of stepped care. For example, it is not clear why more intensive therapist contact should work when minimal contact therapy has not. However, at the same time stepped care approaches can help us think more clearly regarding different levels of intervention and cost effectiveness. Further research in this field is encouraged.

### S39.02

Can we benefit from internet to increase accessibility to an effective non-pharmacological treatment for major depression and anxiety disorders?

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