status and mental health/illness, which will then serve as the basis for the second part which will be focused on psychiatric interventions. The development of Intercultural communication and the development of a strong therapeutic relationship are key for diagnosis and treatment. Errors in the diagnosis of migrant patients is all too common due to differences in symptom presentation and meaning, as well as due to psychiatrist's lack of familiarity with this population. In addition to migration, culture, and minority status, psychiatric treatment is also affected by biological and genetic differences, which are both subtle and complex. Cultural mediation is increasingly being introduced as means of bridging the linguistic and cultural gap between psychiatrist and migrant patient, however, for a variety of reasons, effective use of this resource demands that specific steps be taken and that professionals are sufficiently well trained.

The course will be in the format of lecture, case presentations and group discussion.

C07

Infant psychiatry, its relevance for adult psychiatry

M. Keren, S. Tyano. *Infant Mental Health Unit, Geha Mental Health Center, Tel Aviv University Sackler Medical School, Petach Tikva, Israel*

The aim of the course is to give adult psychiatrists some basic knowledge in infant psychiatry that has become in the recent years, very relevant to the understanding the link between brain development, early childhood experiences, pathophysiology of personality disorders in adulthood, and psychotherapeutic transferential processes.

The course will be built as follows:

The first part will cover very recent data on the impact of early experiences in general, and attachment experiences in particular, on brain development and development of a theory of mind and empathy. Concepts of resilience, vulnerability, bio-psycho-social risk and protective factors will also be explored in length. Through these basic concepts, we will show how infant psychiatry is linked to prevention of adult psychopathology, and how the early attachment experiences reflect themselves in the psychotherapeutic process.

The second part will be clinical and will illustrate the basic concepts learned in the first part. A clinical case will be presented to show the development of borderline personality disorder from early childhood to adulthood, its transgenerational transmission to the offspring through disturbed attachment relationship, and some of the processes that took place during the dyadic mother-infant psychotherapy. We will show how parenthood can become a new motivation for change.

The course applies who any adult psychiatrist who is interested in the field of developmental psychopathology, and no previous experience with young children is needed. Clinical experience with personality disordered patients will be an advantage.

C08

Delusions - diagnosis and treatment

M. Musalek. *Medical School, University of Vienna, Vienna, Austria*

Concluding the literature in definition, pathogenesis, nosological position and treatment of delusions we are confronted with a wide range of opinions. In the first part of the course the various definitory approaches and their value in clinical practice will be discussed. The main focus of second part of the course is dedicated to the manifold results concerning the pathogenesis of delusions, which showed that delusions are caused by complex interactions of various mental, physical and social factors. The choice of a particular delusional theme is determined by gender, age, civil status, social isolation, and special experiences ("key experiences") whereas the incorrigible conviction is based on cognitive disorders and/or emotional derailments and reinforced by social factors. But delusions cannot be longer reduced to psychopathological manifestations once established and therefore persisting. The delusional conviction is a dynamic process which only persists if disorder maintaining factors become active. These disorder maintaining factors are not necessarily corresponding with the delusion's predisposing and triggering factors. In the third part classificatory problems will be raised. Assumptions concerning nosology and classification of delusions have ranged from an independent nosological entity to the attribution to a certain mental disorder, to multicategorical classification models. Previous polydiagnostic studies indicate that delusional disorders are neither a nosological entity nor due to one particular disorder (e.g. schizophrenia) but represent nosologically non-specific syndromes which may occur superimoposed on all mental disorders. Most of the so-called primary delusions (or delusional disorders in a narrower sense - delusions not due to another mental disorder) have to be considered as diagnostic artefacts caused by the use of diagnostic criteria in particular classification systems. The final part of the course will focus on differentialdiagnostics and differentialtherapeutics. As delusions represent nosological non-specific syndromes with a multifactorial pathogenesis modern integrative treatment approaches (including psychopharmacological, psychotherapeutic and socio-therapeutic methods) have to be based on a multidimensional differential diagnosis of all the predisposing, triggering, and disorder maintaining factors. In this context the disorder maintaining factors provide the basis for effective, pathogenesis-oriented treatment of the actual symptomatology, whereas the predisposing and triggering factors provide informations for planning prophylactic long-term treatment.

C09

Cognitive behavior therapy in anxiety disorders

L-G. Ost. *Department of Psychology, Stockholm University, Stockholm, Sweden*

During the last 25-30 years a large number of randomized controlled studies have been published on Cognitive behavior therapy (CBT) for various anxiety disorders. CBT is now an evidence based treatment for all the anxiety disorders, and the only form of psychotherapy that has achieved this status.

The purpose of this course is to give an overview of CBT for anxiety disorders and for each of the disorders the following components will be presented: 1) The CBT model of the primary maintaining factor(s) for the disorder, 2) The most important CBT treatment(s) for the disorder, 3) Illustrations from current randomized controlled studies, and 4) Short- and long-term results for each disorder.

By attending the course participants will get the most current update of CBT for anxiety disorders.

C10

Taking care of ourselves: Managing stress, preventing burnout

W. Roessler, B. Schulze. *Department of General and Social Psychiatry, University of Zurich, Zurich, Switzerland*

Work in psychiatry can be highly rewarding, interesting, and challenging in a positive sense. On the other hand, we are confronted

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with an array of psychosocial stressors. Caring for others lies at the heart of our profession: the focus is on the needs of patients. And rightly so. Nevertheless, this involves the risk that providers' own needs get out of sight.

This course provides a forum for openly discussing work-related stress and coping strategies. Participants will learn to recognise their own ''warning signs'' of excessive stress, as well as develop strategies to successfully handle stressful situations, based on their own practical experiences. The course further addresses consequences of stress, such as the risk to develop physical health problems or burnout. Instruments to gauge one's own burnout risk and stress coping pattern will be available for a self-assessment.

Learning goals:

- Understanding stress mechanisms and our own reactions to stress.
- Noticing one's own stress level.
- Gauging the risk for burnout: Where do I stand?
- Coping with stress: What helps?

Methods:

- Interactive teaching
- Exercises
- Group work
- Stress and burnout self assessment
- Guided discussion

Target group:

This course is open to all participants, but particularly addresses young psychiatrists. Young psychiatrists entering the field even experience elevated stressors. At the same time, starting out in the job is a good moment to develop self-care strategies – that are essential to maintain professional vitality and effectiveness in the long run.

C11

Clinical management of suicidal behaviour: From genetic to therapeutic approach

P.A. Saiz [1], P. Courtet [2], M. Bousono [1], J.P. Soubrier [3]. [1] *Deparment of Psychiatry, School of Medicine, Oviedo, Spain* [2] *Service de Psychologie Medicale et Psychiatrie, Hopital Lapeyronie, Montpellier, France* [3] *President, Section of Suicidology, WPA, Paris, France*

Suicidal behaviour is a serious health problem contributed by many biological, psychological, and social factors. Besides psychotherapeutic aprroaches, psychopharmacological treatment is necessary for many suicidal patients. However, to date there is no specific treatment of suicidality.

The course will be structured in three sections. In the first section we will address the biological bases of suicidal behaviour, pointing out recent findings in molecular genetics. We will also discuss the role of the serotonergic and other neurotransmission systems in this behaviour, and the relationship between aggession, impulsivity and suicidality.

In the second section we will review psychological and clinical aspects of suicidal behaviour. Systematic clinical assessment of suicidal risk will be also discussed.

Finally, in the third section, we will go deeply in the pharmacological approaches of acute suicidality after psychosocial stress, as well as, suicidality related to psychiatric disorders, reviewing the controversial role of selective serotonin reuptake inhibitors (SSRI) in the treatment of depression in children and adolescents.

C12

How to set up an anti-stigma program

H. Stuart [1], N. Sartorius [2], J. Arboleda-Florez [1]. [1] *Queen's University, Kingston, ON, Canada* [2] *Geneva, Switzerland*

Learning Objective: At the close of this course, participants will understand the steps involved in setting up an anti-stigma program, how to anticipate and resolve some of the most common difficulties, as well how to incorporate evaluation tools as a way of monitoring program progress and outcomes.

Approach: Using a series of case presentations, course participants will work through the steps required to set up programs designed to reduce stigma and discrimination resulting from stigma. Course materials will be drawn from the World Psychiatric Association's Global Program to Fight Stigma and Discrimination Becuase of Schizophrenia. The format of the course will be highly interactive with a heavy emphasis on audience participation designed to identify, then resolve the many practical aspects of program start-up, implementation, and operation. Faculty from the course will be drawn from the WPA Global Anti-Stigma Program and will help participants work through 2-3 real-life scenarios.

References:

Sartorius N, Schulze H. (2005) Reducing the Stigma of Mental Illness. Cambridge: Cambridge University Press.

Stuart HL. (ed.) (2005) World Psychiatric Association Training Manual. How to Set Up an Anti-Stigma Program.

World Psychiatric Association, Geneva: World Psychiatric Association Global Programme to Fight Stigma and Discrimination Because of Schizophrenia.

C13

Principles of psychiatric interview: How to examine and assess personal experiences

G. Stanghellini. *University of Chieti, Chieti, Italy*

The aims of this Course can be summed up as follows: (1) improve the epistemological awareness of mental health professionals concerning the crucial situation of the interview, (2) provide methodological guidelines for clinicians while performing the interview, (3) provide criteria for clinicians and researchers to test the results of their interviews.

I will first shortly revise the basic tenets of the mainstream tradition, i.e. the "technical" approach to psychiatric interview, and then pass to scrutinize the large repertoire of problematic issues concerning the situation of the psychiatric interview in general, and the procedures of structured interviews in particular. The second part of the Course will be devoted to the problems arising in assessing first-personal experiences (with a special focus on psychotic experiences). Very little effort has been made until now to bring to the foreground the problem which arise in examining the psychiatric patients' subjectivity. The following are crucial questions: "Can subjectivity be made accessible for direct theoretical examination? Does each examination necessarily imply an objectivation and consequently a falsification? Which degree of falsification is acceptable?". The last part of the Course will address the issue of alternative (with respect to standard techniques) approaches to the psychiatric interview as a way to illuminate the quality of subjective experiences and behaviours, their meanings, and the pattern in which they are situated as parts of a significant whole. I will sketch

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