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Art-therapy in theory and practice of humanistic education

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System of education is always in focus of public attention. However, according to heightening the educative standards and increase of study loading teachers begin increasingly to experience “burnout syndrome”. This is why it is not surprising that in most schools now teachers have no forces, no time to tackle the problems of schoolchildren of graduating classes. Youth remains confronting his or her experiences and have nobody to seek for help. I propose to introduce lessons of art-therapy because psychological assistance for adolescents in the period of preparation to exams allows them fuller realize possibilities of personality development. Similar lessons can increase the self-esteem, help to graduates in controlling their behavior. It is of importance because control above the behavior and emotions helps to people in decision making, in right choice making and responsibility bearing for subsequent results.

Art-therapy system possesses abilities to reproducibility and translation of some methods, techniques which application allows receipt of stable positive results. At the same time specific trait of technologies of such type is broad creative variation. Rational-technological components of pedagogical activity are inseparable from irrational-spontaneous, improvised, supposing estheticism, artistry, and certain theatricality of behavior, technique of presentation of his/her own personality.

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Using multimedial tools, role playing and videofeedback in the training of case management

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An interview is the principal means of assessment and case management in clinical psychiatry. Psychiatric interview differs from other medical interviews in a wide range of biological and psychosocial data, and in their attention to emotional reaction of patient, and in the process of interaction between patient and interviewer. One of the most effective ways how to train students in skills of interview and case management is using multimedia tools, role playing and videofeedback.

Methods: To improve the practical skills of students in clinical patients management we use following steps in training:

- 1) videopresentation of typical case of disorder (e.g. posttraumatic stress disorder)
- 2) short description of psychopathology, diagnosis, etiopathogenesis and treatment strategies
- 3) videopresentation of the first contact with patient, assessment, evaluation and psychoeducation, eventually treatment strategies (e.g. exposure in imagination)
- 4) analysis of main steps of the video presentation with emphasis to the structure of the interview, open questioning, empathetic listening and positive force of the patient
- 5) modelling of approach with group of students (leader plays a role of a patient and participants practice the approach)
- 6) role playing in small groups of three students with video-monitoring of their work

7) video-feedback and discussion of the advantages and disadvantages of the work of monitored group.

Results: Students like this approach and evaluated it very highly in every school year training evaluation.

Conclusion: Using multimedia tools, role playing and videofeedback can help to develop practical skills of students more than classical approach.

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Presentation of a French mental health promotion project aimed at promoting parental skills and enhancing attachment in early childhood

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Child psychological / behavioral disorders such as withdrawal may persist when the psychosocial context is unfavorable. Health promotion strategies (Olds' paradigm) have proved their efficacy in vulnerable populations. CAPEDP project sets out to evaluate a program of home visits in France. 440 primagravida will be randomized into two groups. They will ALL be under 26 and vulnerable by having a low level of education AND/OR a low income AND/OR being socially isolated. The first group will receive routine follow-up as currently provided by national community health and social services. The second group will receive home visits by community workers. These visits will start during pregnancy and will continue up to the child's 2nd birthday. This program aims at reducing psychosocial disorders and promoting mental health, social support and attachment amongst at-risk young women and their families. The ten objectives for the home visiting : Enhancing parental skills, Preventing prenatal and postnatal depression, Preventing psychosocial disorders in the children, Promoting secure attachment in the children, Enhancing knowledge and use of available health, educative and social resources, Promoting parental self-esteem for their roles, Reducing parental stress, Enhancing mothers' social network and perceived support, Promoting psychomotor development in the children, Enhancing mothers' knowledge about child development. This will be the first time in France that such a program will be implemented. Our hypothesis is that a targeted prevention and health promotion will reduce physical and mental health care needs. This is also the first prospective randomized control trial in France on mother-child attachment.

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Adapting assertive community treatment (ACT) for use among hard-to-treat people with severe mental illness in S- Hertogenbosch, The Netherlands

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Objective: To adapt the Assertive Community Treatment (ACT) Model for use among hard-to-treat people with severe mental

illness (SMI) in a medium-size mental health service area in The Netherlands.

Methods: Our adaptation does not include individual research assessments of clients in order to minimize their burden and maximize their participation in the services. It consists of three inter-related phases. Phase One includes: a) identification of 30 of the most difficult patients to treat for this trial, among long-term care clients (N: 820) of Renier van Arkel Psychiatric Services in s-Hertogenbosch; b) Collection of one-year Case Register data on participant's service use and clinical and demographic variables prior to this trial. Phase Two includes: a) Provision of in-vivo training to a team to work with the ACT methodology; b) Assessing over a year the provision of ACT, including follow-up service use and data collection from charts on substance use, quality of life and case-management. In Phase Three, we adapt ACT for use in our area and produce an intervention manual based on our experience in this trial, collected data, and on our overall clinical and research experience with hard-to-engage populations.

Results: We successfully identified our target group, initiated the team in-vivo training and the ACT service provision. The rest of the study is still being implemented.

Conclusion: Initial assessments suggest that adapting an evidence-based intervention based on collection of clinical implementation data and non-intrusive collection of available service use and clinical variables data might be a useful method.

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Therapeutic factors in group psychotherapy: Different perspectives of patients and psychiatrists

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Aim: In this study, we aimed to find the differences between patients' and psychiatrists' perspectives with regard to therapeutic factors in group psychotherapy, by using Yalom's 60-item curative factor questionnaire.

Method: A sample of 60 psychiatric patients (19 male, 41 female), who had admitted to a university psychiatric inpatient clinic and who had attended a "here-and-now" focused interpersonally-oriented group psychotherapy were chosen for this study. Their mean age was 38.4 ± 11.0 , and their psychiatric diagnoses were as follows: unipolar depression (46.7%), schizophrenia (16.7%), bipolar affective disorder (10.0%), anxiety disorders (10.0%), substance dependence (10.0%) and other (5.0%). 31.7% of them were diagnosed with a comorbid personality disorder. Before they were discharged from the hospital, they were asked to fill the Yalom's 60-item curative factor questionnaire, which was also filled for each patient by a psychiatrist, who had attended or supervised the group psychotherapy of these patients.

Results: The top three curative factors were; existential factors, instillation of hope and self-understanding for patients, and installation of hope, existential factor and cohesiveness for psychiatrist. There were statistically significant differences among patients with different properties and between patients and psychiatrist for many items with regard to perceived "most helpful" therapeutic factors.

Conclusion: Patients gender, age, educational level and comorbid Axis II diagnosis influence the perceived therapeutic factors, while Axis I diagnosis and number of attended meetings do not. Patients and doctors seem to have different ideas about the importance of

different therapeutic factors during patients healing processes in group psychotherapy.

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Salvation with art in personological interpretation

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Salvation with art in contemporary conditions in practical activity of a physician begins from attempts to help to patient remove sufferings, bodily or mental. Here all the means are appropriate which result in recovery (medicines, exercises, restorative therapy, psychotherapy and possibly, art). The latter needs for theoretic and practical recognition as a healing agent. Creative activity is able to breathe new life into the person in need for mental help and stimulate him with such methods that were regarded previously as a privilege only of artists. Art represents by itself "an attempt to create another, more human world" (A. Moiré). During artistic sublimation instinctive impetus is replaced by visual one or by any other artistic-image-bearing idea. Creative activity as a form of sublimation allows expressing and by this response in art toward sexual, aggressive and other impetuses and emotional states of psyche. Healing abilities of art were recognized long before emerging the psychotherapy, they are associated immediately with catharsis. Therapy with creative self-expression is healing rather than treating: it strives at development by the person of his/her own relations with his/her Self and the world and in some meaning it is near to esthetotherapy using esthetic impact.

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User involvement in commissioning mental health services for multi ethnic population in UK

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Aim: This study aims to evaluate the expectation of and need for psychological counselling among primary care attendee in a practice where the majority of patients are of Asian origin.

Method: All consecutive adult patients attending 10 surgeries per week (assess 20 patients per surgery) asked to participate in the study. Patients were asked to complete 2 questionnaires:

1. Demographic data
2. Acculturation

In one month period 127 patients completed two questionnaires.

Results: About 60% of Asian patient preferred to talk to either general practitioner or friend or relative whereas half of the European patient preferred to talk to GP and only 2 would talk to a friend or relative. 15% of Asian preferred to see male professional, but 60% of European preferred the same. Similar number reported that if they were suffering from anxiety or depression they would prefer taking tablets from their general practitioner. 25% of Asian preferred to see a counsellor or therapist of their own background whereas 40% of European patient preferred the same.

Discussion: There is very little information, if any, on ethnic minority views about the type of services they would like to receive. This study has demonstrated that there is unmet needs with regards to gender and preference for professional from similar ethnic background. There is a need to merge patient need and preference in an efficacious manner also for the services to change and develop in a planned and efficacious consumer lead rather than provider lead.