

Chronotype is defined as individual circadian preference, most often represented on the continuum between two extremes: morningness and eveningness. Growing number of studies show associations between circadian preference and various psychopathological symptoms. Eveningness has been shown to be related with depressiveness in non-clinical population, while morningness has been presented as protective factor. Schizotypy is a schizophrenic-spectrum personality trait linked with a tendency to eccentricity, magical thinking and unusual experiences. Features of schizotypy has been identified in patients with mood disorders i.e bipolar disorder. While there is growing number of studies evaluating associations between chronotype and affective symptoms, to our best knowledge there are no studies addressing the issue of association between schizotypy and circadian preferences. A total of 887 healthy individuals took part in the web-based study. Chronotype has been assessed with the use of Composite Scale of Morningness. Schizotypy has been measured with the use of the enlarged version of The Oxford–Liverpool Inventory of Feelings and Experiences (O-LIFE). Analysis revealed significant positive correlations between cognitive disorganization, introverted/anhedonia, implusiveness/nonconformity and eveningness. To our best knowledge, results indicate for the first time relationship between eveningness and schizotypy, measured by O-LIFE.

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EW0458

The effect of treatment recognition based on mental conscious on decreasing depression and stress on those affected by lupus disease and by 3 months follow up

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Introduction Systemic lupus erythematosus is a chronic inflammatory disease of the multimedia system that appear on renal involvement, cortical-mucous, bloody, and neurotic.

Aim The target of this study is to examine the effect of treatment recognition based on mental conscious on decreasing depression intensity on lupus disease and three month follow up.

Method The method of study is semi test by targeted random selection in access in which we have used of pre-test by observe group. Volume of sample includes 200 women afflicted by lupus and among them about 20 ones were ready to cooperate and in study duration were in related improvement situation and has been evaluated. They have been grouped in the two test group (ten persons) and observe one (10 persons) in which two persons has been excluded from test group and we have excluded two persons from observe group, too. Test group have received eight MBCT treatment sessions but observe group has not received any treatment. Beck depression questionnaire (BDI-II) and brief signs of psychology questionnaire (BSI-53) has been performed as pre-test and after clinical test, post-test and three-month-follow up has been done. We have used of descriptive statics and co-variance for analysis.

Results Findings has shown that treatment recognition based on mental consciousness, meaningfully have an effect on decreasing remained signs of depression.

Conclusion Three-month-follow up has shown that treatment recognition based on mental consciousness, had an effect on depression disorder, anxiety disorder, and lupus patients.

Keywords Treatment recognition based on mental consciousness; Depression; Erytmatosus systematic Lupus

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EW0459

The effectiveness of multi-systemic family therapy in bullying behavior of adolescents

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Introduction Multi-systemic family therapy is a type of psychotherapy that base on the assumption that all kinds of difficulties in individuals are at least partly explained by dysfunctions in the family system and other systems to which the individual belongs.

Objectives This study examined associations between bullying behavior and family ethos, and provides data for changes after treatment with Multi-systemic family therapy-Integrative model, as a culturally sensitive approach.

Methods Thirty-six adolescents with bullying behavior and their families were evaluated. Participants were randomly assigned into two groups: Family therapy group (FT-G) and Control group (CG). The FT-G was treated with integrative model for 6 months; the focus of FT sessions was on proximity-control goals and plans, bugs in the plans, emotive, and types of relations between family members programs. The CG was treated with the same frequency as the FT-G, but with interventions consisting of a detailed survey of their mental health, adolescents' feelings, daily routines and life events. Every month, data were collected through interviews, questionnaires, observation facilitating techniques and observations of a family play therapy.

Results In the study participated 36 outpatient adolescents ages 14–16. Seventeen adolescents were male and 19 female (Fig. 1).

Conclusions At baseline, 70 percent of participants met criteria for more than one of the following disorders, by ICD-10: conduct disorder, substance use, bulimia, borderline personality disorder, and attention deficit/hyperactivity disorder. Six months after the baseline measurement, there was a significant decrease in bullying behavior, substance use, smoking, excessive social media use, and anger control for the FT-G compared with the CG.

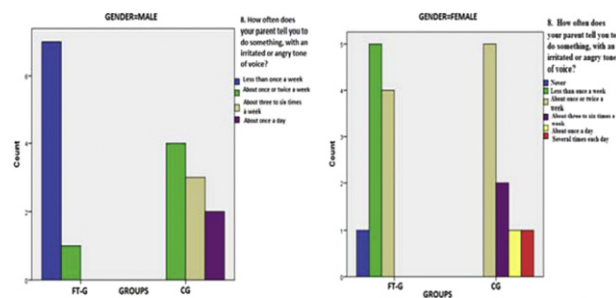


Figure 1. Groups by gender in variable: How often does your parent tell you to do something, with an irritated or angry tone of voice?

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