mean = 16,4; SD = 6,8; *Time 2*: mean = 11,4; SD = 6,4) and BDI (*Time 1*: mean = 20,1; SD = 9,9; *Time 2*: mean = 14,3; SD = 11,7) scores after six weeks of Bibliotherapy in our study participants.

Conclusion: In this study population patients showed lower HAMD and BDI scores after having received Bibliotherapy. However, the impact of Bibliotherapy has to be investigated and compared to controls further.

P43.01
The healing book

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People are different: some cope with critical situations and the everyday events of our hectic world easily, while the same means a trauma to others. Many people have psychical problems. Depending on their condition, various forms of therapy can provide help for them.

Bibliotherapy (a form of sociotherapy) means reading out shorter literary works or relatively closed portions of longer works, processing these emotionally, and elaborating the parallels between the text and the lives of the participants as completely as possible.

The book is the medicine of the soul and a part of everyday life. Reading valuable books is growing importnce. We can find an answer to any of our questions if we choose the right book. Books contain the wisdom and practical experience of centuries. While reading a book, we undergo immense change.

In bibliotherapeutic group sessions, the book provides the personal encounter between the work and the reader.

Bibliotherapy provides a new way of psychical treatment. We would like to train our students of social pedagogy to use it.

P43.02
The rehabilitation program for a child with the undesired behavior

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The problem of this work is a child with cerebral palsy for whom marked that he expresses undesired ways of behaviour.

The aim of this paper was detect causes of such behaviour in order to suggest measures for the elimination or diminshing undesired behaviours. Data about the child and his behaviour were collected through the analysis og school and medical documentation, behavioral estimation on the AAMD (Adaptive Behaviour Scale) and through the systematic behavioral observation in everyday situations. These data were analyzed in "The Case Study Method".

Obtained results showed that undesired behaviour is so intensive that it should be taken as one general behavioral characteristic. In order to eliminate or diminish undesired behaviour it is necessary to further observe and analyze this event as well as the evaluation of the efficacy of such rehabilitation is going to start.

P43.03
Compliance for rehabilitation at patients with psychotic disorders

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The aim of rehabilitation is to improve the ability of the subject to relate with him self and with others and to manage adequately his environment.

Compliance/non-compliance for rehabilitation is very often a much-discussed topic by patients' relatives and professionals. The objective of the study is to identify the difficulties and improvement factors, which can appear during the process of rehabilitation with impact on initial compliance.

The study group consists of 88 patients with schizophrenia and delusional disorders.

The following items were studied: sex distribution, marital status, educational-professional status, age at onset of the disease, number of episodes, period of evolution, actual psychopathological picture, global functioning, drug treatment.

Data obtained showed that compliance for rehabilitation is a complex process; a correct initial evaluation makes rehabilitation successful and increases the quality of life.

P44. Social psychiatry

P44.01
Life events, social support and the onset of major depressive episode

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Background: Adverse life events and poor social support are established risk factors for depression. The differences in the frequency of events between relevant clinical and sociodemographic subgroups of depressed patients, and the role of prodromal symptoms at the time of life events are not well known.

Methods: In Vantaa Depression Study, 269 psychiatric patients with DSM-IV MDD were diagnosed with the SCAN and the SCID-II. The life events during twelve months before the interview was investigated with the IRLE. The objective and subjective social support were assessed with the IMSR and the PSSS-R.

Results: Ninety one per cent reported life events, on average 4.1 events per preceding year. Major differences between subgroups were not found. The frequency of events was somewhat greater among the younger or in a comorbid anxiety group. Those with comorbid alcoholism or personality disorders perceived less, women and the younger some more social support. Events distributed evenly between the time before depression, prodromal phase or the index MDE. Two thirds attributed their depression to some event commonly to a one occurring at the onset of the prodromal phase.

Conclusions: Clinically and socio-demographically heterogeneous patients with MDD are quite homogeneous in terms of life events during the preceding year. Life events do not generally cluster into any phase in the progression into an episode. Patients commonly attribute their depression to an event at the onset of the prodromal phase.