

## EPV1252

**Spiritually oriented therapy approach applying in complex rehabilitation of patients with mental disorders**

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**Introduction:** Numerous studies point to a high effectiveness of psychosocial rehabilitation using psychopharmacological treatment, psychosocial methods and spiritually oriented care technologies.

**Objectives:** Description of the experience of using a spiritually oriented approach in complex rehabilitation of patients with mental disorders.

**Methods:** Clinical, pathopsychological, statistic. The study involved two groups of patients with illness (ICD-10 F 20.04 – F 20.05, F25.x, F21.3-21.4, F 33.4, F31.7, F32.2 – 18 patients) and comorbid addictive disorders (ICD-10 F10.2x1- F10.2x2 – 17 patients). "The Social Adjustment Scale-Self-Report SAS-SR" (M. Weissman, S. Bothwell, 1976); "Medical Outcomes Study 36-item short form health survey" (SF-36, John E.Ware, 1992); "Methodology of the severity of anti-drug potential" (Kopeyko G.I. et al, 2018); "The Scale of Religiosity" (Kaz'mina O.Y., 2000) were used to assess the effectiveness.

**Results:** All patients received psychopharmacological treatment and participated in rehabilitation work in patient community organizations using psychosocial and spiritually oriented therapy. The rehabilitation program included psychoeducation, skills training, group and individual psychotherapy, social activity. Spiritually oriented assistance was realized in the tradition of dialogical approach (Florenskaya T.A., 1992) and included conversations on Evangelical topics, work in therapeutic groups on the principles of a religious community. Longer remission times, a social functioning improvement, a tendency to change lifestyle based on the values of religious worldview, anti-drug potential increase and a higher understanding of religious life with an orientation towards internal religiosity were revealed among the participants of complex rehabilitation program.

**Conclusions:** Perspective of using biopsychosociospiritual approach in psychiatry in work with patients with schizophrenia and patients with comorbid addictive disorders was shown.

**Disclosure:** No significant relationships.

**Keywords:** schizophrénia; rehabilitation; psychosocial; biopsychosociospiritual

## EPV1251

**Transdiagnostic cognitive-behavioral group therapy for anxiety disorders: Therapists' perception of group management in community-based care**C. Durand<sup>1\*</sup>, M. Provencher<sup>2</sup>, P. Norton<sup>3</sup> and P. Roberge<sup>1</sup><sup>1</sup>Université de Sherbrooke, Médecine De Famille Et Médecine D'urgence, Sherbrooke, Canada; <sup>2</sup>Université Laval, École DePsychologie, Québec, Canada and <sup>3</sup>Cairnmillar Institute, Psychology, Hawthorn East, Australia

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**Introduction:** Cognitive-behavioral therapy (CBT) is recognized as an effective treatment for anxiety disorders. Transdiagnostic group CBT (tCBT) targets cognitive and behavioural intervention strategies common to anxiety disorders. tCBT allows the treatment of a larger number of patients simultaneously and therapists only need to master a single intervention protocol. However, tCBT may present several challenges for therapists, particularly regarding group management.

**Objectives:** To explore therapists' perceptions and experience of group management during tCBT for mixed anxiety disorders.

**Methods:** A qualitative study embedded in a randomized controlled trial of group tCBT (Roberge & Provencher; CIHR, 2015-2021). Semi-structured interviews were conducted with 18 of the 21 therapists to document their perceptions and to identify improvements for tCBT delivery. The data were analyzed using a deductive approach and based on the interactive cyclical process of data reduction, display and conclusion drawing.

**Results:** Therapists raised the challenge of the heterogeneous characteristics of participants' anxious profile, since they had to be creative to provide exercises that were suitable for a whole group. Exposure exercises, a key component of tCBT, were particularly affected by the composition of the groups. Previous group animation experience and the ability to establish a therapeutic alliance from a group perspective were important facilitators. Co-therapy also facilitated the intervention, since it allowed the therapists to be more vigilant to group dynamics and favored the organization of tCBT.

**Conclusions:** This study highlights the importance of exploring therapists' perceptions and experience about group management in order to identify facilitators and barriers of group tCBT in community-based care.

**Disclosure:** No significant relationships.

**Keywords:** Qualitative; Therapist; CBT; Anxiety disorders

## EPV1252

**Embitterment and Aggression in Psychotherapy Patients**

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**Introduction:** Embitterment is an emotion which is known to everybody in reaction to injustice, humiliation, and breach of trust. In greater intensity it can cause severe suffering for the affected person and the social environment, can result in lasting impairment, and even lead to dysfunctional behavior, including aggression. Embittered patients need therapeutic help and are regularly seen in psychotherapy. The problem is often not properly recognized, because of the multiple accompanying symptoms and accusations against the environment.

**Objectives:** Goal of the present study was to learn about the prevalence of embitterment in psychotherapy patients

**Methods:** Outpatients in routine psychotherapy filled in the PTED scale (post-traumatic embitterment disorder selfrating scale), the

K-FAF (short assessment of aggression) and the SCL-90 (symptom-checklist-90). Additionally, sociodemographic data were available.

**Results:** Included were 118 patients, of whom 22% showed a relevant severity of embitterment, 23.7% a relevant score for reactive aggression, and 54.2% a relevant score for irritable aggression. There was a significant correlation between the PTED scale and the aggression scale.

**Conclusions:** The data show that embitterment and related aggression are frequent phenomena in psychotherapy patients. Therapists should be aware of this emotion and take proper action to diagnose embitterment and aggressive ideation, which are often covered by other complaints. Special treatments are needed, as the aggressive and negativistic features of embitterment complicate the psychotherapy process.

**Disclosure:** No significant relationships.

**Keywords:** aggression; embitterment; Psychotherapy

## EPV1253

### Experiential Family Intervention for Children and Youth

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**Introduction:** Reviews suggest that family interventions including family therapy are effective for a range of disorders in youth. Family sculpting is used in different clinical settings to help young patients, their parents and siblings when words are not enough.

**Objectives:** Participants will be able to understand the clinical relevance of family sculpting: shifting from discussions about family problems to physical representations of family dynamics and how to apply in their practice.

**Methods:** There will be a brief overview of the general principle of family sculpting followed by clinical vignettes of patients combined with videos of the intervention. These examples will guide the discussion on how relevant in our clinical work this therapeutic practice may be. This variation on sculpting incorporates theater warmup exercises and therapists joining the family experience.

**Results:** Family sculpting captures an immediate picture of the family dynamics that is a therapeutic turning point for families and gives voice to the children. The clinical cases and videos will guide clinicians on how to integrate into their own practice.

**Conclusions:** This presentation will make possible integrating family sculpting into your own practice, providing an engaging alternative modality for complex cases.

**Disclosure:** No significant relationships.

**Keywords:** Child Adolescent Family Therapy

## EPV1254

### Acceptance and Commitment Therapy for Psychosis. What's the evidence?

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**Introduction:** Cognitive behavioural therapy for psychosis as an adjuvant to pharmacological treatment has been shown to be one of the most effective interventions for schizophrenia with benefits noted in even treatment resistant schizophrenia. Benefits have been mostly registered in the positive symptoms domain of schizophrenia. Acceptance and commitment therapy is a third generation Cognitive-Behavioural Therapy, empirically supported for a range of symptoms and conditions, including psychosis, with quickly increasing data. It targets experiential avoidance, which seems to be closely related with psychopathology. Its ability to also target affective symptoms can be an important advantage in the adjuvant treatment of psychosis.

**Objectives:** To critically review the evidence of acceptance and commitment therapy in psychosis.

**Methods:** Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: "schizophrenia", "acceptance and commitment therapy".

**Results:** Very few studies have been published on ACT and psychosis, with even less controlled trials and systematic reviews. So far there is convincing evidence for ACT reducing the frequency of hallucinations, increasing the outcomes of traumatic events associated with psychosis and having measurable effects on anxiety and help seeking behaviour.

**Conclusions:** As Acceptance and Commitment therapy evolves and more evidence arises a new kind of therapy with possible effects on both affective and positive symptoms in schizophrenia can emerge, allowing us to know what works for patients with psychosis and through what mechanisms and permitting the improvement of treatment strategies.

**Disclosure:** No significant relationships.

**Keywords:** acceptance and commitment therapy; CBT; schizophrenia; therapy

## EPV1257

### antipsychotics and metabolic syndrome

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**Introduction:** Patients treated for chronic mental disorders and who receive atypical antipsychotics are in most cases at risk of gaining weight, the excess of which is complicated in the long term by metabolic syndrome (MS). The management of these patients is effective if it includes Therapeutic Education.

**Objectives:** Describe the therapeutic education program developed for patients on antipsychotics who have metabolic syndrome