

Introduction: The relationship of alexithymia with gambling addiction is not obvious, but it is present, as evidenced by the results of many studies. Alexithymia is likely to associate with gambling as a coping behavior to increase emotional arousal and avoid negative emotions, according to the affect dysregulation model. Alexithymic individuals experience the same spectrum of emotions as ordinary people, however, from the standpoint of psychology, psychiatry, unexpressed emotions are repressed into the subconscious, and their bodily manifestations accumulate.

Objectives: We plan to conduct research to improve the medical and psychological support of patients with pathological gambling due to the presence of alexithymia.

Methods: A systematic search of the literature was run in the major reference databases including PubMed, Cochrane Database for Systematic Review, Web of Science, Scopus until 2019. All studies assessed alexithymia with the Toronto Alexithymia Scale while gambling problems were assessed mostly with the South Oaks Gambling Screen.

Results: We assume that for pathological gamblers, specific psychotherapeutic techniques like body-centered psychotherapy could help them to differentiate feelings from bodily sensations.

Conclusions: The results highlight the importance of taking in the relationship between alexithymia and pathological gambling. Further studies are needed to widen the knowledge of this association.

Keywords: Gambling; alexithymia; psychotherapy

EPP1100

An existential model of addiction

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Introduction: Despite existentialism positing that existential concerns are universal, research into the existential issues related to addiction remains scarce. An existential model of addiction is lacking.

Objectives: This research aims to develop an existential model of addiction, conceptualising the development of addiction through to authenticity.

Methods: A scoping literature review was carried out using PUBMED, reference lists and internet websites.

Results: Psychopathology, from an existential point of view, occurs as a result of the avoidance of the existential givens which are death, freedom, existential isolation and meaninglessness. In this model, addiction is positioned as a coping mechanism to deal with the existential or neurotic anxiety which arises from facing or avoiding the existential givens. Addiction is defined as being-with-drug; a state in which our inherent relation to others is replaced by a relation with a substance. This state is understood from the ontological, axiological, ethical and praxeological levels, shedding light on the phenomenological experience of addiction. The existential dilemmas around meaning, loneliness, death, freedom, guilt and control while living with addiction are discussed. Finally, existential crises, boundary situations and secondary suffering are seen as the main motivators to overcome addiction.

Conclusions: Phenomenological and existential research support the fact that existential issues are relevant to addiction. This model explains the relationships between existential concepts and addiction, while providing a framework for clinicians to explore and address these issues with patients.

Keywords: authenticity; being-with-drug; Addiction; existentialism

EPP1101

Acceptance commitment therapy for preschool children : A pilot study

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Introduction: Emotion regulation is a key world to understand many human behaviors. Preschool children can exhibit disturbing behaviors that could interfere with their integration, development and learning abilities. One way to understand these behaviors is their “immature” emotional regulation process. Helping children acquiring this ability can help to solve these disturbances’, which can lead to mental health problems.

Objectives: To experiment with a new acceptance and commitment therapy protocol in preschool children

Methods: It is a qualitative interventional study that relies on issues to enable the recognition and regulation of emotions. a protocol was implemented which consists of activities and techniques useful to help children recognize, regulate and accept their emotions, with the support of the educator.

Results: All six selected children accepted to undergo the therapy till the end of the eight sessions. at first, they were enable to recognise some emtions. it was the most difficult for them to recognise body expression of emotion. they had also difficulties find the different worlds to express them and to enact them. Throw different activities, we tried to help children visualize their emotions, imagine them under different faces and play with them. Children were introduced to mindfulness and emotional regulation technics. After One month of the intervention, children were still able to recognize emotions and to propose technics to regulate them. their score on the CBCL were below 70 one month after the intervention.

Conclusions: Even at an early age of 4 years, ACT seems to be possible and helpful for children.

Keywords: preschool children; regulation; emotion; acceptance therapy

EPP1102

Emotional experiences reported by psychologists attending patients with suicidal crises in a service in northeastern Brazil: A qualitative study

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Introduction: Contextualization: Emotional experiences of psychologists related to the care of suicide crises are important since the health professional has been trained to save lives. It makes him apprehend the aggressive side of suicide and symbolize it as an attack. When the patient’s desire to live ceases, the professional may feel confused, since his/her profession/vocation was confronted.

Objectives: AIM: To explore and interpret the meanings of emotional experiences reported by psychologists who care for patients in suicide crises.

Methods: Strategies: clinical-qualitative design, semi-directed interviews with open-ended questions in-depth. Six clinical psychologists from a Brazilian city participated, with a sample closed by information saturation. Interviews audio recorded, full transcribed and categorized by Qualitative Content Analysis. Results were peer-reviewed in meetings in a Qualitative Research Study Group.

Results: Findings: Three emerging categories - (1) Ambivalent emotions as challenges for clinical management, (2) The non-paralyzing experience of emotions, (3) The management that is learned in practice.

Conclusions: Considerations: assistance to patients with a suicidal crisis can generate ambivalent emotions, not always paralyzing. When recognized and elaborated can assist in clinical practice. It can be tools that will support qualified approaches, especially in relation to suicide. As a public health problem, it demands a combination collective actions with effective individual clinical approaches.

Keywords: mental health; Qualitative Research; Suicide Attempt; psychotherapy

EPP1103

Group treatment experience in a brief psychiatry hospitalization unit

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Introduction: Joseph Pratt, a sanatorium doctor, at the beginning of the 20th century began to organize groups of patients in order to transmit information about their illness, observing that those who came had a better evolution. In the twenties, Jacob L. Moreno, would make the leap towards mental health, transferring the group format to the treatment of mental disorders. At the same time, Lazell and Marsh began to carry out psychoeducational groups with admitted schizophrenic patients.

Objectives: Present experience of a psychotherapeutic group in a brief psychiatry hospitalization unit.

Methods: Non-directional, voluntary group, with daily frequency and 30 minutes duration. Between 8-15 patients participated. Participation in the group required compliance with 2 rules: respecting word turns and speaking from one's own experience. The sessions were organized in three parts, 1. Opening of the group: the rules are remembered and we welcome new patients. 2. Group: dialogue between patients 3. Group closure: summary of the session and dismissal of discharge patients.

Results: The following topics were addressed: - The experience of admission; traumatic vs restorative. - The difficulties they expected to encounter after discharge. - Aspects related to family bonding, between equals and couples. As difficulties we find: - The heterogeneity in the symptoms of the patients. - Voluntary participation in the group. - Conflicts reactive to non-compliance with the rules.

Conclusions: Group therapies in brief hospitalization units have great therapeutic potential.

Conflict of interest: No significant relationships.

EPP1104

Case report of a dissociative identity disorder

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Introduction: Patients with dissociative identity disorder (DID) present two or more identities, where one of them is the main one. Although it is a widely questioned diagnosis, it is currently found in the main DSM-5 and ICD-10 diagnostic manuals.

Objectives: Present a case of dissociative identity disorder.

Methods: 46-year-old woman who attended the CSM referred for her MAP due to anxiety-depressive symptoms. Throughout the interviews the patient brings up to 4 identities with alterations in memory, consciousness, multiple dissociative symptoms, sound thinking, constant fluctuations in mood. She is separated, has two children, takes care of them, although she is not able to maintain work functionality. The patient is seen once a week for 45 minutes. Psychotherapeutic treatment is carried out, the objective of which is to establish a safe therapist-patient bond to favor the integration of their parts, and pharmacological treatment, which was carried out with haloperidol, lorazepam and desvenlafaxine.

Results: Throughout sessions, the anxious symptoms diminished, being able to carry out psychotherapeutic work. Dissociative symptoms were slightly reduced, partially integrating some of the identities. There was a slight stabilization in mood and decrease in psychotic symptoms.

Conclusions: There is no well-established treatment for DID. Combined therapy (psychotherapy and pharmacological) may be an option for these patients. The therapeutic framing of the sessions, working the link, and the low-dose antipsychotic treatment were favorable.

Keyword: dissociative identity framing link

EPP1105

The failure of adherence of the antiretroviral therapy is a field of work for the psychologist to HIV positive patients in intensive care units

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Introduction: HIV infection is currently considered a worldwide pandemic.

Objectives: The objective of this paper is to outline the profile of HIV – positive patients in intensive care units, regarding the psycho-emotional and viral parameters.

Methods: We realized a retrospective study for a period of 36 months, evaluating HIV positive patients in intensive care unit