

or using verbally inappropriate expressions. This break in the therapy process activates the abandonment schema, which is a core characteristic of BPD. Patients with borderline personality organization return to the dysfunctional coping strategies they had previously developed.

Conclusions: These results highlight several important areas of discussion for clinical practice and research. Firstly, BPD patients should be informed about upcoming therapy breaks and prepared for the absence, and expectations should be discussed openly. Secondly, after the break, working on the therapeutic relationship, mistrust, the activated abandonment schema, and negative emotions directed toward the therapist will contribute to the healing process. Thirdly, given the risk of suicide linked to impulsivity and acting out, the therapist should develop an action plan. Fourthly, maintaining the therapeutic framework is one of the most critical steps in the recovery of BPD patients, so it is crucial to preserve the framework even during therapy breaks. Lastly, due to the gap in the literature on this subject, there is a need for more empirical studies and research on how to repair potential ruptures in the therapist-patient relationship that occur during breaks.

Disclosure of Interest: None Declared

EPV1674

Psychodynamic group psychotherapy for family members of patients with psychoses

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Introduction: As part of our comprehensive early intervention program for psychotic disorders (RIPEPP), we have been conducting psychodynamic group psychotherapy for family members since 2005. This type of therapy intended for family members of patients that are motivated for psychological work and the correction of maladaptive forms of family interactions. The 90-minute sessions are held every two weeks under the guidance of a psychiatrist – group analyst.

At the beginning of this new experience, we applied group analytical principles in the group. Due to the large drop out and specific dynamics, we gradually changed the therapeutic technique and became more flexible and supportive.

During the years of therapy, with the strengthening of group cohesion, it was gradually possible to switch again from a more flexible and supportive method to the classic group analytical technique.

In this presentation, we will show vignettes from the therapeutic process.

Objectives: An overview of the need to modify the group-analytic technique in the treatment of family members of individuals with psychotic disorders.

Methods: Following the protocol of group sessions.

Results: Over the course of the therapeutic process, the group members become more ready for group analytical work, which is adapted and applied in sessions in which they openly talk about themselves, their feelings and partner relationships. The modification of the group analytic technique is still at work with a continuously present psychodynamic understanding.

Conclusions: A group-analytic approach is applied in the treatment of family members of individuals with psychotic disorders. The frequent occurrence of dropouts among group members highlighted the need to modify the group-analytic technique, with the potential to revert to the classical method by strengthening group cohesion and improving family dynamics.

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EPV1675

Major Depressive Disorder in French Caregivers Participating in the Profamille Psychoeducational Program

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Introduction: Numerous studies indicate that caregivers of patients with schizophrenia experience significant burden and exhibit depressive symptoms as measured by the CES-D scale. Specific psychoeducational programs like the multifamilial CBT based Profamille program may help alleviate these symptoms. However, it is yet to be established the extent to which these caregivers meet the criteria for clinical depression as defined by the DSM-5, as well as whether the interventions employed in this program can effectively reduce the prevalence of depressive disorder among caregivers.

Objectives: Assess the prevalence of major depressive disorder among caregivers at the start and end of the Profamille psychoeducational multifamily program.

Methods: Caregivers were referred to the program by family organizations, welfare services or healthcare providers, or found out about the program through the local press.

A group consists of twelve caregivers of approximately ten patients, participating in 14 structured weekly sessions of Profamille program version V3.2, each lasting 4 hours. These sessions provide information about schizophrenia, develop coping strategies for caregivers, and employ behavioral and cognitive techniques to address depressive symptoms.

Mood was assessed using the PHQ-9, a self-report questionnaire consisting of nine items aligned with diagnostic criteria for major depressive disorder. Responses were analysed using an algorithm

based on DSM-5 criteria to classify participants as having or not having major depressive disorder.

Given the paired nominal data, McNemar’s test was employed for analysis

Results: A total of 507 caregivers were recruited, including 349 women. The average age of the participants was 58.0 years (SD = 9.0). At the beginning 14.6% of participants had a diagnosis of major depressive disorder. Fourteen sessions later this rate decreased to 5.7% (McNemar’s test, p-value < 0.00001)

Conclusions: The annual prevalence of depression in the general population is approximately 5%, indicating a threefold over-representation among caregivers participating in the program. This rate of over-representation is consistent with other studies utilizing the CES-D, which also captures subclinical depression. Given the implications of depression for participants’ physical health, this underscores the need for systematic investigations aimed at providing support. The Profamille program, which employed specific cognitive behavioral techniques in a group setting, resulted in a significant reduction in depression rates over 14 sessions, bringing the final rates more in line with those of the general population. These findings suggest that the program effectively normalized the prevalence of depression. However, the absence of a control group limits our ability to assess the natural progression of depressive symptoms without program participation

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EPV1676

Systematic Review and Meta-Analysis of Cognitive Behavioral Social Skills Training for Schizophrenia

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Introduction: Schizophrenia is a major cause of severe global functional disability with negative symptoms that greatly affect functional outcomes. These symptoms are divided into expressive (e.g., facial affect and voice tone) and experiential (e.g., amotivation and asociality) dimensions.

Objectives: This study assessed the effectiveness of Cognitive Behavioral Social Skills Training (CBSST) in enhancing functioning in individuals with schizophrenia. It examined the link between defeatist performance attitudes and functional changes post-CBSST.

Methods: We conducted a comprehensive search of PubMed, Embase, and Cochrane databases up to September 2024 for studies comparing CBSST with standard treatments for schizophrenia. We calculated the mean or standardized mean differences (MDs and SMD) for continuous outcomes along with 95%

confidence intervals (CIs). Heterogeneity was evaluated using the I² statistics.

Results: Our review included 7 studies with 462 patients, of whom 219 (47.4%) received CBSST. There were no significant differences between the groups regarding positive symptoms (SMD 0.19, 95% CI -1.01 to 0.64, I² = 95; Figure 1A), negative symptoms (SMD -0.84, 95% CI -1.85 to 0.17, I² = 93; Figure 1B), Depression Scale scores (SMD 0.18, 95% CI -0.20 to 0.57, I² = 62; Figure 1C), or the Independent Living Skills Scale (MD 0.05, 95% CI 0.04 to 0.06, I² = 0; Figure 2). However, the independent living skills scores were significantly lower in the control group.

Image 1:

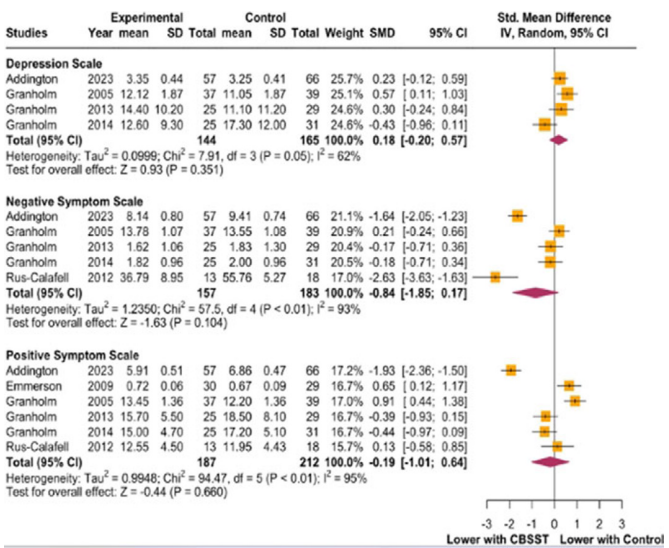
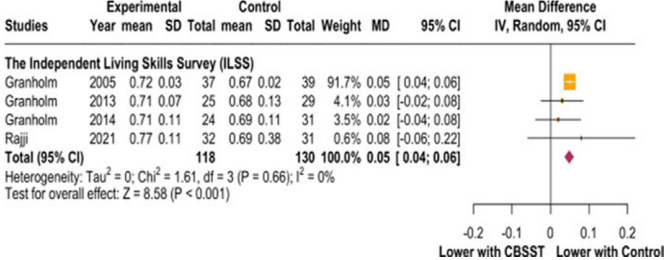


Image 2:



Conclusions: CBSST is effective in enhancing functioning in individuals with schizophrenia. Along with other supportive goal-oriented interventions, it can alleviate symptom distress, boost motivation and self-esteem, and enhance life satisfaction. Individuals with severe defeatist performance attitudes may experience the greatest benefit from cognitive-behavioral approaches that target functional improvements.

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