

Objectives: The objective was to summarize the advantages of CBT treatment in schizophrenia briefly.

Methods: Patients with schizophrenia frequently have comorbid problems, such as anxiety disorders (and disorders) and traumatic experiences, which can be effectively treated with CBT. In addition to pharmacological therapy, CBT is acknowledged as the gold standard in several countries for the treatment of schizophrenia. According to studies, combining CBT with medication can minimize psychotic symptoms.

Results: Regarding treatment, Beck describes the use of typical CBT techniques: building trust and engagement; working collaboratively to understand the meaning of symptoms; understanding the patient's interpretation of past and present events, particularly those that the patient believes are related to the development and persistence of his or her current problems; normalizing these experiences and educating the patient about the stress-vulnerability model, and socialization. Clarifying the emotional and behavioral repercussions of a delusion's activation leads to an initial examination of the evidence-based on more peripheral interpretations. It is recommended to treat negative symptoms such as amotivation, anergia, anhedonia, and social disengagement with behavioral self-monitoring, activity scheduling, ratings of mastery and enjoyment, graded work assignments, and assertiveness training.

Conclusions: In treatment settings where physicians are already utilizing high-quality psychoeducational materials to enhance adherence, an excellent foundation exists for introducing individual CBT for schizophrenia patients.

Disclosure of Interest: None Declared

EPV0876

Psychodynamic psychotherapy for schizophrenia spectrum disorders: a case presentation and systematic review

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Introduction: Psychodynamic psychotherapy emphasizes the unique history, subjectivity, and psychological complexity of each individual. The core principles in the psychodynamic treatment of schizophrenia spectrum disorders (SSD) includes a stable (yet flexible) frame; attention to countertransference; and clarification of experiences, emotions, and relationships including giving psychotic symptoms context in internal and external object relationships.

Objectives: This study has two aims. First, to present the progress of a patient with chronic schizophrenia treated with psychodynamic psychotherapy. Second, to provide a systematic review of comparative trials that have included psychodynamic psychotherapy as treatment for SSD.

Methods: The case presentation includes information from the therapist's notes, video footage, and the electronic health record. The systematic review will be conducted in November and December, 2022, and in accordance with the Preferred Reporting

Items for Systematic Reviews and Meta-Analyses 2020 guidelines. The databases of MEDLINE, EMBASE, and PsycInfo will be searched for literature.

Results: L, a 25-year-old woman, was diagnosed with paranoid schizophrenia five years prior to starting psychodynamic psychotherapy at an outpatient unit for SSD. L grew up with a close relationship with her mother, father, and sister. She was bullied in school and clearly remembered being told by her classmates that she was "just L". When therapy began L had been living with her boyfriend for six months. Voice hallucinations were one of the most interfering symptoms. The most present voice, M, was both her best friend and worst enemy. During psychotic breakdowns M could take control of L's body. L was incapable of making her own decisions. Small and big decisions were consulted with a family member or the hallucinatory voices. L attended 33 psychotherapy sessions from October, 2020 to November, 2021. In the first six months, sessions were weekly and afterwards biweekly due to L feeling significantly better and she wanted to have more time to study. L benefitted from the structure and clarifying questions from the therapist. Most notably, she broke up with her boyfriend. She started dating and found a new boyfriend. At this point the voice hallucinations and psychotic breakdowns were reduced considerably. In the termination phase the themes were feeling insecure, relationships, and how having been bullied affected her as an adult. Results from the systematic review are not available at the time of submission.

Conclusions: In the present case, psychodynamic psychotherapy was an effective treatment of psychotic symptoms as well as childhood trauma and interpersonal conflicts for an individual with paranoid schizophrenia. It speaks for a broad application of psychodynamic psychotherapy in the treatment of SSD as the therapy both assesses and treats psychotic and non-psychotic symptoms.

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EPV0877

The concept of love in the patchwork family and it's use in psychotherapy

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Introduction: The authors - both active psychotherapists and at the same time happily married couple - present bravely a unique case study: theirs own patchwork family. The dwelve deeply into family systems dynamic, analyze the relationship between grandparents, parents and children. The standard roles of father and mother are taken into examination, especially after the youngest baby is born. With wit and humor, the authors define the new working paradigm of patchwork love.

Objectives: Define the new concept of love in patchwork family and redefine the traditional roles.

Methods: Case study.

Results: The result - the new concept of a fully functioning patchwork family with redefined love concept and new roles - enables better understanding and richer life.

Conclusions: We should always seek for love in the families, which come to psychotherapy / psychiatry office for help. Understanding the dynamic of love in the patchwork family is crucial to providing high quality help.

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EPV0878

Psychological Inflexibility in Depression with Psychotic Features: A Case Report

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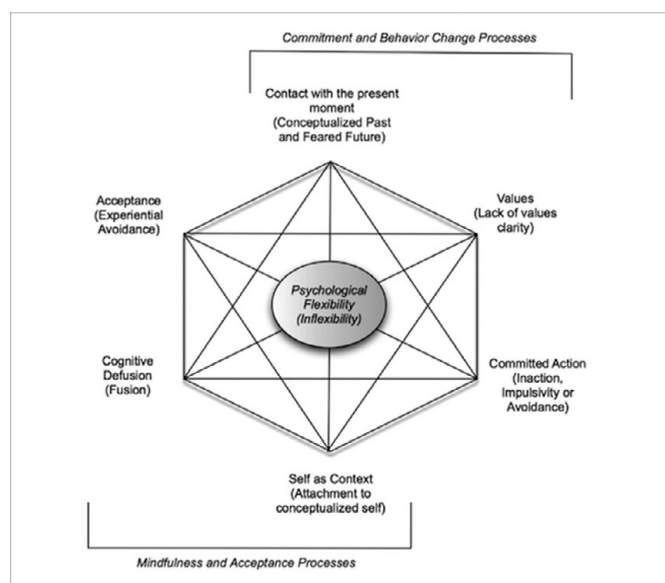
Introduction: Major depressive disorder (MDD) is a mood disorder that can last for weeks or even months, in which there is a depressed mood accompanied by anxiety, in addition to negative changes in cognitive functions, psychomotor movement and vegetative functions. Depression with psychotic features is a psychiatric syndrome that progresses with delusions as well as severe symptoms such as psychomotor retardation or agitation, depressive ruminations, deterioration in cognitive functions, and confusion. Compared to the subtypes without psychotic features, the symptoms are more severe, the age of onset is earlier, and the duration of the disease is longer. Feelings of guilt, worthlessness and suicidal thoughts and attempts at suicide are more common. The risk of exacerbation is greater. Diagnosis of bipolar disorder and schizophrenia is more common in first-degree relatives of these patients.

Objectives: An 18-year-old female patient with somatic delusions and psychotic persistence that started after a sexual trauma and persisted for 1 month was consulted after organic exclusions were made. It is understood from the anamnesis that the patient had a manic episode about 6 months ago and that his mother was followed up with a diagnosis of bipolar disorder. The patient's current clinical picture was evaluated as depression with psychotic features, and after hospitalization, the treatment was adjusted as fluoxetine 20 mg/g, olanzapine 5 mg/g, and lithium 900 mg/g. Self as context, cognitive defusion and acceptance interventions were applied to the patient.

Methods: When the Cognitive Fusion Questionnaire(CFQ), Self-as-Context Scale(SACS), Acceptance and Action Questionnaire (AAQ-II) completed by the patient during hospitalization and in remission periods were compared, it was observed that there was a significant regression in the patient's psychological inflexibility during the period of remission. Written informed consent was obtained from the patient whose clinical picture was presented in order to contribute to the scientific literature.

Results: Depression with psychotic features is another clinical picture in which psychological inflexibility increases, and it has been observed that interviews to increase psychological flexibility during the treatment process contribute positively to the treatment process. For this reason, the contribution to the healing process can be better clarified in further studies on interventions to increase psychological flexibility applied in addition to pharmacological treatments.

Image:



Conclusions: Psychological inflexibility is an effort to control a person's emotion, thought, behavior or experience in a dysfunctional way in the face of an undesired experience. It has been seen in studies conducted in recent years that; There is a significant positive correlation between high psychological inflexibility and somatization, depression, anxiety and other psychological disorders.

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Quality Management

EPV0879

“Clinical café meeting” - a clinician peer support and case discussion meeting: A tool for reflective practice and consolidation of resilience

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Introduction: Previous studies have shown that Peer Support Programs (PSPs) promote workforce wellness by supporting clinicians during times of heightened stress and vulnerability (Keyser, et al., 2021). Inclusion of case discussions in PSPs can provide opportunity for reflective practice, quality improvement, and professional development, in addition to strengthening clinicians' resilience.

Objectives: To describe the experience and perceived benefits reported by participants (psychiatrists) of a peer support and case discussion group meeting, of a clinical department of psychiatry