

EPP1124

Combined therapy of positive interventions and cognitive training for reducing neurobehavioral symptoms of traumatic brain injury: A clinical case

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Introduction: There is a need to study therapies that may contribute to the successful rehabilitation of veterans with traumatic brain injury (TBI) and increase their effective interaction with the stressful environment, reduce the severity of symptoms. Combined short-term therapies may have potential.

Objectives: To analyze the clinical case of combined psychological treatment of TBI in a Ukrainian combat veteran with reduced resilience

Methods: The clinical case of Ukrainian combat veteran with TBI is presented. Montreal Cognitive Assessment (MoCA) was used to assess cognitive domains. Neurobehavioral symptom inventory (NSI) was used to assess neurobehavioral symptoms of TBI. CD-RISC was used to assess resilience. In addition to pharmacotherapy, the patient agreed to undergo a combined program of psychological therapy of 3 short-term positive intervention sessions and 3 cognitive training sessions.

Results: MoCA result prior to treatment was 24 p., NSI – 38 p., CD-RISC – 44 p. (lower than in population). After the combined therapy, the results of the assessment with MoCA were 26 points, NSI was 17 points, CD-RISC – 47 points. Subjectively, the patient noted an improvement in emotional state, better resilience, and a significant reduction in the intensity of cognitive symptoms.

Conclusions: Combining positive interventions with cognitive training can have the potential to significantly improve the neurobehavioral and cognitive functioning of war veterans with traumatic brain injury, and also possibly increase resilience. Further research in this direction will be conducted to obtain more reliable results.

Keywords: positive interventions; combined therapy; traumatic brain injury; cognitive training

EPP1123

Achievements and problems of psychosocial rehabilitation: Results of sociological research in the volga federal district

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Introduction: The active development of psychosocial rehabilitation (PSR) has been taking place in Russia within latest two decades. In this regard, analysis of the accumulated experience and problems' identification in the PSR field is relevant.

Objectives: Conducting a sociological study in the Volga Federal District (VFD) to work out measures for further PSR system development.

Methods: Sociological, statistical, original semi-structured questionnaire on PSR application, including 26 questions.

Results: 63 institutions providing psychiatric care in 14 large regions of the VFD participated in the study. Achievements in the field of PSR include: introduction of new forms of rehabilitation care, modern psychosocial interventions; development of the volunteer sector and others. A number of systemic problems were also identified: more pronounced decrease in the availability of psychiatrists in VFD compared to the Russian Federation (RF) as a whole (in the VFD 0.76 psychiatrists per 10 thousand population in 2017 and 0.74 per 10 thousand population in 2018; in RF: 0.83 psychiatrists per 10 thousand population in 2017, 0.82 per 10 thousand in 2018); insufficient provision with psychotherapists, psychologists, social workers, which varies considerably in different territories (up to 10 times); insufficient use of non-profit organizations' (NPOs) potential; lack of a unified system for assessing PSR effectiveness.

Conclusions: Measures for development of PSR were proposed: improving staffing levels and qualifications of employees, introducing psychosocial interventions with proven effectiveness; dissemination of successful experience of NPOs, development of methodological tools for assessing effectiveness of PSR, its standardization and others.

Keywords: sociological; psychosocial interventions; effectiveness; Psychosocial rehabilitation

EPP1124

Visuospatial training has positive effect on language abilities in children with Delirium diagnoses and inclusion of delirium-specific

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Introduction: It was shown that children with specific language impairments (SLI) have deficits not only in producing and understanding language but also in visuospatial abilities (Kiselev et al., 2016). We assume that training programs that are aimed to develop the visuospatial abilities can help children with SLI.

Objectives: The goal of this study was to assess the impact of visuospatial training on the language abilities in 6–7 years old children with SLI.

Methods: The participants were 20 children aged 6–7 years with SLI. Children were randomly assigned to the intervention and comparison group. Children from intervention group participated in 8 weeks of visuospatial training. This programme trains the child to do different visuospatial exercises both on motor and cognitive level. This programme is built on the conceptual framework derived from the work of Luria's theory of restoration of neurocognitive functions (Luria, 1963, 1974). We used the subtests from Luria's child neuropsychological assessment battery to assess language abilities in children before and after the intervention period.

Results: Analysis of covariance tested the effect of visuospatial training programme on five language subtest from Luria's child neuropsychological assessment battery. Group differences ($p < .05$) were found for subtest that assess understanding prepositions that describe the spatial relations between objects. Posttest mean for the intervention group were significantly ($p < .05$) greater than the control group.

Conclusions: It can be assumed that visuospatial training in children with SLI benefits specific language abilities for understanding sentences with spatial prepositions.

Keywords: specific language impairments; visuospatial training; visuospatial abilities

EPP1125

The level of consciousness and mental reactions of children after acute brain injury (interdisciplinary rehabilitation)

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Introduction: The process of recovery of mental reactions in children after acute traumatic brain injury is determined by complex methods with an interdisciplinary approach. Studies of emotional, communicative and behavioral reactions are based on an assessment by a psychiatrist and a teacher-defectologist.

Objectives: To study mental reactions and identify predictors of positive recovery of consciousness after acute brain injury in children in early rehabilitation.

Methods: 48 children (14–36 months) with acute severe traumatic brain injury who were admitted for treatment and rehabilitation (in CRIEPT). Methods: psychiatric and pedagogical examinations; also - neuroimaging data and others.

Results: Three groups of children were identified, depending on the different severity of emotional, communicative and behavioral indicators: Group 1 (11%): The level of consciousness is minimal positive. Reactions: stable gaze fixation; emotional reaction to sound (smile) and the face of an adult; short-term tracking of the gaze of the object; the ability to touch an object and hold it; sits himself. Group 2 (33%): The level of consciousness is minimal positive / negative, with an advantage of positive. Reactions: unstable gaze fixation; emotional reaction and involuntary movements to sound; reflex seizure of an object; sits with support. Group 3 (56%): The level of consciousness is minimal negative. Reactions: no emotional reactions, low motor and sensorimotor activity.

Conclusions: Predictors of emotional-communicative and behavioral indicators of recovery of the level of consciousness were identified: sensory and motor, cognitive and socially-oriented. These predictors are the basis for choosing a rehabilitation program with interdisciplinary support and a treatment strategy.

Keywords: interdisciplinary approach; child rehabilitation; mental recovery; minimal consciousness

EPP1126

Phenomenology of psychiatric stigma: A factor of patients' motivation to treatment

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Introduction: Psychiatric patients often are self-stigmatized and hardly involve in the treatment.

Objectives: Associations of self-stigmatizing beliefs in psychiatric inpatients and their treatment motivation.

Methods: 63 inpatients; ICD-10: F2–65%, F3–13%, F4+F6–14%, F06–8%; mean age 34±13, illness duration 12±11 years. Treatment Motivation Assessment Questionnaire (TMAQ), Internalized Stigma of Mental Illness scale (ISMI); K-mean cluster analysis; dispersion analyses; $p \leq 0.05$.

Results: 18 patients of cluster 1 (C1) demonstrated explicit self-stigmatization. In comparison with 25 subjects from cluster 3 (C3) stigmatized patients (C1) had higher levels of overall ISMI scores (2.9 ± 0.3) caused by alienation (3.1 ± 0.5), stereotype endorsement (2.5 ± 0.5), social withdrawal (2.7 ± 0.4), and discrimination experience (2.7 ± 0.4). 20 patients of cluster 2 (C2) had an implicit stigma. They were more self-stigmatized (ISMI score 2.7 ± 0.3) in contrast with subjects from cluster 3 (1.9 ± 0.2) due to a lower level of stigma resistance (C2: 3.8 ± 0.5 and C3 3.1 ± 0.6 – reverse scores). Patients with implicit self-stigma (C2) had the lowest intensity of treatment motivation (Z-scores -1.2 ± 0.6) comparing with others (C1 and C3) due to the lowest TMAQ factor 1 (reliance on own knowledge and skills to cope with the disorder: -1.0 ± 0.6) and factor 4 (willingness to cooperate with doctor: -0.9 ± 1.0). Differences between explicitly and implicitly stigmatized patients manifested also in lower TMAQ factor 3 for the second group (awareness of the psychological mechanism of maladaptation: -0.5 ± 0.9).

Conclusions: Despite alienation, stereotype endorsement, social withdrawal, discrimination experience some patients could sustain stigma due to cooperation with doctors and reliance on their own knowledge and skills to cope with illness.

Keywords: Stigma; motivation; adherence

EPP1127

Psychosocial rehabilitation for severe mental illness: A community project adjustable to the needs and resources of the population

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