

EV1074**Flexible eclectic psychotherapy (FEP):
A model for psychotherapy
integration**

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Introduction Most experienced psychotherapists use an eclectic approach in their practice, combining techniques of different schools of psychotherapy to treat their patients. However, there are no good teaching models to train the new generation of psychotherapists in the technique of psychotherapy integration. FEP is a form of psychotherapy that combines techniques from four different psychotherapies: psychodynamics, CBT, IPT and supportive therapy. It also incorporates mindfulness, motivational interviewing, exercise and nutrition. A strong therapeutic alliance is crucial to the success of FEP. Techniques are tailored to the patient's current clinical state. Several techniques from different psychotherapies may be used in the same session. The therapist is empathic, flexible adaptive to the patient's needs and assumes an active role in the therapeutic process.

Objective To present a model of psychotherapy integration that can be used by psychotherapists in their clinical practice.

Aims We aim to present a model of psychotherapy integration that can be taught and implemented by psychotherapists in their clinical practice.

Results We present ten case examples where FEP was effective clinically and we compare it to the standard of care received by these patients and show the savings to the healthcare system.

Conclusion The results of our study suggest that FEP could be a cost effective treatment that could be added to the psychotherapists toolbox. Teaching and training methods, like manuals and workshops can be developed to train the new generation of psychotherapists.

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EV1078**Group therapy with eating disorders**E. Garcia^{1,*}, R. Martinez², M. Leon², F. Polo²¹ *Ciudad Real, Spain*² *Hospital General de Ciudad Real, USMIJ, Ciudad Real, Spain** *Corresponding author.*

The aim of this abstract is shown the results obtained working, into a group model, with adolescents that suffer eating disorders.

One issue that is common with that group of patients is a social dysfunction that makes them to isolate or start risk conducts as a way to integrate with partners.

In some cases, isolation or risks conducts are difficult to work in a individual or family therapy model, as both of them are lack of the generational issues that adolescents live daily.

So, although they may accept the need to improve their relations and social functioning, they will argue that it is not possible and that parents or therapists do not know about how difficult is that in their world.

That way, in this group of patients, it is not rare that therapy become a frustrating experience that enworse patients.

One solution could be group therapy because it solves generational issues and let patients help other patients to improve.

The problem is that when we put together patients with eating disorders one risk is that eating conduct hidden other goals.

We analyse our experience with adolescents with eating disorders and group therapy, explaining our model, goals, problems and solutions.

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EV1080**Motivational interview in drug abuse**H. Guillen Rodrigo*, R. Alonso Díaz, E. Cortázar Alonso
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According to the treatment plan from the motivational interviewing model, we have worked with a 25-year-old male, single and childless. He is currently unemployed and he lives with his grand-parents. His parents divorced about 20 years ago, he has a paternal brother of two years and his mother lives in Barcelona. He went to the USMC Huelva for the first time in 2014.

The patient and the family reported emotional and behavioral disorders for several years, which were getting worse since 4 months. He has been convicted for rash driving and he resisted to police officers for several times. The patient was also abusing of several substances like cigarettes, cannabis, MDMA and cocaine.

In order to work with the motivational interviewing with this patient, we proposed five clinical principles: express empathy, create discrepancy, avoid discussion, put a spin on his strength and promote self-efficacy.

The clinical evolution of the proposed patient was positive. As we could see, the motivation for change occurred when the patient perceived a discrepancy between the place where he was and the place he wanted to get. As we saw, the important thing was to define acceptable and accessible targets that represented the progress toward recovery.

In this style, we avoid the persuasion based on the discussion with the patient, instead we assume the validity of the experiences and the subjective perspectives of the patient. The motivational interview represents an alternative to unleash the change, instead of direct persuasion and aggressive confrontation.

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EV1083**Family therapy preventing the
recurrent major depression with
alcohol dependence patient against
recurrent episode: A case study of
three cases**

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Major depressive disorder with alcohol dependence is an easily recurrent disorder, and its dysfunction has increased risk of recurrence. The main purpose of the family therapy model at issue is to prevent the recurrent major depression with alcoholism patient against recurrent episode.

All three patients have had more than 10 relapses and hospitalizations during the past 5 years. Focuses of the therapy are on the apples drawn by the patient (DDAA), the patient, the couple, and the patient-child relationship. Keywords are gathered from every participant during the therapy session. Besides, the subjects to have verbalized meaningful ideas or successful experiences are immediately, intensely praised by applause. DAILY DRAW AN APPLE (DDAA) homework is that the patient has drawn an apple on a calendar everyday and shares with family members about the apple as well as the patient's feelings of the day. The participants of the therapy are the patient, wife/husband, children and