

## EPV0873

### MULTIFAMILY GROUPS DIFFERENT LOOKS: GROUPANALYTICS OPERATIONAL CONCEPTION INTERFAMILY (T. of attachment and open dialogue)

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**Introduction:** In this work, I will try to approach birth and growth from my stay in therapy groups, including psychotherapy in multi-family groups from a simple observer, to a driver, alone and in co-therapy, to a member of the experience, to a driver member.

**Objectives:** Explain why we are interested in our work center in multifamily therapy groups

**Methods:** Qualitative and narrative of the course of my experience in group therapy over 25 years

**Results:** Based on my experience, I do not see any probability that coordination/direction will be achieved at the same time as symmetry in participation. Knowledge is power, said Foucault, so I must divest myself of my knowledge in order not to have power, and that power be executed by each of the participants with her own life.

**Conclusions:** It is in this process that I have been going through, it makes me think to what extent one makes the effort, I have made the effort not to be in the place of excluding the other, the other sick, of segregating him, as if to feel that I have a place of healing, the other must be someone who is the object of being healed. We have the possession of knowledge, to give light to others, in this disciplinary society, of disciplining in prison institutions, as Foucault would say, prisons, hospitals, army.

In this group work, multi-family, we must go to the singularity of the participants, to make them stand out, to get out and overcome the need for those relatives, who prevent them from growing and thawing, and roughly, hold on and take out the healthy virtuality, but that does not mean that we will achieve, even if we get out of the stereotyping and the sickening circle, that we have arrived at what is healthy, because in some way it will end up being just the way in which we look at what is healthy.

In this process, not only do the participants change, but we do too, because otherwise, we would be in a stereotype, regarding our role and the institution itself.

The mentally ill is not only a justification of families, but of society itself, and that other, that other excluded, will be determined by the historical period itself, and social context, the sick of today were not those of the past nor will they be those of the future.

Power, as Foucault would say, entails resistance, and what is our resistance, that is the question I ask myself, resistance is needed so that power can establish itself, think about counter-power, fissures so that things are renewed, and that is actually what is sought in groups, to work from the cracks of the established

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## EPV0874

### Cognitive behavioral therapy for a woman with depression and systemic lupus erythematosus

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**Introduction:** Cognitive Behavioral Therapy (CBT) provide a means of improving mental health among people with depression. However, few studies have explored its effectiveness with the presence of comorbid somatic disorders.

**Objectives:** We aimed through a case report to describe the cognitive and behavioral management of a patient with depression comorbid with systemic lupus erythematosus.

**Methods:** We present the case of a 47-year-old woman followed since 2012 for a systemic lupus erythematosus. In september 2013, she was diagnosed with depression. The cognitive behavioural therapy took place in 12 sessions of 45 minutes each, one session per week. Initial and final evaluations included Beck's Depression Inventory and the « Questionnaire des pensées automatiques ».

**Results:** During the course of the therapy, we noticed an improvement of the patient's mood, a decrease in anhedonia and somatic complains. We also observed a decrease in instinctual disorders. The final evaluation showed a significant improvement of the different scales. The objectives set with the patient were achieved.

**Conclusions:** Cognitive behavioral therapy is an interesting option for the management of cases of depression, including its comorbid form with a disabling disease such as systemic lupus erythematosus.

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## EPV0875

### Cognitive behavioral therapy for patients with schizophrenia

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**Introduction:** In treating schizophrenia, there is growing interest in introducing and renewing psychosocial therapies, including psychotherapy. In recent years, this has specifically entailed the adaption of particular cognitive behavioral therapy (CBT) approaches, which were previously only utilized for treating anxiety and mood disorders. The negative symptomatology of schizophrenia, which has proven to be especially difficult to treat, can be a challenge for CBT, particularly in terms of enhancing relationships with family and friends and work engagement.

**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.

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## 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: their 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.