

special role in society. Presented behaviours, reactions to stressful situations, unaccepted emotional states that appear to be maladaptive, are often intensified by the rules of monastery life.

**Objectives** The aim of this investigation was to uncover the most significant issues in terms of the specificity of therapeutic work with nuns.

**Methods** The subjects were 12 patients (nuns) with the diagnosis of depressive-anxiety disorder (F41.2 according to ICD-10 criteria). Over the course of the last 10 years (since 2005) we observed the therapy processes of 12 nuns. The psychotherapy group consists of 12 patients at our ward. Every time there was only one nun in the group.

**Results** This study gives an overview of issues and problems reported by the nuns: their sex significantly determines their position in the community of consecrated sociality, their obligations to perform specific work, the rules to follow as well as the resulting consequences for the functioning of mental health.

**Conclusions** In the process of psychotherapy is important and necessary to distinguish between theological and psychological aspects, between what is secular and what is spiritual. The psychotherapy group's as well as the therapist's perception of a nun is of special importance as it is sometimes difficult to distinguish between her social role and her needs, desires, difficulties and conflicts as a human being.

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#### EV1156

### Outcomes assessment: Psychometric properties of the Spanish adaptation of the outcome questionnaire (OQ-45)

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**Introduction** The outcome questionnaire (OQ-45) has been one of the most frequently used instrument to measure clinical outcomes in psychotherapy. Probably due to its subscale structure, its applicability for a variety of disorders and life struggles, its sensitivity to change by repeated measurements and its predictive ability. Given its popularity, OQ-45 has been translated into several languages.

**Objective** As the Spanish version has not been published, through this poster it is going to show the reliability and the dimensional structure of the OQ-45.

**Method** One hundred and thirty-nine patients in clinical settings have completed the Spanish version. Three different confirmatory factor analysis have been calculated to analyze the construct validity.

**Results** The Cronbach Alpha of the instrument was adequate .92, but also, in the three dimensions: symptoms distress (.90), interpersonal relations (.78) and social role (.66). Through the CFA was proved that the Four-factor bi-level model structure [ $\chi^2_{(900)} = 3930.47, P < .001, AGF = .86, CFI = .91, RMSEA = .061 (.049 \text{ to } .073)$ ] suited appropriately, in fact, more properly than the three-factor correlated or the three-factor with a second order factor models.

**Discussion** The three-factor bi-level model structure of the OQ-45 is confirmed indicating an empirically and clinically relevant measure of client functioning. In this model each item loaded on one of the three subscales originally created. Besides, each item also captures common variance represented by the general factor of overall maladjustment, where this factor may indicate the degree to which respondents are functionally impaired. Thus, OQ-45 is an instrument that could be used for monitoring treatment efficacy and for making informed decisions about clinically significant changes.

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#### EV1157

### A prospective intervention in patients with complicated grief

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**Introduction** Most reactions to grief are adaptive. However, there is the possibility that some individuals present a complicated grief disorder, where there is a pathological intensification of symptoms lasting more than 6 months, deserving special treatment.

**Objectives/aims** Evaluate the effectiveness of two types of intervention in complicated grief: group intervention (GI) and cognitive-narrative (CN) therapy.

**Methods** Patients in a complicated grief process were selected ( $n = 70$ ), and distributed in three groups: cognitive-narrative therapy group (CNTG), group intervention group (GIG) and a control group (CG). Inclusion criteria: adults, with a reference to mourning situation, with personal meaning, for over six months and results in ICG  $\geq 30$  points (cutoff). The Inventory of Complicated Grief (ICG), the Center for epidemiologic studies depression scale (CES-D) and the trauma questionnaire (ICD-11) were used. Follow-up was performed 3 months after the end of each intervention. Data analysis was performed using the statistical package from social sciences (SPSS 20).

**Results** With respect to complicated grief symptoms (CGx) and depression symptoms (Dx) there were statistically significant differences between the CNTG and the CG, but not with the GIG. There was no statistically significant effect in post-traumatic symptoms (PTx), even though both interventions had a slight decrease. When the CNTG and the GIG were directly compared, there was only a statistically significant difference between PTx.

**Conclusions** In our single center cohort, CNTG was a more effective intervention in complicated grief patients for CGx and Dx reduction. For PTx, no intervention was superior. Larger multi-center studies are needed to validate these results.

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#### EV1158

### Cognitive behavioral therapy and acceptance and commitment therapy as augmentation treatment for paediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS): A case report

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**Introduction** Paediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are a subgroup of conditions including obsessive-compulsive disorder (OCD), tic disorders, pre-pubertal and sudden onset, temporal association between streptococcal infections and associated neurological abnormalities. Some strategies were developed, including the use of antibiotic prophylaxis to prevent streptococcal-triggered exacerbations, and immunomodulatory interventions for the man-

agement of acute symptoms. Cognitive-behavioral therapy (CBT), which has been demonstrated to be the first-line treatment for OCD, can be a valid adjuvant during the difficult course of PANDAS to target acute symptoms and prevent exacerbations.

**Objectives** The study presented a case of a patient with PANDAS treated with antibiotic medication and CBT as augmentation.

**Methods** The 11-year-old patient (Y-BOCS pre-test score = 32), had been hospitalized for three weeks for acute onset of PANDAS. The clinical picture consisted of asthenia, contamination fears and washing compulsions, separation anxiety, severe depression and anxiety. Pharmacotherapy involved risperidone 2 mg/die and sertraline 250 mg/die for five months combined with antibiotic prophylaxis for two years. The CBT intervention started at discharge from hospital and included psycho-education on anxiety, intensive exposure and response prevention (2 hour sessions three times a week) for twelve months, cognitive restructuring, diffusion and mindfulness for the subsequent twelve months.

**Results** Anxiety and OCD symptoms substantially improved. The patient gradually started school again. Post-test score was 11 on the Y-BOCS.

**Conclusions** Along with psychiatric and antibiotic medications, CBT may be a valid augmentation strategy for PANDAS to reduce risk of exacerbations and enhance symptom improvement. Limitations are discussed.

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#### EV1159

### Basic principles of supervision and its ethics in cognitive behavioral therapy

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**Background** Supervision is the systematic guidance of a therapist by a supervisor. It is a basic part of training and ongoing education in cognitive behavioral therapy (CBT). Self-reflection and ethical reflection are an important part of supervision.

**Method** The Pubmed database was searched for articles using the keywords supervision in CBT, therapeutic relations, ethics, transference, counter transference, schema therapy, dialectical behavioral therapy, acceptance and commitment therapy.

**Results** We discuss conceptual aspects related to supervision and the role of self-reflection and ethical reflection. The task of supervision is to increase the value of the therapeutic process in the client's best interest. Establishing the supervisor-supervisee relationship is based on principles similar to those in the therapeutic relationship. Additionally, supervision is oriented towards increasing the therapist's competencies. The CBT therapist's core competencies involve good theoretical knowledge, professional behavior towards clients, ability to use specific therapeutic strategies for maintaining the therapeutic relationship, sensitivity to parallel processes and accomplishment of changes, and adherence to ethical norms. Given the fact that during supervision, the supervisee may be at any stage of his/her training, supervision must take into consideration where the therapist is in his/her training and development and what he/she has or has not learnt.

**Conclusions** Both the literature and our experience underscore the importance of careful supervision of cognitive behavioral therapy. Numerous approaches are used in supervision, which is

associated with the abilities to self-reflect and to realize transference and counter transference mechanisms.

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#### EV1160

### Bion's group psychotherapy for dramatic personality disorders: An empirical study in a public mental health

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**Educational objectives** Psychotherapy is the most preferable intervention for personality disorder patients and group psychotherapy offers the possibility to increase the self-perception through resonance and mirroring processes. When a group is disorganized and emotionally tensioned generates regressive movements, which make it a basic assumption group.

**Purpose** To highlight the change of a group of patients after the inclusion of a new patient named Margherita.

**Methods** The patients were included within the group run by two psychotherapists after a cluster B personality disorder's clinical diagnosis (except for antisocial personality disorder), confirmed by SCID II and by a set of individual interviews aimed to prepare the patient to the inclusion within the group.

**Results** Margherita, from the first sessions, showed the tendency to coercively polarize the attention on herself through themes of discouragement and helplessness, posing a threat for the members' identity and resulting in a disorganization of the work group, which became a basic assumption group.

**Conclusions** The temporary disorganization of the group with the consequent regression to a worse functioning condition has subsequently allowed to revitalize the group and to avoid its dissolution. After the temporary regression, indeed, the work group was restored and started again to function even based on the new patient's problems.

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#### EV1161

### Why do I have to die twice? EMDR treatment after experience of clinical death

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**Background** Clinical death is etiologically non-specific state of reversible cessation of blood circulation and breathing, the two necessary criteria to sustain life. Serious consequences in form of anxiety and/or depression can remain after recovery.

**Case report** Male patient 55 y/o with no prior history of psychiatric difficulties, who experienced clinical death after cardiac infarction. Reanimation was successful and he was discharged with minimal if any cardiac consequences. During the hospitalization in Coronar unit he reacted with major depression, and aftermath with debilitating anxiety and panic attacks followed by avoidant behavior, obsessive thoughts, social withdrawal, and consequently, very poor quality of life, regardless of the favorable outcome of somatic (cardiac) illness. The patient did not want psychiatric