

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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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

medications, so EMDR treatment was introduced. We assess negative cognition: why do I have to die twice? “Subjective unit of disturbance regarding the traumatic event (SUD) was 9”. Adhering to the EMDR protocol, the therapist helped the patient to re-process the traumatic event (the very moment when he was told that “he was died”). Complete desensitization and reprocessing were accomplished, SUD was 0, VoC was 7. Patient reached pre-morbid level of psychosocial functioning, doing his demanding job, and enjoying his social life.

Conclusion Near death experience has high traumatic potential with serious psychological consequences. EMDR is efficacious treatment for variety of anxiety disorders caused by psychologic trauma due to physical illness.

Keywords EMDR; Clinical death; Panic disorder

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EV1162

The use of “pliable media” in promoting symbolization in the psychoanalytical psychotherapy of psychosis

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Introduction In psychosis, the capacity of symbolization is lost to different extents and patients live in a concrete world of objects. Moreover, the lack of boundaries between self/other, inside/outside severely impairs the capacity of these patients to understand and recognize reality from the delusional dimension.

Objectives Working through psychotic concreteness and accessing a first subjectivation of this experience, that leads to the development of a first symbolization.

Aims Achieving the possibility to access a first symbolization and begin a delicate process of appropriation of the emotional experience with the establishment of the boundaries between inside/outside.

Methods The use of “pliable media”, such as drawing, as therapeutic mediation allows a partial defraction of the violent transferential dynamics from the therapist and let unsymbolized material to emerge less destructively in the treatment fostering a first figurability.

Results The Squiggle game as “pliable medium” facilitates a first encounter in the therapeutic relationship and represents a primal transitional area that allows a gradual working through process to take place where the establishment of the boundaries between inside/outside could begin.

Conclusions We suggest that the use of “pliable media” in the early stages of the psychotherapy of psychotics can significantly favor a first encounter between patient and therapist and, at the same time, provides the first experience of a transitional space where a working through process leading to first representations can take place.

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EV1163

Interoceptive exposure at the heart of emotional identification work in psychotherapy

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Introduction Emotional avoidance is a target process, offered by modern psychotherapies. Emotional exposure is often difficult to put in place when there is a major cognitive and behavioral avoidance. Education on emotional processes is necessary but often insufficient during individual follow-up.

Objectives The longitudinal study seeks to verify whether work on exposure and emotional identification influences the decreased level of anxiety and depression.

Aims Introduction of interoceptive exposition in psychotherapy decreases the frequency of emotional avoidance.

Method Group psychotherapy composed of two modules: interoceptive exposure and emotional identification was proposed to patients with anxiety and depressive disorders. A group of 6 participants was evaluated at three times: T0 before the start of the group, T1 post-module 1 and T2 post-group. Assessments of HAMA anxiety, MADRS depression, QEC cognitive avoidance, UPPS impulsivity, MCQ-30 metacognition and emotional regulation REQ-21 have been proposed.

Results Significant differences were observed between pre- and post-intervention scores (Friedman test). The HAMA anxiety rate ($P=0.006$) and the MADRS depression ($P=0.047$) decreased. Participants in the group were less likely to use QEC thought substitution ($P=0.009$) and urgency in their UPPS reactions ($P=0.03$). Moreover, their external dysfunction REQ. 21 decreases ($P=0.03$).

Conclusion Faced with emotional avoidance, work on emotional identification requires prior interoceptive exposure. It is a first stage of work that involves sensitizing to the presence of emotional bodily sensations. Group work facilitates exposure to emotion and its identification; deceleration leading to emotional intensity decrease. The work on the interoceptive exhibition facilitates the emotional exposure while participating in the deactivation of the associative emotional network.

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Borderline personality disorder – dilemmas and therapeutic challenges

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Treatment of borderline personality disorder has some specifics relative to other disorders, which are deriving from nature and structure of those people. Treatment is very slow, often with interruptions, and it presents a special challenge for contratransferal feelings but at the same time offers a possibility of continuous learning, for the patient and the therapist. Main characteristics of this personality disorder are the diffusion of identity, primitive defence mechanisms concentrated around the cleft and relatively preserved ability to rest reality. As classical psychoanalysis and psychoanalytical psychotherapy did not give results in therapy of this