

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; decentration 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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## EV1164

### 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

disorder, Otto Kernberg took its basic techniques but used them adjusted for borderline personality disorder, developing so called transfer focused psychotherapy. This paper will present the main principles of this modification, applied in practice.

**Keywords** Borderline personality disorder; Transfer focused psychotherapy; Therapy principles.

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#### EV1165

### Psychosomatic inpatient treatment achieves in the medium term sustainable clinical improvement as well as a reduction in utilization of medical services-results of a one-year follow-up

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**Background** The research on sustainability of effectiveness of inpatient psychosomatic treatment is necessary for epidemiological and economic reasons as well as towards their legitimacy.

**Objectives and aims** To investigate whether the achieved clinical improvement by the inpatient treatment continues one year after discharge and whether the utilization of medical services display a significant reduction post-discharge compared to the year before admission.

**Methods** Naturalistic 1 year follow-up study of a cohort ( $n = 122$ ). Three measuring time points: T1 (discharge), T2 (6 months after discharge; drop-out rate about 33%), T3 (12 months after discharge; drop-out rate about 49%). Assessment by means of standardized tests of changes in clinical variables, self-efficacy, quality of life, and personality between discharge and one year after discharge. Utilization variables (hospital days, days of incapacity, medication and doctor visits) were compared with ranges in the year before admission.

**Results** Improvements at discharge in general functionality, psychological and somatic stress, depressiveness, bitterness level, quality of life and self-efficacy remain one year after discharge sustainably. Furthermore, hospital days, days of incapacity, number of doctor visits and of prescribed drugs decreased significantly in comparison with the year prior to admission.

**Conclusions** Inpatient psychotherapy is effective not only in short-term but also in medium-term. One year after discharge clinically improvement at discharge time-point remains stable and the utilization of medical services decreased significantly. Longer periods of observation, identification of risk groups and of resilient prognostic factors, as well as ensuring post-discharge care are necessary in order to prevent relapses and to made early interventions.

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#### EV1166

### Cognitive behavioral therapy in Internet addiction – A case series

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Internet use increased significantly in the last decade through the development of portable technologies, like laptops, smart-phones, tablets etc. Time spent on Internet could become a problem for many users, some of them reporting a sense of control loss, as they begin to stay more on-line than they initially wanted. Gaming, shopping, gambling, social networking, visiting pornographic sites, e-mailing, all these activities could transform an apparently inoffensive mean of communication into the trigger of a behavioral addiction. We applied individual cognitive-behavioral therapy (CBT) in three cases of Internet addiction, with cognitive re-structuring based on a diary of dysfunctional thoughts, relaxation techniques, and coping skills training, with good results. CBT was structured in bi-weekly sessions, of 30 minutes duration, for 6 weeks. Time spent on-line and daily functioning were the main variables monitored. A very important issue is to address all potential factors that could maintain the disorder, like social skills deficits, personality disorders, other co-morbid addictions, anxiety or depressive symptoms etc. Elements of motivational interview could be helpful especially at first visit, but also during therapy, when danger of relapse surfaces. Cue exposure with prevention of response is another technique that had proven itself useful in several sessions, when automatic thoughts challenge appeared to have reached a dead point. An informant like a close relative of the patient should be involved in the therapy whenever possible, due to the fact that Internet addiction therapy, like any other addiction therapy, need a third party to offer feed-back regarding patient's changes under treatment.

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## e-Poster viewing: Quality management

#### EV1167

### The quality of life at disabled child's parents

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This study is focused on presenting the quality level of the life of parents with disabled children and the determination if there are any differences between parents that are in a treatment process and those that have just started this treatment for their children. Another aspect where this study is focused, are the indicators of life quality. A sample made by disabled children parents ( $n = 100$ ), who are in “QKZHMT” center in Kombinat and PLM in Vlora, underwent the measuring instrument with a total of 40 self reporting allegations as well as, they became part of the focus groups how they present differences in applied conditions of the compound factors of life quality. In this study the research question was: “are there differences in the reported levels of parents with disabled children life quality who have just started the children treatment program with those who have started it six month ago?” Part of the quality focus was: “the differences and similarities exploration of the parenting experience of the parents with disabled children”. These conclusions were reached, affected by the comparative statistical analysis conducted in this study, that there are no