Methods: Strategies: clinical-qualitative design, semi-directed interviews with open-ended questions in-depth. Six clinical psychologists from a Brazilian city participated, with a sample closed by information saturation. Interviews audio recorded, full transcribed and categorized by Qualitative Content Analysis. Results were peer-reviewed in meetings in a Qualitative Research Study Group.
Results: Findings: Three emerging categories - (1) Ambivalent emotions as challenges for clinical management, (2) The non-paralyzing experience of emotions, (3) The management that is learned in practice.
Conclusions: Considerations: assistance to patients with a suicidal crisis can generate ambivalent emotions, not always paralyzing. When recognized and elaborated can assist in clinical practice. It can be tools that will support qualified approaches, especially in relation to suicide. As a public health problem, it demands a combination collective actions with effective individual clinical approaches.

Keywords: mental health; Qualitative Research; Suicide Attempt; psychoterapy

EPP1103

Group treatment experience in a brief psychiatry hospitlization unit

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Introduction: Joseph Pratt, a sanatorium doctor, at the beginning of the 20th century began to organize groups of patients in order to transmit information about their illness, observing that those who came had a better evolution. In the twenties, Jacob L. Moreno, would make the leap towards mental health, transferring the group format to the treatment of mental disorders. At the same time, Lazell and Marsh began to carry out psychoeducational groups with admitted schizophrenic patients.
Objectives: Present experience of a psychotherapeutic group in a brief psychiatry hospitalization unit.
Methods: Non-directional, voluntary group, with daily frequency and 30 minutes duration. Between 8-15 patients participated. Participation in the group required compliance with 2 rules: respecting word turns and speaking from one's own experience. The sessions were organized in three parts, 1. Opening of the group: the rules are remembered and we welcome new patients. 2. Group: dialogue between patients 3. Group closure: summary of the session and dismissal of discharge patients.
Results: The following topics were addressed: - The experience of admission; traumatic vs restorative. - The difficulties they expected to encounter after discharge. - Aspects related to family bonding, between equals and couples. As difficulties we find: - The heterogeneity in the symptoms of the patients. - Voluntary participation in the group. - Conflicts reactive to non-compliance with the rules.
Conclusions: Group therapies in brief hospitalization units have great therapeutic potential.

Conflict of interest: No significant relationships.

EPP1104

Case report of a dissociative identity disorder

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Introduction: Patients with dissociative identity disorder (DID) present two or more identities, where one of them is the main one. Although it is a widely questioned diagnosis, it is currently found in the main DSM-5 and ICD-10 diagnostic manuals.
Objectives: Present a case of dissociative identity disorder.
Methods: 46-year-old woman who attended the CSM referred for her MAP due to anxiety-depressive symptoms. Throughout the interviews the patient brings up to 4 identities with alterations in memory, consciousness, multiple dissociative symptoms, sound thinking, constant fluctuations in mood. She is separated, has two children, takes care of them, although she is not able to maintain work functionality. The patient is seen once a week for 45 minutes. Psychotherapeutic treatment is carried out, the objective of which is to establish a safe therapist-patient bond to favor the integration of their parts, and pharmacological treatment, which was carried out with haloperidol, lorazepam and desvenlafaxine.
Results: Throughout sessions, the anxious symptoms diminished, being able to carry out psychotherapeutic work. Dissociative symptoms were slightly reduced, partially integrating some of the identities. There was a slight stabilization in mood and decrease in psychotic symptoms.
Conclusions: There is no well-established treatment for DID. Combined therapy (psychotherapy and pharmacological) may be an option for these patients. The therapeutic framing of the sessions, working the link, and the low-dose antipsychotic treatment were favorable.
Keyword: dissociative identity framing link

EPP1105

The failure of adherence of the antiretroviral therapy is a field of work for the psychologist to HIV possitive patients in intensive care units

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Introduction: HIV infection is currently considered a worldwide pandemic.
Objectives: The objective of this paper is to outline the profile of HIV – positive patients in intensive care units, regarding the psycho-emotional and viral parameters.
Methods: We realized a retrospective study for a period of 36 months, evaluating HIV positive patients in intensive care unit

in the "Sf. Parascheva" Infectious Diseases Clincal Hospital Iasi, Romania.
Results: From 1st of Janury 2011 to 31st of December 2013, the HIV/AIDS Regional Centre of Iasi recorded 2649 hospitalizations, of which 18 cases required intensive medical care, 10 males and 8 females. The number of days of hospital admission varied between 4.5 and 32 days in the Intensive Care Unit. Initialy the psychological interview was conducted for 16 of the 18th patients, 2 cases were with severely deteriorated health status that didn't allowed communication. From them, 7 survived and they were evaluated at discharge from IIntensive Care Unit and also monitored long term, that revealed an increase in adherence to Antiretroviral Therapy and a change in lifestyle.
Conclusions: HIV positive patients that requires intensive care showed a marked immunological collapse due to abandonment of the therapy or late detection. In order to fully accomplish the needs of the HIV positive patient, the infectious diseases specialist must collaborate with the psychologist.

Keywords: intensive care unit; antiretroviral therapy; PSYCHOLOGICAL PROFILE; HIV/AIDS

EPP1106

Practical strategies for reducing suicide risk among depressed adults

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Introduction: Suicide remains a major problem throughout society. Unfortunately, recommendations for the treatment of suicidal clients are often presented at a general level, without providing adequate detail that could guide the practicing clinician.
Objectives: The review explains three main strategies that can be used to helpr educe the risk of suicide among depressed adults.
Methods: Method: The review identified three themes derives from an integration of 30+ years of clinical experience working with depressed outpatients combined with a comprehensive review of recent journal articles on depression and suicide.
Results: First, clients may become suicidal when they focus on unfortunate events from their recent or distant past, resulting in tendencies for rumination and guilt. Therapy can help clients cultivate an attitude of contentment, promoting self-forgiveness and a sense of accomplishment. Second, suicidal clients often focus on their current struggles, frequently involving financial problems, interpersonal conflict, and social isolation. Therapy can help clients to embrace life through planned activities, reconnecting with loved ones, and repairing damaged relationships. Third, clients may struggle because of hopeless views of their future, feeling trapped in a desperate situation with no possible solution. Therapy can help clients look to the future with a more optimist attitude and a sense of control.
Conclusions: Clients can learn to search for realistic solutions to their problems, developing a renewed sense of optimism and empowerment. The risk of suicide can be reduced when therapy helps clients reduce guilt and worthlessness, increase meaningful social bonds, and instill realistic hope for the future.

Conflict of interest: No significant relationships.

EPP1107

Psychotherapeutic support peculiarities' in palliative care structure for cancer patients

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Introduction: PPalliative medicine is aimed at achieving the best possible in a particular situation the level of quality of life of the patient.
Objectives: The reaction of grief is one of the strongest and most painful human experiences.
Methods: There were 120 cancer patients observed. The reaction of grief consists of 4 stages: shock and protest - numbness, disbelief and acute dysphoria; absorption - acute longing, search and anger; disorganization - a sense of despair and acceptance of loss and decision.
Results: The initial reaction of grief - shock, emotional numbness and disbelief. The excitement is most pronounced within about two weeks, followed by symptoms of depression, which reach its peak 4-6 weeks. Eventually, the former intense pain of severe loss begins to subside. In addition to the reaction of grief, there is a pathological, which is divided into suppressed (inhibited), delayed (delayed) and chronic. The role of the psychotherapist at this stage is to provide psychological support and assistance to both the patient and his environment to cope with this situation.
Conclusions: The principle of the concept of palliative care is the need to ensure the psychological comfort of the patient.

Keywords: palliative care; hospice; the cancer patients; psychotherapy.

EPP1108

Feasibility and effectiveness of interpersonal psychotherapy interventions in a collaborative stepped care model between primary care and mental health services.

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Introduction: The NICE guidelines recommend for mild major depression a range of low-intensity psychosocial intervention of proven effectiveness, as Interpersonal Counselling, and a stepped-care approach.