

EPV0873

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

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doi: 10.1192/j.eurpsy.2023.2175

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

Disclosure of Interest: None Declared

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

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doi: 10.1192/j.eurpsy.2023.2176

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.

Disclosure of Interest: None Declared

EPV0875

Cognitive behavioral therapy for patients with schizophrenia

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doi: 10.1192/j.eurpsy.2023.2177

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.