

EV1074**Flexible eclectic psychotherapy (FEP):
A model for psychotherapy
integration**

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Introduction Most experienced psychotherapists use an eclectic approach in their practice, combining techniques of different schools of psychotherapy to treat their patients. However, there are no good teaching models to train the new generation of psychotherapists in the technique of psychotherapy integration. FEP is a form of psychotherapy that combines techniques from four different psychotherapies: psychodynamics, CBT, IPT and supportive therapy. It also incorporates mindfulness, motivational interviewing, exercise and nutrition. A strong therapeutic alliance is crucial to the success of FEP. Techniques are tailored to the patient's current clinical state. Several techniques from different psychotherapies may be used in the same session. The therapist is empathic, flexible adaptive to the patient's needs and assumes an active role in the therapeutic process.

Objective To present a model of psychotherapy integration that can be used by psychotherapists in their clinical practice.

Aims We aim to present a model of psychotherapy integration that can be taught and implemented by psychotherapists in their clinical practice.

Results We present ten case examples where FEP was effective clinically and we compare it to the standard of care received by these patients and show the savings to the healthcare system.

Conclusion The results of our study suggest that FEP could be a cost effective treatment that could be added to the psychotherapists toolbox. Teaching and training methods, like manuals and workshops can be developed to train the new generation of psychotherapists.

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EV1078**Group therapy with eating disorders**E. Garcia^{1,*}, R. Martinez², M. Leon², F. Polo²¹ *Ciudad Real, Spain*² *Hospital General de Ciudad Real, USMIJ, Ciudad Real, Spain** *Corresponding author.*

The aim of this abstract is shown the results obtained working, into a group model, with adolescents that suffer eating disorders.

One issue that is common with that group of patients is a social dysfunction that makes them to isolate or start risk conducts as a way to integrate with partners.

In some cases, isolation or risks conducts are difficult to work in a individual or family therapy model, as both of them are lack of the generational issues that adolescents live daily.

So, although they may accept the need to improve their relations and social functioning, they will argue that it is not possible and that parents or therapists do not know about how difficult is that in their world.

That way, in this group of patients, it is not rare that therapy become a frustrating experience that enworse patients.

One solution could be group therapy because it solves generational issues and let patients help other patients to improve.

The problem is that when we put together patients with eating disorders one risk is that eating conduct hidden other goals.

We analyse our experience with adolescents with eating disorders and group therapy, explaining our model, goals, problems and solutions.

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EV1080**Motivational interview in drug abuse**H. Guillen Rodrigo*, R. Alonso Díaz, E. Cortázar Alonso
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According to the treatment plan from the motivational interviewing model, we have worked with a 25-year-old male, single and childless. He is currently unemployed and he lives with his grand-parents. His parents divorced about 20 years ago, he has a paternal brother of two years and his mother lives in Barcelona. He went to the USMC Huelva for the first time in 2014.

The patient and the family reported emotional and behavioral disorders for several years, which were getting worse since 4 months. He has been convicted for rash driving and he resisted to police officers for several times. The patient was also abusing of several substances like cigarettes, cannabis, MDMA and cocaine.

In order to work with the motivational interviewing with this patient, we proposed five clinical principles: express empathy, create discrepancy, avoid discussion, put a spin on his strength and promote self-efficacy.

The clinical evolution of the proposed patient was positive. As we could see, the motivation for change occurred when the patient perceived a discrepancy between the place where he was and the place he wanted to get. As we saw, the important thing was to define acceptable and accessible targets that represented the progress toward recovery.

In this style, we avoid the persuasion based on the discussion with the patient, instead we assume the validity of the experiences and the subjective perspectives of the patient. The motivational interview represents an alternative to unleash the change, instead of direct persuasion and aggressive confrontation.

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EV1083**Family therapy preventing the
recurrent major depression with
alcohol dependence patient against
recurrent episode: A case study of
three cases**

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Major depressive disorder with alcohol dependence is an easily recurrent disorder, and its dysfunction has increased risk of recurrence. The main purpose of the family therapy model at issue is to prevent the recurrent major depression with alcoholism patient against recurrent episode.

All three patients have had more than 10 relapses and hospitalizations during the past 5 years. Focuses of the therapy are on the apples drawn by the patient (DDAA), the patient, the couple, and the patient-child relationship. Keywords are gathered from every participant during the therapy session. Besides, the subjects to have verbalized meaningful ideas or successful experiences are immediately, intensely praised by applause. DAILY DRAW AN APPLE (DDAA) homework is that the patient has drawn an apple on a calendar everyday and shares with family members about the apple as well as the patient's feelings of the day. The participants of the therapy are the patient, wife/husband, children and

the therapists (psychiatrist, social worker). The frequency of the model is from once weekly to twice monthly. Each session consists of the 10 minutes pre-session, the 40 minutes therapeutic session, the 10 minutes post-session. All patients have never been relapsed over the past 18 months after receiving our family therapy under medications.

Finally, with the aid of the family therapy, they have been almost free from affective symptoms and the ambivalence, guilty feeling toward family, frustrations have been steadily gradually improved. To prevent the recurrent major depression with alcohol dependence patient against recurrent episode has been achieved in family therapy presented here.

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EV1084

Influence of art therapy in complex treatment on the quality of remission in patients with recurrent depressive disorder

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Introduction According to studies done in recent years regarding the treatment of patients with recurrent depressive disorder, a shift of interest from studies evaluating the effectiveness of therapy to the study of remission is seen. According to the literature, complete remission occurs in only 40–50% of patients, in other cases there is residual symptoms.

Aims Evaluating the effectiveness of art therapy in treatment in patients with recurrent depressive disorder on the quality of remission.

Methods The study involved 135 patients: 60 male and 75 female patients aged from 18 to 30 years old. The main group of patients apart the combined treatment also participated in group art therapy with the use of drawing techniques, while the control group – statutory standard therapy. We used clinical, psychopathological, psychodiagnostic and statistical methods.

Results The results of the effectiveness of art therapy in complex treatment in patients with recurrent depressive disorder is detected primarily in reducing of the level of anxiety at the early stages of treatment, as well as in reducing of the severity of anhedonia and improving the quality of life in remission period.

Conclusion These results support the use of art therapy in treatment in patients with recurrent depressive disorder during period of active treatment, and after achieving clinical remission contributes to achieving and maintaining high-quality and stable remission with full restoration of quality of life and social functioning.

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EV1087

Psychotherapy of somatoform disorders

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In Ukraine there is tendency to increased diseaseness and prevalence's of somatoform disorders.

The most significant role belongs to the patient's self-evaluation of the influence of the disease on their social status that is an essential

past of the self-picture of the disease and the important point of therapeutic rehabilitation intervention.

On the basis of the examined 300 patients on somatoform disorders and 200 patients on psychosomatic diseases, we have elaborated a formal test that allows evaluating quantitatively the influents of the disease on various spheres of patients' social status.

It was absolutely unexpected the common for psychosomatic and somatoform disorders patients rise of significance of personal individual, every day life factors in cases of aggravation of the main disease course. We created the cognitive-behavioral psychotherapy system with suggestive and autosuggestive implementations.

Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, psychological support for patients with high-effectiveness 1.5–3 years catamnesis in 85% patients.

Our experience showed the necessity of the use the target-oriented integrative models of psychotherapy, parted on stages. On the first stage-sedative-adapting the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage elements of the autogenic training mastered.

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EV1088

Trichotillomania – A case report on online treatment

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Introduction ICD-10 classifies trichotillomania (TTM) as one of the habit and impulse disorders. It is characterized by noticeable hair-loss due to a recurrent failure to resist impulses to pull out hairs. The hair pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification. Persons suffering from TTM often hide it. TTM is often unrecognized by doctors, treated by dermatologists or untreated, causing a lot of suffering.

Objective To present treatment of trichotillomania.

Aim To present one case report of trichotillomania treated online.

Methods This is case report of female patient with TTM untreated 13 years. She had earlier been treated for depression and had multiple traumatic experiences. Patient both self-diagnosed TTM and asked for treatment online. During two months, there were 7 sessions and 2 follow-ups. Sessions were online and based on Habit Reversal Training (HRT) and Rational Emotional Behavioural Therapy (REBT). The following issues were addressed: hair pulling, shame, guilt, low self-confidence, assertiveness, low frustration tolerance, panic attacks, sadness. No medications were used.

Results Hair pulling has almost completely stopped. Social functioning and self-acceptance were improved. Guilt and shame have reduced, self-confidence and frustration tolerance have increased.

Conclusion HRT and REBT online treatments have reduced hair pulling and the associated emotional problems.

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EV1089

Introduction to systemic family therapy

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