

## EPV1250

**Spiritually oriented therapy approach applying in complex rehabilitation of patients with mental disorders**

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**Introduction:** Numerous studies point to a high effectiveness of psychosocial rehabilitation using psychopharmacological treatment, psychosocial methods and spiritually oriented care technologies.

**Objectives:** Description of the experience of using a spiritually oriented approach in complex rehabilitation of patients with mental disorders.

**Methods:** Clinical, pathopsychological, statistic. The study involved two groups of patients with illness (ICD-10 F 20.04 – F 20.05, F25.x, F21.3-21.4, F 33.4, F31.7, F32.2 – 18 patients) and comorbid addictive disorders (ICD-10 F10.2x1- F10.2x2 - 17 patients). “The Social Adjustment Scale–Self-Report SAS-SR” (M. Weissman, S. Bothwell, 1976); “Medical Outcomes Study 36-item short form health survey” (SF-36, John E.Ware, 1992); “Methodology of the severity of anti-drug potential” (Kopeyko G.I. et al, 2018); “The Scale of Religiosity” (Kaz'mina O.Y., 2000) were used to assess the effectiveness.

**Results:** All patients received psychopharmacological treatment and participated in rehabilitation work in patient community organizations using psychosocial and spiritually oriented therapy. The rehabilitation program included psychoeducation, skills training, group and individual psychotherapy, social activity. Spiritually oriented assistance was realized in the tradition of dialogical approach (Florenskaya T.A., 1992) and included conversations on Evangelical topics, work in therapeutic groups on the principles of a religious community. Longer remission times, a social functioning improvement, a tendency to change lifestyle based on the values of religious worldview, anti-drug potential increase and a higher understanding of religious life with an orientation towards internal religiosity were revealed among the participants of complex rehabilitation program.

**Conclusions:** Perspective of using biopsychosociospiritual approach in psychiatry in work with patients with schizophrenia and patients with comorbid addictive disorders was shown.

**Disclosure:** No significant relationships.

**Keywords:** schizophrénia; rehabilitation; psychosocial; biopsychosociospiritual

## EPV1251

**Transdiagnostic cognitive-behavioral group therapy for anxiety disorders: Therapists' perception of group management in community-based care**C. Durand<sup>1\*</sup>, M. Provencher<sup>2</sup>, P. Norton<sup>3</sup> and P. Roberge<sup>1</sup><sup>1</sup>Université de Sherbrooke, Médecine De Famille Et Médecine D'urgence, Sherbrooke, Canada; <sup>2</sup>Université Laval, École DePsychologie, Québec, Canada and <sup>3</sup>Cairnmillar Institute, Psychology, Hawthorn East, Australia

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**Introduction:** Cognitive-behavioral therapy (CBT) is recognized as an effective treatment for anxiety disorders. Transdiagnostic group CBT (tCBT) targets cognitive and behavioural intervention strategies common to anxiety disorders. tCBT allows the treatment of a larger number of patients simultaneously and therapists only need to master a single intervention protocol. However, tCBT may present several challenges for therapists, particularly regarding group management.

**Objectives:** To explore therapists' perceptions and experience of group management during tCBT for mixed anxiety disorders.

**Methods:** A qualitative study embedded in a randomized controlled trial of group tCBT (Roberge & Provencher; CIHR, 2015-2021). Semi-structured interviews were conducted with 18 of the 21 therapists to document their perceptions and to identify improvements for tCBT delivery. The data were analyzed using a deductive approach and based on the interactive cyclical process of data reduction, display and conclusion drawing.

**Results:** Therapists raised the challenge of the heterogeneous characteristics of participants' anxious profile, since they had to be creative to provide exercises that were suitable for a whole group. Exposure exercises, a key component of tCBT, were particularly affected by the composition of the groups. Previous group animation experience and the ability to establish a therapeutic alliance from a group perspective were important facilitators. Co-therapy also facilitated the intervention, since it allowed the therapists to be more vigilant to group dynamics and favored the organization of tCBT.

**Conclusions:** This study highlights the importance of exploring therapists' perceptions and experience about group management in order to identify facilitators and barriers of group tCBT in community-based care.

**Disclosure:** No significant relationships.

**Keywords:** Qualitative; Therapist; CBT; Anxiety disorders

## EPV1252

**Embitterment and Aggression in Psychotherapy Patients**

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**Introduction:** Embitterment is an emotion which is known to everybody in reaction to injustice, humiliation, and breach of trust. In greater intensity it can cause severe suffering for the affected person and the social environment, can result in lasting impairment, and even lead to dysfunctional behavior, including aggression. Embittered patients need therapeutic help and are regularly seen in psychotherapy. The problem is often not properly recognized, because of the multiple accompanying symptoms and accusations against the environment.

**Objectives:** Goal of the present study was to learn about the prevalence of embitterment in psychotherapy patients

**Methods:** Outpatients in routine psychotherapy filled in the PTED scale (post-traumatic embitterment disorder selfrating scale), the