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**Introduction** In the past six decades, extensive research has been done on family therapy from different areas of knowledge such as psychology, psychiatry and social work. Leading to development of different intervention techniques and optimal clinical evaluation with families.

**Aims** The systemic perspective focus on the study of the dimensions that contribute to the stability and consistency of the members of the family system. The family is an interrelated system, dependent on each other, where there is an influence of the group over the individual, which is why each of its members plays a pivotal role in family therapy. Throughout all these years of evolution of systemic family therapy, many different concepts and techniques have been used, including the ones currently used today.

**Methods** Knowing the evolution of the different techniques allows us to understand the functioning of families, for example, their links and the elements that constitute it: their roles, the functions performed by each member in the family, communication, standards and power relations.

**Conclusions** The descriptive diagnosis of family ties, help us implement intervention strategies that could improve clinical care and diagnostic approach.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2074>

## EV1090

### Cognitive behavioral approaches to coping with suffering and hardship

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**Introduction** Low level of ability to endure discomfort, hardship and distress, which are integral parts of adverse life events, may lead to loss of mental stability and maintenance of psychological disorder.

**Method** Review of literature and case descriptions.

**Results** The patient often tries to cope with their suffering through avoidance and compensatory behavior which may relieve his suffering immediately; however, in the long term, it leads to the deterioration in the quality of his life and the persistence of suffering. Cognitive behavioral approaches focused on increasing the ability to endure unpleasant and distressful life experiences, allow the patient to better bear the inevitable losses in life, which he is exposed to, endure his anxiety, sadness, and the urge to impulsive action or escape; so the patient have more possibilities to act more freely, functionally and purposefully. Modern cognitive behavioral approaches, such as Dialectic Behavioral Therapy, Mind-

fulness Based Cognitive Therapy, Acceptance and Commitment Therapy and Compassion Focused Therapy developed and applied therapeutic methods designed to increase the patient's resistance to suffering and his ability to cope it better. These approaches are applied not only in patients with chronic psychiatric disorders, but also in patients with chronic physical illnesses and permanent disability.

**Conclusions** The modern CBT strategies can help patients to increase his/her resistance to the distress, discomfort and suffering.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2075>

## EV1091

### Functional somatic syndromes, mentalizing impairment and psychotherapy as the way to soothe suffering. A group psychotherapy experience in an outpatient setting

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Functional somatic symptoms and syndromes are a major health issue. They are common, costly, persistent and may be disabling. From Mentalization Based Treatment perspective, mentalizing impairments are a key factor in these issues. In that sense, many times, emotional suffering is rendered into physical pain, and it is the body that conveys affects and moods while the patients search frantically for an objective diagnosis and a biological cause for their symptoms and complaints. Taking this premise as a starting point, this poster analyses the importance of working on affects, connecting to them, naming them, and thinking about them. Linking symptoms to emotions, to attachment strategies, and interpersonal issues in order to achieve the recovery of mentalization. Considering this as the main goal to release the body from pain and suffering, we specify a proposal of group psychotherapy developed throughout the last eight years in an outpatient setting.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2076>

## EV1092

### Definitely, one (therapy) does not fit all (depressions): Mentalization based treatment for resentful self-critical depressive patients who abuse of attachment deactivating strategies

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Depression is one of the most prevalent mental disorders and a notably heterogeneous condition with regard to etiology, symptom expression, course, and treatment response. This is why it is extremely unlikely that a "one size fits all" approach to the treatment of depression will be particularly effective. Quite the contrary, it is clear that the future of the treatment of depression may lie in a combined disorder- and person-centred, tailored-made approach, which takes into account the broader interpersonal context and life history of the individual. Depressed patients with a characteristic cognitive-affective schema of self-critical perfectionism are prone

to typical dysfunctional transactional cycles or dominant interpersonal narratives in which rage, distrust and ambivalence are apparent. In addition to this, in these subtype of depressed patients is common to find the overuse of attachment deactivating strategies, in response to threats to attachment relationships specially, and the inhibition of mentalizing as a defensive response to the feelings of rage, emptiness and sadness that are developmentally linked to attachment experiences. The implications of these findings for treatment, particularly with regard to the nature of the therapeutic relationship, are readily important. In this poster we take several cases in order to detail the main psychodynamics and the dominant interpersonal narratives of this subtype of depressed patients and to specify a therapeutic proposal tailored for them.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2077>

### EV1093

#### False memory syndrome: A review and emerging issues, following a clinical report

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False Memory Syndrome (FMS) is caused by memories of a traumatic episode, most commonly childhood sexual abuse, which are objectively false, but in which the person strongly believes. These pseudomemories usually arise in the context of adult psychotherapy and are often quite vivid and emotionally charged. FMS is rare and sometimes could be confused with psychotic disorder and malingering. The infrequency with which it is encountered makes this syndrome a diagnostic challenge. Failure to diagnose can lead to significant morbidity.

We studied a 26-year-old female with no prior Psychiatric history who started to recall vivid memories of sexual abuse perpetrated by her father, following few sessions of clinical hypnosis. She presented a low mood, disorganized behaviour and aggressivity towards her father when she was admitted to our ward. After a normal CT brain scan and lab tests and a meticulous clinical history, the clinical diagnosis was made. She was successfully managed with supportive psychotherapy combined with mood stabilizer medications.

This case illustrates the unknown field between memory and confabulation and the value of a complete history. Physicians should be alert and keep an open mind about this iatrogenic disorder. Research is needed on the identification of memory mechanisms, specific situations and personality factors involved in this syndrome.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2078>

### EV1095

#### Psychotherapeutic interventions in Tinnitus

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*Introduction* Tinnitus is defined as the subjective or objective perception of a hearing sensation in the absence of a corresponding external stimulus. It is a very common medical symptom, and some studies show that 5 to 15% of adults had tinnitus in life. It is a condition that could be chronic and for some patients could be very debilitating. Anxiety and depression are common findings in patients with tinnitus. Tinnitus can also interfere with sleep and

concentration and affect the quality of life of patients. The heterogeneity of the etiology, pathophysiology and clinical features of tinnitus probably exacerbate the variability of response to treatment of the population and the decision on the best treatment option could be complex.

*Objectives* The purpose of this study is try to understand how the psychotherapeutic interventions may be useful in the treatment of tinnitus.

*Methods* Bibliographic research in Pubmed.

*Results* Currently there are no available effective pharmacological treatments. In some cases, surgical interventions may be effective with respect to ear pathology, but not to tinnitus. Most studies show that psychological interventions are needed to reduce the distress and the impact caused by tinnitus in patients' lives and the cognitive-behavioral therapy is the primary therapeutic intervention in chronic tinnitus.

*Conclusion* Although cognitive-behavioral techniques demonstrated to be effective in the treatment of the distress and impact caused by tinnitus, little is known about the mechanisms by which this technique achieves this effect, therefore most authors suggest that further studies should be conducted in this area.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2080>

### EV1096

#### Treating trauma with EMDR in adults with autism spectrum disorders (ASD) – A literature review

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*Introduction* Little is known about trauma or treatment of trauma with Eye Movement Desensitization and Reprocessing (EMDR), in adults with ASD. Neither is it clear on how ASD influences the expression of posttraumatic stress.

*Objectives* (1) To increase knowledge about treatment of trauma, and trauma related symptoms in adults with ASD. (2) To provide directions for research into the effects of EMDR on the expression of autistic and trauma related symptoms in adults with ASD.

*Methods* Review of the literature using Cochrane Collaboration Centre, Embase, Medline, PsychINFO, PubMed and Web of Science.

*Results* Clinicians often overlook trauma related symptoms in people with a severe mental illness like ASD, due to diagnostic overshadowing (Grubaugh, Cusack and Zinzow, 2008), caused by the overlap between Post Traumatic Stress Disorder (PTSD) and ASD. In the case of diagnostic overshadowing, symptoms like avoidance, hyperarousal and reduced ability to mentalize (Plana, Lavoie, Battaglia and Achim, 2014) are attributed to ASD, while in actual fact they are manifestations of stress reactions related to perceived traumatic events. However, when symptoms are correctly attributed to negative experiences, clinicians tend to withhold treatment because of fear of aggravating symptoms (Frueh, Cusack, Grubaugh, Sauvageot and Wells, 2006). The literature suggests that trauma in adults with ASD is undertreated.

*Conclusion* To our knowledge, the effects of EMDR in adults with ASD have not yet been studied, except at case level. A study protocol will be presented to assess the efficacy of EMDR treatment for trauma related symptoms in adults with ASD.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.2081>