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