EPV1686

Feasibility of metacognitive interpersonal therapy treatments in European public services

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doi: 10.1192/j.eurpsy.2025.2153

Introduction: Metacognitive Interpersonal Therapy (MIT) is a third wave orientation psychotherapy, based on the understanding that severe mental illness features a combination of poor capacity to make sense of mental states or metacognition, maladaptive interpersonal schemas and dysfunctional coping procedures.
Objectives: MIT is gathering increasing empirical support in both individual and group formats, in adults and adolescence in populations with personality disorders and early psychosis (Dimaggio et al., 2017; Fioravanti et al., 2024; Gordon-King et al., 2018; Pasetto et al., 2022; Inchausti et al., 2022; Popolo et al., 2018).
Methods: The group format has been empirically tested in different countries (Italy, Spain and Norway).
Results: Here we present the results of a series of RCT delivered in public mental health units (Ichausti et al., 2017; 2018; 2024; and Pinotti et al., 2024; Popolo et al., 2021; 2022).
Conclusions: Overall results show that MIT in group can be successfully delivered in the context of public mental health facilities with evidence for its efficacy, feasibility and effectiveness.

Disclosure of Interest: None Declared

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Cognitive and Emotional Regulation for High-Performance Poker Players: A Multidisciplinary Therapeutic Approach

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doi: 10.1192/j.eurpsy.2025.2154

Introduction: High-performance players in sports, poker, or other competitive fields share traits that support them to excel under pressure. Exceptional players show mental resilience, staying focused, and adaptability skills in high-stress situations. However, many players struggle with consistency and discipline when emotional influence occurs over their routine and decision-making on tables. This work addresses common challenges for high-performance poker players and explores therapeutic techniques that improve decision-making and overall well-being.
Objectives: High-performance poker players, particularly cash game players, encounter unique cognitive and emotional challenges due to high-stakes, financial volatility, and emotional dysregulation. This work addresses common therapeutic demands and multidisciplinary approaches to support high-performance poker players.
Methods: Players who received therapeutic support benefited from a combination of cognitive-behavioral strategies and positive psychology, particularly focusing on emotional regulation and goal-setting to enhance their sense of control, motivation, decision-making, psychological well-being, and overall performance. The therapeutic interventions specifically targeted cognitive distortions and behavioral patterns that undermine decision-making and contribute to emotional dysregulation. Techniques such as cognitive restructuring, mindfulness, and problem-solving skills training through deliberate practice, promoting practical tools to manage the unique cognitive and emotional challenges faced in poker.
Results: The findings show that integrating cognitive-behavioral techniques into daily routines improves consistency, making daily strategies more automatic. Mental exercises like mindfulness and cognitive reframing strengthened skills while monitoring emotional states and helped players detect early signs of "tilt" and regulate emotions, diminishing impulsive decisions and heightening emotional responses. Addressing cognitive distortions, such as confirmation bias, through journaling and stress management techniques like deep breathing, helped players maintain composure under pressure. Therefore, these approaches assisted poker players in improving their adaptability skills without sacrificing consistency, leading to better performance and long-term success.
Conclusions: The cognitive and emotional demands of high-stakes poker require a comprehensive mental regulation approach. Combining cognitive-behavioral techniques, psychodynamic strategies, and mindfulness improves emotional stability, decision-making, and performance. Addressing cognitive distortions and using emotional regulation techniques help players avoid emotionally-driven decisions and maintain focus under pressure. By integrating these strategies into their routines, poker players can enhance consistency, optimize cognitive function, and achieve long-term success.

Disclosure of Interest: None Declared

EPV1689

Kintsugi, Mending with Gold - A Psychotherapeutic Technique

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doi: 10.1192/j.eurpsy.2025.2155

Introduction: Psychotherapy, when supported by an appropriate set of techniques, has a high impact on the patient's psychological well-being, self-knowledge and self-growth.
Objectives: This study aimed to determine the clinical utility of the therapeutic tool "Kintsugi," developed by the corresponding author, through two assessment phases.
Methods: To a total of 200 participants, aged between 18 and 70 years (M = 44.3, SD = 12.5), were administered a semistructured interview, the Hamilton Anxiety Scale, and the Échelle de Mesure des Manifestations du Bien-Être Psychologique. The assessments occurred before and after the application of the techinique, with an interval of about two months (approximately 4 to 6 sessions).
Results: Findings indicate that, in the first moment of assessment, participants showed lower levels of psychological well-being (M = 78.0, SD = 15.0) and, consequently, more anxious symptoms (M = 32.0, SD = 9.0). After the use of the "Kintsugi" technique, regardless of the participant's age or gender, an increase in psychological well-being (M = 96.5, SD = 12.0; F-test = 77.65, $p < .001$, $\eta^2 = 0.28$) and a decrease in anxiety (M = 21.0, SD = 7.0; F-test = 87.50, $p < .001$, $\eta^2 = 0.31$) were observed.

Conclusions: This therapeutic tool proves to be useful, beneficial, and clinically effective in a psychotherapeutic context, as its high contribution to the mental health of individuals becomes evident.

Disclosure of Interest: None Declared

EPV1690

Closing the Gap: Integrating Science and Practice in Psychotherapy

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doi: 10.1192/j.eurpsy.2025.2156

Introduction: The science-to-practice gap in psychotherapy is a prominent topic of discussion that hinders the seamless integration of research findings into clinical settings. This divide seems, among others, to stem from conflicting views on the practical relevance of evidence-based mental health (EBMH).
Objectives: This study aims to provide a comprehensive overview of the existing narratives that define the science-to-practice gap, develop an inclusive definition that reflects the complexities of this issue, and identify the factors influencing and strategies for mitigating this gap.
Methods: We conducted a systematic literature review with a qualitative, thematic synthesis approach including 131 articles. Themes were identified and synthesized to outline the science-to-practice gap. Additionally, we included a historical analysis to examine how the prevalence of certain codes and themes has evolved over time, reflecting shifts in the academic and clinical landscape.
Results: Based on our findings, we refined the definition of the science-to-practice gap, capturing its multifaceted nature. Key themes influencing this gap include the educational background of psychotherapists, orientation towards specific psychotherapeutic schools, and personal inclinations of psychotherapists. Contextual factors such as institutional support and incentives for employing EBMH were also found to be positive influences. However, critiques regarding the rigidity of research methodologies and their applicability to diverse clinical scenarios were prevalent, with observable variances in thematic emphasis over the decades. Strategies identified for bridging the gap emphasized increased dialogue and collaboration between researchers and practitioners.
Image 1:

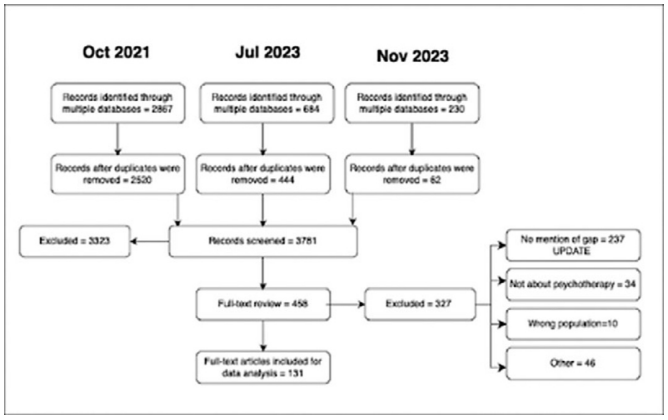


Image 2:

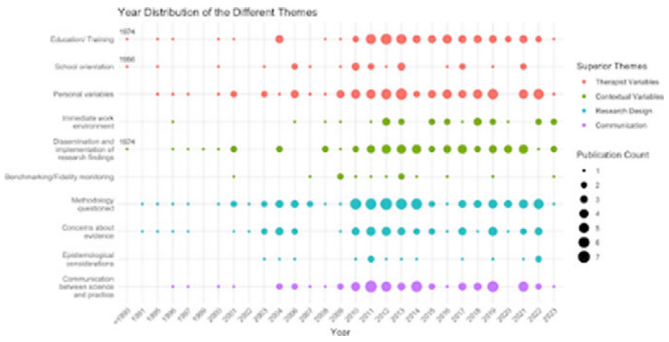
Table 1

Summary of the Reasons for the science-to-practice gap as Mentioned in the Literature

Therapist Variables	Contextual Variables	Research Design	Communication
Education/Training Insufficient education: • critical thinking, research training • scientific theories • practical training on application of EBMH **School orientation** • EBMH more favorable in CBT in contrast to psychoanalytic, humanistic, existential, and eclectic approaches **Personal variables** EBMH is associated with • younger therapists • openness towards EBMH • knowledge about EBMH • confidence about EBMH use • believes about effectiveness, importance and usefulness of EBMH Less EBMH is associated with • no access to interventions or literature • evaluation fear when using EBMH • cultural preferences of not using EBMH • mismatch of intervention with patient culture • difficulties understanding EBMH • dislike/resistance towards EBMH • placing much value on clinical expertise or artistry	**Immediate work environment** Influences at the workplace: • supervisors • colleagues • social environment • practical support • technical support • providing materials • providing infrastructure • employer attitudes **Dissemination and implementation of research findings** Influences: • implementation guidance • implementation planning • context specificity of implementation • lLack of incentives for EBMH implementation for therapists to • implement EBMH • engage with research	**Methodology questioned** • rigidity of RCTs • difficulty applying research results • rigidity in diagnostic and inclusion criteria • rigidity of manuals • nomothetic results applied to individual cases • overreliance on efficacy studies • overreliance on outcome research **Concerns about evidence** • EBMH interventions ineffective or harmful • variability not represented • limited awareness of ineffective treatment • publication bias **Epistemological considerations** • differences in thinking between positivism/empiricism and	**Communication between science and practice** • insufficient • lacking • unidirectional • little opportunity for exchange

Note: RCT = randomized controlled trials; EBMH = evidence-based mental health; CBT = cognitive-behavioral therapy.

Image 3:



Conclusions: This work sets the stage for future research that should prioritize the clinical perspective on evidence usefulness, broaden the research focus beyond intervention efficacy, and validate diverse methodologies. By proposing practice-focused research guidelines and emphasizing the need for robust dialogue between science and practice, we aim to enhance the applicability of research findings in clinical settings. Ultimately, our findings advocate for policies that facilitate the exchange of ideas and experiences, aiming to bridge the gap between scientific evidence and psychotherapeutic practice effectively.

Disclosure of Interest: None Declared