K-FAF (short assessment of aggression) and the SCL-90 (symptom-checklist-90). Additionally, sociodemographic data were available.
Results: Included were 118 patients, of whom 22% showed a relevant severity of embitterment, 23.7% a relevant score for reactive aggression, and 54.2% a relevant score for irritable aggression. There was a significant correlation between the PTED scale and the aggression scale.
Conclusions: The data show that embitterment and related aggression are frequent phenomena in psychotherapy patients. Therapists should be aware of this emotion and take proper action to diagnose embitterment and aggressive ideation, which are often covered by other complaints. Special treatments are needed, as the aggressive and negativistic features of embitterment complicate the psychotherapy process.

Disclosure: No significant relationships.
Keywords: aggression; embitterment; Psychotherapy

EPV1253

Experiential Family Intervention for Children and Youth

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Introduction: Reviews suggest that family interventions including family therapy are effective for a range of disorders in youth. Family sculpting is used in different clinical settings to help young patients, their parents and siblings when words are not enough.
Objectives: Participants will be able to understand the clinical relevance of family sculpting: shifting from discussions about family problems to physical representations of family dynamics and how to apply in their practice.
Methods: There will be a brief overview of the general principle of family sculpting followed by clinical vignettes of patients combined with videos of the intervention. These examples will guide the discussion on how relevant in our clinical work this therapeutic practice may be. This variation on sculpting incorporates theater warmup exercises and therapists joining the family experience.
Results: Family sculpting captures an immediate picture of the family dynamics that is a therapeutic turning point for families and gives voice to the children. The clinical cases and videos will guide clinicians on how to integrate into their own practice.
Conclusions: This presentation will make possible integrating family sculpting into your own practice, providing an engaging alternative modality for complex cases.

Disclosure: No significant relationships.
Keywords: Child Adolescent Family Therapy

EPV1254

Acceptance and Commitment Therapy for Psychosis. What's the evidence?

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Introduction: Cognitive behavioural therapy for psychosis as an adjuvant to pharmacological treatment has been been shown to be one of the most effective interventions for schizophrenia with benefits noted in even treatment resistant schizophrenia. Benefits have been mostly registered in the positive symptoms domain of schizophrenia. Acceptance and commitment therapy is a third generation Cognitive-Behavioural Therapy, empirically supported for a range of symptoms and conditions, including psychosis, with quickly increasing data. It targets experiential avoidance, which seems to be closely related with psychopathology. Its ability to also target affective symptoms can be an important advantage in the adjuvant treatment of psychosis.
Objectives: To critically review the evidence of acceptance and commitment therapy in psychosis.
Methods: Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: "schizophrenia", "acceptance and commitment therapy".
Results: Very few studies have been published on ACT and psychosis, with even less controlled trials and systematic reviews. So far there is convincing evidence for ACT reducing the frequency of hallucinations, increasing the outcomes of traumatic events associated with psychosis and having measurable effects on anxiety and help seeking behaviour.
Conclusions: As Acceptance and Commitment therapy evolves and more evidence arises a new kind of therapy with possible effects on both affective and positive symptoms in schizophrenia can emerge, allowing us to know what works for patients with psychosis and through what mechanisms and permitting the improvement of treatment strategies.

Disclosure: No significant relationships.
Keywords: acceptance and commitment therapy; CBT; schizophrénia; therapy

EPV1257

antipsychotics and metabolic syndrome

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Introduction: Patients treated for chronic mental disorders and who receive atypical antipsychotics are in most cases at risk of gaining weight, the excess of which is complicated in the long term by metabolic syndrome (MS). The management of these patients is effective if it includes Therapeutic Education.
Objectives: Describe the therapeutic education program developed for patients on antipsychotics who have metabolic syndrome

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Methods: In this work, we present the educational program that we have developed for patients undergoing psychiatric treatment with atypical antipsychotics, who have been stabilized for at least 3 months and who suffer from SM.
Results: It is a program that starts with the inclusion consultation and educational diagnosis with the first step of clinical (weight, abdominal perimeter and BMI), biological (blood sugar, HbA1C, cholesterol, HDL, triglycerides) and psychometric (SF12, MAQR, food and physical activity diary) assessments. Our initial program includes 6 sessions and 2 maintenance sessions at 1 month and 3 months after the 6th session. The objectives were divided between information about DM, motivation to eat a balanced diet, physical activity and improvement of quality of life. We also included stress management and positive psychology activities. Assessments are repeated at the end of the initial program and at the last maintenance session.
Conclusions: Our program was developed according to the Geneva therapeutic education recommendations. We plan to apply it to groups of patients in our department

Disclosure: No significant relationships.
Keywords: psychoeducation; obesity; antipsychotic

EPV1258

Group therapy in Schizophrenia. What's the evidence?

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Introduction: The American Psychiatric Association and NICE's Guidelines for schizophrenia recommend psychosocial interventions as adjuvants to pharmacological treatment, highlighting the role of cognitive behavioral therapy for psychosis, psychoeducation, family intervention, cognitive remediation, autonomy training, social skills training, and supported employment. Although highly recommended in their individual forms current guidelines make no definitive statement about their group applicability.
Objectives: The goal of this work was to critically review the evidence of group interventions in schizophrenia
Methods: Non-systematic review of the literature with selection of scientific articles published in the past 10 years; by searching Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: "schizophrenia", "group therapy".
Results: Group therapy has shown important benefits in different conditions over the years, likely through mechanisms such as peer motivation, controlled confrontation, increased insight and even a tendency to homogenous results between group participants through peer influence. These results have been reproduced in schizophrenia though the benefits of applying group concepts to structured psychosocial interventions is still under study.
Conclusions: Recent evidence suggests some evidence-based interventions can be applicable in group form, namely social skills training, cognitive remediation, psychoeducation, and multifamily groups, synergizing the already known benefits with newer therapy models and decreasing costs for patients and healthcare systems. Adequate controlled studies between individual and group therapy will shed further light on this matter.

Disclosure: No significant relationships.
Keywords: psychosocial; schizophrénia; GROUP THERAPY

EPV1259

Sexual harassment-abuse and psychotherapy: the strenght of therapeutic relathionship

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Introduction: The term trauma comes from the ancient Greek word "titrosko" than means perforate. Sexual harassment and abuse of a person during childhood is an important risk factor for mental trauma.
Objectives: Present the impact of sexual harassment and abuse in the mental health of adolescents and the improrttance of therapeutic relationship.
Methods: From the literature review the child needs love which is demostrated with tenderness. The adult (perpetrator) with a disorder responds to the child's tenderness with the language of passion. The immature Ego of the child is not strong enough to deal with the adult behavior and this causes anxiety, helplessness, confusion and guilt about the relationship with the adult. During the psychotherapeutic process, 4 main protagonists emerge : the victim, the perpetrator, an absent mother and an omnipotent savior.
Results: Mental trauma can adversely affect the development of the neurobiological system resulting in difficulty coping with stressful events. Untreated trauma can lead to serious psychopathology such as anxiety disorders , depressive disorder, personality disorders, addictions. The creation of a therapeutic relationship, understanding the adolescent and his family potential, the recognition and treatment of transference-countertransference phenomena and the existence of a clinical setting that acts as a restraint mechanism could contribute to the therapy of mental trauma.
Conclusions: The Therapeutic Department for Adolescents could be an environment to contain, process and transform the painful into pleasant emotions, as well as aiming the authenticity of the person with a history of sexual harassment and abuse.

Disclosure: No significant relationships.
Keywords: sexual abuse; sexual harassment; therapeutic relationship; mental health