

EPV0365

Urdu Translation and Validation of the Penn Inventory of Scrupulosity-RevisedS. Ghayas¹, S. Noureen¹ and C. A. Lewis^{2*}¹Psychology, University of Saragoda, Saragoda, Pakistan and ²Psychology, Leeds Trinity University, Leeds, United Kingdom

*Corresponding author.

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Introduction: Scrupulosity is an Obsessive Compulsive Disorder in which an individual experiences persistent doubts and fears about committing religious and moral sins. Researchers have extensively used the Penn Inventory of Scrupulosity-Revised (PIOS-R), which has been translated into various languages.

Objectives: The present study translated and validated the PIOS-R into Urdu.

Methods: The PIOS-R was translated using the forward-backwards translation method. A sample of 443 Muslim University students (male 224 and female 119) with an age range of 18 to 33 years ($M = 21.56$, $SD = 2.02$) completed the Urdu version of the PIOS-R. Cross-lingual validity was established on a further 60 participants.

Results: Confirmatory factor analysis (CFA) confirmed the two-factor structure of the Urdu version of the PIOS-R. It provided an excellent model fit to the data with chi-square 238.72, CFI = .92, GFI = .93 and RMSEA = .03. The Cronbach's alpha coefficient of total scale, Fear of God Subscale, and Fear of Sins Subscale was .84, .74, and .78 respectively were satisfactory. The convergent validity of the Urdu version of the PIOS-R was demonstrated with significant positive correlations with measures of anxiety ($r = .21$, $p < .001$) and depression ($r = .26$, $p < .001$).

Conclusions: The Urdu version of the PIOS-R is recommended for use by researchers and practitioners. The results indicated good reliability and validity information for the Urdu version of the PIOS-R, which supports the measure's utility across cultures and faiths.

Disclosure of Interest: None Declared

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Art therapy/occupational and play therapy: plastic expressiveness as a means of reducing loneliness, anxiety, sadness – research carried out during the period 2008-2022 with the theme: creation in / with elements from nature at the placement center

E. Chirila

Centru de zi de recuperare pentru copii cu autism. Centru de servicii de recuperare neuromotorie și de tip ambulatoriu pentru persoanele adulte, Direcția Generală De Asistență Socială Și Protecția Copilului Cluj, Cluj-Napoca, Romania
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Introduction: Occupational therapy - which also includes art therapy - is an activity/test with a purpose, it involves coordination between the sensory, motor, cognitive, and psychosocial systems of the individual. "Sciences recognize the role of observation in research... All artists who practice art therapy are based on their own artistic activity and present a common recurring feature: they are always in line with "essential pragmatism". (McNIFF, Shaun, Trust the process: an artist's guide to letting go. Creative ability. Psychological aspects. Self-actualization (Psychology). Artist-Psychology, Shambhala Publication, Boston, 1998, p. 78)

Objectives: We seek to find new development solutions through stimulation, creativity, catharsis, and socialization to be authentic, spontaneous, feel fulfilled, emotionally balanced, and transformed, with the aim of fulfilling one's social role through contact with human and environmental factors. (Emilia Chirilă, ART THERAPY IN EMOTIONAL DISORDERS OF CHILDREN AND ADOLESCENTS, printed edition 2018) ISBN 978-973-0-27683-1)

Methods: Through the graphic gesture, the child expresses various issues related to his feelings, like the search for his identity, the generated anxieties, the family and professional environment, and the situations of neglect and abuse. (MALCHIODI, Cathy A, Handbook of Art Therapy, The Guilford Press, New York and London, 2003, p. 157).

Results: The following reactions can be identified: aggression, frustration, dominance tendency, low self-esteem, fraternal rivalry, hopelessness, sadness, compensation mechanisms, self-defense, other significant psycho-traumatic aspects. The disappearance of frustrations and negative feelings due to the disinterest of parents who do not visit the beneficiaries was achieved by gaining authority over the environment and by improving pre-existing skills. emotional disorders of children and adolescents" - Journal of Neurology and Psychiatry of Children and Adolescents from Romania - 2012 - vol. 15 - no. 3- p 121-136 - ISSN (printed): 2068-8040)

Image:



Image 2:



Image 3:



Conclusions: Through the creative process and symbolic communication, associated with narration and imitation, we realize the development of outstanding and hidden abilities, we develop new ways of communication, new ways of self-expression, and new ways of seeing things, to increase the ability to face existential problems. (2018 Emilia Chirilă - Art therapy in emotional disorders of children and adolescents: "Festina lente - Hurry slowly!" Harmonizing the rhythm with those around us ,print edition, ISBN 978-973-0-27683)

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Modifying Conventional Psychiatric Practice to Serve Indigenous People

L. Mehl-Madrona^{1*} and B. Mainguy²

¹Native Studies and ²Intermedia, University of Maine, Orono, United States

*Corresponding author.

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Introduction: Psychiatry has historically underserved Indigenous people. Earlier, cross-cultural psychiatry assumed that psychiatric disorders were universal and varied little across cultures. We must acknowledge their different views of mind and mental health.

Objectives: In our auto-ethnographic approach, we introduce or re-introduce participants to cultural beliefs, values, and methods for treating addictions, including narrative methods (storytelling), which receive greater acceptance by indigenous and marginalized peoples. Indigenous philosophy states that we see the world using the stories we have absorbed or constructed to explain our perceptions. Using substances is a story that is connected to poverty and adverse childhood events.

Methods: We create new stories to develop a sense of agency, that one's actions can make a difference in one's life. We present our experiences and findings from providing psychiatric and addiction services in rural and remote Indigenous settings in Canada (Saskatchewan and Northern Ontario) and in Maine (USA). We present data on a modified approach to psychiatric evaluations and services that emphasizes Indigenous values and begins with a life story interview that determines positive aspects of the client's history and problem areas and engages the client in therapy from the beginning of the evaluation.

Results: We will demonstrate how this process changes the process of the psychiatric interview, engages Indigenous clients, and results in better outcomes. We discuss how psychotherapy must change to engage Indigenous clients and to be effective with addictions. She will present data on this area. We present the lessons learned and the results of using this approach with a tribal population in Maine. Some key concepts include (1) reframing the person's self-story about being addicted within a threat-power-meaning network, (2) working with stories about the spirit of the addiction and the consequences of ingesting spirit-laden substances without knowing their songs and protocols, (3) constructing future-self-narratives that explore right relationships and meaningful conduct, (4) constructing stories about the intergenerational transmission of addictions and exploring the question of "whom will be the recipient of your addiction?" We understood that the client sets their goals and defines what recovery means for them, which is the heart of a harm reduction approach.

Conclusions: Indigenous cultures across the world are different but share some similarities including a highly relational approach to defining the self, a collectivist mindset in which the needs of the group can supersede the needs of the individual, a reliance upon stories for transmission of knowledge and culture, and a commitment to a biopsychosocial and spiritual approach, which is often symbolized by the metaphor of the Four Cardinal Directions.

Disclosure of Interest: None Declared