

the therapists (psychiatrist, social worker). The frequency of the model is from once weekly to twice monthly. Each session consists of the 10 minutes pre-session, the 40 minutes therapeutic session, the 10 minutes post-session. All patients have never been relapsed over the past 18 months after receiving our family therapy under medications.

Finally, with the aid of the family therapy, they have been almost free from affective symptoms and the ambivalence, guilty feeling toward family, frustrations have been steadily gradually improved. To prevent the recurrent major depression with alcohol dependence patient against recurrent episode has been achieved in family therapy presented here.

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#### EV1084

### Influence of art therapy in complex treatment on the quality of remission in patients with recurrent depressive disorder

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*Introduction* According to studies done in recent years regarding the treatment of patients with recurrent depressive disorder, a shift of interest from studies evaluating the effectiveness of therapy to the study of remission is seen. According to the literature, complete remission occurs in only 40–50% of patients, in other cases there is residual symptoms.

*Aims* Evaluating the effectiveness of art therapy in treatment in patients with recurrent depressive disorder on the quality of remission.

*Methods* The study involved 135 patients: 60 male and 75 female patients aged from 18 to 30 years old. The main group of patients apart the combined treatment also participated in group art therapy with the use of drawing techniques, while the control group – statutory standard therapy. We used clinical, psychopathological, psychodiagnostic and statistical methods.

*Results* The results of the effectiveness of art therapy in complex treatment in patients with recurrent depressive disorder is detected primarily in reducing of the level of anxiety at the early stages of treatment, as well as in reducing of the severity of anhedonia and improving the quality of life in remission period.

*Conclusion* These results support the use of art therapy in treatment in patients with recurrent depressive disorder during period of active treatment, and after achieving clinical remission contributes to achieving and maintaining high-quality and stable remission with full restoration of quality of life and social functioning.

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#### EV1087

### Psychotherapy of somatoform disorders

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In Ukraine there is tendency to increased diseaseness and prevalence's of somatoform disorders.

The most significant role belongs to the patient's self-evaluation of the influence of the disease on their social status that is an essential

past of the self-picture of the disease and the important point of therapeutic rehabilitation intervention.

On the basis of the examined 300 patients on somatoform disorders and 200 patients on psychosomatic diseases, we have elaborated a formal test that allows evaluating quantitatively the influents of the disease on various spheres of patients' social status.

It was absolutely unexpected the common for psychosomatic and somatoform disorders patients rise of significance of personal individual, every day life factors in cases of aggravation of the main disease course. We created the cognitive-behavioral psychotherapy system with suggestive and autosuggestive implementations.

Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, psychological support for patients with high-effectiveness 1.5–3 years catamnesis in 85% patients.

Our experience showed the necessity of the use the target-oriented integrative models of psychotherapy, parted on stages. On the first stage-sedative-adapting the receptions of cognitive and suggestive psychotherapy are used. There is group therapy on second stage. On the third stage elements of the autogenic training mastered.

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#### EV1088

### Trichotillomania – A case report on online treatment

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*Introduction* ICD-10 classifies trichotillomania (TTM) as one of the habit and impulse disorders. It is characterized by noticeable hair-loss due to a recurrent failure to resist impulses to pull out hairs. The hair pulling is usually preceded by mounting tension and is followed by a sense of relief or gratification. Persons suffering from TTM often hide it. TTM is often unrecognized by doctors, treated by dermatologists or untreated, causing a lot of suffering.

*Objective* To present treatment of trichotillomania.

*Aim* To present one case report of trichotillomania treated online.

*Methods* This is case report of female patient with TTM untreated 13 years. She had earlier been treated for depression and had multiple traumatic experiences. Patient both self-diagnosed TTM and asked for treatment online. During two months, there were 7 sessions and 2 follow-ups. Sessions were online and based on Habit Reversal Training (HRT) and Rational Emotional Behavioural Therapy (REBT). The following issues were addressed: hair pulling, shame, guilt, low self-confidence, assertiveness, low frustration tolerance, panic attacks, sadness. No medications were used.

*Results* Hair pulling has almost completely stopped. Social functioning and self-acceptance were improved. Guilt and shame have reduced, self-confidence and frustration tolerance have increased.

*Conclusion* HRT and REBT online treatments have reduced hair pulling and the associated emotional problems.

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#### EV1089

### Introduction to systemic family therapy

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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.

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## 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.

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## 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.

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## 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