

agement of acute symptoms. Cognitive-behavioral therapy (CBT), which has been demonstrated to be the first-line treatment for OCD, can be a valid adjuvant during the difficult course of PANDAS to target acute symptoms and prevent exacerbations.

**Objectives** The study presented a case of a patient with PANDAS treated with antibiotic medication and CBT as augmentation.

**Methods** The 11-year-old patient (Y-BOCS pre-test score = 32), had been hospitalized for three weeks for acute onset of PANDAS. The clinical picture consisted of asthenia, contamination fears and washing compulsions, separation anxiety, severe depression and anxiety. Pharmacotherapy involved risperidone 2 mg/die and sertraline 250 mg/die for five months combined with antibiotic prophylaxis for two years. The CBT intervention started at discharge from hospital and included psycho-education on anxiety, intensive exposure and response prevention (2 hour sessions three times a week) for twelve months, cognitive restructuring, diffusion and mindfulness for the subsequent twelve months.

**Results** Anxiety and OCD symptoms substantially improved. The patient gradually started school again. Post-test score was 11 on the Y-BOCS.

**Conclusions** Along with psychiatric and antibiotic medications, CBT may be a valid augmentation strategy for PANDAS to reduce risk of exacerbations and enhance symptom improvement. Limitations are discussed.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1488>

#### EV1159

### Basic principles of supervision and its ethics in cognitive behavioral therapy

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**Background** Supervision is the systematic guidance of a therapist by a supervisor. It is a basic part of training and ongoing education in cognitive behavioral therapy (CBT). Self-reflection and ethical reflection are an important part of supervision.

**Method** The Pubmed database was searched for articles using the keywords supervision in CBT, therapeutic relations, ethics, transference, counter transference, schema therapy, dialectical behavioral therapy, acceptance and commitment therapy.

**Results** We discuss conceptual aspects related to supervision and the role of self-reflection and ethical reflection. The task of supervision is to increase the value of the therapeutic process in the client's best interest. Establishing the supervisor-supervisee relationship is based on principles similar to those in the therapeutic relationship. Additionally, supervision is oriented towards increasing the therapist's competencies. The CBT therapist's core competencies involve good theoretical knowledge, professional behavior towards clients, ability to use specific therapeutic strategies for maintaining the therapeutic relationship, sensitivity to parallel processes and accomplishment of changes, and adherence to ethical norms. Given the fact that during supervision, the supervisee may be at any stage of his/her training, supervision must take into consideration where the therapist is in his/her training and development and what he/she has or has not learnt.

**Conclusions** Both the literature and our experience underscore the importance of careful supervision of cognitive behavioral therapy. Numerous approaches are used in supervision, which is

associated with the abilities to self-reflect and to realize transference and counter transference mechanisms.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1489>

#### EV1160

### Bion's group psychotherapy for dramatic personality disorders: An empirical study in a public mental health

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**Educational objectives** Psychotherapy is the most preferable intervention for personality disorder patients and group psychotherapy offers the possibility to increase the self-perception through resonance and mirroring processes. When a group is disorganized and emotionally tensioned generates regressive movements, which make it a basic assumption group.

**Purpose** To highlight the change of a group of patients after the inclusion of a new patient named Margherita.

**Methods** The patients were included within the group run by two psychotherapists after a cluster B personality disorder's clinical diagnosis (except for antisocial personality disorder), confirmed by SCID II and by a set of individual interviews aimed to prepare the patient to the inclusion within the group.

**Results** Margherita, from the first sessions, showed the tendency to coercively polarize the attention on herself through themes of discouragement and helplessness, posing a threat for the members' identity and resulting in a disorganization of the work group, which became a basic assumption group.

**Conclusions** The temporary disorganization of the group with the consequent regression to a worse functioning condition has subsequently allowed to revitalize the group and to avoid its dissolution. After the temporary regression, indeed, the work group was restored and started again to function even based on the new patient's problems.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1490>

#### EV1161

### Why do I have to die twice? EMDR treatment after experience of clinical death

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**Background** Clinical death is etiologically non-specific state of reversible cessation of blood circulation and breathing, the two necessary criteria to sustain life. Serious consequences in form of anxiety and/or depression can remain after recovery.

**Case report** Male patient 55 y/o with no prior history of psychiatric difficulties, who experienced clinical death after cardiac infarction. Reanimation was successful and he was discharged with minimal if any cardiac consequences. During the hospitalization in Coronar unit he reacted with major depression, and aftermath with debilitating anxiety and panic attacks followed by avoidant behavior, obsessive thoughts, social withdrawal, and consequently, very poor quality of life, regardless of the favorable outcome of somatic (cardiac) illness. The patient did not want psychiatric