

from the General Hospital of Nikaia, 'Ag. Panteleimon', in Athens, Greece, from 01/01/2012 to 31/12/2015. SPSS software was used to analyse the data.

Results There were significant differences between the four years (2012–2015) with regard to the use of psychotherapy, in combination with medications, from psychiatric patients as χ^2 (21): 753.057, $P < 0.001$. More specifically, only 0.1% of psychiatric patients undertook psychotherapy in addition to taking medications, in 2012, and this increased to 2.7%, in 2013, 13.8% in 2014 and 18.6% in 2015.

Conclusions There was an increase in the use of psychotherapy, in combination with medication taking, during the four last years, from 2012–2015. However, the percentage of patients undertaking both psychotherapy and taking medications is still low. This has important clinical implications as the use of psychotherapy plays a significant role in achieving optimal health outcomes of psychiatric patients.

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Countertransference in psychotherapy of paranoid patients

S. Manojlovic*, J. Nikolic-Popovic

University of Nis, Faculty of Medicine, Psychiatry, Nis, Serbia

* Corresponding author.

The complexity of psychotherapy is based on the very nature of the paranoid process. The therapist must not only have a good understanding of the paranoid process, but also needs to be especially careful regarding the transference-countertransference emotions. Long-standing experience in psychotherapeutic work with paranoid patients, in the individual and group setting, has enabled us to systematize countertransference reactions. Dominant projective mechanisms require a high ability to contain emotions from the therapists. The most prominent is aggression, in regard to which the countertransference feelings appear, ranging from aggression to exposedness, impotence, and victimization. The therapist must constantly separate feelings which represent his "blind spot" from those which he perceives as a patient's part in therapist himself. The latter countertransference enables the therapist to experience the internal object of the patient by the mechanism of projective identification. Beside the aggression, the feelings from the narcissistic spectrum related to topics of value, competence, rivalling, idealization, and devaluation represent a significant countertransference problem. The countertransference feelings in group psychotherapy are of lower intensity, and rarely focused on the therapist himself. In the group, there is also the possibility of significant intensification of the projection of aggression, when the whole group is focusing the projections onto the therapist. In the group milieu, commonly emphasized countertransference feelings are related to the position in the group, competence, autonomy, and dependence. The understandings and way of coping with countertransference emotions determine the potential for creating the safe emotional ground in psychotherapy.

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Comparisons of narrative psychotherapy to conventional CBT for the psychotherapy of psychosis and bipolar disorder

L. Mehl-Madrona^{1,*}, B. Mainguy²

¹ Eastern Maine Medical Center, Family Medicine Residency, Bangor, USA

² Coyote Institute, Education, Orono, USA

* Corresponding author.

Introduction There is ongoing debate about both the value of psychotherapy in psychotic disorders and the best type of psychotherapy to use if necessary.

Methods We conducted narrative psychotherapy with 18 adults, all diagnosed as having bipolar disorder with psychotic features and/or schizo-affective disorder. Outcome data consisted of the Positive and Negative Symptom Scale, the Clinical Global Impressions Scale, the Young Mania Rating Scale, the Hamilton Anxiety and Depression Scales, the My Medical Outcome Profile, Version 2 (MYMOP2), and the Outcome Rating Scales of Duncan and Miller. We compare the outcomes of our patients to those of a matched comparison group receiving conventional psycho-education and cognitive behavioural therapy. Patients were seen for a minimum of 16 weeks over an average of 22 weeks. Average age was 31.5 years with a standard deviation of 8.1 years.

Results The narrative therapy group showed statistically significant reductions in all outcome measures compared to the conventional treatment group. They continued treatment significantly longer and had fewer re-hospitalizations. They were less distressed by voices.

Conclusions A narrative psychotherapy approach using dialogical theory and therapy ideas is a reasonable approach for the psychotherapy of psychosis. Review of psychotherapy notes showed that narrative approaches allowed the therapist to align with the patient as collaborator in considering the story presented and was therefore less productive of defensiveness and self-criticism than conventional approaches. The therapy included techniques for negotiating changes in illness narratives, identity narratives, and treatment narratives that were more conducive of well-being and recovery.

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System of integrative psychotherapy of somatoform and psychosomatic disorders patients

B. Mykhaylov^{1,*}, O. Kudina²

¹ Kharkov medical academy of postgraduate education, Psychotherapy, Kharkov, Ukraine

² Kharkiv medical academy of postgraduate education, Psychotherapy, Kharkov, Ukraine

* Corresponding author.

The main goal of the investigation was the integrative psychotherapy system established. On the basis of the examined 350 patients with somatoform disorders and 250 patients with chronic psychosomatic diseases, we have elaborated a test that allows to evaluate quantitatively the influence of the disease on patients' social functions. We created the integrative psychotherapy system with cognitive-oriented, suggestive and autosuggestive implementations. Elucidation of peculiarity of personal perception of the disease served as basis of elaboration of purposeful system of psychotherapy, consulting, and psychological support for psychosomatic patients with high-effectiveness 1.5–3 years catamnesis in 85% patients. Psychotherapy should be used first of all as a target-oriented. Our experience showed the necessity of the use the integrative models of psychotherapy, parted on stages. On the first stage, 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. The system examination high efficacy was shown.