

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

I. Guillemet<sup>1\*</sup> and B. Jackson<sup>2</sup>

<sup>1</sup>Private Practice, Psychiatry Child Adolescent, Paris, France and

<sup>2</sup>Children Hospital, Psychiatry, Denver, United States of America

\*Corresponding author.

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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?

F. Azevedo<sup>1\*</sup>, R. André<sup>2</sup>, L. Silva<sup>3</sup>, R. Medinas<sup>1</sup> and C. Almeida<sup>4</sup>

<sup>1</sup>Centro Hospitalar de Lisboa Ocidental, Psychiatry, Lisbon, Portugal;

<sup>2</sup>Centro Hospitalar Universitário Lisboa Norte, Psychiatry, Lisboa,

Portugal; <sup>3</sup>Unidade Local de Saúde do Baixo Alentejo, Psychiatry, Beja, Portugal and <sup>4</sup>NOVA Medical School, Psychiatry And Mental Health, Lisboa, Portugal

\*Corresponding author.

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**Introduction:** Cognitive behavioural therapy for psychosis as an adjuvant to pharmacological treatment has 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; schizophrenia; therapy

## EPV1257

### antipsychotics and metabolic syndrome

R. Jomli<sup>1</sup>, H. Jemli<sup>2\*</sup>, U. Ouali<sup>1</sup>, A. Ouertani<sup>1</sup> and S. Madouri<sup>1</sup>

<sup>1</sup>Razi Hospital, Psychiatry A, manouba, Tunisia and <sup>2</sup>university of tunis elmanar, Faculty Of Medicine Of Tunis, manouba, Tunisia

\*Corresponding author.

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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