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RESEARCH IN PSYCHOTHERAPY

PSYCHOPATHOLOGY, PROCESS AND OUTCOME

Abstract book

XIV National Conference of the Society for Psychotherapy Research - Italian Group

***Clinical practice and research:
the therapeutic rhythm***

November 25-26, 2022, Cremona

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PSYCHOPATHOLOGY, PROCESS AND OUTCOME

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RESEARCH IN PSYCHOTHERAPY

PSYCHOPATHOLOGY, PROCESS AND OUTCOME

XIV National Conference of the Society for Psychotherapy Research - Italian Group

CLINICAL PRACTICE AND RESEARCH: THE THERAPEUTIC RHYTHM

November 25-26, 2022, Cremona

ABSTRACT BOOK

Curatele: Rachele Del Guerra

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SYMPOSIUM 1

ARE HUMANS MUSICAL BEINGS? RELATIONSHIPS BETWEEN MUSIC, RHYTHM AND PSYCHOLOGICAL WELL-BEING

Proponent: Chiara Rossi, Department of Psychology, Catholic University of Milan, Italy

Discussant: Osmano Oasi, Department of Psychology, Catholic University of Milan, Italy

Previous research has shown the positive effects of music interventions on the physical and psychological symptoms of different populations. Based on this evidence, music can be considered a relevant tool for relieving both psychological and physiological negative symptoms. When using music therapy, non-verbal forms of musical interaction are fundamental. Sound allows, regardless of meanings or specific language, a certain form of communication and thus relationality between people. The present symposium aims to provide an overview of the effects of music interventions (both active and passive) in order to underline the relationships between music, rhythm, and well-being. On these bases, three contributions will be presented: (1) "The effectiveness of triadic music therapy in reducing distress levels of parents and preterm infants: a systematic review": this study is a systematic review aimed to evaluate the effectiveness of triadic music therapy in reducing parents' and their preterm infants' distress levels. All the selected studies have shown their effectiveness (e.g., improvement of physiological indices, shorter hospitalization, and a switch to faster oral feeding) after the music therapy interventions at the Neonatal Intensive Care Unit (NICU); (2) "Video analysis of interaction during music therapy: a single-case study": it is a single-case study aimed to explore how the behaviors of the music therapist/patient and their interaction changed within the session. Results highlighted a greater agency level of the child (which was more active in the post-test, playing instruments, vocalizing, and watching the therapist) and a greater propensity for interaction; (3) "Don't STOMP the MUSIC": it is an exploratory study aimed to explore music preferences and to validate the Italian version of the Short Test of Music Preferences (STOMP) with the goal of exploring the relationship between personality characteristics and music propensity. The study's findings revealed a 5-factor structure of Italian music preferences and their relationship with the traits of dynamism, vulnerability, empathy, conscientiousness, imagination, and introversion. Knowing deeper music's effect in different ways and contexts like the ones presented for this symposium can be helpful as a base for developing more effective music-based interventions aimed at enhancing well-being from a wide perspective and for different groups of people.

ABSTRACT 1 THE EFFECTIVENESS OF TRIADIC MUSIC THERAPY IN REDUCING DISTRESS LEVELS OF PARENTS AND PRETERM INFANTS: A SYSTEMATIC REVIEW

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Introduction: Premature babies and their parents often suffer from high distress levels. Indeed, infants must stay in the Neonatal In-

tensive Care Unit (NICU). NICU is often a noisy hospital environment. Furthermore, premature infants undergo painful and invasive procedures and have few opportunities to interact with their parents (Ranger *et al.*, 2018). Similarly, parents can visit their babies for a short time and may be very concerned about their health (Ionio *et al.*, 2017). Music therapy proved to reduce infants' and parents' distress levels in the past years, showing its efficacy (Bieleninik *et al.*, 2016). However, interventions involved only infants or parents. Recently, active music therapy has been applied to the whole triad to reduce distress levels, like a sort of "triad music therapy." Several intervention protocols with different names apply music therapy to the triad in the literature. The common factor between these interventions is responsiveness since music therapists play with the parents synchronizing with infants' physiological responses. Hence, this systematic review aimed to evaluate the effectiveness of triadic music therapy in reducing parents' and their preterm infants' distress levels. *Methods:* A systematic search has been conducted in Scopus and PubMed databases, including English peer-reviewed trial studies where parents played with music therapists in front of premature infants in the NICU. There must have been outcome measures for infants, parents, or both. Exclusion criteria regarded non-English articles, interventions outside the NICU, single-case studies, and articles relying only on qualitative analysis. *Results:* From 79 records identified from databases, six have been included in the systematic review. The studies' year was 2021 or 2022. Every participant was European. Preterm infants' gestational age ranged from 30 to 36 weeks. Moreover, there were three random control trials (RCT) and three non-randomized open clinical trials (*i.e.*, no control group). Interventions were creative music therapy (CMT), premature triadic music therapy (PT-MT), family-centered music therapy, Rhythm, breath, and lullaby (RBL) program, and generic improvisational music therapy. The common factor between these interventions regarded music therapists playing with the parents synchronizing with infants' physiological responses. Control Groups were standard care and skin-to-skin contact. Premature infants' distress levels decreased when the music therapist and the parents played in front of their babies. Indeed, music therapy changed infants' physiological indexes, such as heart rate, saturation, and blood perfusion. Moreover, infants tended to pass faster from artificial feed alimentation to natural breastfeeding and to be discharged from the NICU. Two studies reported that parents' distress was lower in the music therapy group than in the control group. Conversely, other two studies showed no statistical differences. In addition, one study reported increased parental distress. Finally, the attachment bond quality was better when parents participated in music therapy compared to control groups. General biases of this systematic review regard the absence of control groups and non-randomization assignment for three studies. Except for one study (N=213 families), samples were small (from 3 to 65 triads). Furthermore, 1 study measured only infants' distress and two only parents' distress. Although every intervention shared the process of music therapists and parents playing together in front of their babies, there were different intervention protocols (*e.g.*, different musical instruments or duration of the sessions). Since music therapy applied to the triad is a new intervention, few studies were available and included. *Conclusions:* This systematic review tried to evaluate the effectiveness of new triadic music therapy. Regarding the distress of premature babies, all studies have shown their effectiveness (*e.g.*, improvement of physiological indices, shorter hospitalization, and a switch to faster oral feeding). This result is in line with the literature (*e.g.*, Loewy *et al.*, 2013). Regarding the parents, the results are mixed (some report an improvement, others a deterioration, and still others no change). This result is also in line with the literature. Indeed, previous research has shown that

music therapy interventions were inconsistent for parents, and mothers had worse outcomes (e.g., Bieleninik *et al.*, 2016; Holditch-Davis *et al.*, 2015). However, since the literature contains studies in which music therapy is directed at the child or the parents, it may not be appropriate to confront it with music therapy applied to the whole triad. In conclusion, future studies should investigate the efficacy and effectiveness of triadic music therapy with larger samples. Furthermore, the responsiveness of the therapist and the parents could be a possible mediator of the intervention-outcome relationship. Finally, triadic music therapy may be a promising intervention for reducing distress in premature babies.

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ABSTRACT 2 VIDEO ANALYSIS OF INTERACTION DURING MUSIC THERAPY: A SINGLE-CASE STUDY

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Introduction: Cerebral palsy causes several cognitive, sensory, and motor development problems (Pennington, 2016). Hence, it affects communication at speech (e.g., dysarthria) and pre-verbal levels (e.g., gestures or movements like touching or manipulating). Furthermore, parents-infants interaction is generally negatively influenced. Indeed, children are less engaged, less active, and more fretful. At the same time, their parents are at greater risk of being less emotionally involved, less sensitive, and more intrusive (Festante *et al.*, 2019). Recently, music therapy has been applied to patients affected by cerebral palsy. Music therapy stimulates neuroplasticity through motor control learning and can improve muscle tone and motor functions (Vinolo-Gil *et al.*, 2021). However, we wondered if music therapy might change preverbal and non-communication and the relationship toward musical instruments. As an indirect effect, we assume that if the child becomes more active and engaged in music therapy, the infant-parent relationship could also improve. Hence, this single-case study aimed to explore how the behaviors of the music therapist/patient and their interaction changed within the session. In addition, we aimed to investigate if there were differences between the first and the last session of the

intervention. **Methods:** One female 9-years-child affected by infantile cerebral palsy was recruited. Active improvisational music therapy was performed for 70 sessions over two years. The first and the last session were video-recorded with a camera that framed the whole room, including the music therapist and the child. The music therapist and the child played together, producing sounds or melodies. The music therapist used guitar, piano, drums, metallophone, and voice. This intervention also comprised the improvisation technique. Indeed, the music therapist lets the child be free to do anyway with instruments (i.e., observing, touching, playing). Subsequently, the music therapist tried to produce improvised music syntoning with the child's emotions and actions, like a sort of sound feedback to internal and external states. Moreover, if the child produced sounds or melodies with instruments, the music therapist tried to play along with her. This intervention required responsiveness since a fluent improvisation can happen only if participants "meet each other in their shared sound place". Therefore, the promotion of preverbal development through music therapy is supported by musical parameters (e.g., rhythm, sound) and coordinated interactions characterized by coherence, synchronicity, and reciprocity (Plahl, 2007). KAMUTHE (Gattino *et al.*, 2017; Plahl, 2007) has been used to analyze videos. It is an instrument to codify verbal and non-verbal behaviors in music therapy with children affected by neurodevelopmental diseases. KAMUTHE codifies music therapists' behaviors into three categories (i.e., musical, verbal, and non-verbal behaviors). Vice versa, children's behaviors can be classified into four categories (i.e., gaze, play/musical activities, vocalizations, and gestures). Every class includes a series of possible behaviors associated with a label. For instance, the music therapist's musical behavior category includes vocalizing (MUS>1), playing an instrument (MUS>2), singing a song (MUS>3), and accompanying with an instrument (MUS>4). Psychometric characteristics were good, such as criterion and content validity, as well as inter-rater reliability (i.e., ICC=.95 - .99; Gattino *et al.*, 2017). The 10th and 30th minutes of the pre-test and post-test sessions were analyzed using the open-sourced Boris software. Subsequently, qualitative and quantitative session descriptions have been made, highlighting the music therapy processes and changes in interactions. **Results:** In the tenth minute of the pre-test, the music therapist mainly played instruments, invited the child to perform musical activities, offered the instruments, and made verbal comments. In contrast, the child mainly observed the room moving an instrument in her arms, and she has always been silent. At the thirtieth minute of the pre-test, the music therapist sang, played instruments, and sang accompanying a melody, while the child observed the instrument. Conversely, the music therapist only made verbal comments in the tenth minute of the post-test. At the same time, the child alternated observation of the room with that of the therapist's face, vocalized, and performed unconventional gestures. In the thirtieth minute, the music therapist only played instruments. The child alternated glances at the instrument and the therapist, observed the instrument, produced sounds by playing the instrument, and performed unconventional gestures. Sequence events plots confirmed the descriptions. **Conclusions:** The interaction description highlights that the music therapist was more active and inviting in the pre-test. The child was passive, observing the room or the instruments. Conversely, she was much more active in the post-test, playing instruments, vocalizing, and watching the therapist. To conclude, music therapy could have favored a greater agency level of the child and a greater propensity for interaction. However, given the nature of the single-case design, the results cannot be generalized. Future studies should investigate with larger samples how music therapy affects the agency levels of children with cerebral palsy.

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ABSTRACT 3

Don't STO(M)P the MUSIC

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Introduction: The last decade has seen increasing research about music listening and its relationships to personality characteristics and well-being (Fox & More, 2021; Giordano *et al.*, 2020). Music resonates differently in every single person. Individual differences, such as personality traits, may play a key role in modulating the emotional response to music. Recent studies conducted by P.J. Rentfrow *et al.* (Rentfrow & Gosling, 2003; Rentfrow *et al.*, 2011) from the University of Texas, have highlighted a four-factor structure underlying music preferences: Reflective and Complex, Intense and Rebellious, Upbeat and Conventional, and Energetic and Rhythmic. Preferences for these music dimensions were related to a wide array of personality dimensions (e.g., Openness), self-views (e.g., political orientation), and cognitive abilities (e.g., verbal IQ). As a result, a new tool labeled STOMP, Short Test Of Music Preferences, was proposed and it is currently widely applied in scientific research on music therapy. The present study hence aimed to explore Italian music preferences and validate the Italian version of the STOMP with the goal of highlighting the relationship between personality traits and music propensity. **Methods:** A series of three studies have been conducted: study 1 is an exploratory analysis (EFA) of music genres among the Italian population; study 2 is a confirmatory factor analysis (CFA) of a 5-factor structure; study 3 is a structural equation modeling (SEM) that explores the relationships between music preferences and personality traits. 2103 participants (18-75 age range) completed an online survey that included the Italian Short Personality Inventory (ITAPI-S), the Short Test of Music Preferences (STOMP) and the use of music inventory. Statistical analyzes have been performed using SPSS and AMOS. **Results:** Findings suggested the existence of a latent 5-factor structure underlying preferences and personality traits. The factors were labeled as follows: 1) Mainstream including pop and international/foreign; 2) Unpretentious defined by electronic/dance, alternative, and new age; 3) Sophisticated comprising blues, jazz, soul R&B, and funky; 4) Intense consisting of heavy metal, punk, and rock; 5) Contemplative including opera, religious, and classical music. Their initials form the acronym MUSIC. The most influential personality traits were dynamism, vulnerability, empathy, conscien-

tiousness, imagination, and introversion. Overall, imagination and defensiveness traits were found to be the most involved in all the factors. Along this line, imagination can be considered a form of defensiveness or a form of 'escaping reality' (Herff *et al.*, 2021). This suggests that music can effectively evoke imagination and may be a useful tool for different kinds of therapies. **Conclusions:** Taken together, the study's results are encouraging and offered a preliminary map of Italian music preferences, identified some potential points of interest for further investigation, and laid the groundwork for the creation of innovative frameworks. On these bases, findings can be useful for experts and people who want to introduce music listening in their daily practice or as a palliative intervention in stress situations in order to promote relaxation and enhance well-being using a playlist created ad hoc based on personality characteristics.

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SYMPOSIUM 2

Brief tele-psychotherapy for COVID-19 patients and their family members

Proponent: Bruno Biagiante, Department of Pathophysiology and Transplantation, University of Milan, Milan, Italy

Paolo Brambilla, Department of Neurosciences and Mental Health, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milan, Italy

Discussant: Cinzia Bressi, Department of Pathophysiology and Transplantation, University of Milan, Milan, Italy; Department of Neurosciences and Mental Health, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico, Milan, Italy

Since the COVID-19 pandemic onset, researchers and clinicians have attempted to characterize a heterogeneous cluster of psychopathological symptoms that typically emerge when patients are no longer positive to SARS-CoV-2 infection, and can persist for weeks if not months. These symptoms include depression, anxiety, acute/post-traumatic stress, and sleep disturbances, and are frequently observed in COVID-19 patients as well as in their first-degree relatives. COVID-related symptomatology seems to map onto well-established psychopathological macro-areas: 1) trauma and post-traumatic symptoms, mainly for those who have experienced hospitalization or loss; 2) adaptation and functional reorientation due to physical complications or sequelae; 3) identity reorientation following the experience of illness/isolation/lockdown; and 4) exacerbation of premorbid psychopathological traits solicited by the COVID-19 experience. Notably, the severity of COVID-19 related psychopathology ranges from mild to more disabling conditions and seems to affect youth, adults, and elders irrespectively of the severity of the acute COVID-19 illness. Nonetheless, it unequivocally affects wellbeing, quality of life, and real-world functioning. In response to the urgent need for treatments that could be offered safely, without burdening an already strained mental health system, an interdisciplinary group of psychotherapists and researchers based in Milan, Italy has undertaken the first national attempt to create a research-informed infrastructure to study the feasibility and efficacy of a remote tele-psychotherapy free service for COVID-19 patients and their first-degree relatives. The process initially leveraged clinical experiences with COVID-19 patients and family members remotely referred to the Ospedale Maggiore Policlinico in Milan for psychological assistance from various intensive care units and hospital wards. Next, the research group reviewed the scientific literature on psychotherapeutic approaches designed to remotely treat psychopathology. The harmonization of techniques and strategies deriving from several psychotherapeutic orientations (psychodynamic therapy, constructivist therapy and hermeneutic-phenomenological therapy) culminated in the development of the first brief psychotherapy service for COVID-19 related psychopathology. The service, designed to easily integrate with the workflow of the national health system, consists of 8 remote, 50-minute, individual psychological sessions that are offered weekly using secure video conferencing software. The feasibility and evidence base for this treatment have been investigated thanks to a research project funded by Fondazione Cariplo and Regione Lombardia that has recruited as of June 2022 more than 140 participants, between COVID-19 patients and first-degree relatives. Results from this study will be presented during the symposium and indicate that remote brief tele-psychotherapy for COVID-19 patients and their first-degree relatives is feasible and efficacious at significantly reducing anxiety, depression, post-traumatic symptoms, and sleep disturbances. Interestingly, statistical analyses suggest distinct profiles of treatment response among participants with severe COVID-19 related psychopathology, in that 25% showed

full symptom remission, 48% showed partial symptom remission, and 28% showed no significant effect of treatment. 30 months after the pandemic onset, the same interdisciplinary group of psychotherapists and researchers summarizes reflections from the weekly experiences of group supervision/intervision, and offers a retrospective on the possibilities and limits of this brief tele-psychotherapy service, with an emphasis on the conceptual properties, roles, and symbolic connotations of the remote setting, and on the relationship between patients' illness severity and intrinsic motivation. Above and beyond COVID-19-related psychopathology, the novel quantitative and qualitative data presented at this symposium will provide insightful information about the implementation potential of remote brief tele-psychotherapy - a promising treatment model that can change clinical practice, enhance cost-effectiveness, and lead to better wellbeing and quality of life for patients.

ABSTRACT 1 COMPLICATED GRIEF PROCESSING AND BEREAVEMENT-ASSOCIATED PSYCHOPATHOLOGY IN FIRST-DEGREE RELATIVES OF DECEASED COVID-19 PATIENTS

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Introduction: The number of patients hospitalized and deceased from COVID-19 during the first and second pandemic waves is exceedingly high. Health restriction policies have prevented relatives of ICU patients from being close to their loved ones, especially during the last moments of life. Furthermore, the possibilities of celebrating funerary rites have been radically restricted. Several authors have argued that these circumstances negatively affect the grief process for losses experiencing during the pandemic, leading to the development of severe grief reactions or complicated bereavement. The present work aims to propose a qualitative analysis of the experience and characteristics of mourning, complicated grief, and bereavement linked to the COVID-19 pandemic observed in first degree relatives of deceased COVID-19 patients. The interest in this topic arises from the clinical observations of unique characteristics of COVID-19-related grief and bereavement that emerged during the months of lockdown and restrictions, with an emphasis on pain persistence and unprocessed mourning. *Methods:* This work is based on a qualitative research process that analyzed ten clinical cases of complicated grief. People who have lost a loved one during the first two pandemic waves were involved in a remote brief psychotherapy program consisting of eight weekly sessions. Case reports will be presented as a means to illustrate distinct presentations of COVID-related complicated grief. *Results:* Clinical cases are described according to the initial medical history, psychopathological description, and areas of suffering emerged during the process of therapeutic support. Consistently with qualitative studies recently published on the same topic, the authors identified common features in the patients' narratives, which typically involved the dynamics and condition of the infection, the end of life of the loved one, the patient's experience of isolation in intensive unit, and the relative's experience of isolation at home, the lack of final farewell, and the absence or disruption of funerary rites. The sense of guilt about having infected their loved one is a feeling frequently endorsed by patients. The inability to see and speak with the loved one has resulted in feelings of high and persistent anxiety, with moments of despair. *Conclusions:* Death cir-

cumstances, isolation of hospitalized patients and domiciled relatives, absence of in-person final farewells all had a strong psychological impact on the way of experiencing the suffering associated with bereavement. Future research should focus on early detection and treatment of enduring psychopathological symptoms associated with complicated grief and bereavement among first-degree relatives of deceased COVID-19 patients.

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ABSTRACT 2 DEVELOPING A BRIEF TELE-PSYCHOTHERAPY MODEL FOR COVID-19 PATIENTS AND THEIR FAMILY MEMBERS

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Introduction: While many studies are available on the psychological impact that the pandemic has had on the general population, few studies have considered survivors of COVID-19 and their first-degree relatives. The incidence and prevalence of psychological distress in COVID-19 patients greatly vary by country and by study methodology, and go beyond the current possibilities of any mental health system to offer in-person services, with the result that most users fail to receive the necessary support. There exists an urgent need to intervene on the psychological suffering of COVID-19 patients and their family members with treatments that can be offered safely and on a large scale, without burdening an already strained health system. We leveraged the ongoing clinical experiences with COVID-19 survivors and family members to design a clinical intervention model that could be remotely administered and could easily integrate with the workflow of the regional health system. The result of this process was the development of a brief remote psychotherapy program to be delivered via telemedicine. **Methods:** We first reviewed the scientific literature on psychotherapeutic interventions that were designed to treat psychopathology among COVID-19 patients and family-members. Based on this evidence, we harmonized techniques and strategies deriving from several psychotherapeutic orientations into a brief psychotherapy program that was developed along three main theoretical trajectories: psychodynamic therapy, constructivist therapy and hermeneutic-phenomenological therapy. **Results:** The program consists of 8 remote, 50-minute, individual psychological sessions offered weekly using secure video conferencing software. The severity of the clinical conditions of COVID-19 patients has largely influenced

the sequencing of the intervention both for patients themselves and for their family members dealing with the COVID-19 hospitalization/discharge/loss of a loved one. We considered it appropriate to circumscribe the exploration of the different psychological targets within each session, given the unpredictable nature of the course of illness, and the possible onset of events that could radically change the psychological state of patients and family members. During the initial phase of treatment, the therapist highlights the patient's ways of suffering and coping, in hopes to identify together with the patient which ones are already familiar and which ones are novel. In the context of the patient's textual refiguration, the therapist makes room for interpretative cooperation by sharing clinical objectives: a commonality of intents that brings therapist and patient to accept the challenge of the clinical work. During all phases of the clinical work, suffering is contextualized both in the light of the recent traumatic experience (bereavement, hospitalization in intensive care, fear for one's life or that of a relative), and in the light of historical ways of suffering, so that the patient is able to recognize the meaning of the currently experienced symptom. Session 1 includes introductions and exploration of the patient's current experience space as well as identification of the areas of suffering and brief recapitulation of the patient's psychological functioning pre-COVID. Session 2 attempts to define shared goals for the therapeutic process and creates an initial diagnostic framework to identify unprocessed or unregulated emotions. Session 3 aims to validate the intrapsychic and interpersonal resources associated with a greater degree of adaptation to the stressful situation, including: a flexible personality; positive beliefs about the self; identity roles and acceptance and commitment skills; work functioning; a solid network of friends; family/loved ones. In Sessions 4 through 6, areas of clinical concern are addressed and defense mechanisms are examined. Session 7 aims to integrate the lived experience in the cohesive narrative of the self. In Session 8, internal working models or relational patterns that have emerged during therapy closure are discussed and psychoeducation on relapse prevention is offered. **Conclusions:** We described a newly designed remote psychotherapeutic approach to tackle the COVID-19 pandemic psychological aftermath. We believe that the intervention model described here has great innovation potential in that: (1) it offers immediate psychotherapeutic support to all those who experience psychological suffering associated with COVID-19; (2) helps therapists to operate in acute and subacute settings, overcoming the barriers imposed by public health and prevention measures; and (3) contributes to study and determine the procedures by which tele-psychotherapy can be best implemented. In doing so, this treatment model could provide a blueprint for future tele-psychology wide-scale interventions.

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ABSTRACT 3 PRELIMINARY EFFICACY OF REMOTE, BRIEF TELE-PSYCHOTHERAPY FOR COVID-19 PATIENTS AND THEIR FIRST-DEGREE RELATIVES

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Introduction: Over the last two years, the COVID-19 pandemic has negatively impacted the mental health of both COVID-19 patients and the general population. Adults with COVID-19 risked their lives, lost their loved ones, struggled with comorbid clinical conditions to manage, and have been unable to enjoy the physical presence of their families during the infection, quarantine, and lockdown periods. During hospitalization and discharge, family members often did not receive clinical updates from providers and patients, were unable to offer in-person assistance, and to receive psychological support. Incidence and prevalence of depression and anxiety among COVID-19 older adults and their family members skyrocketed beyond the possibilities of any mental health system to address psychological aftermath of this pandemic and intervene with in-person services. In response to the urgent need for treatments that could be remotely delivered at a large scale, we designed DigiCOVID, a digital mental health approach that offered remote brief tele-psychotherapy to COVID-19 patients and/or their first-degree relatives. The main goal of this single arm, naturalistic study was to evaluate the feasibility, acceptability and usability of DigiCOVID. Additionally, we assessed the impact of DigiCOVID on psychopathology by means of self-report questionnaires. **Methods:** Participants underwent an initial phone-based screening to of inclusion and exclusion criteria. Inclusion criteria were: 18-80 years old; positive nasopharyngeal swabs or serology to COVID-19 (for the patients' subgroup); absence of visual/motor deficits that might interfere with study participation; good level of Italian; and adequate tech literacy. Participants were excluded if they had a previous or actual DSM-5 diagnosis of bipolar disorder, psychotic disorder, or substance use disorder; if they had a diagnosis of dementia; or if they presented suicidal ideation assessed through the Columbia Suicide Severity Rating Scale. Next, they completed a neuropsychological test over video to assess IQ (if lower than 70 participants were excluded), and filled out online gold-standard self-reports for depression (PHQ-9), anxiety (GAD-7), insomnia (ISI), post traumatic symptoms (IES-R) and general wellbeing (GHQ-12). Participants were then assigned to a psychotherapist who remotely conducted eight remote tele-psychotherapy sessions. After treatment, online questionnaires were filled out again to collect data on preliminary efficacy. **Results:** Since November 2021, 138 patients were recruited, 83 completed the intervention (57 patients, 26 first-degree relatives), and 55 dropped out. At a group level, participants showed significant improvements on all clinical outcomes (PHQ-9: $R^2=0.12$, $p=.0019$; ISI: $R^2=0.15$, $p=.0004$; IES-R: $R^2=0.11$, $p=.0003$; GHQ-12: $R^2=0.23$, $p<.0001$; GAD-7: $R^2=0.12$, $p=.0011$). Given the high heterogeneity in illness severity and psychopathology, we conducted clustering on baseline data coming from the five online questionnaires: 55% of the whole sample had no psychopathology (Cluster 1), whereas 45% showed severe psychopathology (Cluster 2). When

clustering was conducted on post-treatment data, three clusters emerged: no psychopathology, residual psychopathology and severe psychopathology. 71% of Cluster 1 participants remained asymptomatic; 25% of Cluster 2 participants showed full symptom remission, while 48% and 28% of Cluster 2 participants showed partial symptom remission and no significant effect of treatment, respectively.

Conclusions: Remote brief tele-psychotherapy for COVID-19 patients and their first-degree relatives is feasible and preliminary efficacious at reducing COVID-related psychopathology. Further research is needed to investigate distinct profiles of treatment response.

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ABSTRACT 4 LESSONS LEARNT FROM DELIVERING A BRIEF TELE-PSYCHOTHERAPY INTERVENTION FOR COVID-19 PATIENTS AND FAMILY MEMBERS: BETWEEN LIMITS AND POSSIBILITIES OF NOVEL CARE DELIVERY MODELS

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Introduction: The implementation of a brief tele-psychotherapy intervention for COVID-19 patients and family members by a team of psychotherapists with different orientations (psychodynamic, phenomenological, cognitive behavioral) led to a shared reflection on the possibilities as well as on the therapeutic and technical limits of this treatment. Because the brief tele-psychotherapy intervention is designed to have a targeted focus on the COVID-19 experience and how this has affected the patient's life, it allows to read COVID-19 related suffering as a guide to diagnosis: medical comorbidities and unprocessed psychological suffering interplay with the experience of COVID-19 illness - with symptomatic severity ranging from absence to hospitalization in intensive care depending on the case. The interplay among these elements produces psychopathological scenarios that are at times evident and complex, at other times apparently less serious and difficult to connect to the suffering that the patient endorses and to their COVID-19-related medical symptoms. **Methods:** This work summarizes qualitative data produced by a team of ten psychotherapists involved for 18 months in a brief tele-psychotherapy service for COVID-19 patients and family members, and engaged in a weekly group supervision/intervention experience.

Results: The remote nature of the brief tele-psychotherapy intervention made it possible to overcome the distance caused by the barriers imposed by social isolation, and to provide psychological assistance to patients who were ill, were sheltered in place because they tested positive, were elderly at risk, or young people who lost contact with their peers. Cases in which the consequences of COVID-19 undermined self-esteem, sleep quality, induced anxiety and depression, and emotional dysregulation have been treated with impactful **Results:** The brief tele-psychotherapy experience allowed patients to mitigate the risks and negative consequences of the COVID-19 experience on physical and mental health, and to restore goal-setting abilities in light of the traumatic experience. Patients in need of psychiatric assistances were referred to the relevant services thanks to an interdisciplinary network. Based on the group supervision/intervision experience, three areas of discussion were identified: the remote nature of the setting, the relationship between illness severity and treatment seeking, and patients' intrinsic motivation towards psychotherapy. (i) Therapists with different orientations agreed that the 'remote' setting had advantages and disadvantages. The meaning of the setting encompasses symbolic aspects such as 'pre-', 'during-', and 'post'-session moments, because a well-defined place implies the presence, attention, active participation of therapist/client as well as the typical rules such as timeliness. We observed that the 'remote' setting impoverishes the shape and meaning of the typical mental and physical state associated with in-person psychotherapy, as it induces the therapist to manage the session within a client's life space-time that is very often improvised, corrupted by intermittent connectivity issues, lacking privacy or populated with unpredictable environmental circumstances. As such, the conceptual value each theoretical orientation assigns to the psychotherapeutic setting is, on all accounts, contaminated. (ii) Patients with overt traumatic experiences (long hospitalization in COVID-19 wards, intensive care units, rehabilitation facilities) responded better to CBT-oriented psychotherapy. For example, CBT initiates the therapeutic process with case formulation - which aims to describe the problems presented by the patient and to make theoretical inferences about its causes and its maintenance factors. This formulation serves as the basis of a strategically oriented psychotherapeutic intervention, and accompanies all phases of therapy until its **Conclusions:** Conversely, psychodynamic therapists read COVID-related psychopathology as a window into intrapsychic mechanisms that can hardly be worked through in the context of eight sessions. Interestingly, patients lacking frank COVID-19 related medical or psychological symptoms were those for whom a psychodynamic process seemed more indicated, in that it oriented the clinical work towards awareness building, and exploration of intrapsychic and interpersonal goals that transcended current circumstances. (iii) A third, notable point concerns patients' motivational attitudes towards therapy. Because therapists were operating in the context of a research protocol, therapy was presented as a free service that was seeking patients, rather than vice versa. Here, therapists took on an unusual role as they attempted to psychologically transform patients' availability into a request for psychological assistance, even when this was - at least in some cases - consciously absent. In such cases, the transformational processes that are typical of therapy evolved without a clear initial direction, shedding doubts on actual patients' motivation, and leading therapists to offer a final restitution that was limited to the phase of therapy during which an actual psychological goal was voiced by the patient. **Conclusions:** We illustrated the possibilities and limits of brief tele-psychotherapy with regard to the factors that are common to the various theoretical orientations. We noticed that the remote delivery alters conceptual properties, roles, and symbolic connotations of the setting. Similarly, the seek for help, often not defined, can hardly find adequate space within eight sessions, while

the severity of COVID-19 related psychopathology seems to be associated with greater efficacy. Future research should examine how brief remote psychotherapy adjusts to emerging clinical difficulties, and should incorporate a prospective design to better establish causality between expected efficacy and interfering occurrences. Further examination on the mechanisms of these interferences is also needed. Ultimately, this line of research can provide precious information about the dissemination of remote tele-psychotherapy above and beyond COVID-19-related psychopathology.

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SYMPOSIUM 3

NEW TRENDS IN PSYCHOLOGICAL MIND-BODY INTERVENTIONS

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Discussant: Pagnini, Francesco, Department of Psychology, Università Cattolica del Sacro Cuore, Milan, Italy; Department of Psychology, Harvard University, Cambridge, MA, USA

The present symposium aims to investigate and discuss process and outcome studies related to psychological research that explored mind-body relationship. Topics of the presentations will range from mindfulness intervention for people with severe Covid-19, to yoga interventions in groups of inpatients patients with psychiatric symptoms, to EMDR interventions for people with depression and multiple sclerosis. The effects of psychological variables on the body and how bodily symptoms can influence psychological traits represent a relatively unexplored field with key implications for future research.

ABSTRACT 1 THE PROTECTIVE ROLE OF MINDFULNESS IN TIMES OF THE COVID-19 PANDEMIC

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Introduction: The outbreak of the COVID-19 pandemic led to unprecedented changes, such as restrictions on personal freedom that confronted people with various stressors (Singh *et al.*, 2020). The fear of contracting the virus in a pandemic is compounded by significant changes in daily life and restrictive measures to support efforts to contain and slow the spread of the virus. Faced with new realities such as working from home, temporary unemployment, raising children at home, and lack of physical contact with other family members, friends, and colleagues, many individuals report feeling depressed, isolated, and helpless (Kumar & Nayar, 2020). As such, COVID-19 poses an unprecedented challenge to mental health worldwide. In this scenario of uncertainty and disorientation, it is important to explore not only those risk factors but also the protective factors that have an impact on people's daily lives, so that we can offer recommendations on how to better help these individuals and improve their quality of life. A protective factor can be defined as a characteristic at the biological, psychological, family, or community level that reduces the negative impact of a risk factor (O'Connell *et al.*, 2009). Dispositional mindfulness (*i.e.*, the propensity to pay attention in everyday life) may represent a stable protective factor with respect to the current intensity of individuals' mental distress: in fact, increasing levels of mindfulness correspond to lower psychological morbidity (Bränström *et al.*, 2011). As the overall impact of COVID-19 on health has yet to be determined, very little is known about the impact of mindfulness and the nature of the relationship between these multidimensional constructs remains unclear. Therefore, the present study aims to conduct a systematic review and meta-analysis on the role of dispositional mindfulness during times of crisis, such as those of COVID-19, to investigate whether engaging in mindfulness activities contributes to reducing psychological distress and increasing awareness and decreasing fear of the virus. *Methods:* From a methodological point of view, the research was conducted on ten electronic databases from November 2021 until March 2022. A systematic review and a meta-analysis were conducted. 44 studies were included in the meta-analysis and 15 studies were considered for

the qualitative synthesis. Subsequently, a Pearson's correlation analysis was conducted. *Results:* Anxiety and dispositional mindfulness were moderately negatively correlated ($r=-0.397$; $p < 0.001$), as were depression and dispositional mindfulness ($r=-0.323$; $p < 0.001$). A weak negative correlation was found for both psychological distress ($r=-0.201$; $p < 0.002$) and COVID-19-related fears ($r=-0.136$; $p < 0.001$). The longitudinal studies included in the systematic review also suggest the stability of these associations over time. Disposition to mindfulness is negatively associated with anxiety, stress, fears, and depression during the COVID-19 pandemic. *Conclusions:* The strategy of mindfulness may also have been useful during this period, as the experience of focusing on and appreciating the present at a time of great uncertainty about the future may have helped people. These findings seem to further support both the idea that mindfulness, as well as other strategies and techniques that promote awareness (Pagnini *et al.*, 2016), is a tool for coping with adversity during a potentially traumatic event. In conclusion, mindfulness is a protective factor against negative psychological reactions. This meta-analysis on mindfulness is part of the overall balance that sees mindfulness as a stable protective factor and thus represents a starting point from which to learn also in a perspective of implementing mindfulness activities to reach an even wider population. Being mindful could be a promising approach to mitigate the negative effect on mental health outcomes, and dispositional mindfulness may have acted as a protective factor for people from maladaptive worries caused by the pandemic. In summary, positive thinking suggests that meditation-based or similar training could be supportive in times of crisis, such as a pandemic. For this reason, its promotion in other equally difficult times should be further explored.

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ABSTRACT 2 THE APPLICATION OF A BRIEF MINDFULNESS INTERVENTION IN PEOPLE WITH SEVERE COVID-19

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Introduction: The practice of mindfulness, formalised in the structuring of well-known protocols such as Mindfulness Based Stress Reduction (MBSR) and Mindfulness Based Cognitive Therapy (MBCT), have proven to be very effective in reducing stress related

to chronic conditions (Cherkin *et al.*, 2016; Johns *et al.*, 2015) and of depression (Hilton *et al.*, 2017; Schumer, Lindsay, & David Creswell, 2018). However, these protocols generally require a high level of engagement for participants, which is why, in the present exploratory study, we opted to evaluate the implementation of a short and less intensive Mindfulness-based protocol, but which showed good results on health-related outcomes, even with a single session (Howarth, Smith, Perkins-Porras, & Ussher, 2019). The overall objective of this exploratory study was to develop and evaluate the implementation of a short-term, Mindfulness-based intervention conducted in telemedicine, compared with usual care alone, on the symptoms associated with Post Traumatic Stress Disorder (PTSD) of persons who have previously tested positive for COVID-19, admitted to a resuscitation and/or intensive care unit and then in pulmonary rehabilitation following negativization. *Methods:* The present pilot randomised controlled trial compared the impact of a Mindfulness-based brief intervention conducted in telemedicine (n=20) for a period of 5-6 sessions of 45 minutes each, for a total commitment of 3 weeks, to a wait-list control (n=20), involving people who have been previously tested positive for COVID-19, admitted to intensive care or reanimation and subsequently in respiratory rehabilitation following negativization. The General Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9), Impact of Event Scale (IES), Perceived Stress Scale (PSS), State Shame and Guilt Scale-8, Peritraumatic Perceptions of Fear and life threat, Psychological General Well-being Index (PGWBI), respiratory functions, oxygen saturation, haemogasanalysis were detected at baseline, 3 weeks, and 3 months. Descriptive analyses were conducted with respect to clinical and socio-demographic variables, as well as the primary and secondary outcomes. All statistical analyses were conducted according to an intention-to-treat system. In addition, using linear mixed models, intra- and inter-group comparisons were carried out on the primary and secondary outcome indices. The analyses were considered statistically significant for $p < .005$. Moreover, semi-structured interviews conducted according to the Interpretative Phenomenological Analysis (IPA) approach detected the participants' emotional experiences, expectations, and beliefs about their experience of illness. Themes that emerged and recurring themes during the course and interviews were analysed from a qualitative point of view, distinguishing the data emerged from the participants' interviews and those from the carers. *Results:* This pilot study found that the Experimental Group pursued improvements in terms of symptoms related to Post Traumatic Stress Disorder (PTSD) and the secondary outcomes outlined above over the course of the three surveys. Furthermore, with regard to the parameters pertaining to respiratory function, spirometry and arterial and venous haematochemical examinations, these were not inferior to those achieved by the Control Group. From the qualitative analysis part, it was possible to detect the presence of descriptive, linguistic, and conceptual comments. Relevant was the theme of contact with death and the emotional experiences associated with it, which emerged in different keys in both patients and caregivers. It is also useful to note the reported progressive change of perspective on how the patient deals with the remaining symptoms of COVID-19 during the proposed sessions. *Conclusions:* This study showed the potential of an affordable and widely accessible Mindfulness-based brief intervention in clinical practice, offering a view of hospital-territory continuity following the acute phase of COVID-19 disease.

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ABSTRACT 3 THE ROLE OF A YOGA-BASED REHABILITATION GROUP IN A PSYCHIATRIC THERAPEUTIC PROGRAM

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Introduction: In several empirical studies on psychiatric inpatients the Yoga practice has been demonstrated to produce benefits in specific psychiatric symptoms and a general sense of well-being. *Objectives:* The project aims to identify possible effects of a group rehabilitation intervention based on the practice of yoga on psychiatric inpatients from As.Fra. Onlus Foundation. *Methods:* About 24 patients participated in groups of 8 to 8 yoga sessions for 8 weeks with a trained conductor. The research design is a quasi-quantitative pilot study, with a random subdivision into groups, and assignment to a waiting list for the control group. Before and after the 8 yoga sessions, a semi-structured interview and a battery of self-assessment tests on quality of life, anxiety and depression, outcome measure, and perceived stress were administered. *Results:* Most of the patients concluded the training with discrete continuity; 1/3 of them asked to keep on practicing Yoga. In the post-intervention interview, most reported benefits regarded self-awareness and self-control in distress situations. More specific statistical-analysis are now in progress. *Conclusions:* Accordingly to the preliminary results, the intervention has been inserted in the rehabilitation offer of the Foundation as a stable weekly group for 8 patients.

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ABSTRACT 4 EYE MOVEMENT DESENSITIZATION REPROCESSING FOR PARTICIPANTS WITH MULTIPLE SCLEROSIS AND DEPRESSION

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Introduction: People with Multiple Sclerosis (MS) often experience depressive symptoms (Cavalera *et al.* 2018; Pagnini *et al.*, 2019). As the MS experience often includes several traumatic (or micro-traumatic) events, an EMDR intervention designed for depression may be an effective treatment (Hoffmann *et al.*, 2014). Moreover, as depressive symptoms are associated with MS symptomatology, a reduction of the former could result in an improvement of the latter. The main objective of this process-outcome study was to preliminarily test EMDR intervention in people with both MS and depressive symptoms in reducing depression including quantitative and qualitative outcomes, as well as fMRI scans. *Methods:* 8 depressed people with MS were assessed for depressive symptoms, quality of life, and MS symptoms, pre/post intervention, and at a 3-month follow-up. The study explored the feasibility of the EMDR intervention and its effects, on both psychological (*i.e.*, depression and quality of life) and physical aspects (*i.e.*, MS symptoms). Participants treatment diaries, completed after every session, were analyzed. Possible neural changes by means of structural and functional MRI (fMRI) studies of clinically eloquent brain structures combined to psychological improvements were explored. *Results:* Psychological and MS symptomatology outcomes from the three data points were analyzed with a quantitative approach (non-parametric tests, such as Wilcoxon and Friedman). Results showed a significant improvement related to the psychological variables. Treatment diaries were analyzed with a grounded-theory approach revealing that the EMDR intervention for depression showed a high level of feasibility for the participants involved. Functional and structural changes (in particular, from the fronto-temporal and limbic areas, which were previously associated with depression-related features in MS patients) were explored with both first and second-level statistical analyses on spatial and temporal series and didn't show significant improvements. *Conclusions:* The present findings suggest the importance of EMDR in the reduction of depressive symptoms in people with MS. Considering that MS often involves traumatic of micro-traumatic events, and that there is a need for better coping strategies and elaboration, EMDR could represent a relevant therapeutic option, yet relatively unexplored in the field (Carletto *et al.*, 2021). The present results didn't show a clear reduction of SM symptoms, but more analyses need to be replicated in larger samples. Following this process-outcome study and based on its results, future research should create a large RCT, aimed at testing the efficacy of the EMDR treatment in this context.

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ABSTRACT 5 TRANS-DIAGNOSTIC EFFICACY OF MINDFULNESS-BASED PROGRAMS: AN UMBRELLA REVIEW OF META-ANALYSES OF RANDOMIZED CONTROLLED TRIALS

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Introduction: To comprehensively evaluate meta-analyses (MAs) of randomized controlled trials (RCTs) that investigated associations between mindfulness-based programs (MBPs) and a wide range of health outcomes – see pre-registered protocol¹. *Methods:* Three electronic databases (PubMed, Embase, and Cochrane Library) were systematically searched from inception to April 2022 for meta-analyses of RCTs investigating associations between mindfulness-based programs² and health outcomes³. We included 59 MAs (421 RCT), reporting on 21 mental disorders or medical conditions. Methodological quality of individual primary studies was evaluated using the GRADE (Grading of Recommendations, Assessment, Development and Evaluation) assessment. Each MA has been reanalyzed using the random-effects model. Summary effect sizes and their confidence interval for each outcome were estimated, along with prediction interval. We also calculated I², small study effects, and excess significance that are associated with heterogeneity and bias. *Results:* Treatments show moderate to medium efficacy for many outcomes in different clinical populations. However, the quality of RCTs included by MAs is very poor. Considering the economic interests that revolve around the mindfulness industry (estimated at around \$4 billion), high-quality RCT studies and longer follow-up period are needed.

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SYMPOSIUM 4

EVIDENCE-BASED PSYCHOEDUCATIONAL INTERVENTIONS FOR SEVERE MENTAL DISORDERS IN ITALIAN MENTAL HEALTH SERVICES: WHAT HAVE WE LEARNED?

Proponent: de Girolamo Giovanni, U.O. di Psichiatria Epidemiologica, IRCCS Centro San Giovanni di Dio Fatebenefratelli, Brescia, Italy
Discussants: Spinogatti Franco, Dipartimento di Salute Mentale e Dipendenze, ASST Cremona, Cremona, Italy
 Franco Veltro, Associazione Italiana per la Diffusione degli Interventi Psicoeducativi in Salute Mentale – Associazione di Promozione Sociale (AIDIPSaM – APS), Italy

Psychoeducation programmes are adjunctive psychosocial interventions that complement pharmacological treatment with the aim to further reduce illness burden and recurrence. In general terms, the main aims of psychoeducational interventions targeted to people suffering from severe mental disorder include: (1) to ensure basic knowledge and competence of patients and their relatives about the illness; (2) to provide insight into the illness; (3) to promote relapse prevention; and (4) engaging in crisis management and suicide prevention. Programmes are believed to achieve this not only by increasing patients' knowledge of their disorder, but also by changing key attitudes and behaviors toward improved medication adherence and a healthier lifestyle. Programmes include education about the risk of recurrence having a chronic condition, treatment options, the risks of drugs and alcohol, as well as the importance of sleep, routines, and healthy habits. Psychoeducational programmes also include training to identify personal early warning signs of an imminent episode, and training to manage symptoms. Many psychoeducational programmes do include family members, or are specifically targeted to them, for instance in the case of patients at their first psychotic episode. There are several psychoeducational programmes for bipolar disorder, for schizophrenia, for borderline personality disorder and for eating disorders, and many have been evaluated in randomized controlled trials. Even though the length of psychoeducational programmes vary – some programmes are completed within 6 weeks, other last up to 6 months – they include similar key ingredients. In this symposium we will present four long-lasting experiences of structured psychoeducational programmes implemented in ordinary Italian mental health services. We will report outcome data, in some cases with long follow-ups, we will highlight strengths and limitations of this psychosocial intervention and will provide recommendations for the planning and implementation of psychoeducational programmes in mental health services.

ABSTRACT 1 3-YEAR FOLLOW-UP STUDY OF A SALUTOGENIC PSYCHOEDUCATIONAL RECOVERY-ORIENTED INTERVENTION (INTE.G.R.O.) IN PATIENTS WITH SEVERE MENTAL ILLNESS

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Introduction: The aims of the present study is to illustrate the effectiveness of a new standardized Salutogenetic-Psychoeducational group intervention designed to help people with severe mental illness manage their life-stress and achieve personal recovery goals through

the improvement of social functioning, stress-management and cognitive-flexibility. *Methods:* This is a 3-year observational study with a three time-point evaluation (t0, pre- treatment; t1, 12 months; t2, 36 months) involving 41 users of Community Mental Health of Campobasso assessed by the Brief Psychiatric Rating Scale (BPRS), by the Personal and Social Functioning scale (PSP); by means of Stress-Scale and by Modified Five-Point Test (M-FPT) for the cognitive flexibility. *Results:* Personal and Social Functioning increased at t1 and t2 vs. t0; psychopathological status improved at t2 vs. t0; stress management improved at t2 vs. t1; cognitive flexibility improved at t2 vs. t0. *Conclusions:* these results substantially confirm after a three-year follow-up the improvements in functioning, psychopathology, stress management and cognitive flexibility seen in previous studies. Furthermore, they show a complex time-dependent fashion. Overall, they confirm a remarkable and long-term impact of Integro on key Recovery variables. Further studies are needed to address extent and duration of these improvements.

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ABSTRACT 2 THE FAMILY ROLE AND PSYCHOEDUCATIONAL INTERVENTION IN THE RPP® METHOD: RESULTS OF A PILOT EFFICACY STUDY

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Introduction: Nutrition and eating disorders (DNAs) are complex disorders that require articulated resources. The family engagement in the DNA care pathway is supported by several scientific evidences and represents a key therapeutic resource, especially in adolescent patients. The present study aims to evaluate the effectiveness of a family educational intervention, structured according to the RPP® model, on perceived stress and burden levels and on improving emotional response, coping skills and family functioning. *Methods:* Eight families were enrolled. The patients were all female minors diagnosed with Anorexia Nervosa and admitted to the CTRP "Casa delle Farfalle". The following questionnaires were used: Accommodation and Enabling Scale for Eating Disorders (AESED), Eating Disorders Symptom Impact Scale (EDSIS), Caregiver Burden Inventory (CBI), Hospital Anxiety and Depression Scale (HADS), The level of Expressed Emotion Scale (LEE), Family Assessment Device (FAD). The difference between the means of data with normal distribution was performed at T0 and T1 by Student's t test for paired samples. For data with non-parametric distribution, a Wilcoxon sign ranks test was performed at paired samples. *Results:* The following items were found to be statistically significant: the subscales "avoidance and modification of routine" and "family control" in the AESED, the total score and the subscale "guilt" in the EDSIS, the perceived burden of family members and especially the time spent in care in the CBI, the scores related to anxiety and mood in the HADS, the total score and the subscale "emotional response" in the LEE and the subscale "roles" in the FAD. *Conclusions:* The present study shows that psychoeducational intervention in the RPP model improves family system resilience through multiple mechanisms. Based on the observed effectiveness, the outpatient pathway has also been implemented with systematic planning of psychoeducational cycles for family units of both minor and adult patients.

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ABSTRACT 3 PILOT TESTING OF A PSYCHOEDUCATIONAL GROUP INTERVENTION IN A GENERAL HOSPITAL PSYCHIATRIC WARD IN CREMONA: SOME PRELIMINARY FINDINGS

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Introduction: Apply psychoeducation during the acute hospitalization of patients in the GHPW to encourage active participation, gain information about mental health status and increase compliance. *Methods:* psychoeducation groups were conducted for 6 months 3 times a week led by a clinical psychologist jointly with a psychiatrist and a nurse. Patients were identified by the ward team based on their mental status and on their willingness to attend. The sessions dealt with different topics, following Veltro's methodology, but also sticking to participants' free proposals. *Results:* on average 5-6 patients attended each meeting; in each group it was possible to notice a difference between more active and more passive participants. We also noticed that acquiring information about mental health issues was not always followed by a better treatment compliance. *Conclusions:* psychoeducation seems to be well accepted by acute patients who feel more actively involved in their own care plan, understand more about their disorder and gain more trust in the caregivers. Our experience shows that it is needed time to train the ward team in order to give continuity to the group experience.

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SYMPOSIUM 5

PREVENTING PSYCHOPATHOLOGY IN DIFFERENT STAGES OF DEVELOPMENT: COMPARING EXPERIENCES

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Discussant: Tanzilli Annalisa, Department of Dynamic and Clinical Psychology, and Health Studies, "Sapienza", University of Rome, Italy

Preventing psychopathology and promoting well-being have always been objecting of concern in many fields of psychology and psychiatry. Prevention is a form of intervention aimed at preventing the onset of a symptom, disorder, and psychological and/or social distress. The symposium intends to compare prevention in various contexts and different developmental stages of life, through the presentation of 4 contributions: (a) "Coping strategies and mental health during the covid-19 pandemic: an Italian survey". The study aims to evaluate mental health starting from individual characteristics and to explore which coping strategies are effective in enhancing the Italian population's well-being in dealing with covid-19; (b) "The role of several aspects of personality in the construction of transversal competencies in a sample of young adults". The study aims to assess the role that self-criticism, dependency and efficacy play in enhancing the young adult's transversal skills to facilitate more adaptive and satisfying life trajectories; (c) "Mentalization and attachment representation in mother-child and teacher-student relationships". The study has two aims: the first is to evaluate the relationship between the mentalization abilities and the attachment representation of both mother and her child and the teacher and her/his pupils. The second is to verify whether the adult's (mother and teacher) mentalization abilities impact the child's mentalization abilities; (d) "Psychopathological symptoms and mentalizing capabilities in adolescents with anorexia nervosa before and during COVID-19 pandemic. This study aims to compare Covid-Period vs. NON-Covid Period adolescent patients affected by Anorexia Nervosa (AN) considering their psychopathological symptoms and their mentalizing capabilities. In the symposium, three types of prevention are focused: primary, secondary, and tertiary. The primary aim is to avoid or minimise the risk of occurrence. Secondary prevention intervenes early on the problem to reduce its negative effects. A clear example is an early diagnosis, which is even more important when dealing with childhood disorders as it increases treatment opportunities, effectiveness, and positive outcomes. Tertiary prevention relates to preventing complications and reducing the risk of relapse. The symposium's objective is to compare various typologies of prevention in different contexts focusing on specific samples. The four contributions illustrate once again the greatest importance of prevention and how it can be broadly applied, in clinical, social, and developmental contexts.

ABSTRACT 1 COPING STRATEGIES AND MENTAL HEALTH DURING THE COVID-19 PANDEMIC: AN ITALIAN SURVEY

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Introduction: The COVID-19 pandemic is still having a strong impact on psychological and mental health worldwide. The pandemic generated a change in people's life and fear, loss of structure of daily routine, physical illness, depression, and stress, are only some of the

potentially long-term consequences. The coping strategies used to deal with these difficulties may have influenced the perception of well-being, so the present study aimed to evaluate mental health in relation to individual characteristics and to explore the more effective coping strategies used by the Italian population and their impact on psychological well-being. *Methods:* The web-based survey was delivered by Qualtrics between 30 November and 10 December 2020. A total of 537 individuals (>18) were recruited and all participants completed measures of sociodemographic data, general psychological well-being (PGWBI), and coping strategies (COPE-NVI). *Results:* Females, students, and unmarried people reported the lowest levels of mental health. Specifically, the coping strategy called “positive attitude” was positively correlated with psychological well-being, while “avoidance” and “social support strategies” negatively influenced it. The coping strategies named “problem-focused” and “transcendent-oriented” resulted not statistically significant. *Conclusions:* The use of maladaptive strategies (e.g., avoidance-oriented) set up negative symptoms such as anxiety or depression whereas the beneficial ones can be central to optimally managing the psychological effects of long-lasting current COVID-19. From a preventive point of view, it is hence important to take care both of those who are already suffering from psychological disorders and of the non-clinical population, starting to question how psychopathology will change after the pandemic. New treatment directions should be found. The results suggest that to prevent mental disorders, therapists must consider the use of coping strategies in clinical practice. Implications for clinical preventive interventions are reported.

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ABSTRACT 2 THE ROLE OF SEVERAL ASPECTS OF PERSONALITY IN THE CONSTRUCTION OF TRANSVERSAL SKILLS IN A SAMPLE OF YOUNG ADULTS

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Introduction: In many Western post-industrial societies, emerging adulthood refers to a stage of existence in which young people experience various explorations of identity, are in search of their place in the world and make many choices that are reversible in nature. At this stage of life, the pandemic has hit many young people, whose situation was already delicate and “jammed” as the analyses contained in the annual Youth Report of the Toniolo Institute have been testifying for years, aggravating the attainment of transversal skills useful for their professional and self-fulfilment. Over the years, different studies have shown that personality can predict most areas of an individual's life, including educational level, employment status, income, and physical health. Dysfunctional areas of personality are

associated with impaired social functioning, lack of professional qualifications (diploma or degree), and low job aspirations. Today personality is simultaneously viewed as something consisting of both stable and changeable traits. Their potential modifiability makes it possible to implement interventions aimed at reversing life trajectories in more adaptive directions. Considering the above, this study aims to assess the role that self-criticism, dependency and efficacy play in enhancing the young adult's transversal skills to facilitate more adaptive and satisfying life trajectories. *Methods:* The study is more in the recruitment phase. Currently, 200 participants (aged 18-25, residents in Lombardy) were recruited. The Depressive Evaluation Questionnaire (DEQ), a questionnaire on soft skills (autonomy, collaboration, empathy, leadership, etc.) and socio-demographic measures were administered. *Results:* It is expected that efficacy and self-criticism (two dimensions of DEQ) are predictive of better transversal competencies that can be spent both in the professional world and in various life contexts, whereas between transversal skills and dependency (third dimension of DEQ) a negative association is expected. *Conclusions:* The study intends to provide coordinates to help stakeholders implement interventions to enable young Italians to exploit their transversal skills in the working environment.

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ABSTRACT 3 MENTALIZATION AND ATTACHMENT REPRESENTATION IN MOTHER- CHILD AND TEACHER- STUDENT RELATIONSHIPS

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Introduction: Mentalization is a key social ability that develops from infancy to adulthood, starting from early familiar attachment relationships and developing in extra-familial contexts, such as school. Although the amount of research on the links between mentalization and attachment in the family context has been increasing, there is still little evidence on the teacher-child relationship in this perspective. Evidence about this relationship is at the base of the construction of training based on mentalization that aims to prevent atypical or pathological development in late childhood and adolescence. This study analyses the characteristics of mentalization and attach-

ment both in the mother-child and teacher-child relationships. Specifically, the first aim is to correlate the mentalization abilities (cognitive and affective theory of mind, mind-mindedness, mentalized affectivity) and the attachment representation (conflict, closeness) of both mother and her child and teacher and her/his pupils, to individuate the components that contribute to shaping these two relationships. The second aim is to verify if the adult's (mother and teacher) mentalization abilities impact the child's mentalization abilities. *Methods:* 146 participants were involved, 65 children aged from 8 to 10 (31 Male; Mean age=9.37 years), their 43 mothers (Mean age=40.23 years) and their 14 female teachers (Mean Age=49.86 years). All participants completed a paper-pencil test battery aimed to assess the representation of the relationship (Children: Parents Relationship Scale. Adults: Security Scale, Student-Teacher Relationship Scale), the mind-mindedness (assessed through a description of the partner), the cognitive and affective theory of mind (False belief tasks; Yoni task; Reading the eye in the eyes test) and the mentalized affectivity (Mentalized affectivity task, only for the adults). Moreover, all participants were tested for their linguistic abilities (Children: Primary Mental Ability test. Adults: WAIS Comprehension test). *Results:* Preliminary results draw different patterns for the mother-child and the teacher-child relationship. Regards to the mother-child relationship, the mother's theory of mind positively correlates with the closeness she felt in the relationship ($\rho=.37$; $p<.05$); moreover, the mother's theory of mind negatively correlates with her tendency to describe the child with behavioural terms ($\rho=-.53$; $p<.05$). Regards to the teacher-child relationship, the teachers' tendency to use physical comments negatively predict children's mentalization abilities, particularly in children as young as 8 years of age ($F=10.61$, $p<0.01$, $R2\ Adj=0.286$); moreover, the more interested the teacher is in emotions (one of the components of mentalized affectivity), the higher the mentalization scores of the children, specifically in the group of 10-year-olds ($F=8.45$, $p<0.005$, $R2\ Adj=0.415$). *Conclusions:* The research shows that both mentalization abilities and attachment representation are constitutive elements of the child's relationships with significant adults but in a different way. Specifically, mothers and teachers seem to activate different components of mentalization in their relationship with the child, and the child seems to be sensitive to this difference. Our results suggest the importance to focus on the specificity of the different relationships and settings to design preventive interventions to support mentalization skills that are tailored to the target audience and the context in which they may be applied.

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ABSTRACT 4 PSYCHOPATHOLOGICAL SYMPTOMS AND MENTALIZING CAPABILITIES IN ADOLESCENTS WITH ANOREXIA NERVOSA BEFORE AND DURING COVID-19 PANDEMIC

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Introduction: The COVID 19 pandemic, associated with confinement and social isolation, seems to have impacted the course of many mental disorders in children and adolescents. Specifically, it has created a global context likely to increase eating disorders' (Eds') risk and symptoms and to decrease factors that protect against EDs. Previous studies have highlighted a link between mentalizing deficits and clinical problems. This study aims to compare Covid-Period vs. NON-Covid Period adolescent patients affected by Anorexia Nervosa (AN) considering their psychopathological symptoms and their mentalizing capabilities. *Methods:* 206 female adolescents (aged between 12 and 17 years) affected by AN were recruited from the Service for Eating Disorders at S. Gerardo Hospital in Monza. Exclusion criteria were the presence of intellectual disabilities and neurological disorders. The first group of 94 subjects was recruited between September 2018 and February 2020 (NON-Covid Period), and the second group of 112 individuals was recruited between August 2020 and May 2022 (Covid Period). The following instruments were administered: EDI-3 (Eating Disorders Inventory-3) was used to provide a standardized clinical evaluation of symptomatology associated with eating disorders; SCL-90R (Symptom Checklist 90- Revised) was used to assess psychological problems and psychopathological symptoms; Reflective Functioning Questionnaire (RFQ) was used to assess mentalizing skills, considering that Reflective functioning (RF) is the operationalization of the mental processes underlying the capacity to mentalize. *Results:* A preliminary analysis of data showed worse values in primary and composites scales of EDI-3, higher levels of general psychopathological suffering (SCL-90 composite scales) and more marked levels of hypo-mentalization (RFQ-u) in the Covid-Period subjects: the differences were statistically significant. *Conclusions:* Although these results are still preliminary, it is possible to hypothesize a correlation between marked levels of hypo-mentalization and higher rates of psychopathological suffering and a worse clinical pattern of Anorexia Nervosa. It is also possible to hypothesize that a preventive intervention to strengthen the reflexive functions may result protective factor against the onset of more severe clinical manifestations and comorbidities; mentalizing abilities could be an important target for therapeutic interventions. Further research should be conducted on larger samples and with a new assessment after treatment interventions.

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SYMPOSIUM 6

WORKING ALLIANCE IN TREATMENT OF SEVERE SCHIZOPHRENIA: DATA FROM A MULTICENTRIC STUDY IN ITALY ADOPTING AN INNOVATIVE METHODOLOGICAL APPROACH

Proponent: De Girolamo Giovanni, *Unit of Epidemiological and Evaluation Psychiatry, IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Brescia, Italy*

Discussant: Spinogatti Franco, *Department of Mental Health and Addiction, ASST Cremona, Cremona, Italy*

Working Alliance (WA) refers to the degree of treatment dyad's engagement in collaborative work and is a key predictor of treatment outcomes. In the last years the increasing emphasis on patient-centered perspective, which includes WA, has made this a very important dimension of overall mental health care. Specifically, the role of WA in the treatment of Schizophrenia Spectrum Disorders (SSD), the possible factors predicting the development of a profitable WA, and a critical review of the studies in this field, will be the focus of the first talk. This review will highlight the need for future studies on this topic with a specific attention toward the National Health System in Italy. The state of the residential facilities (RF) system in Italy has been recently studied, but the role of WA for the care of SSD in this specific setting is yet to be clarified. The second presentation will focus on data of a large multicentre observational study conducted in Italy and funded by the Ministry of Health (Project DiAPAsOn, RF-2018-12365514). This study is one of the few studies conducted in Italy with the Experience Sampling Method (ESM), an approach which allows a fine-grained picture of the factors influencing the WA perception of both staff and patients. In fact, to date it is not fully clear which are the factors correlated with WA rated by both patients with SSD and health care professionals working in RF. The third speech will present other data from the same study, regarding the correlation of WA with burnout in mental health care professionals working in RF. Interestingly, we found a significant association between these two constructs as rated by professionals, but we also found that WA as rated by patients was significantly associated with the operators' burnout. The discussion will highlight possible further lines of research in this area and will also try to engage the researchers and the clinicians in a critical reflection about the therapeutic and practical implications of the data presented.

ABSTRACT 1 THE WORKING ALLIANCE IN SCHIZOPHRENIA SPECTRUM DISORDER: A CRITICAL LITERATURE REVIEW

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Introduction: Working Alliance (WA) appears to be a topic of increasing relevance for the care of patients with Schizophrenia Spectrum Disorder (SSD). Several observational studies investigated this field of research, however, a consensus about the predictive factors and the potential interventions aimed at improving WA is yet to be reached. *Methods:* With this study we aimed at performing a critical review of the literature investigating WA predictors in the treatment of people with SSD. Specifically, we conducted a thorough electronic search using several electronic databases included in Web of Knowledge. The keyword for this research were "Working Alliance", "Schizoph*", "Psychosis". All relevant references were also hand searched to collect further information. *Results:* A positive WA between people with psychosis and therapists has been related to better global and social functioning and to improved treatment adherence across different treatments frameworks. For this reason, the analysis of the factors associated with a better WA may provide a critical tool to implement therapeutic programs and significantly impact on patients' wellbeing and clinical outcome. A recent systematic review on WA among people with psychosis (1) linked specific patient-related factors, therapist and therapy related factors to patients' and therapists' WA evaluation. For example, a poorer insight and a history of sexual abuse seem to be associated with worse patient-rated WA, whereas therapists' genuineness, trustworthiness, and empathy seem to be associated with better patient-rated WA. Several studies found that higher baseline negative symptoms were associated with worse therapist-rated WA, whereas suitability for therapy, homework compliance, and attendance seem to be associated with better therapist-rated WA. Moreover, a positive WA between people with psychosis and therapists seems to be related to better global and social functioning and treatment adherence across different treatments, but it is also associated with improvements in self esteem, self-efficacy, quality of life, and better performance at work (1). WA may facilitate improvements in positive and negative symptoms, and it may reduce medication use and the risk of hospitalization (2). Conversely, negative symptoms and cognitive impairments, which are considered primary contributors to social dysfunction in people with SSD, may represent significant obstacles in the development of a positive WA (3). However, studies focusing on patients' ratings of WA did not always find a strong association between positive WA and reduced symptoms in patients with SSD. Moreover, pharmacological treatments, but also leisure activity and social relationships have been associated with WA. Some studies also questioned the putative role of trauma history and of Post-Traumatic Stress Disorder diagnosis, that appeared not to be correlated with WA ratings, while core traits of personality and dimensions of interpersonal problems seems to predict WA ratings. Conflicting results has been published on the relationship between WA and patients' age. Some studies focused on cognition and metacognition highlighting that the factors that impact on WA ratings are verbal memory, visual spatial reasoning, mastery abilities, and insight. Recently, symptoms of emotional discomfort (e.g., anxiety, depression, guilt, and social avoidance) have been found to predict WA agreement (4). Studies on SSD reported conflicting results on correlations and differences between patients and therapists WA ratings. Different studies highlight the need to consider WA from multiple perspectives during therapy and supervision to enhance therapist qualities that foster good WA (5). *Conclusions:* Several factors appear to be significantly related with better and worst WA in treatment of SSD. Each factor will be critically discussed during the presentation, as the possible direction of future research studies, that could require fine-grained data collection and innovative technological approaches with longitudinal designs and larger samples to better determine predictor variables of WA.

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ABSTRACT 2

WORKING ALLIANCE, DAILY ACTIVITIES AND MOOD IN PATIENTS WITH SCHIZOPHRENIA SPECTRUM DISORDERS AND TREATING STAFF: A STUDY WITH EXPERIENCE SAMPLING METHOD

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Introduction: Working Alliance (WA) refers to the degree of treatment dyad's engagement in collaborative work and is a key predictor of treatment outcomes (1). Alliance between patients and clinicians may be particularly important for people with Schizophrenia Spectrum Disorder (SSD) since these patients often have a history of difficult interpersonal relationships, including relationships with treating staff (2). A positive WA between people with psychosis and therapists is related to better global and social functioning and treatment adherence across different treatments. Recently, emotional discomfort has been found to predict WA agreement (3). Despite these results there are only few studies on WA that collected data from both patients and staff perspectives and to date it is not fully clear which are the factor correlated with WA between patients with SSD and staff and what may be their impact on WA and patients' everyday life. To produce a fine-grained picture of patients' experiences in their natural contexts, in the last few decades, different studies have used Experience Sampling Method (ESM) for the evaluation of daily mood or symptomatology in patients with SSD (4). Some ESM studies found an association between specific activities and clinical outcomes while others showed that people with SSD consistently report both more negative and less positive emotions than healthy controls. However, there is no literature on WA in residential facilities (RF) using ESM. Data from the DiAPAsion project (5) represent a large source of information to shed light on the real life of patients with SSD considering both patients and staff perspectives. The aim of this study is to focus on RF identifying the relationship between WA and different sociodemographic and clinical variables, psychopathology, psychosocial functioning, daily activities, and mood (using ESM).

Methods: The final sample of this study includes 303 patients living in RF (69.3% males; 41.0±9.8 years) and 164 health workers (27.4% males; 41.2±9.9 years) of the 99 participating RFs. The subsample of residential patients who did the ESM study includes 55 patients (69.1% males; 43.5±10 years). Sociodemographic data and clinical data on patient's condition have been abstracted from clinical records. Health workers rated Brief Psychiatric Rating Scale (BPRS), Brief Negative Symptom Scale (BNSS) and Specific Levels of Functioning Scale (SLOF) for the participating patients. Each patient completed the Working Alliance Inventory short form - Italian version - for Patient (WAI-P) and was instructed to address the WAI ratings to a specific staff member (with a specific "one to one" coupling). Each staff member completed the WAI short form - Italian version - for Staff (WAI-S) up for 3 different patients that he/she was caring for. Daily activities and mood were assessed with a brief questionnaire on a smartphone-based application for ESM, developed specifically for the project. After rejecting the hypothesis of normality of the variables we calculated Spearman's correlation coefficients. To compare WAI-P and WAI-S we used a Wilcoxon signed rank's test. We performed all the analysis with SAS Studio, R and SPSS, considering a p<0.05 value as statistically significant. **Results:** WAI ratings correlate with SSD patients' education years ($\beta=-0.50$, $p<0.001$), working status (not working/studying vs. working: $\beta=-4.17$, $p=0.015$), lifetime hospitalization stay (<1 year vs. >5 years: $\beta=5.90$, $p=0.008$), BPRS ($\beta=-0.18$, $p=0.001$), BNSS ($\beta=-0.24$, $p<0.001$), and SLOF ($\beta=0.19$, $p<0.001$). WAI-P ratings significantly correlate with leisure daily activity ($\beta=0.28$, $p=0.042$), while WAI-S ratings significantly correlate with self-care ($\beta=0.27$, $p=0.052$) and getting around ($\beta=0.40$, $p=0.003$) daily activities. WAI-P ratings correlate with positive ($\beta=0.32$, $p=.016$) and negative ($\beta=-0.38$, $p=.004$) mood. Data show no significant differences ($p=.059$) between WAI-P (61.85±13.87) and WAI-S (60.49±9.55) ratings. **Conclusions:** To the best of our knowledge, this is the first study investigating WA in a large sample of both SSD patients and health workers. As previously described, some socio-demographic and clinical variables affect WA. Our data confirms what other studies have shown about the tendency of less-educated people to be more trusting and less active in medical decision making. Staff members reported higher WA ratings with employed patients compared with unemployed patients. This might be explained with reference to the correlation between employment and social functioning. It should be considered, however, that only 12.5% of the entire sample was employed at baseline. Our result on hospitalization is in line with previous studies and it is possibly due to a higher trust in the effectiveness of the intervention in less hospitalized patients. We found a relationship between low WAI-P and severe symptomatology and lower functioning. Correlations also emerged between WA and leisure daily activity, and patients' self-care and getting around. It might be argued that, when patients dedicate a certain time to self-care and getting around, staff positively reacts to their willingness to commit to the therapeutic plan. According to literature, the risk of dropout is higher when patients view themselves as less committed and perceive therapists as less understanding and less involved. Therefore, we might argue that patients' daily habits play a role in the creation of a positive WA between them and the staff. Furthermore, our data show that higher WAI-P ratings correspond to higher positive and lower negative mood. This might be related with patients' perception of self-efficacy in a context of relational trust. A strong alliance may serve as a necessary foundation for the specific components of the intervention to be effective. This is the first time that the "micro-longitudinal" observation of mood has been associated with WA. WAI ratings we found are in line with previously reported ratings in people with SSD and reveal a general coherence between patients' and staff's ratings. The data was collected in a multicentric observational study, and this might represent

both a strength and a limitation. The patients' sample was homogeneous regarding the clinical characteristics, and the broad sampling area could provide a significant picture of the general status. However, each RF could adopt a different theoretical framework in providing psychiatric rehabilitation, and this could account for unexplained heterogeneity.

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ABSTRACT 3 THE RELATIONSHIP BETWEEN BURNOUT SYNDROME AND WORKING ALLIANCE IN PSYCHIATRIC RESIDENTIAL FACILITIES: A FOCUS ON SCHIZOPHRENIA SPECTRUM DISORDER

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Introduction: Literature, especially following the COVID-19 pandemic, has given considerable attention to burnout experienced by mental health professionals. Burnout is a multidimensional syndrome that has three indicators (1): emotional exhaustion (EE, fatigue that can be related to devoting excessive time and effort to a task that is not perceived to be beneficial), depersonalization (DP, distant or indifferent attitude towards work, and negative interactions with colleagues and patients), and reduced personal accomplishment (PA, negative evaluation of the worth of one's work and generalized poor professional self-esteem) for the worker. Burnout does not solely impact the wellbeing and quality of life of health professionals but also induces a decline in the quality of care provided to clients. Studies of mental health professionals have shown that this condition could be triggered by associated working stressors including overload, time pressure, understaffing, negative social climate in the workplace, conflicts with patients, job insecurity, and organizational changes. As burnout has important implications for the quality of care, it is essential that the factors which influence burnout and its implications are explored in different contexts, such as in the context of residential facilities (RFs). Workers in the field of mental health are more vul-

nerable to burnout, as compared with other health professionals (2) because of stigma of the profession, threats of violence from patients and patient suicide and highly demanding therapeutic relationships (3). In a systematic review and meta-analysis, O'Connor and colleagues (4) investigated the prevalence and determinants of burnout in mental health professionals highlighting that staff working in community mental health teams may be more vulnerable to burnout than those working in some other specialist community teams. The key issue that is often left out in literature is the measure of the quality of the health professionals' relationship with patients. Since both the health professional's burnout and the working alliance between them and patients are predictors of therapy outcomes, understanding how burnout affects health professionals' relationship with patients is crucial. Working Alliance (WA) is a well-established index of this relationship as it represents the degree to which a treatment dyad is engaged in collaborative work (5). This construct has an enormous literature in the field of psychotherapy, but it has not been studied in the common treatment of individuals diagnosed with severe mental illness in terms of its relationship with burnout. To our knowledge, this is the first study to investigate the link between burnout among health professionals working in psychiatric RF and WA between individuals with SSD and staff in RF. **Methods:** This study is part of a large multicentric observational study conducted in Italy: the DIAPASon study. The final sample of this study includes 303 patients living in RFs (69.3% males; 41.0±9.8 years) and 164 health workers (27.4% males; 41.2±9.9 years) of the 99 participating RFs. After collecting sociodemographic data, standardized assessment tools including clinician-administered tools (e.g., psychiatric history, illness duration, lifetime hospitalization stay, total number of psychiatric hospitalizations in the last year, time in the RF, antipsychotic therapy, Brief Psychiatric Rating Scale - BPRS, and Specific Levels of Functioning Scale - SLOF) for patients and self-administered scales (the Italian version of the Working Alliance Inventory short form for Patients, WAI-P; the Italian version of the Working Alliance Inventory short form for Staff, WAI-S; and the Maslach Burnout Inventory, MBI for Staff) were collected. We investigated the relationship between sociodemographic and clinical variables, staff's burnout and working alliance. After rejecting the hypothesis of normality of the variables (by Kolmogorov Smirnov test), we computed correlation matrices calculating Spearman's correlation coefficients. We performed all the analysis with SAS Studio, R and SPSS, considering a p<0.05 value as statistically significant. **Results:** The staff sample presented high mean DP (13.8±9.6) while no high mean EE (3±3.5) neither low mean PA (38.4±5.7) were found according to O'Connor and colleagues' indications (4). Data show significant correlations between: MBI EE and BPRS ($\beta=0.17$; $p=0.005$), SLOF ($\beta=-0.12$; $p=0.048$) and WAI-S ($\beta=-0.17$; $p=0.003$); MBI DP and BPRS ($\beta=0.22$; $p<0.001$), SLOF ($\beta=-0.18$; $p=0.003$), WAI-S ($\beta=-0.19$; $p=0.001$), and WAI-P ($\beta=-0.13$; $p=0.028$); MBI PA and patients' education years ($\beta=-0.146$; $p=0.014$) and WAI-S ($\beta=0.26$; $p<0.001$). **Conclusions:** The result of our large multicentric observational study suggested that health professionals working with SSD patients reported high scores on MBI for the DP domain. This datum is particularly worrying considering the theoretical framework that in 1978 brought to the reform of the Italian Health System that abolished the Psychiatric Hospitals in favor of a community-based treatment approach where the RF where conceived as a temporal intensive approach for the treatment of the most severe conditions, specifically thought to avoid long term seclusion, institutionalization, and patients' depersonalization. In our sample the burnout, specifically higher EE and DP was associated with more severe symptomatology (as measure with BPRS) and poor socio-occupational functioning. These associations are consistent with previous reports. Lower sense of PA was instead reported in working with patients with higher education grade. This

effect could be partially associated with the WA. In fact, our data reported greater sense of PA with higher scores of WA as perceived by the staff, again associated with working with patients with lower education grade. WA as perceived by the staff significantly associate with other burnout domains, being inversely correlated with EE and DP. On the other hand, WA rated by the patients was also inversely associated with DP burnout domain. Even though no causal relationship could be assumed from our data, the clear association between burnout and WA, specifically regarding the DP domain, strongly reinforce the need to further investigate the WA between health professionals and RF patients suffering from SSD. Intervention directed toward the improvement of WA could be a complementary way to improve the quality of care provided to severe SSD patients and a way to reduce burnout.

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SYMPOSIUM 7

UNDERSTANDING ADOLESCENCE PSYCHOPATHOLOGY TO INFORM TREATMENT: EXPLORING TRANSDIAGNOSTIC FACTORS IN CLINICAL AND NON CLINICAL CONTEXTS

Proponent: Francesca Locati, Department of Humanities, University of Pavia, Italy

Discussant: Laura Parolin, Department of Psychology, University of Milano-Bicocca, Italy

Traditional diagnostic systems appear particularly limited in their conceptualization of psychopathology at a developmental phase. They usually attempt to "transpose" adult psychopathology to the developmental age. Still, the developmental period may be considered a world apart, giving relevance to the different meanings that symptoms can take depending on the age of occurrence. Despite experts agreeing on the possibility of identifying early signs of psychopathology disturbance during adolescence and childhood, neither DSM nor ICD seem to ascribe much importance to the developmental perspective (Newton-Howes, Clark, & Chanan, 2015). Recently, the second edition of the Psychodynamic Diagnostic Manual (PDM-2. Lingardi & McWilliams, 2017) may answer this need. It is based on extensive research and specifically designed with the intent of helping clinicians understand their patients, both in terms of personality functioning and symptomatic psychopathology and promoting a person-centered approach (McWilliams, Grenyer & Shedler, 2018). Nevertheless, diagnosis in childhood and adolescence still represents a severe challenge to clinicians, who need to figure out how to include transdiagnostic dimensions of change in a "photography" of their patients' functioning. The present symposium aims to address this issue, discussing new perspectives in understanding adolescents' vulnerability to psychopathology. Four studies will focus on transdiagnostic factors (*i.e.*, attachment, mentalization, epistemic trust, intolerance of uncertainty) and their role in clinical and non-clinical context. Under the framework of attachment theory, Daniela di Riso and colleagues used the Adult Attachment Projective (AAP) to explore the representation of insecurity with primary caregivers concerning adolescents' maladaptive social interaction patterns and emotional regulation. The AAP, in this context, is used to deepen the understanding of psychological case formulations with the assessment of defensive processing. The present research discusses early evidence of a multi-method research intervention useful to detect core psychological dimensions for intervention formulation for adolescents with severe psychopathologies, such as self-injury (NSS) and eating disorders (DCA). Coming from the framework of attachment theory, Francesca Locati and colleagues discuss an exploratory use of Child Attachment Interviews (CAI) under the Psychodynamic Diagnostic Manual (PDM-2) perspective. In this study, on CAI protocols were applied Mentalization (CRFS), mental functioning (PDM-2, MA-axis) and personality organization (PDM-2, PA-axis) measures. The study aims to understand the relationship between Mentalization and the developmental and clinical functioning of non-clinical adolescents and adolescents with Somatic Symptoms Disorders (SSD). The study discusses the role of Self and Other Mentalization in non-clinical and SSDs functioning and the clinical implication. Alberto Milesi and colleagues explore the concept of Epistemic Trust (ET), an emerging construct from the mentalization theory framework. Growing literature underlines Credulity and Mistrust as ET domains involved in psychopathology risks. Milesi's study explores in a non-clinical context the role of Mentalization and Epistemic Trust in emerging psychopathology risks in adolescence. The study suggests developmen-

tal and clinical trajectories of risk and protective factors that can inform clinical interventions. Finally, Gioia Bottesi and colleagues investigated the Intolerance of Uncertainty (IU) and Emotional Processing (EP) as transdiagnostic factors for psychopathology. The aim is to explore their role in the specific phase of adolescence, intended as a critical period for emerging vulnerability to psychopathology. The three-wave longitudinal study examined how IU and EP may influence each other over six months in a non-clinical group of Italian teenagers. The study opens the understanding of the role of these two domains in psychopathology development and informs psychotherapy interventions.

ABSTRACT 1 THE ROLE OF THE ADULT ATTACHMENT PROJECTIVE PICTURE SYSTEM (AAP) IN CLINICAL INTERVENTION FORMULATION FOR ADOLESCENTS WITH SEVERE PSYCHOPATHOLOGY

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Introduction: In his formulation of attachment theory, Bowlby (1980) postulated that experiences of insecurity with primary caregivers in infancy establish patterns of social interaction and emotional regulation that may be the basis of adolescent's psychopathology. The AAP was developed to provide researchers and clinicians with a construct-validated measure of adolescent and adult attachment that preserves the emphasis on mental representation and, for the first time, includes the assessment of defensive processing that are primary features of attachment theory (e.g. Bowlby, 1980). Literature reported AAP as measure of attachment pattern, but also a measure useful to deepen psychological case formulations or to evaluate psychotherapy process of psychotherapy with adult patients (e.g. Bernheim, D., et al. 2019). Research involving AAP in clinical contexts with adolescents is still in its infancy. **Methods:** This pilot study aimed to discuss early evidence of a multi-method research-intervention useful to detect core psychological dimension for intervention formulation for adolescents with severe psychopathology. Thirty adolescents aged 14-18 with diagnosis of self-injury (NSS) and eating disorders (DCA; 68.6%) and their mothers were recruited from three Neuropsychiatric Units in Veneto. Patients were administered AAP and following self-report measures: Youth Self-Report - YSR (Achenbach, 1991), Toronto Alexithymia Scale - TAS-20 (Bagby et al., 1994; validazione italiana a cura di Bressi et al., 1996); Barratt Impulsiveness Scale - BIS-11 (Patton et al., 1995; Stanford et al., 2009. Versione italiana a cura di Fossati et al., 2002). Their mothers were administered the following self-report questionnaires: Child Behaviour Check-List - CBCL (Achenbach & Rescorla, 2001; validazione italiana a cura di Frigerio et al., 2004 e Ivanova et al., 2007); Parental Burnout Assessment - PBA (Roskam, et al., 2018; traduzione italiana a cura di Miscioscia et al., 2018); Parenting Stress Index- Short Form (PSI-SF) (Abidin, 1990; adattamento italiano a cura di Guarino et al., 2008). **Results:** No differences emerged between the two clinical subgroups in respect with alexithymia, instead NSSI patients scored higher in impulsiveness. Although mothers did not experience clinical level of parental stress and burnout,

different profile emerged comparing NSSI mothers and DCA mothers. The Adult Attachment Projective System (AAP) detected a presence of unsolved/disorganized pattern. The defensive attachment-related defensive mechanisms profile was discussed in order to individuate emotional core experiences needed to be addressed in the intervention. Moreover, AAP defenses correlated with internalized symptoms, semantic complaints reported by self-report measure, spreading light on cover processes underneath questionnaire responses. **Conclusions:** The analysis of the interplay between AAP defenses mechanisms and self-reports measures deepened the understanding of how the attachment information can be integrated into a psychodynamic perspective in making therapeutic recommendations.

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ABSTRACT 2 MENTALIZATION AND PDM-2 PROFILE IN SOMATIC SYMPTOMS DISORDER: A DEVELOPMENTAL AND CLINICAL EXPLORATION

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Introduction: Mentalization is the ability to interpret one's own behaviour and the behaviours of others as caused by intentional inner mental states. Mentalization is involved in affect regulation and resilience, and it is conceived as a common process treatment factor through different developmental stages. Mentalization difficulties may play a role in psychopathology, which has been associated with physical symptoms. In this direction, Somatic Symptoms Disorders are characterized by multiple physical complaints, accompanied by thoughts, feelings, and unusual behaviours related to the physical symptom presentation. Somatic Symptoms Disorders adolescents have difficulties understanding, identifying, and verbalizing their emotions. Somatization, indeed, may be conceptualized as a maladaptive coping mechanism to drain or metabolize emotional distress. Previous literature found lower Mentalization of the Self in children with SSDs (Bizzi, et al., 2019) and an association between SSDs and Mentalization Certainty domains. In this context, little is known about the developmental trajectory of these maladaptive dynamics, and Psychodynamic Diagnostic Manual (PDM-2, Lingardi and Mc Williams, 2017) offers an innovative clinical framework for understanding psychological functioning from a developmental perspective. The present study investigates the differences between SSDs and non-clinical adolescents regarding the interaction between the Mentalization of Self and Others and PDM-2 mental functioning.

Methods: Participants are 31 patients with Somatic Symptoms Disorder and 30 non-clinical early adolescents (12 - 15 y.o). Child Reflective Functioning Scales (CRFS) and Psychodiagnostic Chart-Second Edition (PDC-2-Adolescents) were applied to Child Attachment Interview transcripts (Bizzi *et al.*, 2022). The Child Behavior Checklist 6-18 Version was compiled by mothers. A t-test analysis tested the differences between the two groups on PDM-2 M-axis, P-axis, and CRFS levels. Two macro-analytic network analyses compared non-clinical and SSDs samples in interactive dynamics between Mentalization Self-Other (CFRS/CAI), Mental functioning (M axis overall on PDC-A) and Personality organization (P axis overall on PDC-A), Psychopathology (CBCL overall score) and Age. Two micro-analytic network analysis compared non-clinical and SSDs samples in interactive dynamics between Mentalization Self-Other (CFRS/CAI), Mental functioning domains: Cognition and Affection, Defense and coping strategy and Self-awareness and self-directional. **Results:** Results showed differences in PDM-2 profile between clinical and non-clinical (*i.e.*, Mental functioning, Personality Organization, Psychopathology), but no differences were found in Mentalization. The Network analysis on the non-clinical sample revealed a positive relationship Mentalization (Self/Other), Mental functioning, Personality organization and Age, without a link with Psychopathology, with a central role of Mentalization on Self. In the SSDs sample, Self-Mentalization, but not Others-Mentalization, has a negative association with Psychopathology. Clinical sample network analysis showed a significant negative relationship between Mentalization on the Self and M-axis domains related to Defense Mechanisms and Coping Strategy. **Conclusions:** Mentalization on Self seems to greatly impact mental functioning in this developmental age, both in a clinical and non-clinical context. More specifically, adolescents with Somatic Symptoms do not reveal a deficit in Mentalization; at the same time, Mentalization on Self seems to play a critical role in overall mental functioning, interfered by defensive functioning and coping strategies. In SSDs, maladaptive Self-Mentalization in early adolescence may influence Mentalization of Others, Mental and Personality functioning negatively. Indeed, Self-representation in SSDs is rigidly organized in an autonomous, hard-working and well-meaning image, without the possibility to take the perspective of others. Moreover, cognitively sophisticated narratives are often linked with denial and reaction formation defenses able to disengage the affective grounding in subjective experiences. These findings suggest possible treatment goals and implications in intervention planning. Mentalization, indeed, is conceived as a common process treatment factor (Fonagy *et al.*, 2017), and in SSDs adolescence, Self-Mentalization may specifically play a protective role in contrast to Psychopathology. Treatments focused on Self-Mentalization may directly impact the regulatory process and coping mechanism. Self-mentalizing promotes self-regulation, reduces maladaptive coping (Ballespí, Nonweiler, Sharp, Vives & Barrantes Vidal, 2022) and impacts the management of body-associated emotions.

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ABSTRACT 3 INTERACTIVE RELATIONSHIP BETWEEN MENTALIZATION, EPISTEMIC TRUST, EMOTION DYSREGULATION AND PSYCHOPATHOLOGY RISK: AN EXPLORATION IN NON-CLINICAL ADOLESCENTS

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Introduction: Mentalization is the ability to interpret one's own behaviour, as well as the behaviours of others, as caused by intentional inner mental states. It has been theoretically linked to resilience; indeed, thinking about actions in terms of mental states enables people to manage both everyday problems. Under the umbrella of mentalizing theory, growing interest has recently emerged in the concept of Epistemic Trust. Epistemic Trust is defined as the ability to evaluate incoming information from the social world as accurate, reliable, and relevant. The opening of Epistemic Trust allows the individual to assimilate information into existing knowledge domains. Recently, Luyten *et al.* (2020) theorized that complex trauma might disrupt the development of the capacity for epistemic Trust. Campbell *et al.* (2021) highlighted the mediating role of epistemic mistrust (*i.e.*, the rigid suspiciousness toward incoming knowledge) and epistemic credulity (*i.e.*, the inability to discriminate between trustworthy and untrustworthy information) in the association between childhood adverse experiences and psychopathological outcomes. In addition, focusing on adolescent inpatients, Orme *et al.* (2019) found negative associations between epistemic Trust and borderline traits. During the COVID-19 lockdown was found a protective role of Mentalization and epistemic Trust in contrast to dysregulation and perceived stress in adolescence (Locati *et al.*, 2022). Thus, it is possible to hypothesize that both mentalizing capacity and epistemic Trust play protective roles in reducing the risk of developing psychopathology, but further evidence of these associations is needed. This study aims to investigate the relationship between mentalizing and stress, exploring how challenging circumstances interact with adolescent mentalizing capacity. This study sought to examine how Mentalization and epistemic trust were recruited in regulating and coping with emotional distress and psychopathological diseases by non-clinical adolescents. **Methods:** Participants were 482 non-clinical adolescents (204 Males e 278 Females), aged between 12 and 19 years (M=15,59, DS=2,05). Adolescents were assessed using the Reflective Functioning Questionnaire for Youth, Epistemic Trust Mistrust Credulity Questionnaire, Difficulties in Emotion Regulation Scale and Youth Self Report. By means of ANOVA we test the effect of age on Mentalization and epistemic Trust (Trust, Mistrust and Credulity). We hypothesized to find a positive effect on Mentalization, but not on epistemic Trust. We performed a network analysis in order to explore the relationship between Mentalization and epistemic trust (Trust, Mistrust and Credulity), psychopathology (internalizing and externalizing), emotion dysregulation and age. **Results:** Developmental trends reveal a positive effect of age on Mentalization, Trust and Mistrust, but not on Credulity. Network analysis showed that both Trust and Mentalization are negatively associated with emotion dysregulation and externalizing problems. In addition, Trust is linked with Mentalization. On the other hand, Mistrust is positive associated with Dysregulation and

Psychopathology (internalizing and externalizing problems), while Credulity is positive association only with emotion dysregulation. *Conclusions:* First, these findings underline the presence of a developmental dynamic that involves not only Mentalization but also Epistemic Trust in its Trust and Mistrust domains. These findings suggest the idea of epistemic Trust as a developmental construct that may be negotiated in the relationship with the social context, that in adolescence became challenging from the childhood phase. Nevertheless, Credulity domain may represent a different trend, maybe already defined during infancy. Moreover, these findings suggest that trust and the capacity to mentalize contrast emotional dysregulation. However, robust levels of epistemic Trust and Mentalization may have acted as protective factors that buffered psychopathology risk. Network analysis confirms the relationship between mistrust and credulity and psychopathological risks and emotion dysregulation, with a stronger effect of Mistrust on both internalizing and externalizing symptoms and a hidden effect of Credulity on emotion dysregulation. These findings may inform clinical treatment and prevention in adolescence, confirming the resilient role of Trust and Mentalization in contrast to externalizing behaviour risk. On the other hand, Mistrust may reveal a critical maintenance factor of internalizing behaviour problems.

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ABSTRACT 4 THE LONGITUDINAL ASSOCIATION BETWEEN INTOLERANCE OF UNCERTAINTY AND DIFFICULTIES IN EMOTIONAL PROCESSING IN ITALIAN NON-CLINICAL ADOLESCENTS

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Introduction: Adolescence is a critical period for individual development since it is marked by numerous cognitive, physical, psychological, and interpersonal changes that make this life stage particularly stressful, thus also increasing vulnerability to psychopathology (Polanczyk *et al.*, 2015). Intolerance of Uncertainty (IU) and Emotional Processing (EP) are well-known transdiagnostic factors for psychopathology (Peluso & Freund, 2019; Shihata *et al.*, 2016), but no study has clarified their reciprocal influences nor surveyed adolescent populations to address this issue so far. This pre-pandemic three-wave longitudinal study explored how self-reported IU and EP influence each other over 6 months in a non-clinical group of Italian teenagers. *Methods:* Four-hundred and fifty-seven adolescents (53%

female; age range=11-18) participated in up to three assessment waves, during which they completed an online survey containing self-report measures including the Intolerance of Uncertainty Scale-Revised and the Emotional Processing Scale. Students filled in the survey in their school's computer room. A Random Intercept Cross-Lagged Panel Model (RI-CLPM) approach was employed to separate within-person from between-person variance in modeling how IU and EP unfolded over time. *Results:* A positive association between IU and EP at the between-person level emerged, suggesting that adolescents high on IU across measurement waves chronically experienced more difficulties in EP. At the within-person level, positive cross-lagged coefficients connected IU to EP, indicating that teenagers' changes in their habitual EP score were predicted by corresponding shifts in IU at the previous time point. Conversely, the cross-lagged coefficients from EP to IU were weaker and marginally or not significant, pinpointing that adolescents' deviations from their habitual IU level were less strongly predicted by corresponding shifts in EP at the previous wave. *Conclusions:* Overall, current results tentatively suggest that changes in IU may promote a better EP, but not vice versa. Specifically, uncertainty aversion, negative beliefs about uncertainty, and the inflexible use of uncertainty-reducing behaviors can hinder the emotional processing of uncertainty itself (Bottesi *et al.*, 2020; Freeston *et al.*, 2020), thus contributing making adolescents more prone to experience uncertainty distress and to experience difficulties in processing emotions broadly speaking. Recognizing a priority of change between IU and EP would be advantageous for identifying prospective targets for prevention and treatment interventions, which should encourage teenagers to safely expose themselves to uncertainty.

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SYMPOSIUM 8

EMOTION REGULATION: THEORETICAL DEVELOPMENTS AND THEIR CLINICAL IMPLICATIONS

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The concept of emotion regulation (ER) refers to a set of processes aimed to the modulation of one's emotional reaction in order to respond to stressful events in an adaptive manner (socially tolerable but also sufficiently flexible to ensure healthy emotional functioning) (Gross, 1998). Starting from 1990s, ER has becoming an increasingly popular research topic in the fields of clinical psychology. The importance of emotion regulation is now recognized by numerous psychotherapy approaches (Grecucci *et al.*, 2020; Messina *et al.*, 2016) and emotion dysregulation is a potential unique focus for intervention across psychological disorders (Kring & Sloan, 2009). Despite the growth of this research field, there are still many questions to answer. Among others, non-conscious forms of regulation (including defence mechanisms), acceptance-based regulation, interpersonal forms of regulation, and mechanisms of dysregulation observed in pathological states have been mentioned as emerging topics in the field of emotion regulation (Grecucci *et al.*, 2021). The symposium is composed by four presentation which discuss such emerging topics in the field of emotion regulation discussing its implications for psychotherapy.

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ABSTRACT 1
REAPPRAISAL VS. ACCEPTANCE: A META-ANALYTIC INVESTIGATION ON THE NEURAL SUBSTRATES OF TOP-DOWN AND BOTTOM-UP EMOTION REGULATION STRATEGIES

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Introduction: Emotion Regulation (ER) mechanisms allow individuals to modify current emotional states and adaptively respond to the environment. As a such, difficulties in ER are involved in com-

promised well-being and mental health (Aldao *et al.*, 2010). So far, both clinical psychologists and affective neuroscientists made efforts to disentangle the debate regarding the efficacy of different emotion regulation strategies, highlighting their implications for therapeutic techniques and involvement of specific neural substrates. Among regulation processes, reappraisal and acceptance have been typically considered as adaptive strategies, and cornerstones of specific psychotherapy actions (Grecucci *et al.*, 2020). Reappraisal, related to the traditional cognitive behavioural therapy (CBT), is thought to reduce psychological distress by allowing people to change the underlying appraisals that contribute to negative emotions (Aldao *et al.* 2010). Acceptance is the core of the so called third wave behavioural therapies (Kahl *et al.*, 2011), and it can be described as a mental stance toward ongoing mental and sensory experience, characterized by openness, curiosity, and non-evaluative attitude. Even if both these strategies have been considered as belonging to the cognitive class of regulation strategies (Aldao *et al.* 2010), acceptance encourages the bottom-up experience of emotions, whereas reappraisal emphasizes regulation through top-down reinterpretations (Messina *et al.*, 2021). Interestingly, a recent study (Messina *et al.*, 2021) supports this distinction by pointing out that acceptance neural correlates seems to differ from reappraisal, with a much less clear relevance of control-related prefrontal brain areas. To bring more light on this issue, in the present study we attempted for the first time to meta-analytically compared fMRI studies of reappraisal and acceptance as representative of top-down regulation processes and of bottom-up, emotion-focused class. *Methods:* Using a coordinate-based Activation Likelihood Estimation (ALE) method, we performed a contrast and a conjunction analysis between whole-brain studies on task-related activity during reappraisal and acceptance (tot 50 records) to observe specific and common brain activities underlying these strategies. For conjunction and contrast analysis, regions of increased and decreased activity were explored relative to a baseline condition, in which no regulation was performed. *Results:* Results showed that increase of activity in cortical-control prefrontal areas occurred for reappraisal but not for acceptance, in which only the claustrum was significant. Different correlates were also found for deactivations: basal ganglia structures (*i.e.*, left globus pallidus and left putamen) were found for reappraisal, whereas limbic regions (*i.e.*, bilateral posterior cingulate, right parahippocampal gyrus, and right the thalamus) emerged specifically for acceptance. When considering the conjunction analysis, both strategies show increased activity in left-inferior frontal gyrus and insula. *Discussion:* Our finding provides preliminary evidence that the two strategies involved different brain regions. This support the hypothesis of a "dual route model of emotion regulation" (Grecucci *et al.*, 2020), affirming that cognitive emotion regulation strategies based on executive functions (*e.g.* reappraisal), coexist with emotion-focused strategies (*e.g.* acceptance), which bypass executive processes. However, our results extend the model in the direction of a common regulation process, independent by the strategy. For what concerns the clinical relevance of our findings, they provide a worthy direction on how efficiently tailoring therapeutic interventions to specific clinical situations. Indeed, considering that using reappraisal-based therapeutic intervention may turn out to be detrimental in concomitance of an additional deployment of brain resources (Raio *et al.*, 2013), the adoption of a non-controlling attitude toward emotion can be more useful (Messina *et al.*, 2021). Therefore, when the deployment of cognitive resource to regulate emotion is constrained, for instance by psychopathological status, our findings suggest that it may be a good practice using a different but still adaptive bottom-up emotion regulation strategies, tapping less on top-down control.

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ABSTRACT 2

INTERPERSONAL EMOTION REGULATION AS MEDIATOR OF THE ASSOCIATION BETWEEN ATTACHMENT AND PSYCHOLOGICAL SYMPTOMS: IMPLICATIONS FOR PSYCHOTHERAPY

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Introduction: Interpersonal Emotion Regulation (IER) refers to efforts within social interactions in the pursuit of an emotion regulatory goal, including all that ways by which individuals rely on others to alleviate distress (Messina *et al.*, 2021). The individual tendency in turning to others to regulate emotions is a crucial point for the understanding of clinically relevant interpersonal dynamics, including therapist-patient interactions. However, most previous studies in this field have considered almost exclusively intra-personal forms of emotion regulation, neglecting the interpersonal component of emotion regulation. In the present study, we focus on IER by investigating its association with other clinically relevant variables. First, to investigate the adaptive/maladaptive nature of different IER forms, we tested their association with self-reported symptoms of psychopathology (depression and anxiety) and with general difficulties in regulating emotions. Second, we analysed the associations between the tendency in using IER to regulate emotions and attachment orientations (attachment anxiety and attachment avoidance). In this respect, given the difficulty in changing attachment patterns in psychotherapy, recent research trends on the association between attachment and psychopathology have been mostly focused on the examination of the mediating effects of other variables, which may be better modified through clinical interventions. Among such mediating variables, intra-personal emotion regulation is one of the most investigated (for a systematic review see Malik *et al.*, 2015). Thus, the second aim of this study was to extend available evidence on the interplay between emotion regulation attachment and psychopathology testing the mediating role of IER in the association between attachment and psychopathology. **Methods:** In the present study, 630 adults (496 females, mean age 41.01±13.86) were assessed for their interpersonal emotion regulation strategies with two recently Italian translated instruments: the Interpersonal Emotion Regulation Questionnaire (IERQ;

Messina *et al.*, 2022a) and the Difficulties in Interpersonal Emotion Regulation (DIRE; Messina *et al.*, 2022b). The IERQ measures four factors of IER - Enhancing Positive Affect, Perspective Taking, Soothing, and Social Modelling - emerging from a data-driven procedure. The DIRE is a scenario-based measure, which allows the evaluation of two clinically-relevant factors of difficulties in IER: Vent and Reassurance-Seek. We also collected data on attachment orientations (Experiences in Close Relationship - Revised; ECR-R), self-reported symptoms (Symptoms Check-List 90; SCL-90), general difficulties in emotion regulation (Difficulties in Emotion Regulation Scale; DERS), and habitual use of intra-personal emotion regulation strategies (Emotion Regulation Questionnaire; ERQ). **Results:** Most IER variables resulted associated with self-reported symptoms of psychopathology. Namely, Soothing and Social Modelling evaluated with the IERQ, and Vent and Reassurance-Seek evaluated with the DIRE resulted positively associated with psychopathology. Attachment anxiety orientation resulted associated with impaired ability to cognitively down-regulate emotions and excessive dependence on other to regulate emotions, whereas attachment avoidance orientation was associated with maladaptive over-control of emotion and less use of interpersonal strategies. The subscale Vent of the DIRE emerged as the most important predictor of depression and anxiety, since it mediated the association between anxious attachment orientation and such psychological symptoms. **Discussion:** Our findings revealed that the study of interpersonal emotion regulation is a promising line of investigation for a deeper understanding of the interplay between emotional difficulties and relational styles. Even if we observed that IER can be maladaptive or adaptive depending on the specific strategy adopted, in most cases we observed positive associations between IER and psychological symptoms. We consider that this may happen because of a deficit in regulating emotions autonomously and/or because individuals who experience more negative moods tend to turn to others more frequently to regulate emotions. Second, the difficulty in turning to others to regulate distress in avoidant individuals and the exaggerate dependency on others for emotion regulation in anxious individuals can be viewed as clear manifestations of the attachment system deactivations and hyper-activations described in the emotion regulation theory of attachment (Mikulincer & Shaver, 2008). Finally, the mediating effect on venting in the association between attachment and psychopathology accounts for the existence of a vicious cycle in which anxious-oriented individuals use venting with the aim of decreasing their negative emotions, but reach the opposite result of exacerbating negative emotions.

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ABSTRACT 3 DYSREGULATED BRAINS. DATA FUSION MACHINE LEARNING APPROACHES IN SEARCH FOR A BIOMARKER FOR THE BORDERLINE PERSONALITY

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Introduction: Borderline personality disorder is a severe mental illness characterized by dysregulated emotions (De Panfilis, 2019; Grecucci *et al.*, 2022). As such, the study of this disorder can shed light on the psychological and brain mechanisms responsible for the failure to regulate emotions. Previous morphometric studies of Borderline Personality Disorder (BPD) reported inconsistent alterations in cortical and subcortical areas due to methodological limitations, and their relations with the etiological factors leading to dysregulated behaviors was not clarified (Dadomo *et al.*, 2022; Grecucci *et al.*, 2022; Lapomarda *et al.*, 2021). In this talk I will report results from three studies to advance our knowledge of the neural bases of Borderline Personality disorder, and how specific brain circuits are affected by life traumatic experiences and support specific dysregulated emotions and behaviors in adulthood. **Methods:** In the first study a supervised machine learning approach was used to classify BPD against HC and a clinical control group (Bipolar patients). Grey matter images of 20 patients with BPD (age=35.75±8.61), and 45 healthy participants as controls (HC; age=36.80±8.43), matched for age and sex, were taken into consideration. Moreover, to ensure that the results were specific for BPD and not for general psychological disorders, 30 patients with Bipolar disorder (BD type I, age=37.17±8.64), were also considered, for their similarities in affective instability and other symptoms. Multiple Kernel Learning (MKL), a whole-brain multivariate supervised machine learning method was applied to the structural images of the three groups. **Results:** Results showed that a circuit, including subcortical structures such as the basal ganglia, the amygdala, and portions of the temporal lobes and of the orbitofrontal cortex, correctly classified BPD against HC (80%). Moreover, by contrasting BPD with BD, the spurious regions were excluded, and a specific circuit for BPD was outlined (Grecucci *et al.*, 2022). In the second study, a data fusion unsupervised Machine Learning approach was used to analyze both the GM and WM of borderline patients and matched healthy controls to assess the impact of specific child traumas on brain networks and their possible relation with dysregulated emotions and behaviours. 20 patients with BPD (age=35.75±8.61), and 45 healthy participants as controls (HC; age=36.80±8.43), matched for age and sex, were selected. To this aim, we applied an unsupervised data fusion machine learning approach, to decompose the brain into independent networks of covarying grey-white matter (data fusion). Then a supervised ML approach known as Random Forest, was used to extract as predictive model to diagnose BPD patients. Last but not least, Regression model was used to assess the impact of specific childhood traumatic experiences on those brain networks and how they may support specific cognitive, affective, interpersonal and impulsivity related symptoms. ICA returned 10 independent circuits of covarying grey-white matter. Of these, the two most predictive circuits according to the Random Forest classification, were IC2 and IC6. IC2 includes frontal and medial temporal regions, the insula, the fusiform area and the uncus. IC6 included large superior temporo-parietal regions, parahippocampus, precuneus, and the cingulate. Importantly these circuits include both regions with higher grey-white matter concentration and reductions. Structural Equation Modelling (SEM) clarified that IC2 was affected by emotional and physical neglect traumatic experiences, and that IC6 was affected by physical neglect and sex-

ual abuse. IC6 is also predictive of interpersonal impulsivity and cognitive symptoms. In the third study, we tested the hypothesis that the same circuits outlined in the first study was also predictive of borderline personality traits in a subclinical sample. According to the dimensional model, personality disorder varies across a continuum from normal to abnormal ranges (Fossati *et al.*, 2012) sharing core symptoms but at different degrees of severity. To this aim structural data from 135 healthy participants (age=32.91±16.43) not under any medication, and with no history of substance abuse nor neurological diseases were considered. Results indicate this circuit predicts also subclinical personality traits. **Conclusions:** These results support the idea that BPD is characterized by anomalies in several cortico-subcortical circuits. Moreover, they shed light on how traumatic early life experiences may affect specific brain circuits, and how these abnormal circuits may maintain symptoms in adult BPD. As such, these results can pave the way for new treatment interventions to target specific trauma- and symptoms-related neural circuits.

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ABSTRACT 4 THE ASSESSMENT OF DEFENSE MECHANISMS IN PSYCHOTHERAPY: THE DMRS-Q AND ITS NOVEL CHILDREN VERSION (DMRS-Q-C)

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Defense mechanisms, defined as automatic psychological operations that mediate the individual's reaction to emotional conflicts and to internal or external stressors (Perry, 2014), have been extensively studied since the strong relationship with physical and mental health. A large body of research demonstrated that low defensive functioning is associated with personality disorders and severe psychiatric conditions. Process-outcome research has shown that patient's defense mechanisms may change to more adaptive strategies through psychotherapy and are related with therapeutic outcome. Therefore, it is noticeable the need to include defensive functioning in the systematic investigation of patients' changes in clinical daily practice. Despite the large variety of instrument developed for assessing defense mechanisms, only few consider the whole hierarchy of defense mechanisms and refer to the preferable observer-rated methodology for assessing defenses in clinical work. In recent years,

new instruments based on the gold-standard theory Defense Mechanisms Rating Scales (DMRS) have been developed with the aim of facilitating defenses assessment in various contexts, including psychotherapy. *Methods:* The present study provided an overview of the novel DMRS-based measures: the DMRS Q-sort (DMRS-Q; Di Giuseppe *et al.*, 2014), its version for children (DMRS-Q-C; Di Giuseppe *et al.*, 2021), and the DMRS self-report (DMRS-SR-30; Di Giuseppe *et al.*, 2020). With particular attention to psychotherapy, it gave indications on how clinicians without specific training on the DMRS can assess patient's defenses in-session with the DMRS-Q. It illustrated its computerized and free-of-charge online use available at <https://webapp.dms-q.com>, and provided directions for coding and interpreting *Results:* Finally, it anticipated the description and psychometric properties of the novel DMRS-Q version for children. A case example of changes in defensive functioning of a woman treated with intense psychoanalysis showed the efficacy of the DMRS-Q in assessing defense mechanisms in psychotherapy. Good convergent and discriminant validity have been demonstrated, as well as good inter-rater reliability among non-trained raters for the Overall Defensive Functioning (ODF) scale and most of the defense levels (Békés *et al.*, 2021). Changes in the Defensive Profile Narratives (DPN) were used as qualitative description of how most relevant defensive patterns changed over time. *Conclusions:* Investigating defense mechanisms in psychotherapy is important for the routine monitoring outcome. It may inform certain aspects of the psychotherapy process, including conflictual topics, working alliance, emotion regulation strategies in response to therapist interventions. The utility of studying defenses with the DMRS approach is that it reveals the psychological function, meant as the unconscious motives for protecting oneself from intolerable emotional experiences, behind the use of defense mechanisms. Understanding the defensive functions inform what internal conflicts the individual is experiencing and drives the therapist to person-tailored therapeutic interventions.

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SYMPOSIUM 9

LOGICAL TIMES AND MOMENTS OF RECTIFICATION IN CARING TREATMENTS. EXPERIENCES IN HIGH-CARE PSYCHIATRIC COMMUNITIES

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Discussant: Maiocchi Maria Teresa, Department of Psychology, Catholic University of Milan, Italy

Introduction: In clinical work in psychiatric rehabilitation contexts, what we are called to take care of does not only concern the illness of our patients, but implies the encounter with the whole person, setting in motion a process that lies at the border of care and goes beyond it. It is necessary to transcend the space which envisages only the two positions of the carer and the treated, and to engage in the open field which is in continuity and contiguity with the rhythms and relationships of daily life, with the complexity entailed by the contamination between the different worlds to which the subject also belongs, each carrying its own and specific bonds which, in the rehabilitation process, meet and intersect one another. The symposium intends to compare three different clinical cases, with different psychopathological frames, treated in psychotherapeutic sessions within a psychiatric residential high care setting in Lombardy, Adele Bonolis As.Fra. Onlus Foundation. The three contributions intend to highlight observational and critical elements relating to these pathways, emphasising the temporal scans that marked the turning and knotting points, as well as the process variables involved in taking care and how these were articulated according to specific, subjective and singular rhythms. The first contribution shows how an initially very complex and fragile therapeutic engagement with a 20 years old adopted inpatient with Borderline Personality Disorder was able to get off to a certain start from a spontaneous movement of the patient himself; the case highlights the ways in which the therapeutic course, in a psychiatric institutional context, was accommodated to the patient's singularities and rhythms, where an approach oriented to seeking greater adaptation to the context immediately proved unsuccessful. The second contribution aims to describe the process of a treatment path that took place with a paranoid patient, highlighting through textual analysis of clinical reports, charts, and the patient's written productions the signifiers that emerged as treatment proceeded, and how the patient connects them in his working through; it also offers insights on the use of creative writing, during therapy sessions, as a method of constructing a frame of meaning for one's disorder. The third contribution, eventually, raises questions on adaptation techniques in psychotherapy for persons with intellectual disabilities and autism spectrum disorder.

ABSTRACT 1 MOMENTS OF CARE AND RHYTHMS OF THERAPEUTIC ENGAGEMENT IN THE CASE OF AN ADOPTED INPATIENT IN A LOMBARDY PSYCHIATRIC COMMUNITY DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER

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Introduction: DB, 21 years old, is a patient in the care of a CRA in Lombardy for 15 months (April 2021), diagnosed with Borderline

Personality Disorder (F60.3). Born in fetal alcohol crisis due to opioids and cocaine used by his biological mother, he was adopted at the age of five and a half, together with his younger sister of about one year, born to another father. This case is proposed as representative of a clinical condition increasingly present in the psychiatric context, namely that of subjects adopted and subsequently 'rejected' by their adoptive parents. Such a configuration, in addition to the very serious psychopathological picture, poses several challenges to the care team in the setting up of medium-long term rehabilitation programmes, considering the role played by the family, in their strong ambiguity of closeness-distance from the patient and unwillingness, half-expressed in words, to accept him back home. In this horizon, the direction and breadth-variety to be given to the care pathway is very critical, lacking a motivation for something to change – for whom? – and the answer to an initial question for the care team: to aim at progressive autonomation or at a rapprochement with the family? This is an important construction point to address the motivation to the care. *Methods*: Two months after entering the CRA the patient began a treatment with the psychologist of his community, in psychotherapeutic training with a Lacanian psychoanalytic orientation, with three years of experience in the same institutional context; the treatment is set up with biweekly sessions, in a vis à vis setting. The present case is written from the therapist's notes taken at the end of each session, 94 during the 13 months of treatment (June 2021-July 2022). The patient is currently in care and the psychotherapeutic treatment is not concluded, although it appears to be on the threshold of a possible turning point. *Results*: The case shows how an initially very complex and fragile therapeutic engagement, given these premises, was able to get off to a certain start from a spontaneous movement of the patient himself. The initial sessions often folded around a brief chronicle of what had happened in the last few days. The therapist's feeling, in front of the patient's evident distress, concealed by these discourses, was that of an impossibility to help, to offer something that could be of benefit to the patient and that was in the order of a saying, as theoretically expected in a vis-à-vis setting. The present case highlights how it was gradually the patient, later, in relation to a singular moment of crisis, who provided the therapist with the elements around which to articulate his own treatment, starting from the listening of some songs brought to the session and which marked the real beginning of a therapeutic engagement. It was the patient's suggestion to speak through the songs he brought, in the provision of an oriented listening, that allowed a healing bond to be established in the faults of an unspeakable suffering. *Conclusions*: The case highlights the ways in which the therapeutic course, in a psychiatric institutional context, was accommodated (term to be semanticised) to the patient's singularities, where an approach oriented to seeking greater adaptation immediately proved unsuccessful; in particular, the community norms and rhythms were hardly tolerated by the subject – from the morning rise to the schedules of pharmacological therapies, from adherence to group activities to punctuality at the sessions set with the caregivers. The question of time also merits further investigation. In this sense, we anticipated something that – according to an educational dimension – should have followed the patient's good adaptation to the community. We subverted this order, this rhythm, by making it precede an offer that intercepted a point of 'knotting' said by the patient, by planning and organising a series of encounters of rapprochement to the home together with the parents and alongside a reference educator. This was done with a perspective of a project that could result in the identification of a cohousing apartment within the Foundation and thus protect the parents from the dreaded phantom of the patient's return to live at home, which until then seemed to inhibit any form of rapprochement, envisaging the possibility of being together in a new way. The almost immediate effect of this manoeuvre was

that of a greater engagement of the patient in all community ménage, from getting up more early in the morning to respecting therapy schedules, to greater participation in group activities, in terms of relative socialisation.

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ABSTRACT 2 FINDING THE RHYTHM THROUGH WORDS. AN EXPERIENCE OF A PSYCHOANALYTIC PSYCHOTHERAPY TRAINING IN A HIGH-CARE PSYCHIATRIC COMMUNITY

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Introduction: MC is a 57-year-old man, who arrived in the actual community in 2017 and has been hospitalized in psychiatric facilities for over twenty years, with a diagnosis of paranoid schizophrenia since the age of 17. He went through several discharges in other communities, which often after a short time dismissed him because of the difficulties in managing his: "Disruptive behaviour". There are several hospitalizations which have occurred over the years, due to strong agitation, worsening hypomanic mood, severe logorrhea, verbal aggression and destructiveness towards objects. MC had little awareness of his condition and a suspicious attitude towards the community team. He asked to return living with his parents, a request impossible to comply with, due to the severity of the psychopathological frame and the old age of the parents. This framework raised the question to the care team of how to create the conditions for the patient to be engaged in a care path that would take his words into account. *Methods*: From 2019 to 2020, during the bimonthly meetings with his parents he was supported by the presence of an assistant. After each meeting he was offered a space where to talk with the psychologist, who is under psychoanalytic psychotherapy training with a Lacanian orientation, in a vis-à-vis setting. From 2020 to the present day, due to the Covid-19 pandemic and the worsening health conditions of the parents, meetings with the family have been suspended, but the patient maintained the therapy on a weekly basis, and the talking therapy was integrated with the support of writing as an expressive method. This case is based on medical records, the therapist's notes taken at the end of each session (January 2019-July 2022) and from the patient's writings, analyzed via textual analysis. *Results*: The case shows how the initial therapeutic engagement was able to take place on the basis of the patient's own words: "relationship with the parents" was the recurrent theme of his speeches at the beginning of the treatment and offered the clue on why he considered the therapist as 'the one who was helping him with his parents', thus giving the therapist a place. In the progression of the sessions, when the writing was introduced while addressing himself as an "author" not only to the therapist (who helped writing the text under dictation) but also to the readers, the patient used new signifiers, placing them in a "before" and a "now" and being able to find new words to say

something about his suffering. In the work on the patient's text extrapolated from his "Theory on the History of Rock Music," emerges the narrative of his first crisis that occurred at the age of 15 following a school rejection. The patient situates his own individual crisis by extending it to the "Crisis of '68", "student Revolts," and the "conflicts between musical genres.", and at the same time including (indirectly) himself as one of the main characters of his theory as one of the so-called "conscripts of '64" and explicitly connecting this to the onset of his paranoia to the therapist too. The patient not only narrates the crisis but also how he tried to "overcome" it, again placing this transition at an extended level through the musical evolution that led to the birth of "punk" music in the 1980s, musical genre in which he could have "recognized himself" because Punk allowed "people who suffered this type of depression" for "artistic expression of paranoia". The writing of this "theory of the history of rock music" took a long time for the patient to work out, arriving at about ten pages over the course of about 2 years of work, implying the rhythm and logical time set by the patient himself. *Conclusions:* The reference of an aim such as "work" ("Helping with his parents", or "Being his collaborator on writing the text") might have been helpful to the therapist in appearing less persecutory and establishing a climate of trust. When, with the arrival of the pandemic, the outings with the parents were suspended, it was necessary to find new working conditions in the therapeutic process because the patient showed disorientation and difficulty in relating even to the therapist in a calm manner. Also in this case, after a period of suspension, it was the patient who again sought a space to talk, through the theme of music. Working on what the patient offers and support the patient's writing of his "Theory on the history of rock music" allowed the therapist to resume working in a more calm and non-persecutory atmosphere. Writing was a support through which, with the help of the therapist, the patient could construct an elaboration of his illness and suffering and find a way to express something otherwise impossible to say. The work is still in progress; so far, supporting MC in his relationship with his parents through a multidisciplinary intervention and working on his own writing had the effect of allowing the patient to invest more in the community relations and activities, to be more satisfied and to have a greater degree of separation in his relationship with his parents, theme that now does not occupy all of the patient's speech, leaving a space to something new to say.

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ABSTRACT 3 INTELLECTUAL DISABILITY AND AUTISM SPECTRUM DISORDER MISDIAGNOSIS IN AN ITALIAN PSYCHIATRIC RESIDENTIAL FACILITY: RE-ASSESSMENT FOR A QUALITY OF LIFE DRIVEN MODEL OF CARE AND PSYCHOTHERAPEUTIC TREATMENT

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Introduction: Autism is a neurodevelopmental disorder that begins in early stages and goes through all the stages of life. It is a set of heterogeneous difficulties in social communication and unusually restricted, repetitive behaviour and interests. Individuals with autism have atypical cognitive profiles, such as impaired social cognition and social perception, executive dysfunction, and atypical perceptual and information processing. Assessment needs to be multidisciplinary and developmental, and early detection is essential for early intervention. Drugs can reduce comorbid symptoms, but do not directly improve social communication as comprehensive and targeted behavioural interventions may do. Creation of a supportive environment that accepts and respects that the individual is different is crucial. Angelo is a 57 years old man, hospitalized in a psychiatric rehabilitation facility for 32 years. He was admitted in 1990, when he was 25 years old, with a diagnosis of hebephrenic schizophrenia. He is a nice and sensitive person, with a sweet smile and expressive face. Even if he tries to understand and control his emotions, he has a severe emotion dysregulation, with anger outburst (shouting, but he can also be physically violent) and profound sense of fear, emptiness, and despair that lead him towards emotional shutdowns (isolation). Sometimes he shows psychotic symptoms, like delusions and hallucinations. He is socially isolated and prefers to be alone most of the time but, when other people show interest in him, he tries very hard to sustain brief conversations and to understand them. From a physical point of view, he shows a variety of limitations and deficits, such as an important psychomotor retardation, uncertain walking due to stereotypical behaviour and visual problems, and an impairment of gross and fine motor skills. Like many severe patients, he shows prevalent interests, in his case reading books and writing short poems. Clinical observation and increased medical knowledge led the psychiatrist and the multidisciplinary team to hypothesize that Angelo's previous diagnosis and his clinical treatment could be revised. *Methods:* Diagnosis of Schizophrenia has been revised through clinical and test evaluations since a new diagnosis formulation and quality of life assessment could lead to a more focused rehabilitation treatment. The following instruments were administered: Wechsler Adult Intelligence Scale - IV (WAIS-IV); Tower Of London (TOL), Trial Making Test (TMT), Stroop Test; Vineland Adaptive Behaviour Scale-II (VABS-II); Systematic Psychopathological Assessment for persons with Intellectual and Developmental Disabilities - General screening (SPAIDD-G); Scala di valutazione dei tratti autistici nelle persone con disabilità intellettiva: STA-DI; Autism Quotient: AQ; Empathy Quotient: EQ; Battery of Instruments to Assess Quality of Life: BASIQ. In the last five years, psychiatric sessions have been performed and new pharmacological treatment has been assessed. Starting from the analysis of his cognitive functioning, the psychiatrist and psychologist are trying to create an adapted psychotherapy and to sensitize the team to a new clinical method. *Results:* Diagnostic re-assessment was put in place with the above-mentioned psychodiagnostic instruments. This revealed that the patient has severe deficits when it comes to intellectual ability (WAIS-IV), with below-than-average abilities in all the cognitive Indexes (Processing Speed: PSI=50; Working Memory: WMI=57; Perceptual Reasoning: PRI=52; Verbal Comprehension: VCI=70), with the Full-Scale IQ being very low (FSIQ=47). His Verbal Comprehension capacities, despite being below average, can be considered as a cognitive ipsative strength: this means that the patient, despite the poor cognitive endowment, seems to have had the possibility to assimilate crystallized knowledge that helps him when it comes to express himself and guide him in daily functioning. The evaluation of cognitive functioning was enriched by the assessment of Executive Functions through specific neuropsychological instruments (TOL, TMT, Stroop Test): all these instruments were aligned in showing the patient's deficits in this area (cognitive flexibility, inhibition, problem-solving). One of the most rel-

SYMPOSIUM 10

**AT-RISK MENTAL STATES (AND BEYOND):
DIAGNOSIS, TREATMENT AND SOCIAL IMPACT**

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evant information is that Angelo is extremely slow in every daily action (stimulus perception, cognitive elaboration, expressing himself). Informant-report instruments completed the patient's evaluation with adaptive behaviour (VABS-II) and psychiatric comorbidities (SPAIDD-G, STA-DI). VABS-II data revealed that the patient has lost (or has never been able to build) adequate skills regarding the different adaptive capacities assessed through this tool (Communication: IQ=49; Daily Living Skills: IQ=20; Socialization: IQ=20 and Motor Skills: IQ=20; Composite Scale: IQ=20). SPAIDD-G and STA-DI pointed out that the patient has a comorbid autism spectrum disorder. All these new information led to reformulate the diagnosis in: Moderate Intellectual disability and Autism Spectrum Disorder. Pharmacological treatment has been re-assessed from an association of Zuclopenthixol and Quetiapine (2017), to Quetiapine and Risperidone (2019), to Clozapine alone (2022, with a hospitalization). From a therapeutic point of view, many supportive interventions were performed to help Angelo to cope with his emotions and unexpected events or life stressors (e.g., his parents' deaths). BASIQ (repeated every 2 years) allowed to show that the quality of life has improved in many areas: physical and psychological being, social belonging, practical behaviours, free time, growth, and development. *Conclusions:* Angelo has been considered as a scary patient because of his anger outbursts and difficulties in communicating with him and his deep world. Thus, test evaluations have been performed during the years to understand his cognitive capabilities and re-assess his diagnoses. The multidisciplinary team has been focusing on new treatments possibilities (both pharmacological and psychotherapeutic), to help him dealing with his emotions and their behavioural consequences. The information obtained from the assessment were used to better tailor the treatment to Angelo's needs: all the interventions must take into consideration his reaction time to avoid overstimulation and to enhance his ipsative cognitive strengths (e.g., verbal comprehension) as a way to try to communicate with him. This single-case raises questions on adaptation techniques in psychotherapy for persons with intellectual disabilities and autism spectrum disorder.

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Research on the relationship between personality and psychosis onset is growing to prevent or intervene early on patients' vulnerability. In this direction, identifying risk factors may be fundamental. First of all, the symposium intends to offer an overview of the relationships between personality characteristics, risk factors, at-risk mental states, and psychosis in different clinical contexts. Moreover, it aims to identify how to prevent or reduce the severity of any full-threshold disorder preventing the associative stigma. Four contributions are presented: (a) "Diagnostic trajectories in a group of patients recruited within the TR105 project". According to the previous study, this research aims to explore the evolution of the initial diagnosis over 12 months with patients recruited and assigned to the 3 groups labelled Not At Risk, At Risk, and Ultra High Risk. The study identifies common (trans-diagnostic) personality traits in these different groups that can be considered risk factors for psychopathology; (b) "A pilot study evaluating the effectiveness and outcomes of MBT treatment in patients with psychosis in a Rehabilitation Day Center in Padova. This pilot study aims at implementing a preliminary evaluation of Mentalization Based Treatment efficacy in psychotic patients. (c) "Renaming UHR: attitudes towards established and newly generated terms to describe the risk for psychosis status in an Italian sample of patients, carers, and clinicians". This study aimed to explore the acceptability and preference of both already used and newly generated diagnostic terms, as well as the most appropriate timing and context of diagnosis disclosure in an Italian sample of CHR-P patients, their carers, and clinicians; (d) "Renaming schizophrenia? A survey among psychiatrists, mental health service users and family members in Italy". The research explores how psychiatrists, service users and family members in Italy perceive the term schizophrenia and if they consider a name change a useful option to overcome the stigma attached to it.

**ABSTRACT 1
DIAGNOSTIC TRAJECTORIES IN A GROUP OF PATIENTS
RECRUITED WITHIN THE TR105 PROJECT**

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Introduction: The term psychosis includes a set of disorders that develop along a gradient of psychopathology and can best be described as schizophrenic spectrum disorders. In the natural history of these disorders, one observes the presence of At Risk Mental State (ARMS), which indicates a mental state characterised by a high, but not inevitable, risk of transition to full-blown psychosis. Numerous studies have identified Ultra High Risk (UHR) criteria that characterise an At Risk Mental State (ARMS) and predict a danger of psychotic evolution. The present study aims (a) to explore the evolution of the initial diagnosis over a 12-month period with patients recruited and

assigned to the 3 groups (Not At Risk, At Risk, and UHR); (b) to evaluate the Social Occupational Functioning among the groups; (b) to identify common (trans-diagnostic) personality traits in the different groups of patients previously mentioned. *Methods:* 97(44 males and 53 females) participants aged between 18-24 were included in the study. Each individual participated in a clinical interview (at T0 and after 12 months) and completed an assessment consisting of the Personality Inventory for DSM-5 (PID-5), Early Recognition Inventory-retrospective assessment onset of schizophrenia (Checklist ERIRaos and Social) and Social Occupational Functioning Assessment Scale (SOFAS). *Results:* Concerning the evolution of diagnosis over 12 months, the number of Not at-risk participants diagnosed with PTSD in T0 is significantly higher than in the UHR and At Risk groups. Most UHR received at T0 a diagnosis of schizophrenia spectrum. As concerned the social and occupational functioning UHR obtained the lowest mean scores. Finally, the highest levels of negative affect and Psychoticism were obtained from At Risk groups, whereas UHR patients obtained the highest mean scores in detachment and disinhibition. *Conclusions:* Prevention, detection, and early treatment of severe mental disorders in youth are what characterise the TR 105 project. Findings from this study highlight both the importance of diagnosis and personality traits evaluation in order to customize a specific intervention based on the level of psychotic risk. In fact, personalized interventions targeting such diagnosis and personality traits could promote psychological well-being and reduce recrudescence and psychotic onset.

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ABSTRACT 2 A PILOT STUDY EVALUATING THE EFFECTIVENESS AND OUTCOMES OF MBT TREATMENT IN PATIENTS WITH PSYCHOSIS IN A REHABILITATION DAY CENTER IN PADOVA

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Introduction: Mentalization-Based Treatment (MBT) is an intervention used in a broad spectrum of clinical disorders. Recently, its application has also been extended to the treatment of psychosis. The term mentalisation refers to a mental process through which people attribute intentions, understand themselves and others. This process is implicated in thoughts and the emotional and affective aspects of the person, which in turn guide the subject in behaviour and relationship life. Recent studies testify that an increase in mentalisation predict an improvement in social life, a decrease in social stress and positive and negative symptoms. This pilot study aims

at implementing a preliminary evaluation of MBT, considering clinical aspects, and social and personal functioning parameters. *Methods:* A group of patients recruited from the Mental Health Department of the AULSS 6 Euganea will be evaluated at the start of treatment (T0), at the end of treatment (T2) and 1 (T3), 2 (T4) and 5 years after the end (T5). A primary assessment (evaluation of outcomes) will be made to verify the improvement of symptoms and social functioning. The following instruments: the Scale for the Assessment of Negative Symptoms (PANSS), the Scale for the Assessment of Positive Symptoms, the Global Assessment of Functioning scale (GAF), the Health of the Nation Outcome Scale (HoNOS), the Outcome Questionnaire-45, and the Social and Work Functioning Assessment Scale. A second assessment (Process Evaluation) will be carried out to verify any changes in certain cognitive, expressive, emotional, and relational skills. Reflective Function Questionnaire (RFQ), Coping Orientation to Problems Experienced (COPE), Mentalized Affectivity Scale (MAS), and Relationship Questionnaire (RQ) will be administered. Within factors ANOVA will be performed to evaluate the differences between the measures. *Results:* The study is currently in progress and is expected to achieve an improvement in the symptomatology, cognitive, expressive, emotional, and relational skills of the patients involved in the study. *Conclusions:* MBT originated as a treatment for personality disorders. Nevertheless, effectiveness has over the years been extended to the treatment of a wide range of clinical conditions. It is therefore believed that the highly structured nature of MBT, combined with its objectives, makes this treatment appropriate for this type of patients.

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ABSTRACT 3 RENAMING UHR: ATTITUDES TOWARDS ESTABLISHED AND NEWLY GENERATED TERMS TO DESCRIBE THE RISK FOR PSYCHOSIS STATUS IN AN ITALIAN SAMPLE OF PATIENTS, CARERS, AND CLINICIANS

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Introduction: Diagnostic terms in psychiatry can potentially deliver useful information and offer a basic understanding of clinical concepts for young individuals under care in mental health services, carers (*i.e.*, close family members who care for the young patient), and clinicians. However, the use of stigmatizing labels has frequently been associated with poor engagement with clinical services and poor outcomes. Further, using informative and non-stigmatizing terms is crucial in youth with a clinical high-risk for psychosis (CHR-P) status since they both risk being stigmatized and receiving inappropriate treatments (*i.e.*, antipsychotics). Based on pivotal research conducted in Australia, this study aimed to explore the acceptability and preference of both already used and newly generated diagnostic terms, as well as the most appropriate timing and context of diagnosis disclosure in an Italian sample of CHR-P patients, their carers, and clinicians. **Methods:** In a focus group with individuals with a lived experience of mental disorder, three alternative diagnostic terms were generated: "Tendenza alla psicosi," "Alterazione della realtà personale," and "Accenni di disregolazione della soggettività." Then, a questionnaire was constructed and administered to 31 patients, 45 carers, and 59 clinicians in order to explore attitudes towards both newly generated and well-established terms (*i.e.*, "Ad alto rischio di psicosi - Ultra high risk for psychosis [UHR]," "Sindrome psicotica attenuata," and "Stato mentale a rischio"). T-tests or Chi-square tests were used to analyze descriptive data gathered from the three groups. One-way ANOVA was performed to identify between-group differences, followed by post-hoc Bonferroni test. **Results:** We found the term "UHR" was considered stigmatizing and did not explain youth difficulties according to both patients and carers (although clinicians reported it was illustrative of the youth's difficulties). On the contrary, "Stato mentale a rischio" was one of the most preferred and illustrative terms for patients and clinicians. Concerning the new terms, "Tendenza alla psicosi" was one of the most preferred by patients and carers - even though clinicians considered it a stigmatizing term. Mixed results were found among groups about the opinions on "Alterazioni della soggettività." All groups agreed that diagnostic terms should be disclosed when the patient has established a trusting relationship with the clinician. Feedback on the diagnosis context varied among groups (nevertheless, more than half of the participants of each group agreed that the presence of the psychiatrist was necessary for the diagnosis disclosing). **Conclusions:** Findings highlighted the need for "renaming" the term UHR - at least in our Italian sample. Attitudes towards newly generated terms were mixed, with "Tendenza alla psicosi" being one of the most appreciated by both youth and carers (but not clinicians). The already used "Stato mentale a rischio" showed to be one of the most preferred and not associated with high stigma - confirming its usefulness in clinical practice. Further research with broader samples is warranted to shed light on mixed results. Nevertheless, in order to promote engagement with early prevention services, the use of less stigmatizing terms and specific attention to the preferences over the diagnosis disclosure context are strongly needed.

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ABSTRACT 4 RENAMING SCHIZOPHRENIA? A SURVEY AMONG PSYCHIATRISTS, MENTAL HEALTH SERVICE USERS AND FAMILY MEMBERS IN ITALY

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Introduction: In the last years, Family members and patients have contested the term Schizophrenia because of its negative and stigmatizing connotation. The term may represent, for those diagnosed, a barrier in recognising the problem itself, seeking treatment, and in taking full advantage of specialist interventions. The study aims to explore how psychiatrists, service users and family members in Italy perceive the term schizophrenia and whether they consider a name change a useful option in order to overcome the stigma attached to it. **Methods:** Opinions on the term schizophrenia were collected by a self-rated questionnaire used in previous international surveys. Questionnaires were delivered to members of the Italian Psychiatric Association, to mental health users - recruited among members of the main users' association of the Veneto region and to the family members recruited in one of the most representative Italian family associations. **Results:** Overall, 350 psychiatrists, 71 mental health users

and 110 family members filled in the questionnaires. Considering the whole sample, 41.5% found the term inappropriate, 67.6% stigmatizing and 72.3% advocated a name change. Among psychiatrists 57% reported that schizophrenia was inappropriate, 70% considered the term stigmatizing and 71% agree with a name change. Similarly, 56% of service users and 71% of family members found schizophrenia a stigmatizing term and, respectively, 75% and 77% advocated a name change. Conflicting results were found on possible alternative terms: psychiatrists proposed a wide range of possible options, most of which referred to the term 'psychosis' (53%), whereas users and family members preferred terms referring to the broad category of 'mental health suffering'. *Conclusions:* Overall, most of the three stakeholders' groups agree that schizophrenia should be renamed to reduce the stigma attached to it; the main challenge, however, is the lack of consensus on the best alternative term to use.

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SYMPOSIUM 11

ONLINE GROUP THERAPY: WHICH PROCESSES FOR WHICH RESULTS? CHALLENGES AND OPPORTUNITIES

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The group as a unit of work allows the circle of affects and feelings not yet conceivable which, thanks to the experience of more-than-another-subject, can speak to each other and find a place for sharing and acceptance (Kaës, 1994). The therapy room can be thought of as a transitional play space in which to give life to new thinkability and to discover more authentic parts of the Self (Winnicott, 1971). In this Symposium we ask ourselves what happens when the therapy room is located online, considering that even before the COVID-19 pandemic, numerous researches have shown its effectiveness (Hilty et al., 2013; Carlbring et al., 2018, Norwood et al., 2018). We aim to compare online group therapy experiences carried out according to different theoretical orientations and aimed at patients with different psychopathological pictures. The goal is to understand the action factors of the process and identify the limits and resources of this type of setting. Studying the complexity of the group, in relation to the processes that occur in online mode, requires a multicentre comparison also in relation to its contraindications.

ABSTRACT 1 THE "MAD HATTER" IN THE ONLINE SETTING OF A GROUP THERAPY FOR GAMBLERS: A LOOK AT THE GAME CHANGE PROCESS

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Introduction: The work intends to describe some elements of the dynamic process that has developed over ten sessions of group therapy with patients in charge of the Ulss 6 Euganea outpatient service for gambling addiction as part of the regional funding Project named "Cambio Gioco". First of all the main specific interest of the present work is the observation of the qualitative aspects that describe the link between the synchronic online setting and the specific processes that arise from it. Secondly the interest is around the quantitative evaluation of the impact the group process have on the typical psychic outcomes of the gambler. More and more scientific researches that in more theoretical orientations highlight how online psychotherapy, individual and / or group, is as effective as face to face (Alavi et al 2020), but this seems to be even more true if it is held account of the specificity of some dynamics related to the Online setting (Weinberg et al 2020; Ogden, Goldstein 2020). In this work, therefore, we started by considering the Online Setting as a third element to have care and attention, to favor the development of effective processes for the treatment of these specific patients. We started by considering what are the strengths of a group in Online mode for gamblers within an extended sharing with the members of the various Equipe present in the other outpatient sites of the addiction depart-

ment of the territory of the Dependence Department which covers the entire province of Padua. A first strength that was identified was the facilitation allowed by the online mode in creating a group of patients with different territorial residence and which at the same time made it possible to create a group for comparison and exchange between team members belonging to the different locations. A second strength was the possibility of involving patients who had shown a resistance up to now to get involved in a group path, or who had done face-to-face group paths without maintaining continuity in frequency, or without efficacy. Finally, a third strong point that has been considered is the particular predisposition of the online setting to favour creative, imaginative thinking (Yalom, Leszcz, 2020). This last point seemed important to orient the therapeutic work towards the recovery of a healthy creative thinking to which, according to some scientific evidence, gamblers have an evident propensity in adolescence, but have lost the ability to use it for the purpose of healthier emotional regulation (Pascual-Leone *et al.*, 2011). Being able to promote it in an interpersonal context that begins to exist in an online environment could improve the mentalization function of mental states which could in turn favour the relaxation of an excess of rationalization. Furthermore, the intent is to affect, through the "creative game", a perception of oneself that is more open to alternative interpretations than that of the gamblers identity. The proposal of this type of Online setting also provide the opportunity to affect gambling craving, emotional regulation, coping strategies, and the rigidity of cognitive beliefs related to gambling. There are numerous evidences in literature to support the fact that the possibility of validating in the interpersonal context an image of oneself less rigidly linked to the cognitive and affective dynamics of the gambler, can also have a positive effect on his behavior, on the levels of impulsivity, on cognitive rigidity and craving (Aurélien Cornil, *et al.* 2021). *Methods:* Two working groups were set up, a smaller one dedicated to the design of the group and management, a larger one composed of the operators of the various locations who were possible to send the patients to the group and who continued to follow them individually. The two groups met periodically online before and after the departure of the therapy group, supervised by a research psychotherapist from University of Padua. Ten simultaneous online group sessions have been planned on a weekly basis, lasting one hour and fifteen. Seven patients were referred, from different locations, but only 6 actually started. The research design is of a mixed type, qualitative and quantitative, and involves a comparison with a therapeutic group for gamblers that was held in parallel in the presence. The following tools were used to evaluate the process: detailed reports of each session drawn up by an observer appropriately trained for this purpose, and the climate scale of the session administered at intervals along the way; for the assessment of the outcome, both the online group and the in-person group in the pre and post group times were administered a battery of self-report scales aimed at measuring Coping skills (COPEs); beliefs relating to gambling (GRS); the capacity for emotional regulation (DERS); dissociation (DES), and general symptomatology (SCL-90). The data analysis was done with parametric statistics for pre and post intra-group comparison involving the two groups in parallel; while the process was analysed through clinical observation gained in the comparison between the two working groups, in particular, the last session that took place in person is analysed. *Results:* The preliminary results show an intra-group improvement in outcomes and a condition of general satisfaction on the part of patients for the experience they have made of themselves in the group. *Conclusions:* A representation that proved useful in describing the setting of the online group is that of the "Mad Hatter", one of the protagonists of the Alice in Wonderland story. The character in question was famous because it was said that he used to "kill time", so the "Time" was angry stopping for him at five in the after-

noon. This representation is a useful frame to describe how the suspended time of the gambler has met the suspended time of the online setting, allowing the conductors and members of the group to "play" more freely with the image of themselves and rediscovering new identity aspects that emerged and returned to each of them allowing each one in the imaginative scenario of the online to "change hat" with a possible impact on the emotional balance of the relationship with oneself and with an effect on the reduction of impulsive behaviour.

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ABSTRACT 2 EXPERIENTIAL TRAINING GROUPS: A COMPARISON BETWEEN ONLINE AND IN PRESENCE SETTING

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Introduction: Experiential training groups are a well-known training tool used in professions based on relationship, empathy and understanding of the other. These groups have different names in the literature such as "experiential training groups," "growth groups," or "personal development groups". The literature showed that experiential training groups promote the students' personal and professional development (Chang *et al.*, 2017), increased trainees' interpersonal and communication skills, personal and interpersonal awareness and the ability to empathize with their future clients (Pamukcu, 2022; McMahon and Rodillas, 2020; Ieva *et al.*, 2009; Smith & Davis-Gage, 2008). However, there are still few studies that have analyzed the direct experiences of individuals in this group setting and identified the salient variables that may impact participants' experience (Goodrich, 2008). Moreover, there have been many online group experiences during the COVID-19 outbreak, but few studies have evaluated its effectiveness. *Methods:* This work aims to explore the experiences of 357 students (87% female, mean age=24.1 years) following a bachelor or master program in clinical psychology who participated in 22 experiential training groups as part of their degree requirements. Data were collected between 2019 and 2022 through self-reports that investigated awareness of feelings about self and others (SAQ; Grant & Franklin, 2002), capacity of mentalization (MentS; Dimitrijevi *et al.*, 2017), student's self-disclosure and well-being (PGWBI, Lundgren-Nilsson *et al.*, 2013). Due to the Covid-19 pandemic, 12 groups (46.9% of students) took place online; the remaining were in presence, and all groups lasted 7 sessions. *Results:* Preliminary analyses showed moderate-to-high

correlations between the studied variables (.14 - .45), and pre-post comparisons showed non-significant changes in self-awareness ($t=.67, p=n.s.$), well-being ($t=.12, p=n.s.$) and mentalization ($t=1.80, p=n.s.$). However, a very interesting result concerns the comparison of online and face-to-face groups, since in the latter, students showed a significant increase in the ability to mentalize the other ($t=2.62, p<.01$) while in online groups, this change is not observed ($t=.56, p=n.s.$). Further results will be presented and discussed. **Conclusions:** The findings from this study highlight challenges of participation to growth groups online and the main differences between the outcomes achieved online and in face-to-face settings. The implications for training practice are discussed.

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ABSTRACT 3 "PHOTOLANGAGE®" PSYCHOTHERAPY GROUP HELD IN PERSON DURING PANDEMIC IN A PSYCHIATRIC DAY-CARE CENTRE

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Introduction: The Sars-Covid-19 pandemic situation has placed services dedicated to the care and rehabilitation of patients with psychotic disorders in the face of the choice of which therapeutic resources should be provided "in-person" and which "remotely". The choice of the two authors was to maintain most of the group activities "in-person", binding the participants to all the restrictions set by the norms, and to translate "remotely" mainly the individual activities. This choice was the result of a reflection of the working group, stemming from concern that a practice carried out "remotely" and "in group" in an already extremely compromised group of patients might further impair the transformative effect of the treatment itself. The underlying hypothesis was that the lack of a real physical presence and the loss of sensory input that allow one to "listen to the patient with all the senses" (Bastianini, 2019) might affect the possibility to access pre-symbolic experiences, experiences that cannot be evoked and expressed in words and that usually emerge not through verbal and symbolic communication but through nonverbal one. **Methods:** In particular, this consideration has been applied from the beginning to the Photolangage® group, in which participants are already stimulated by a verbal content and asked to find answers without the use of words, through the physical choice of some photos after a "silent observation" of a selection of images taken by the conductors from some dossier; just at a subsequent, participants are encouraged to translate their choice into word, and then to share all their reflections and feelings with the rest of the group. All these steps – seen as key elements of this kind of group setting – were considered "untranslatable" as a step of a "remote" setting for this kind of group-

users, while in other contexts (e.g., didactic field) they were adopted effectively by the two authors. Thus, the hypothesis is that it was the pathology and level of functioning of the targeted treatment subjects that was mandatory for the choice rather than administration procedure of the treatment itself. **Results:** Finally, despite the limitations given by the pandemic (e.g., use of devices before and during the group session, distancing, reduction of the number of participants), group members have expressed their gratitude for the guarantee of effective treatment, experiencing a continuity in the sense of being "taken care of" and "thought about" by services. "In-person" treatment also provided the fostering and maintaining moments of "good sociability" (Corbella, 2021) among group members, who often lack it due to the consequences of their pathology and at a time when the pandemic situation affected actually that dimension.

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ABSTRACT 4 THE SCREEN-MEDIATED CLINICAL RELATIONSHIP IN ONLINE GROUP PSYCHOTHERAPY: GROUP DYNAMICS, SETTING MANAGEMENT AND STYLE OF CONDUCT IN ONLINE GROUP PSYCHOTHERAPY

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Introduction: Online group psychotherapy has only recently been developed in Italy due to the health emergency. Due to the restrictions, group therapists have dealt the transition from face-to-face to online setting, learning from experience how to manage the clinical relationship mediated by the screen. In particular, the management of the setting, group interactions and the therapeutic style. **Methods:** The present study is based on a survey that involved 26 group therapists who agreed to participate and answered the survey during the first three months after the shifting to online practice. The sample was mainly composed of women (67%), with an average age of 55 years and professional experience between 20 and 40 years; the work area was equally distributed between north, central and southern Italy; the participants' career orientation was almost exclusively psychodynamic / psychoanalytic (86%) and the groups were analytic in the private setting, with two exceptions in a public service. The survey was structured in two sections: the first relating to individual online therapy was organized through 4 main areas: (i) the changes in the use of online intervention due to Covid-19; (ii) the virtual set (tting); (iii) the perception of the therapeutic relationship mediated by the screen; (iv) corporeality in the online therapeutic relationship. The second section dealt specifically with online group psychotherapy and explored questions such as the comparison between face-to-face and online groups in terms of efficacy, therapeutic factors, interplay and interactions among group participants and challenges in leading online group. Responses were provided on a likert scale, but in many questions the therapist were required to motivate and argue their thought. Data were analyzed through mixed method, occurrence and percentage of the responses were counted and calcu-

SYMPOSIUM 12

TOWARD THE PDM-3: EMPIRICAL INVESTIGATIONS AND CLINICAL IMPLICATION SACROSS DIFFERENT POPULATIONS AND LIFE STAGES

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lated, while through a qualitative analysis the contents were extrapolated from the answers provided by the therapists. *Results:* Results show that the therapists have experienced with difficulty the management of the online setting and finding their most challenging task in three areas: interpersonal relationship, the loss of feelings, and the therapeutic presence. More in general, results gave us an overall picture of how therapists perceived and represent themselves the online group psychotherapy. In their view group online are characterized by the absence of the body (or rather of the body communication), the modification of the perception of emotions, the loss of directionality and reciprocity of the gaze, the alteration of temporality in the online and the changes with respect to the therapeutic presence of the clinician during the session. Moreover, therapists reported the necessity to spend greater resources in online setting, resource in terms of attention, concentration, fatigue, and also to deal with one's own and others' sources of environmental distraction. In line with these perceptions, the majority of therapists reported the need to be more active and more directive in leading the group, as well as the need to maintain control and manage silence, the latter was in effect considered more difficult to manage in the online mode. *Conclusions:* Overall, the results of our survey suggest that there has been a good ability to adapt to the online setting. At the same time, the prevailing representation is that online therapy has quite different characteristics. It also seems that forcing the use of the online setting has diminished the distrust towards this type of therapy. Of course, the small number of therapists involved in the survey does not allow the responses to be considered as representative and limits the possibility of generalizing the *Results:* It is also important to consider the results in light of the particular situation caused by the pandemic, this leads to the recognition that many issues relating to online therapy are still "open questions" and must therefore be the subject of new research and reflections. Further research, already undertaken in recent months, will also have to deepen the patients' experience, with respect to their experiences, the differences they found between the two settings, the functioning of the online group, their perception of the main processes and therapeutic factors.

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Asking "what we diagnose," Karl Jaspers stated that every mental disorder "corresponds to the psychic level of the individual who showed it", and that every diagnosis should be typological and multidimensional, and include an in-depth knowledge of the patient's both idiographic and nomothetic characteristics. However, the neo-Kraepelinian descriptive and atheoretical diagnostic approaches of the DSM-5-TR (APA, 2022) and ICD-11 (WHO, 2022), which are intended to be symptom-oriented and non-inferential, removing any potential "bias" from the psychodynamic tradition and clinicians' subjective interpretations of patients' symptoms, has likely hindered the clinical utility of the diagnostic process. The Psychodynamic Diagnostic Manual (PDM-2; Lingiardi & McWilliams, 2017) aimed at addressing these limitations and offered a complementary perspective that promoted a diagnostic approach that is also devoted to individuals' subjective characteristics, such as personality and psychological functioning, in different life stages. Of note, the PDM-2 also was based on empirical evidence and intended to be empirically tested in its fundamental assumptions and principles, promoting a dialogue between the diagnostic process, clinical practice, empirical research, and treatment process. Thus, the main aim of the present panel is to highlight the potential relevance of the psychodynamic-grounded and empirically sound approach of the PDM-2 through its applications in different populations and clinical settings, with a specific focus on their implications in the ongoing revision process for the third edition: the PDM-3. The first contribution used the PDM-2 approach to explore emerging personality patterns, defenses, and therapists' emotional responses in a clinical sample of adolescents with depressive disorders in psychotherapy, highlighting the importance of the PDM's nuanced and clinically meaningful assessment of these domains of patients' functioning and subjective experience. The second contribution applied the PDM-2 framework in a sample of patients with eating disorders treated in residential settings, exploring how personality functioning/pathology and mental functioning capacities impact on eating symptoms, bodily experiences, and overall psychopathology and suggesting some implications for the PDM-3's portrait of eating pathologies. The third contribution represents a novel application of the PDM-2 diagnostic approach that aims at promoting a comprehensive and empirically-supported profile of parenting skills, parent-child relationship, and parents' individual characteristics (such as personality functioning) in the clinical context of child custody disputes, suggesting the need of explore all these dimensions in infancy and early childhood. The fourth contribution illustrated the results of a current narrative review of literature on theoretically informed, prototypical diagnostic models of psychosis, not based on a number of specific psychotic symptoms, but rather relied on the identification of characteristic traits or gestalt. All these contributions share the view that the clinically meaningful diagnosis of the future PDM-3 should further take into account both the depth and surface of individuals' emotional, cognitive, interpersonal, and social patterns, as well as an empirically-grounded and

developmental perspective, in order to plan and implement patient-tailored therapeutic interventions.

ABSTRACT 1
PATIENT EMERGING PERSONALITY PATTERNS AND DEFENSE MECHANISMS IN THE TREATMENT OF ADOLESCENTS WITH DEPRESSIVE DISORDERS: A PSYCHODYNAMIC DIAGNOSTIC MANUAL-ORIENTED EMPIRICAL INVESTIGATION

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Introduction: In recent years, the incidence of depressive disorders is significantly increased in the adolescent population. Alarmingly, their spread appears to be even underestimated given that several cases of adolescent depression are not identified, accurately assessed, or dealt with in a timely and effectively manner. Thus, international health institutes and systems have recognized the urgent need to pay particular attention to early detection and prevention policies, as well as to the promotion of the best practices for the treatment of these disorders in adolescents. Moreover, research has shown that depressive pathologies in adolescence represent a broad and more heterogeneous diagnostic grouping, and they co-occur with personality disorders. Moreover, this comorbidity seems to be associated with poorer therapeutic outcomes. This evidence highlights the need to pay particular attention to personality characteristics of this clinical population. Moreover, the assessment of the adolescents' defensive style is also thought to contribute to an accurate psychodynamic-oriented diagnosis, considering its strong association with both personality pathology and depressive symptomatology. Lastly, specific therapists' emotional responses (or countertransference) towards the patients is deemed to strongly inform about the adolescents' intrapersonal and interpersonal functioning. Starting from these premises, the current study aimed at exploring the relationship between patients' emerging personality patterns, defenses mechanism, and the therapists' emotional responses in the treatment of adolescents with depressive disorders according to the Psychodynamic Diagnostic Manual-2 (PDM-2) framework. *Methods:* One hundred clinicians completed the Psychodiagnostic Chart-Adolescent of the PDM-2 to provide a comprehensive assessment of psychological functioning of a depressed adolescent patient in their care. They also filled in the Therapist Response Questionnaire for Adolescents to investigate their countertransference responses towards patients. Moreover, adolescent patients completed the Defense Mechanism Rating Scales Self-Report-30 to evaluate their defensive functioning. *Results:* Four emerging personality profiles related to depressive pathology in adolescence were identified: depressive/introjective, anxious-avoidant, emotionally dysregulated, and narcissistic. These emerging personality patterns were characterized by distinct intrapsychic and interpersonal dynamics which were able to better differentiate this broad and more heterogeneous diagnostic grouping. For instance, depressive symptoms in the context of depressive/introjective emerging personality pattern were usually associated with feelings of guilt and perfectionism, whereas those "embedded" in the narcissistic emerging personality pattern were mostly related to severe self-esteem problems. The results also showed that the emotionally dysregulated and narcissistic emerging personality patterns were significantly related to the borderline personality organization, whereas the depressive/introjective and anxious-avoidant emerging personality patterns were associated with the neurotic level of personality organization. Regarding to defensive functioning, adolescents presenting with the emotionally dysregulated and narcissistic per-

sonality patterns tended to use more immature defense mechanisms, especially major and minor image-distorting defense levels respectively. Conversely, patients with depressive/introjective emerging personality pattern tended to use neurotic and minor image-distorting defenses, whereas those presenting with anxious-avoidant emerging pattern mainly used neurotic defense mechanisms. Finally, countertransference patterns were significantly related to patients' emerging personality patterns in a clinically meaningful and systematically predictable manner. Adolescent patients showing the emotionally dysregulated and narcissistic personality patterns tended to elicit in their clinicians more negative emotional reactions characterized by anger, irritation, worry, and sense of inadequacy. On the contrary, the depressive-introjective and anxious-avoidant emerging personality patterns were associated with less intense and difficult-to-manage countertransference reactions. In particular, anxious-avoidant patients evoked protective reactions in therapists. *Conclusions:* The present study sought to extend the current knowledge on the emerging personality patterns in the context of depressive disorders in adolescent patients, providing meaningful information to their psychological functioning. According to a psychodynamically-oriented assessment, the evaluation of defensive functioning also helps to deepen the understanding of self-regulation strategies in dealing with emotional conflicts and to internal or external stressors. Lastly, the nuanced view of countertransference reactions evoked by these patients in psychotherapy offers the opportunity to improve diagnostic accuracy and guide clinicians in planning effective therapeutic interventions. Overall, all the clinicians of different therapeutic orientations should use the information derived from an accurate psychodynamic assessment to generate clinically meaningful diagnoses and promote treatments tailored on adolescents' psychological functioning other than on their manifest symptomatology. The new PDM-3 will include the findings of this research project in order to provide a more complex and articulated perspective of depressive disorders in adolescence.

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ABSTRACT 2
TOWARD A MULTIDIMENSIONAL, PSYCHODYNAMIC AND EMPIRICALLY-SUPPORTED DIAGNOSIS OF EATING DISORDERS: IMPLICATIONS FOR THE PDM-3

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Introduction: To date, the tendency to adopt a primarily rigid, categorical, and symptom-oriented diagnostic model of eating disorders (ED) has likely hindered the progression of both clinical and scientific knowledge about their etiology, onset, course, maintenance, clinical presentation, and recovery rates. Moreover, most practice guidelines on ED treatment agreed that there should be a continuum of care, in which interventions should be chosen according to a comprehensive understanding of the ED patients' individual and trans-diagnostic characteristics, such as personality functioning. The second edition of the Psychodynamic Diagnostic Manual (PDM-2; Lingiardi & McWilliams, 2017) offers a complementary perspective to the descriptive systems of the DSM and ICD, promoting a diagnostic approach to ED that is not only symptom-oriented but also devoted to individuals' idiographic, subjective characteristics and psychological functioning. The main aim of this study was to explore whether ED-specific symptomatology, body uneasiness and dissatisfaction, and global psychopathological impairment at treatment intake could be predicted by the assessed dimensions of the PDM-2, with a specific focus on personality organizations, severity of personality pathology, and mental functioning dimensions. **Methods:** A national sample of cisgender women with an eating disorder (ED) (N=97) was evaluated using both the Structured Clinical Interview for DSM-5 (SCID-5-CV) and the Psychodiagnostic Chart-2 (PDC-2)—a PDM-2 derived clinician-rated tool. Participants were also asked to complete self-report questionnaires on ED symptomatic impairment (Eating Disorder Inventory-3, EDI-3), body uneasiness (Body Uneasiness Test, BUT) and overall psychopathological symptoms (Outcome Questionnaire 45.2, OQ-45.2) at treatment intake. The inclusion criteria were: (a) aged at least 18 years; (b) a pre-treatment diagnoses of DSM-5 anorexia nervosa (AN) or bulimia nervosa (BN) posed by a licensed staff psychologist or psychiatrist and based on the SCID-5; (c) presenting no organic syndromes, psychotic disorder, or syndrome with psychotic symptoms that could complicate the assessment of any variable in the study. In the present sample, N=54 patients were diagnosed with AN, and N=43 received a BN diagnosis. No limits were applied to the body mass index (BMI) at the admission. Treatment was provided in a multidisciplinary, psychodynamic-oriented residential setting and consisted in individual weekly psychotherapy sessions, encounters with specialized social workers, and sessions with a nutritional physician. **Results:** Findings showed that patients with AN and BN, as diagnosed by the SCID-5, did not significantly differ either in overall personality organization and personality organization's dimensions (P Axis) except for the maturity of defenses, with lower levels of defensive functioning in BN patients. Similarly, patients with AN and BN did not show differences in mental functioning capacities (M Axis) or symptomatic impairment (S Axis), whereas BN patients showed lower levels in the M Axis capacity for impulse control and regulation. With respect to ED-related symptoms and P Axis dimensions, the quality of object relations, reality testing, and overall personality organization showed negative associations with overall ED symptomatology, whereas severity of personality pathology showed positive associations. However, only overall personality organization and severity of personality pathology emerged as significant predictors. Further on, among those M Axis dimensions which showed negative associations with ED symptoms, reflective functioning, differentiation and integration (identity), impulse control and regulation, and overall mental functioning predicted EDI-3 overall score, along with S Axis severity of symptomatic impairment. With respect to body uneasiness, our results showed that P Axis reality testing and overall personality organization predicted BUT Global Symptomatic Index (GSI), along with the M Axis reflective functioning, differentiation and inte-

gration, psychological mindedness, and overall mental functioning. Interestingly, both P Axis reality testing and M Axis reflective functioning also showed negative associations with all BUT subscales (*i.e.*, Weight Phobia, Body Image Concerns, Avoidance Compulsive Self-Monitoring, and Depersonalization). Lastly, P Axis object relations and overall personality organization, M Axis affective functioning, impulse control and regulation, and overall mental functioning, and S Axis symptomatic impairment have been found to predict OQ-45.2 overall score at treatment intake. **Conclusions:** These findings may have several implications in the future ED conceptualization in the PDM-3. First, they suggest that, over and above the DSM-based categories, the S Axis works jointly with the P and M Axes to create a comprehensive representation of the psychological and/or psycho-pathological functioning of ED patients. Thus, the S Axis provides only one of three crucial perspectives on the person and assists clinicians in creating a multifaceted diagnostic profile of ED to develop a case formulation that allows an effective and patient-tailored treatment planning (Muzi *et al.*, 2021; Mundo *et al.*, 2018). Further on, our results suggest that body uneasiness and dissatisfaction are key features in eating pathologies as a potential trans-diagnostic target for treatment (Moccia *et al.*, 2022). Then, bodily experiences could be further described in the future ED description in the S Axis, along with a potential inclusion of this dimension within the M Axis capacities. Accordingly to previous studies (*e.g.*, Westen & Harnden-Fischer, 2001), these findings also suggest the need to take into account the high heterogeneity of ED clinical presentations and to consider personality organization and mental functioning as potentially stable variables that should be routinely assessed at treatment intake and included in case conceptualizations. In sum, the PDM-3, as its predecessor, should further enhance a person-centered ED diagnosis, including specific transdiagnostic characteristics (*e.g.*, personality features; body dimensions) of individual patients in order to better meet their needs and enhance their therapeutic outcomes.

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ABSTRACT 3 PDM-2 ASSESSMENT OF PARENTING SKILLS AND PARENT-CHILD RELATIONSHIP AMONG PARENTS INVOLVED IN CHILD CUSTODY DISPUTES: LOOKING FORWARD TO THE PDM-3

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Introduction: There is a lack of standardized assessment procedures in child custody context. Parenting skills, parent-child relationship, and personality functioning evaluations among parents involved in

child custody disputes widely rely on self-report measures, which may be affected by social-desirability bias, shared-method variance, and not-controlled, individual differences related to parents' personality features (Westen & Shedler, 1999a; Westen & Shedler, 1999b). Although the clinician-rated approach of the Psychodynamic Diagnostic Manual (PDM-2; Lingardi & McWilliams, 2017) was not primarily developed for forensic settings, its multidimensional perspective may effectively complement self-report data and provide a comprehensive and empirically-supported profile of parenting skills within the context of parents' personality, mental functioning, and interpersonal capacities. In this vein, parenting and parent-child relationship quality from the perspective of PDM-2 are mainly evaluated through the section IV of the Psychodiagnostic Chart-Infancy and Early Childhood (Speranza & Mayes, 2017). Finally, it is also relevant to note that parenting research findings indicate that the constructs of fathering and mothering are not unique for a number of reasons, including that fathers' parenting behaviors affect children's outcomes in ways that are similar to the effects of mothers' parenting behaviors, and that fathers and mothers are becoming more similar in terms of their roles, the types of behaviors with which they engage children, and the amount of time they spend with children (Fagan *et al.*, 2014). Yet, researchers tend to operationalize mothering and fathering behaviors differently, also supported by findings indicating different magnitude effects of such behaviors on children's outcomes. Whether these differences likely depend on parents' personality, mental functioning, and interpersonal capacities has received scarce attention. The present study applied for the first time the PDM-2 approach to assess parenting skills and parent-child relationship in the context of parents' personality in child custody disputes. *Methods:* Participants were 60 cisgender, heterosexual, biological parents (30 mothers and 30 fathers nested within 30 couples) involved in child custody disputes, all with a child aged 1-3. All couples showed medium-to-high levels of conflict, but none was involved in parental alienation or was reported for intimate partner violence. Clinician reports (Psychodiagnostic Chart-2, Shedler-Westen Assessment Procedure-200, Psychodiagnostic Chart-Infancy and Early Childhood, section IV), semi-structured interviews (Adult Attachment Interview, Parent Development Interview), and observational measures (Emotional Availability Scales, Lausanne Triologue Play) were used to evaluate parenting skills, parents' personality, and parent-child relationship quality over five time points, every 2 weeks. *Results:* Preliminary results suggested that, across mothers and fathers, low levels of personality organization and overall mental functioning (assessed by the PDC-2) had a significant negative influence on parent-child relationship quality (assessed by the PDC-IEC and the EAS), while better personality functioning (assessed by the SWAP-200) showed significant positive associations. *Conclusions:* The results support the adoption of the PDM-2 as a reliable and clinically meaningful empirical approach for the assessment of parenting skills and parent-child relationship in the context of parents' personality among those who are involved in child custody disputes. They also provide novel insights for such assessment among mothers and fathers with children in different developmental stages to be considered in the development of the PDM-3.

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ABSTRACT 4 THEORETICALLY INFORMED, PROTOTYPICAL DIAGNOSTIC MODELS OF PSYCHOSIS: A NARRATIVE REVIEW

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Introduction: Although psychotic disorders have been intensively studied for more than a century, with a bewildering accumulation of empirical data, we still have only a very partial understanding of their diagnostic boundaries and etiopathogenesis. The relative lack of etiological and therapeutic progress has been partly attributed to the DSM's rigid "neo-Kraepelinian" descriptive, symptom-focused classification relying on present-versus-absent diagnostic criteria, mostly delusions, hallucinations, and Schneiderian first-rank symptoms. This approach, which overly on criteria potentially sacrifices validity for reliability, has at least three main limitations: 1) it affects differential diagnosis and improves comorbidity as an artifact of the excessive splitting of closely related clinical conditions; 2) milder forms of schizophrenia that would have previously been considered latent, borderline, or pseudoneurotic have struggled to claim a proper diagnostic location (Lingardi & Boldrini, 2018), and, more importantly; 3) it fail to grasp clinical manifestations that may be detectable at premorbid phases of the illness and that may reflect or constitute generative disorders at the core of the illness. These limitations underscore the need to consider what Kendler (1990) has called "non-empirical aspects of validity"—namely, the way in which a disease entity is conceptualized in the first place (Nordgaard *et al.*, 2013). In the current narrative review, we aimed at reviewing the available literature on theoretically informed, prototypical diagnostic models of psychosis, not based on a number of specific psychotic symptoms, but rather relied on the identification of characteristic traits or gestalt. *Methods:* We searched PubMed, Web of Science, and PEPweb for papers published until June 2022. Additional publications were identified in the references cited in the initial papers. We selected only studies on definitions of psychosis from any theoretical background, which have been operationalized through psychometric measures later used for generating empirical evidence on external and prognostic validity. We used theoretical considerations to characterize approaches and noted empirical findings. *Results:* In the psychodynamic literature, the terms psychosis and psychotic functioning primarily refer to the behavioral manifestations of patients who have lost the capacity for "reality testing" (Kernberg, 2019). The term reality testing was originally introduced by Freud (1911) as a kind of trial-and-error approach to mapping the contours of reality. Later, it has been redefined within psychoanalytic object relations theory as the ability to differentiate self from non-self, intrapsychic from external origin of stimuli, and the capacity to maintain empathy with ordinary social criteria for reality (Kernberg, 1984; Oyeboode, 2018). In Kernberg's model of structural diagnosis, the loss of reality testing is the unique criteria for differentiating psychotic personality organizations from borderline personality organizations, giving even more importance to this clinical

concept. A standardized measure for psychotic personality organization has been validated, namely the Structured Interview of Personality Organization (STIPO), developed by Kernberg's group (Clarkin *et al.*, 2004). However, not any empirical study has been conducted on its external and prognostic validity. The diagnostic insight of a "psychotic level of organization" has also been included in the Psychodynamic Diagnostic Manual (PDM-2; Lingiardi & McWilliams, 2017), due to its clinical utility of conceptualizing a psychotic range of functioning. A psychotic level of personality organization implies identity diffusion, poor differentiation between representations of self and others, poor discrimination between fantasy and external reality, reliance on primitive defenses, and deficits in reality testing. The Psychodiagnostic Chart-2 (PDC-2) is a PDM-2 derived validated clinician-rated measure allowing for psychometrically assessing the psychotic level of organization. Even in this case, no empirical studies have been conducted applying this measure to assess the external and prognostic validity of the psychotic level of organization, probably since the instrument has been proposed relatively recently. Regarding the academic phenomenology tradition, the "ipseity-self model" has been developed, accounting for the so-called self-disorders that are considered as the pathogenic core of psychotic disorders. Self-disorders (also termed anomalous self-experiences or basic self-disturbances) can be depicted as long-lasting non-psychotic experiences and distortions in subjectivity. They include changes in self-experience such as a failing sense of self-presence and feelings of not being truly present in the world, bodily self-alienation and the permeability of ego-boundaries, "hyper-reflexivity" (*i.e.*, an exaggerated self-consciousness), and "disturbed grip or hold" to the world. A semi-structured psychometric instrument for a systematic, qualitative, and quantitative assessment of self-disorders was published—namely, the Examination of Anomalous Self-Experience (EASE; Parnas *et al.*, 2005) scale. Empirical studies using the EASE scale have been conducted worldwide, exploring non-psychotic self-disorders and their association with other clinical variables, such as diagnostic outcomes and major symptom clusters (*e.g.*, positive, negative, and

disorganized). The results consistently show that self-disorders hyper-aggregate in schizophrenia spectrum disorders but not in other mental disorders; that self-disorders are found in individuals at a clinical risk of developing psychosis; that self-disorders predict the later development of schizophrenia spectrum disorders; and that self-disorders correlate with the canonical dimensions of the psychopathology of schizophrenia, impaired social functioning, and suicidality (Henriksen *et al.*, 2021). *Conclusions:* We found two major theoretically informed, prototypical diagnostic models for psychosis, the "psychotic level of organization" and the "ipseity-self model", from the psychodynamic and phenomenological traditions, respectively. Both of them agree on the loss of capacity to distinguish self from the non-self as a prototypical feature of psychotic disorders – defined as "loss of reality testing" in psychodynamic diagnosis, and as "transitivistic phenomena" in the "ipseity-self model". More research in the psychodynamic field is needed. Epistemological and clinical insights, also for a potential integration between the two models, will also be discussed with reference to the updates planned for the third edition of the PDM.

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ORAL COMMUNICATIONS

OC1

LANGUAGE STYLE MATCHING AS A PREDICTOR OF TREATMENT PROCESS OVER THE COURSE OF AN ONLINE GUIDED SELF-HELP INTERVENTION FOR ANOREXIA NERVOSA

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The aim of this study is to examine the process involved in a guided self-help (GSH) intervention (RecoveryMANTRA) used to augment the initial phase of treatment for adult patients with anorexia nervosa (AN), by measuring the levels of patient/mentor Language Style Matching (LSM). Recovery MANTRA was delivered by student mentors (psychology graduates) or peer mentors (recovered individuals or carers) over six weekly synchronous chat-based sessions. We examined whether LSM during the intervention predicted patients' engagement (working alliance with the clinic therapist delivering TAU), motivation for treatment, eating disorder and general psychopathology. A further aim was to examine differences in LSM between mentors with or without lived experience of an eating disorder. Method: Eighty-seven adults with AN received RecoveryMANTRA in addition to TAU. The LSM algorithm was used to calculate verbal attunement between patient and mentor during the online sessions. Participants were assessed for eating disorder symptomatology, depression and anxiety at baseline and at the end of the online intervention. Working alliance with the clinic therapist delivering TAU and motivation for treatment were measured only at the end of the online intervention. Results: Both early (1st session) and late (6th session) LSM predicted higher working alliance with the clinic therapist. Moreover, late LSM predicted lower eating disorders symptoms at the end of the intervention. Significant differences in late LSM scores were found in attunement levels for patient/peer mentor dyads than patient/student mentor dyads. Conclusions: Verbal attunement measured using LSM from an online interventions for AN is associated with patient engagement with treatment and clinical outcomes which suggests that relational aspects of the process of guided self-help has an impact on outcome.

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OC2

AGEISM IN AN ITALIAN SAMPLE: HOW NEGATIVE AND POSITIVE AGEIST BELIEFS RELATE TO EPISTEMIC TRUST, PSYCHOLOGICAL DISTRESS, AND WELL-BEING

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Introduction: Ageism is a social issue of growing concern: ageist beliefs can shape the individual and the collective experience of aging; people utilize age in different ways to better understand themselves, others, and the social world in which they live in. These practices can lead to a prejudiced and stereotypical way of thinking and of behaving. Investigating how these assumptions, specifically about older people, develop and interact with other dimensions could be an addition of great value to the existing literature. The present study aimed to explore positive and negative ageism in young adults (YA) and adults (AD), and the relationship with psychological variables such as: epistemic trust, mistrust and credulity, psychological distress, and psychological wellbeing. *Methods:* The sample consisted of 301 Italian adults. Participants completed an online survey which included the following self-report questionnaires: "Attitudes towards older people" Scale, the "Epistemic Trust, Mistrust and Credulity Questionnaire", the "Depression Anxiety Stress Scales-21" and the "Warwick-Edinburgh Mental Wellbeing Scale". To evaluate differences in ageism between two age groups, both parametric (*i.e.*, two-sample t-test) and non-parametric (two-sample Mann-Whitney's U) statistical tests were performed. In order to first test for group differences in demographics and psychological characteristics, two sample t-tests and two-sample Mann-Whitney's U tests were computed. In order to test for group differences in ageism, two-sample t-tests and two-sample Mann-Whitney's U tests were conducted on positive and negative ageism. Cohen's d was calculated for all comparisons to quantify the effect size. To evaluate the relationship between ageism and psychological characteristics, partial correlations (controlling for age) were conducted on the entire sample on both positive and negative ageism and the other variables of interest. *Results:* Negative ageism resulted as significantly higher in YA compared to AD; on the contrary, AD presented more positive ageism than YA. Positive correlations were found between negative ageism and epistemic mistrust and credulity. Negative ageism also positively correlated with psychological distress, and negatively with psychological well-being. *Conclusions:* The results suggest that one's ageist beliefs may change in time. Age-group differences in negative and positive ageism are discussed considering the social identity theory. The relationship between ageism and the individuals' epistemic stance suggests that mistrust addressed to experts and authority, who are often viewed as pertaining to an older age group, could represent an ageist dimension. Lastly, our findings on ageism and psychological distress and well-being indicate that it is vital for future research to concentrate on the link between ageist beliefs and mental health.

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OC3**A RESEARCH ON THE PROCESS OF A SUPERVISION INTERVENTION**

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Clinical supervision represents a shared reflection activity that allows clinicians to gain increased cognitive and emotional awareness of their own work. Supervision is a domain of professional practice conducted by many psychologists, but for which formal training and standards have been largely neglected. Clinical supervision offers a sort of “safe environment” where each professional may freely express their deepest thoughts, feelings, doubts, and emotions, and receive support and suggestions for taking a new direction of the treatment. Clinical supervision can be conducted in different ways, but in this research we specifically refer to group supervision, which involves a team of professionals and aims at facilitating disclosure of emotional difficulties and concerns, developing new meanings and sharing treatment responsibilities. However, there is poor research on this topic, with a lack of training models for supervisors. The aim of the current pilot study was to describe a group supervision process to better understand group structure and dynamics, which may help identify clinical concepts and actions that can be addressed in future research to develop a supervision model. *Methods:* Four two-hour supervision sessions that included a supervisor, an observer, and seven clinicians working in a private service located in Northern Italy were videotaped and transcribed verbatim. All the supervisees had experience in conducting groups with parents and children of all ages, and group supervision was focused on this form of clinical practice. Textual analysis was conducted using the software T-Lab to examine supervisor competence, acceptance of different methodologies, relationships, professionalism, evaluation/feedback, problems of professional competence, and ethical, legal, and regulatory aspects. Moreover, the analyses conducted aimed at describing the supervision process (its phases and specificities, either in each session and over time). *Results:* Our findings revealed that the main goal of supervision was to improve professionals' awareness by using a recursive approach to clarify useful elements in clinical practice with groups (e.g., the criteria used to create the groups, current procedures and their congruence with the aims of the interventions). The analysis of group dynamics showed that the supervisor acted as a facilitator of group exchanges and meaning-making, keeping the point on the goals of supervision

and helping the group focus on essential issues. The supervisor's position was far from that of the “expert”, which meant being closer to the participants and raising issues (rather than providing answers) to promote meaning-making processes. The analyses also showed the sense of unity of the group: although the operators reported different clinical experiences with different types of groups, we detected a sense of “we-ness” and cohesion in sharing and discussing these experiences. *Conclusions:* The supervision is proposed as a core competency area in psychology, for which a variety of elements reflecting specific knowledge, skills, and values must be addressed to ensure adequate training and professional development of the supervisees. Our results suggest the importance of a preliminary/primary assessment phase the possibility of knowing the group of supervisees (e.g., different skills, approaches and training). Moreover, a key element of supervision is the relationship between the supervisor and the supervisees: a rich developmental relationship characterized by increasing relational reciprocity and a strong sense of collegiality. The supervisor offers increasing levels of support, empowerment, authenticity, and reciprocity; over time, the relationship has a more interdependent, egalitarian, and communitarian character. Suggestions for future work in this area were addressed, including the need to refine further and operationalize competences, develop clear expectations regarding supervision competencies, and expand the description of developmental levels of supervisors from minimal to optimal competence. The supervisor's ethical responsibilities include competence, informed consent, boundaries, confidentiality and documentation. The supervisee's responsibilities were also addressed when discussing our findings.

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OC4**A NEW MEASURE FOR TRACKING CHANGE IN GROUPS: THE INNOVATIVE MOMENTS CODING SYSTEM FOR GROUPS**

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Introduction: In psychotherapy research, assessing process change is a challenging act of balance between the necessity for methodological rigor, which can lead to oversimplification, and the need to comprehend the complexity of clinical exchanges. In the field of group process research, due to the inherent complexity of the therapeutic group, researchers have inevitably confronted numerous methodological challenges in designing research methods capable of accounting for all the variables under consideration and their operationalization. Indeed, group process research poses several

problems about the interdependence of data obtained in groups (Gullo *et al.*, 2010): on the one hand, this relates to the group's transformative potential; on the other hand, it creates many difficulties from both a methodological and data analysis level (Burlingame, Whitcomb & Woodland, 2014). In group psychotherapy research, there are few reliable measures for tracking members' change. The Innovative Moment Coding System for Groups (IMCS-G; Esposito *et al.*, accepted) is a reliable method previously developed in one format of group intervention for detecting innovative moments (IMs; Gonçalves *et al.*, 2011). IMs are exceptions to the clients' problematic narratives, organized in different levels of complexity in terms of meaning elaboration (Level 1, 2, and 3). The IMCS-G originates from previous coding schemes (Esposito *et al.*, 2017; Garcia-Martínez *et al.*, 2020) and consists of 7 categories (Self-Directed, Other-Directed, Explicit Mirroring, Interaction 1, Interaction 2, Collective, Voice of Group) organized in two macro-categories: Individual (e.g., change was narrated by a single participant) and Group IMs (e.g., change was co-constructed by more than one participant). This study aimed at further adapting and testing reliability of the IMCS-G in two different group interventions. Specifically, we intend to verify if the IMCS-G's reliability may be confirmed in another NMP group and proven for the first time in a new group format of intervention, *i.e.*, a group psychotherapy for young substance abusers. **Methods:** Two reliable coders applied the IMCS-G to analyze the transcripts of nine sessions of a counseling group addressed to underachieving university students (N=10) and eight sessions of a brief group psychotherapy targeted to substance abusers (N=8). Agreement and reliability for IMCS-G categories and their Levels were calculated. **Results:** Consistently with previous studies, a strong agreement and reliability for IMCS-G categories and Levels were found in both group interventions. Furthermore, despite some differences in the frequency of IMCS-G categories and Levels, in both interventions, there was a higher frequency of Self-Directed IMs, a lower frequency of the Explicit Mirroring IMs, and a higher frequency of Level 3 Group IMs. **Conclusions:** This study confirmed the reliability of IMCS-G in different group formats, but it also suggested rooms of improvement for some IMCS-G categories, as Explicit Mirroring, which appeared with very low frequency and only at a less complex Level in terms of meaning elaboration. Moreover, findings suggested that IMCS-G categories could be organized in a hierarchy in which Self-Directed IMs represent the basis, and Voice of Group IMs represent the most complex markers of change in terms of meaning elaboration within groups.

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OC5

THE RELATIONSHIP BETWEEN GROUP TREATMENT INTEGRITY AND OUTCOME: A SYSTEMATIC REVIEW

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Introduction: Treatment integrity, also defined as treatment fidelity, is described as the extent to which treatment was implemented according to a specific theoretical model (Perepletchikova, 2011). Several theoretical approaches have provided a definition of treatment integrity as a multidimensional concept. According to Waltz *et al.* (1993), treatment integrity is composed of two different dimensions: adherence, which represents the extent to which therapist uses specified procedures (namely performing all prescribed tasks and activities), and competence, the skill of the therapist in delivering the treatment (namely proper therapeutic strategies delivered with appropriate timing). Perepletchikova & Kazdin (2005) proposed the addition of a third dimension, the differentiation, which refers to whether the treatments under investigation differ from each other along critical dimensions (namely implementing procedures prescribed by the manual of the treatment under examination and avoiding procedures prescribed for other manualized treatments). Adherence and treatment differentiation are closely related; thus, a measure of adherence can be sufficient to also determine treatment differentiation (Waltz *et al.*, 1993). Treatment integrity ought to relate to therapeutic change, but research on the topic yielded mixed results in individual setting: some studies found a positive relationship between treatment integrity and positive outcome, while other studies did not find any relationship or found a negative relationship. In group psychotherapy research, studies on this topic are also quite scarce (Esposito *et al.*, 2020). This systematic literature review aimed at studying whether adherence and/or competence is associated to group treatment outcome. **Methods:** We followed PRISMA 2020 (Page *et al.*, 2021) indications for systematic reviews and conducted electronic and full-text searches on three different databases: PsycInfo, PsycArticles and Scopus. Studies research was based on the following keywords: ("integrity" OR "fidelity") AND ("group psychotherapy" OR "group therapy" OR "group counseling" OR "group intervention" OR "group treatment") AND ("outcome" OR "effect" OR "impact" OR "effectiveness" OR "efficacy") AND ("therapist" OR "counselor" OR "psychotherapist" OR "psychologist" OR clinician") AND ("adherence" OR "adherent" OR "adhering" OR "adhere") AND ("competence" OR "competency" OR "competencies" OR "competent"). Inclusion criteria for the selection of studies were the following: 1) group treatment outcome assessment; 2) treatment delivered by clinical psychologists and/or psychotherapists; 3) treatment integrity assessment; 4) exploration of the relationship between group treatment integrity and outcome. Research yielded 2949 studies. Thirty-nine studies were removed as duplicates and 2168 were excluded based on title and/or abstract. Thus, 704 were identified as eligible and 656 of these were excluded as they did not meet inclusion criteria, namely did not assess treatment integrity, or did not refer to a group treatment outcome evaluation, or the treatments were not delivered by clinical psychologists/psychotherapists. Moreover, 31 studies which analysed both integrity and group treatment effectiveness were excluded as they did not study the specific relationship between group outcome and treatment integrity. At the end of the screening phase, 17 studies fulfilled the inclusion criteria, and they were analysed for the following steps. **Results:** All the group treatments evaluated in the 17 studies were manualized and based on cognitive-behavioural, mentalization-based or systemic theoretical models. Most of the studies assessed both adherence and competence, while one study focused only on competence and five only on adherence. Regarding integrity assessment, seven studies relied on observer-

raters measures, two relied on clinician-report evaluation tools, and eight studies relied on multiple sources. Regarding the relationship between treatment integrity and treatment outcome, nine studies found that at least one of the integrity dimensions was related to treatment outcome, while one found that competence was related to outcome when delivery of treatment was also adherent; one study found that integrity was effective in influencing positive outcome with clients with severe symptoms, another study found that adherence was associated to positive outcome only when evaluated by therapists, and one study found that there was a relationship only when integrity was assessed by therapists. Only two studies found no relationship between treatment integrity and outcome. **Conclusions:** Overall, treatment integrity seems to be more clearly associated with positive outcomes in group interventions than in individual setting, although the number of studies included in this review is quite small and only some treatment integrity dimensions showed a positive relationship with outcome. Moreover, findings showed that the relationship between treatment integrity and outcome is investigated in treatments oriented by specific theoretical models (e.g., cognitive-behavioral) and not in other (e.g. psychodynamic models), and that many methods of assessment (e.g. clinician-report, patient self-report) are frequently used to assess treatment integrity, sometimes showing mixed **Results:** Furthermore, findings showed that treatment dimensions have a different impact on outcome. Finally, it is worth noting that a number of studies were excluded as they did not analyse the relationship between integrity and group outcome, but they evaluated or guaranteed treatment integrity as a prerequisite for the research. In this perspective, and from a clinical and methodological point of view, the assessment of treatment integrity remains a relevant topic for the research in group psychotherapy and the evaluation of its relationship with treatment outcome should become an essential part of research protocols in order to provide useful indications for the clinical practice and therapists' training.

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OC6

ONLINE GROUP THERAPEUTIC RELATIONSHIPS DURING THE COVID-19 PANDEMIC: AN INTERNATIONAL SURVEY

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Background: In 2020, due to the COVID-19 pandemic, most group therapists moved their practice to online platforms. Surveys of psychotherapists indicate that many intend to maintain at least part of their practices online after the pandemic. This survey-based study aimed to identify therapist experiences with doing group therapy online, and to examine factors that are associated with therapist-rated outcomes. **Methods:** 307 group therapists were surveyed about their ratings of the ease or difficulty in conducting group therapy online versus in-person, and indicators of patient outcomes in online groups. A confirmatory factor analysis resulted in a good fitting three latent factor solution: group therapeutic process factor (therapist ratings of ease to foster therapeutic alliance, group cohesion, and patient self-disclosure), group therapist factor (therapist presence, empathy, and focus in online therapy), and group therapeutic challenges factors in online work (related to the difficulty of working through conflict, managing avoidance, observing nonverbal communication, and discomfort during the online session). An online group therapy outcome factor was the dependent variable modeled as a latent factor of therapists' perception of patient outcomes and their own satisfaction with online groups. Results showed that higher levels of the group therapeutic processes and group therapist factors, and lower group challenges were associated with higher online group therapy outcomes. **Conclusions:** The present study suggests that online groups operate based on many of the same factors that have been supported in in-person group treatment. These factors were associated with the therapist's perceptions of online group effectiveness. However, difficulties in managing relationships in the online session may represent a barrier to enacting group therapeutic factors.

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OC7

JUNEX, A DIGITAL THERAPY TO SUPPORT PREGNANT WOMEN – STUDY PROTOCOL FOR A TWO-ARM FEASIBILITY RANDOMIZED CONTROLLED TRIAL

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Introduction: Pregnancy implies many complex bio-psycho-social changes; the way women adapt to these impacts on their well-being and on the chances of developing mental health problems. Accordingly, prevention and intervention programs supporting the psychosocial adjustment of pregnant women might be particularly valuable, supporting the well-being of mothers, children, and the whole family. Perinatal women have expressed a preference for online support, suggesting that digital interventions might allow overcoming these barriers. Digital solutions, and particularly smartphone applications, allow for increasing scalability as reducing help-seeking barriers. In this regard, brief and structured evidence-based interventions, like Behavioral Activation (BA), might be particularly valuable to be implemented digitally. BA is a behavioral intervention developed to reduce depression symptom. It promotes behavioral change through self-monitoring, activity scheduling, values and goals assessment, and skills training, fostering women's sense of agency through the reconstruction of a rewarding routine. Existing digital BA interventions, which are all deployed during the postpartum, are mostly guided. The guides - usually mental health specialists or trained professionals - provide additional support to women throughout the intervention, by addressing concerns or supporting them on intervention-related tasks. Accordingly, a step further in this direction might be the design and inclusion of a Virtual Coach (VC), working as guidance within new digital interventions; this would greatly favor the personalization of the user-system interactions. Existing literature has highlighted the benefits of integrating VCs within existing psychosocial intervention. Specifically, it emerged that VCs might be valuable tools to foster intervention adherence by favoring engagement and involvement thereby supporting the overall user experience, allowing a more immersive experience. Compared to human guides, VCs are expected to further reduce time-constraints for both women and clinical professionals while also reducing healthcare costs in the long-run. Mindful of the above, this study protocol sets the bases for the first study needed to develop an app-based Chatbot-Guided BA intervention targeting sub-clinical depression symptoms among pregnant women. To reach this goal two initial sub-goals will need to be fulfilled: 1) to test the feasibility and acceptability of the intervention in digital setting among pregnant women, while collecting feedbacks for its refinement; 2) to create a corpus of human-human dialogues useful to create and train the future Chatbot. The present study protocol thus illustrates the structure of a the two-arm Feasibility Randomized Controlled Trial (RCT) with active groups that will be conducted to reach the first goal. *Methods:* The study will compare a Guided vs. Unguided Internet-Based Self-help Behavioral Activation (BA) intervention targeting sub-clinical depression symptoms among pregnant women. The Guided group will allow the collection of human-human dialogues useful to train the future VC. Participants will be pregnant women between the twelfth and thirtieth week of gestation, showing mild and moderate symptoms of depression based on the Patient Health Questionnaire-9 (PHQ-9) cut-offs. Eligible women will comply with the following inclusion criteria: (a) physiological pregnancy; (b) aged ≥ 18 years; (c) mild and moderate depression symptoms; (d) having passed the third trimester of gestation. Randomization will be single-blind, only for the participants. The two self-help interventions ("JuNEX") will be internet-based, as using the Moodle platform available both on the Web and on the Smartphone. They will be structured in 6 weakly core sessions followed by 3 optional ones. The self-help interventions' content will be deployed through videos, images and text in an e-learning modality; in the Guided group one weekly chat interaction with the guides will occur to motivate participants, supporting them in intervention-related tasks and in addressing barriers. The guides of the Guided group will be clinicians of different psychotherapeutic orientations (e.g., cognitive-behavioral, psychodynamic), thereby collecting more variable and nuanced dialogues. To

this end, specific clinician-woman dyads are created, rendering all collected dialogues "unique". No dialogue will be equal across dyads since, on one side, each woman will provide different answers to questions and, on the other, the clinician/guide will be only informed of the aim of the interactions, allowing them to phrase sentences freely. All clinicians will be specifically trained on the intervention content and structuring. The specific study phases will be the following: Time 1 (baseline): 1) recruitment through snow-ball sampling and enrollment (inclusion and exclusion criteria). 2) Collection of anamnestic information; 3) Administration of questionnaires to assess: depression symptoms, anxiety symptoms, perceived stress, current activity level, perceived environmental reward, and perceived impact of stressful events. Time 2 (Week 6; end of the core intervention sessions) and Time 3 (Week 9; end of the optional intervention's sessions): the questionnaires presented at baseline plus one questionnaire assessing User Engagement (UE) and one assessing User Experience (UX) will be administered. UX will also be administered during Week 2 and 4. Time 4 (one week from Time 3): ad hoc created semi-structured interview for the qualitative evaluation of the intervention experience and user experience. The collected information will also be useful in refining the intervention content and structuring. *Results:* At this stage no results are available. Nonetheless, it is expected that the Guided intervention will be better accepted and that it will lead to a significantly reduced level of depression symptoms compared to the Unguided intervention. Results will also set the bases for: (i) the overall refinement of the intervention program; (ii) the development of an ad hoc smartphone App; (iii) the creation and integration of the VC within the app's chat. *Conclusions:* Digital solutions can allow pregnant women to save time and costs as they are much more easily accessible, thereby favoring scalability while reducing help-seeking barriers. This indeed resonates with the stepped-care model, which aims at fostering the spreading of mental health programs by supporting the coordination between primary (i.e. prevention) and secondary (i.e. treatment) mental health services, which strongly favors the decreasing of health care-related costs. As such, taken together, the development of JuNEX would ultimately benefit perinatal women's well-being on the one hand and the whole healthcare system on the other hand, since by fostering scalability reduced barriers and healthcare costs and reduced burden on the clinician side are to be expected.

OC8 USING THE THURSTON CRADOCK TEST OF SHAME (TCTS) TO UNDERSTAND AND ADDRESS SHAME DYNAMICS IN PSYCHOTHERAPY

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Shame is often a barrier experience in the interpersonal relationships and in psychotherapy. Many people avoid treatment because of shame and clients often feel shame about their problems and symptoms. In the psychopathological dynamics shame foster the dissociative and inhibition processes. Moreover the "interpersonally distant" approaches to psychotherapy could generate and reinforce shame in many clients. For these reasons is very important that psychotherapists were sensitive to shame and able to detect it to understand the underlying core conflicts and use them in the therapeutic work. Despite the crucial role that the emotion of shame plays in the therapeutic process, few theoretical and technical tools have been developed to recognize and address it. In part, this is because shame

is difficult to measure. In fact, its manifestations are often unconscious, and traditional assessment tools, especially self-report tools, provide only partial information about the dynamics of shame, not specifically related to psychopathologies and clinical settings. *Methods:* The Thurston-Cradock Test of Shame (TCTS) is a performance-based personality test of shame recently developed to elicit narratives on topics frequently associated with shame. The TCTS consists of 10 illustrated story cards, it is suitable for a wide range of ages and can be used for both clinical and research purposes. The authors provided and validated a standardized scoring system for TCTS administered in English. In our study we sought to validate the TCTS administration and scoring system for the Italian population. We administered the TCTS to 100 nonclinical individuals and to 40 patients with eating disorders. *Results:* The administration of the Italian version of TCTS did not show any difficulties for patients and assessors. The cards elicited narratives related to shame similarly in the American sample. The coding system showed good reliability and validity. Average agreement among judges in the three main categories of the coding system (shame content, shame defenses and story resolution) was good ($\alpha=.78$). Eating disorder patients' narratives had more shame contents ($F=12.59, p=.004$), expressed more directly ($F=8.18, p=.009$), with less aggressive defenses ($F=5.54, p=.027$) and more maladaptive story resolutions ($F=4.72, p=.046$). *Conclusions:* The study represents the first Italian validation of TCTS. The potential of the test both for empirical research and for use at the beginning of therapy or consultation will be highlighted for all types of patients, and especially those prone to shame. The use of TCTS can be a valuable tool in breaking the cycle of shame, inhibition, and dissociation of many difficult starts in the therapeutic process. Eliciting narratives with shame-related stimuli is one way to develop metacognitive skills about this highly disabling emotion in interpersonal relationships and build an effective working alliance at the beginning of treatment.

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OC9

KEEPING THE PACE BETWEEN RESEARCH AND CLINICAL IN COVID-19 PANDEMIC: A PSYCHOLOGICAL EXPERIENCE IN A HIGH-RISK PREGNANCY WARD

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Background: From the literature emerges that having a pregnancy and especially a high-risk pregnancy in time of pandemic can lead to an increase of the levels of anxiety, which are usually already higher

in relation to maternal-fetal disease. Furthermore, the literature shows that significant organizational and methodological changes have been introduced in the detection of psychological conditions, such as the introduction of telehealth intervention. Particularly in our experience about psychological health screenings there was a period of care interruption (between 11.03.2020 and 04.05.2020) and a clinical activity restructuring on the ward according to the new needs that have accrued. The aim of this experience is to analyze the progress of psychological health perinatal screening in women during the Covid-19. Specifically, we aimed to understand the percentage of positive screening and management compared to the pre-pandemic period. *Methods:* Perinatal psychological screening was administered to women with high-risk pregnancy hospitalized in a Obstetric ward in a period between May 2020 to December 2021. The data were then compared with those recorded from September 2019 to February 2020 (pre-Covid-19). Screening consists in the description of the Obstetrical Psychology Service, the case history, the self-administration questionnaire GHQ-12 (General Health Questionnaire-12) and the assessment interview if necessary. *Results:* A total of 469 screenings were administered during the pandemic, about 30% of which were found to be positive in the screenings (2020-21). Specifically in 2020, the positivity amounted to 28.69%. Of these 64 women, 56 performed the assessment, and in particular 22 were taken to the Psychology Service, 6 were referred to the territorial counseling centers, and 28 didn't receive further treatment indication. In 2021, the positivity was 32.93%. Especially of these 81 women, 32 were taken to the Psychology Service, 10 were sent to the territorial counseling centers and, 16 refused the assessment interview, 6 were already in treatment, 11 didn't receive further treatment indications and 6 cases dropped out. In the pre-pandemic phase the rate of positivity was 27%. Of the 30 women who tested positive at the screening, 5 were taken to the Psychology Service, 9 were referred to family counseling centers in the area, 11 refused the assessment interview, and 5 didn't receive further therapeutic indication. *Conclusions:* The importance of psychological care continuity and the feasibility of administering psychological health screenings clearly emerges in the ward despite the changed health situation due to Covid-19. The results show how the positivity rate for psychological health screening increases over the years (27% from September 2019 to February 2020/pre-Covid-19, 28,69% from May to December 2020 and 32,93% in 2021).

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OC10 MANAGING RHYTHM AND TRAJECTORIES OF CHANGE: THE ROLE OF CLINICAL QUESTION AND MACHINE LEARNING IN CLINICAL CONTEXT

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Introduction: In the field of intervention in clinical psychology and psychotherapy, the dimension of rhythm plays a relevant role in its most varied facets: the rhythm of the interview, the rhythm between the context of counseling and the outside, the rhythm of imagining future scenarios, and the rhythm of the reference to the intervention objective of change. Rhythm thus emerges not only as a defining aspect of the broader interactive process involving intervention, but mostly as a process that continuously generates the interactive space within which to intervene to promote biographical change. Despite the relevant specificity of each theoretical model, psychological practices are united by a goal of change or promotion of health. Furthermore, they are practices which involve discursive and interactive processes between interlocutors and consultants. Although the judged positive effects of clinical psychology and psychotherapy are consistently documented, it is possible to mention some critical aspects that may reduce their effectiveness. Among these, literature mentioned the difficulty of monitoring the progress of change considering the professional's interventions (Aafjes-van Doorn *et al.*, 2021). Thus, the capacity of rhythm to generate the interactive space requires to be anticipated, observed, and managed for health promotion (Turchi *et al.*, 2022). An intrinsic aspect of the interactive process that characterizes the clinical context and its rhythm facets, is uncertainty. Managing uncertainty inherent in the rhythm of change becomes a central issue as well as a requirement for the practitioner. The propulsive element that can serve to activate and sustain the rhythm of change, *i.e.*, to increase the available interactive space and its trajectories from a health perspective, is the question. In recent years, Artificial Neural Networks (NNs), such as Machine Learning, have been applied to many different domains, often improving the state-of-the-art in terms of predictive performance. Part of the success of the application of neural networks to complex data, such as text, is their ability to learn meaningful embeddings. In clinical psychology, prior work using Natural Language Processing and Machine Learning is aimed, for example, at identifying behavioral descriptors for predicting or monitoring specific clinical situations (*e.g.*, Singla *et al.*, 2018). Of such research, it is possible to point out that it is based on thematic content analysis and syntactic-grammatical aspects of texts, rather than process analysis regarding interaction in the clinical context. How then to increase the level of accuracy and rigor of psychological models of intervention to favor the management of uncertainty and the rhythm of change? An attempt has therefore been made to answer this question by moving from the analysis of the content of the text to the analysis of the question that generates it. The question can be configured as the elective strategy for clinical intervention and for the management of any critical situation, for which a counseling process is initiated. **Methods:** The theoretical and methodological reference of this contribution places itself within the interactionist paradigms, and the Narrativistic Paradigm (Turchi *et al.*, 2022). The resulting MADIT methodology (methodology of textual computerized data analysis) is declined in the analysis of the text, that is, the analysis of discursive processes that in their interaction construct configurations of reality of sense. Through the study of ordinary language, specific rules of language use have been isolated and thus formalized, which, combining into infinite possibilities, give rise to the reality of sense that is the working ob-

ject of the change intervention. These rules are formalized in 24 Discursive Repertoires (R.D. - Turchi *et al.*, 2021) and their interactions are organized within the Semiradial Periodic Table of Discursive Repertoires, according to their reality of sense generating properties. Thus, the question becomes a fundamental strategy, as it enables the continuous generation of further modalities of language use, depending on the reality of sense they generate. Questions have been distinguished into 4 types, by virtue of the goal they tend toward, and thus the use value they make most generable: questions aimed at description, which collect and expand the user's text, allowing different possibilities to be generated; aimed at evaluation, which go into the merits of the offered text and specify it, expanding the panorama of possibilities; aimed at change, which promote change by moving the configuration in other directions; and aimed at maintaining what has been generated during the intervention, stabilizing it. The aim of this contribution is to describe a portion of a larger research, conducted at the University of Padua, pursued at investigating the learning and recognition of natural language usage rules by Machine Learning, applied through the MADIT text analysis methodology. In this work, the impact of the type of question on the generation of the discursive configuration was studied. The dataset used is made by 14,567 answer excerpts to open questions collected during past social work research, totaling about 303,316 graphic forms (14,507 DRs). Two experimental situations have been developed: 1) offering the text of the model response, without the question information; 2) offering the question information and the text of the responses. The question information to the model was passed in two steps: - by passing the entire question string, and then - by passing the information of the existence of two different question types based on the objective. **Results:** The output data of the analysis made through ML (BERT model), allow to isolate, and analyze different discursive configurations, through a predictive model that denominates them against the question. Among the actual results, the degree of naming accuracy by the machine increases; question but because of its aims. Furthermore, the initial experiments confirm the impact of questions in changing and generating discursive configurations, suggested by the different probability observed to find some specific DRs. **Conclusions:** The results allow to develop considerations about the aims of questions and their implications, thus, to contribute to the increase of precision and effectiveness in defining the question for biographical change. This can allow to rise the "predictivity" degree of change in the clinical field, developing a precise and rigorous analysis supported by ML techniques.

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OC11

THERAPEUTIC FACTORS IN THERAPEUTIC COMMUNITIES: A CO-DESIGNED RESEARCH TO INVESTIGATE THE PATIENT PERSPECTIVE, WITH THE PATIENTS' AID

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Introduction: To date, the empirical literature on residential treatments still has several limitations. First of all, the available studies mostly focus on investigating the treatment outcome, neglecting the investigation of therapeutic factors (TF). In fact, while there is a very large literature on TF in individual and group treatments, to our knowledge the number of studies addressing residential treatment is small, as are the instruments specifically dedicated to this investigation. Thus, hindering the evaluation of existing research is the fact that the tools used are often only validated for the study of psychotherapeutic groups and not residential treatments. (Flora 2022; Harris *et al.* 2012; Whitley & Collins, 1987). Secondly, there is a need to adopt a more appropriate methodological framework in line with the most recent developments in research such as the mixed-method approaches capable of integrating qualitative and quantitative methods, co-design research and Patient Reported Outcomes. It is therefore our intention to present a research protocol focused on investigating the specific TFs involved in residential treatment in therapeutic communities, adopting a quanti-qualitative methodology and emphasising the involvement of patients, both in terms of the design of the protocol and in terms of the choice of instruments that can most faithfully return the patients' direct perception. The aim is to be able to capture the patients' point of view while making sure to do research that is meaningful and relevant first and foremost for them, the final recipients. *Methods:* A non-systematic review of the literature was conducted regarding TF and residential treatment, focusing on the tools and research methodology adopted. Based on this review, a proposal for a patient-focused research protocol was designed. *Results:* The research protocol draft that will be submitted to the patients consists of 2 sections: a first qualitative part that employs the critical incident methodology and whose results will be analysed using the atlas.ti software; a second quantitative part that includes two questionnaires specifically prepared on therapeutic factors based on the literature on the subject (Ferruta, Foresti & Vigorelli, 2012), one focusing on more aspecific/transversal therapeutic factors (with constructs such as: transitionality, multiplicity of relationships, individual and group emotional activation, integration, belonging, etc.) and one focused on the treatment devices that are typical of the therapeutic communities (e.g. psychotherapy, group educational activities, therapeutic project, structuring of daily life, etc.). The co-design research framework then involves proposing this protocol to two groups of residents undergoing treatment in two therapeutic communities (equally divided into minors and adults) who will then be involved in workshop and focus groups dedicated to the discussion and review of the protocol itself. *Conclusions:* According to results, the assessment protocol on therapeutic factors for residential treatment will be subject to changes, in order to match patients' perceptions and suggestions, in the following domains: a) the constructs examined, with the aim to include the most important therapeutic tools and factors in residents' opinion (*i.e.* adding new elements to the investigation and/or removing unnecessary aspects);

b) the structure of the assessment instruments in terms of length, items construction and clarity, feasibility; c) degree of involvement elicited in participants, whose point of view represents the main focus of the present research.

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OC12

GIFTEDNESS AND PERSONALITY IN CHILDHOOD: AN EXPLORATORY STUDY

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Introduction: The research about cognitive giftedness is still at an early stage and, nowadays, there are no exhaustive studies about personality functioning, and other behavioral or emotional characteristics in children with giftedness. It is important to underline that giftedness is a potentiality, more than an effective outcome: its development and its influence on the individual's abilities to adjust to the social environment and to use it as a resource is not taken for granted. Studies about gifted children have shown that they are anything but invulnerable because they are often at risk to develop problems in adjustment, behavioral or emotional difficulties. Moreover, it is not clear if the giftedness is a risk or a protective factor, or it may be considered only a condition that can be influenced by other child's characteristics and interact with them in the process of child adjustment to his or her environment. In view of this, deepening the investigation about these children personality can be useful. The international research about childhood personality has confirmed its influence on development trajectories. When studied in children, identifying personality patterns is not aimed to catch specific psychopathological condition, but it is anyway considered necessary for a complete evaluation of children's mental functioning. *Methods:* This study aims to explore personality functioning, internalizing and externalizing characteristics in gifted children (QI>130). We recruited a group of 40 children, aged between 6 and 11 years old, who resulted 'gifted' in the cognitive evaluation with the use of WAIS-IV. Most of them are males (80.5%). As the research has already pointed out, male children are more likely to express their cognitive potentiality than females who do not express their potentiality to better adapt to the social context and whose giftedness often remains underestimated. The same clinician who had assessed the cognitive functioning of the child, also observed the child in one or two free play sessions. Their parents were also involved into the study procedure, by filling in a parent-report instrument about their perception of child's characteristics (CBCL) and a self-report measure of parenting stress (PSI-SF). At the end of the procedure, that lasted 2 or 3 sessions, the same clinician filled in the CPAP-Q, a clinician report measure of children's personality patterns. All the clinicians

involved into the study were previously trained in the use of CPAP-Q. *Results:* Preliminary correlation analyses were performed to explore the association between the variables measured. Regarding the association between the indices of cognitive functioning (ICV, IRP, IML, IVE and total QI) and the personality dimensions measured by the CPAP-Q, we found moderate association between 'psychological health' dimension of personality and verbal comprehension index ($p < .05$); a moderate correlation between 'schizoid' dimension of CPAP-Q and perceptual reasoning index ($p < .05$); and a moderate correlation between 'obsessive' dimension of personality and working memory index ($p < .05$). Regarding the association between the cognitive functioning and the behavioral and emotional characteristics measured by the CBCL, we found that the global QI was negatively but strongly correlated to the total score of CBCL ($p < .05$), as like as the perceptual reasoning index ($p < .05$). Noteworthy, no significant associations have been found between parenting stress and children's cognitive abilities. Several correlations have also been found between emotional and behavioral characteristics measured by CBCL and cognitive index measured by the WAIS-IV. We highlight, in particular, the negative but strong correlation between IRP and internalizing and externalizing problems ($p < .05$). Finally, we also found some specific correlations between CBCL scales and CPAP-Q dimensions, as like as for example a positive correlation between 'withdrawal/depression' scale of CBCL and 'inhibited/self-critical' dimension of CPAP-Q ($p < .05$) and positive correlations between 'aggressive behavior' of CBCL and 'borderline/impulsivity' and 'borderline/dysregulated' of CPAP-Q ($p < .05$). *Conclusions:* Summarizing, we have found a specific association between personality functioning aspects and cognitive functioning indices in gifted children; moreover, some specific behavioral and emotional characteristics are found associated with cognitive functioning, as like as with personality functioning; finally, no association between cognitive functioning and parenting stress are found in this group of participants. This study can be a first step toward the exploration of metacognitive and social emotional variables involved into the definition of giftedness during childhood, with the aim to extend the process of evaluation of this condition, considering not only the cognitive abilities, but also some other important functioning characteristics, such as, in particular, personality.

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OC13 CLINICIANS' REFLECTIONS OF THE THERAPEUTIC RELATIONSHIP IN VIDEOCONFERENCING: A QUALITATIVE STUDY

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Introduction: In recent years the use of distance psychotherapy has been gaining in popularity (Hollis *et al.*, 2015), especially due to the Covid-19 pandemic, which has forced many clinicians to use online interventions to comply with social distancing rules, enabling them to experience the resources and the limitations of online tools and consultations (Van Daele *et al.*, 2020). Among the different ways of providing online psychotherapy, videoconferencing psychotherapy has many advantages (e.g., reaching people who have conditions that hinder the carrying out of a face-to-face treatment, the possibility of improving the integration network between the different territorial services, facilitating access to them) and its effectiveness was demonstrated in the literature (Thomas *et al.*, 2021; Backhaus *et al.*, 2012). Despite these advantages, for clinicians, one of the biggest concerns about videoconferencing psychotherapy is its potential negative influence on the therapeutic relationship with clients in terms of strategies, quality and emotion detection by the online communication modality, especially because of the lack or reduction of conventional, non-verbal signs and clues typical of a traditional clinical setting (Cipolletta & Moccia, 2018). Many clinicians report feeling insecure about their ability to communicate their empathy and build a therapeutic alliance online as well as to feel more tired, less competent and confident, less authentic or genuine, and less connected with clients during online video sessions (Békés & Aafjes-van Doorn, 2020). Moreover, recent studies seem to suggest that different relational aspects may intervene in the video-mediated relationship than in the presence, such as the necessity of an extensive use of ostensive cues (Fisher *et al.*, 2020), a greater disinhibition and openness in videoconferencing or an increased flexibility; these elements could have a different role in online than face-to-face interventions (Simpson *et al.*, 2020; Cipolletta *et al.*, 2017). According to these considerations, the aim of this work is to further explore which are the peculiar aspects involved in the video-mediated clinical relationship and its differences from face-to-face interventions. *Methods:* We involved in the study 32 psychotherapists (85.2% female; $Age = 35.07$) affiliated to an Italian agency that provides online psychotherapy, which were divided into three groups based on their levels of clinical experience. Each group attended an online 2-session focus group conducted by two psychotherapists who administered an ad hoc semi-structured interview to the participants based on the core issues of this study and the evidence presented in the literature about the characteristics of video-mediated relationship. In the focus groups the experiences of the therapists were investigated through 4 areas: (1) therapeutic relationship; (2) personal and professional background; (3) non-verbal communication and (4) management of therapeutic boundaries. All sessions were video-recorded and transcribed. Transcripts were coded using the inductive thematic analysis method (Braun & Clarke, 2012) by three coders supervised at regular intervals by two experts. Each of the coder independently coded the transcripts and each discrepancy was discussed in group until obtaining agreement among coders. *Results:* Preliminary results show that clinicians refer how the relationship in videoconferencing has distinctive characteristics that differed from face-to-face setting. These characteristics are related to four main areas, which emerged from the analysis: (1) emotional and relational aspects of psychotherapy; (2) motivation and beliefs; (3) corporeity and movement and (4) management of therapeutic boundaries. Regarding emotional and relational as-

pects, clinicians reported the presence of some elements that differ from face-to-face therapy, such as the establishing of the therapeutic alliance, the level of intimacy and safety of the therapeutic relationship and the drop-out rates. About the second area, principal themes pointed out by clinicians regarding the presence of differences in levels of motivation and urgency in the request of psychological intervention expressed by patients who choose online psychotherapy; furthermore, both clinicians and patients (as referred by their therapist) initially have some prejudices about the effectiveness of videoconferencing psychotherapy. There is a general agreement among therapists about the lack of non-verbal signals and corporeity in videoconferencing that forced clinicians to focus on facial movements, eye contact and tone of voice; furthermore, also the use of silence is different in online psychotherapy. Lastly, concerning the management of therapeutic boundaries, therapists affirmed that technical problems (internet connection, device use...), the possibility of maintaining privacy, the increased responsibility of the patient in the setting construction and the consequent need to educate the patient on how to be in therapy are the principal characteristics of the videoconferencing therapy. Further and more detailed results will be presented. *Conclusions:* The preliminary results of this study suggest that in the therapist's perception the therapeutic relationship in videoconferencing has peculiar characteristics and is different from the face-to-face context, but there is no agreement on what. Perception is highly variable

from therapist to therapist and the critical aspects identified vary from prejudice to technical problems, from the setting to the quality of the relationship.

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POSTERS

POSTER 1

FIRST EVIDENCE ON POSITIVE BONDING AND NEGATIVE RELATIONSHIP IN THE PROCESS OF GROUP PSYCHOTHERAPY: A QUALITATIVE COMPARISON BETWEEN ONLINE AND VIS-A-VIS SETTING WITH YOUNG ADULTS.

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The 2020-2021 period, characterised by the COVID19 pandemic and consequently by social closures and distancing, had a strong psychological impact on the population and threatened the development of evolutionary processes. One of the most vulnerable age ranges with the greatest intra- and interpersonal implications lies between 18 and 29 years old, the so-called emerging adulthood: during the pandemic, the demand for psychological help from young people was overwhelming. For this phase, group psychotherapy appears to be particularly indicated (Gatto Rotondo *et al.* 2020), and for patients facing evolutionary crossings (Budman and Gurman, 1988; Di Blasi, Di Falco, 2011) such as the transition from adolescence to adulthood, the most suitable device is the fixed term one. Furthermore, although more slowly than in presence groups, the development of cohesion appears to be possible in online groups (Weinberg, 2021), a modality that has supported psychological care work in particular in recent years. The aim of the present study is to qualitatively compare the therapeutic process of two psychoanalytically oriented groups of young adults: one in presence with 6 patients, in a private psychotherapist office, and the other one in online mode, with 8 patients, at the Psychological Assistance for Students-Psychological Consultation (SAP-CP) at the University Center for Psychological Clinical Services of the University of Padova. Both groups are fixed-term, weekly, the first of 41 sessions, the second of 29 sessions, and are co-led (the online one was also attended by an observer). The patients' problems are related to disorders in the affective and relational sphere (e.g. in the family, with the partner, with peers). The comparison starts from the data collected with the Group Questionnaire - GQ (Krogel *et al.*, 2013), an instrument that assesses the therapeutic relationship in the group through a three-factor model: Positive Bonding (sense of belonging or attraction that a member has towards the group, the members, and the leader(s), which creates a positive atmosphere and allows members to feel truly understood and appreciated), Working Relationship (ability of the group to agree and work effectively towards therapy goals) and Negative Relationship (lack of trust, sincerity and understanding, friction and distance that may exist in the group, between members, or with the leader). The instrument was administered at three points: at the start of the group, in the middle and at the end of the process. The reflections on the development of the therapeutic process examined in particular Positive Bonding and Negative Relationship and were enriched by the clinical material consisting of session transcripts. In the in-presence group, the Positive Bonding and Negative Relationship scores are in the normal range and increase in the therapeutic process, suggesting that the sense of belonging or attraction that a member has towards the

group, if it remains within certain limits, can favour the explication and circulation of experiences of friction and distance between members and towards the conductors, maintaining trust towards the device and the group's ability to work on shared therapeutic objectives. In the online group, Positive Bonding scores are higher than the cut-off, Negative Relationship scores are lower, suggesting a greater sense of belonging and bonding, and a lower sense of distrust and distance between members and the leader, but at the same time a greater difficulty in circulating experiences of friction and distance. The results show that both group therapies with young adults, in-presence and online, can be effective, and the analysis of Positive Bonding and Negative Relationship suggests that the two devices have certain characteristics that differentiate them and that should be kept in mind when conducting group psychotherapy and interpreting the therapeutic process. However, analysis of the therapeutic process of other groups, both in-presence and online, is suggested for stronger evidence.

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POSTER 2

EFFECTS OF COVID-19 PANDEMIC ON DYSFUNCTIONAL EATING BEHAVIORS AND SYMPTOMS AMONG THE GENERAL POPULATION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: The coronavirus outbreak has been publicly and formally defined a global pandemic by the World Health Organization on March 11th 2020. Some extreme but effective safety measures have been applied in order to limit the spread of the infection among the population. The price of COVID-19 restrictive measures and lockdowns has been especially heavy for individual's mental health. There is previous evidence that the COVID-19-related lockdown has impacted on mental health worsening among individuals with Feeding and Eating Disorders (EDs) and clinical obesity. Potential affecting aspects might have been restriction to daily activities and movements, excessive exposure to harmful eating patterns on social media, emotional distress, fear of contagion, and low access to treatment and care. Nevertheless, especially on the basis of the proven-detrimental impact of the COVID-19 lockdown on in-

dividuals with clinical eating disorders, home confinement might analogously have had a negative impact also on the eating behaviours of individuals from the general population. The aim of this systematic review and meta-analysis is to investigate the impact of the COVID-19 pandemic on the prevalence of EDs symptoms and dysfunctional eating behaviours (*i.e.* emotional overeating, night eating, snacking, binge eating, undereating, food avoidance) among the general population. **Methods:** We searched eligible articles in Medline, Embase, PsycInfo, Scopus, and Web of Science. Prevalence rates were pooled with meta-analysis using a random-effects model. Heterogeneity was tested using I-squared (I²) statistics. A total of 221 studies met the inclusion criteria. **Results:** The pooled prevalence of increased body weight was 33% (95% CI 30–35) among individuals in 84 studies. Forty-five percent (95% CI 31–59) of participants in 10 studies experienced body shape concern, body dissatisfaction and body misperception. Other EDs symptoms increased in the general population during the pandemic, such as overeating (41%; 95% CI 33–48), food cravings (36%; 95% CI 12–59), binge eating (35%; 95% CI 20–51), emotional eating (28%; 95% CI 23–33) and snacking (27%; 95% CI 23–32). Food restriction, excessive physical activity, weight loss and night eating were also common. Pooled data of longitudinal studies showed a significant difference in BMI and dysfunctional eating behaviours before and during the pandemic. **Conclusions:** This meta-analysis evidenced a negative impact of the pandemic on eating behaviors among the general population. Overall, these results highlight the need for further high-quality longitudinal studies that examine which specific populations experienced higher distress than others, and what are the long-term negative consequences of COVID-19.

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POSTER 3 MOTIBOT: PRELIMINARY RESULTS OF A PSYCHOEDUCATIONAL INTERVENTION FOR ADULTS WITH DIABETES MELLITUS

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Introduction: The increasing rates of Diabetes Mellitus (DM) world-

wide is an issue for diabetologists, who already, as things stand, do not have enough time to provide constant support to every patient. In the field of healthcare, digital health solutions have grown exponentially, providing clinical decision support programmes, electronic health records and information technology to aid medical education (Mohr, Burns, Schueller, *et al.*, 2013). For example, Virtual Coaches (VCs)— computer programmes that simulate conversations with users, by mimicking a human being—have been an important resource for improving communication and monitoring of various biometric information relevant to disease management, and for promoting people's involvement towards their self-care (Lee, Tataru, Arsand, *et al.*, 2011). Indeed, they have recently become prevalent in supporting the management of common barriers related to adherence to healthy behaviours among adults with DM, particularly those regarding medical and physical behaviours (Gong, Baptista, Russell, *et al.*, 2020). VC can play a key role in further supporting adults with DM by encouraging and motivating them to better manage their chronic condition also from a psychological perspective. To our knowledge, there are no VCs aimed at supporting the adults with DM from a psychological standpoint. Therefore, the present proof-of-concept study investigated the preliminary efficacy of a VC intervention, called Motibot, which stands for Motivational bot, aimed at providing psychoeducational support to adults with Diabetes Mellitus (DM). This intervention has the purpose of reducing symptoms of anxiety, depression, perceived stress, and diabetes-related emotional distress as well as improving their well-being, by motivating them to acquire and cultivate healthy coping strategies, such as evidence-based mindfulness practices (Segal, Teasdale, & Williams, 2002;). This study also attempted to evaluate the User Experience (UX) and the User Engagement (UE) encounter from both qualitative and quantitative perspectives regarding the interaction between Motibot and the patient. **Methods:** The project was approved by the Interdepartmental Ethical Committee of Psychology of the University of Padova (number 3968, 3rd February 2021). A total of 13 adults (77% females; Mage=30.08, SD=10.61) with DM1 or DM2 were recruited via social networks using the snowball sampling technique. Participants completed at pre-, post-intervention and follow-up a set of questionnaires investigating the levels of anxiety, depression and stress symptoms, diabetes-related emotional distress, well-being, UX and UE. In addition, a month after the end of the study, semi-structured interviews were performed on both UX and how patients felt during the interaction with Motibot. The present study followed the fourth phase (*i.e.*, proof-of-concept) of the Obesity-Related Behavioural Intervention Trials (ORBIT) framework (Czajkowski, Powell, Adler, *et al.*, 2015), which guides the entire process. The analyses were performed, firstly, using the Kruskal-Wallis non-parametric test to assess differences in symptoms of depression, anxiety, and perceived stress. Then, a post-hoc Wilcoxon non-parametric test was applied to compare the differences in the psychological outcomes at pre-, post-intervention, and follow-up, in order to investigate if the psychoeducational intervention was beneficial. Lastly, a text mining approach was used in order to gather data from the semi-structured interviews on UX and on how patients felt during the interaction with Motibot. **Results:** The present proof-of-concept study showed that the use of a VC, such as Motibot, can lead to improvements in symptoms of anxiety and depression—except for perceived stress, which remains moderate for the entire study—as highlighted by the downward trend from pre-intervention to follow-up, although these were not significant. Moreover, patients welcomed the psychoeducational intervention, in particular for the invitation to listen and perform meditation exercises and, thus, for the inclusion of a mindfulness path in the study. To this extent, patients reported having a very good, positive, interesting, and new experience: most patients listened to the audio tracks long after the study ended in order to reclaim a mindful moment for themselves. **Conclusions:** The main outcome of this study was a positive user ex-

perience and involvement with Motibot. Furthermore, although the results on changes in psychological symptoms were not statistically significant, patients reported the usefulness of using a VC aimed at reducing symptoms of anxiety and depression and diabetes-related emotional distress while improving their well-being. In particular, patients perceived Motibot as motivating in supporting the acquisition of healthy coping strategies, such as mindfulness practices. Importantly, Motibot was not developed to replace the help that diabetes professionals can provide. Motibot acts as a support for diabetes professionals, allowing them to reach a wider and more diverse population with DM, thereby enabling the patient more easily access care and psychological support without overburdening clinical staff.

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POSTER 4 SHORT TIME: POSTNATAL HOSPITAL CARE DURING COVID-19 PANDEMIC. THE RESULTS OF A PSYCHOLOGICAL WELLBEING SCREENING IN THE IMMEDIATE POSTPARTUM

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Introduction: During the Covid-19 pandemic, isolation, fear of contagion, changes in care circumstances, and suspended or restricted visitor access impacted the psychological wellbeing of puerperae. As shown in literature [1,2], Covid-19 pandemic increased depressive and post-traumatic stress related symptoms in mothers in the postnatal period. Moreover, it could determine serious psychological challenges for pregnant and postpartum women, with potential "short" and "long" term consequences for the health of mothers and their children [2]. Healthcare providers should guarantee easy access to mental health services, as a primary strategy to support the health of both mothers and children [2]. After the worldwide spread of Covid-19 the organization of every hospital ward changed, including the obstetric and neonatal units. Compared to the pre-pandemic period, a reduction of the average length of stay in hospital for the new mothers was instituted [3]. This was the result of a reduction of the hospital beds, mostly because of the need to allocate mothers tested positive for Covid-19 in a separate area and to lower the risk of Covid-19 transmission in hospitals. The Obstetric Psychological Service of the Spedali Civili hospital in Brescia started a screening program for the wellbeing of the perinatal period

in 2018, with a gradual development and improvement of the organization of this activity [4]. Screening was suspended during the first wave of Covid-19 pandemic from 6th of March to 4th of May 2020. Nevertheless, it was necessary to cope with the Covid-19 pandemic changing demands and methods in order to continue with the screening of women admitted in obstetrics ward. **Methods:** A screening of psychological perinatal wellbeing was performed in puerperae admitted to the Second Department of Obstetrics at Spedali Civili hospital in Brescia. Screening consisted in a psychological consult, during which the psychologist illustrated the Obstetric Psychological Service to the woman and identified her psychological need, without using tests. This was eventually followed by an assessment consultation, specialist care and referral to the out-of-hospital psychological services, if required by the woman or considered necessary by the psychologist. It was made a comparison between data collected from October 2019 to January 2020 and from May 2020 to December 2021. **Results:** Compared to the pre-pandemic period, average length of stay in the Second Division of Obstetrics was reduced. In particular, starting from March 2020, the expected discharge of the puerpera was about 24 hours after vaginal birth and 48 hours after cesarean delivery, if no complications occurred for both mother and newborn. Previously, discharge was expected after about 48 hours and 72 hours, respectively. Discharge that occurs 24 hours after vaginal birth is named "Early discharge" and requires the activation of the out-of-hospital services, with home visits by an obstetrician. From October 2019 to January 2020, 470 admitted women were screened, of which 23 (4.9%) demanded a further psychological consultation[4]. Between May 2020 and December 2021, 5145 screening were performed. Among them 550 (10.7%) demanded a further psychological consultation. From those data we can affirm that there was an increase in psychological consultations (from 4.9% to 10.7%), after exhibiting a psychological need during the postnatal screening. **Conclusions:** Covid-19 pandemic changed the care conditions of the woman during the pregnancy and the immediate post-partum. The reduction of the average length of hospital stay of the women in the postpartum did not stop the Psychological Service prevention program. The Obstetric Psychological Service of the Spedali Civili hospital in Brescia implemented his activity increasing the pace of work, to be able to screen as many admitted women as possible. It was noticed that, after the Covid-19 first outbreak, the demand for psychological consultation after the screening consult was more than doubled in comparison to the pre-pandemic period. This emphasized the benefit of an early interception of the psychological need of the women in the immediate post-partum period, especially during the Covid-19 pandemic.

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POSTER 5

"UNCERTAINTY, I DON'T FEAR YOU!": PRELIMINARY EVALUATION OF THE EFFECTIVENESS OF A TRANSDIAGNOSTIC GROUP INTERVENTION TARGETING INTOLERANCE OF UNCERTAINTY IN UNIVERSITY STUDENTS

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Uncertainty is unpleasant in most circumstances, with many people likely to feel uncomfortable with this state. However, individuals with difficulties tolerating uncertainty typically experience negative emotions, negatively interpret uncertain situations, and enact dysfunctional behaviors in the attempt to control or avoid uncertainty. Intolerance of Uncertainty (IU) is the stable disposition not to tolerate the aversive reactions elicited by uncertainty, maintained by the perception of uncertainty itself. People high in IU usually rely on a variety of uncertainty-reducing behaviors, such as: (1) under-engagement behaviors, aiming to avoid future uncertain situations by means of distraction or procrastination; (2) over-engagement behaviors, whose goal is to increase certainty about future uncertain outcomes through, for example, overpreparation and excessive information seeking; (3) impulsive behaviors, aiming to reduce or remove uncertainty distress. These behaviors are not dysfunctional per se, but they may negatively reinforce IU if they are performed in an inflexible manner. Literature largely demonstrates that IU is a vulnerability factor for several psychopathologies, anxiety disorders in particular, and it may constitute an important target of transdiagnostic interventions. The present study aimed to preliminarily evaluate the effectiveness of a transdiagnostic cognitive-behavioral group intervention delivered to 7 university students who accessed the Psychological Assistance for University Students-Psychological Consultation (SAP-CP) at the University Center for Psychological University Clinical Services of the University of Padova. Participants were individuals reporting difficulties tolerating uncertainty who did not fulfill criteria for the diagnosis of psychological disorders. The intervention was a manualized protocol including psycho-education on IU, notions of cognitive-restructuring focused on dysfunctional IU beliefs, and behavioral experiments targeting uncertainty-reducing behaviors. We used a single-case experimental design over 3 phases: baseline, intervention (8 weeks) and follow-up (8 weeks). The primary outcome measures (*i.e.*, levels of perceived uncertainty, uncertainty distress, and confidence in the ability to manage uncertainty) were assessed via daily self-monitoring from baseline until the end of follow-up. Secondary outcome measures were scores on the Intolerance of Uncertainty Scale-Revised and the Depression Anxiety Stress Scales-21, which were administered at baseline, post-intervention, and follow up. Overall, participants showed reductions in self-monitored levels of perceived uncertainty and uncertainty distress, especially from intervention to follow-up. On the opposite, they reported increasing levels of confidence in their ability to manage uncertainty over the 3 phases. Scores on self-report measures further supported decreasing levels of IU and general distress across time. Despite preliminary, current findings support the effectiveness of a transdiagnostic group intervention targeting IU in university students. However, the conduction of randomized control trials is highly encouraged to provide stronger and more generalizable evidence.

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POSTER 6

WHEN THE PANDEMIC CHANGED THE RHYTHM OF SEXUAL LIFE: THE ROLE OF FEAR, DEFENSE MECHANISMS, AND PERCEIVED STRESS IN SEXUAL ACTIVITY AFTER THE LOCKDOWN

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Introduction: The pandemic has significantly altered people's life rhythms, affecting both their mental framework and their relational sphere. The perception of virus-related risks has generated strong feelings of fear and anxiety that have activated defense mechanisms aimed at managing the high levels of perceived stress. This greatly affected people's levels of well-being and life satisfaction. One of the areas involved in relation to well-being was sexuality. Much research has been concerned with monitoring well-being with respect to sexual distress, coping strategies, and mood states; however, little research has been concerned with providing an explanatory model of the psychological and contextual dynamics that influenced both sexual satisfaction and sexual conduct during this period. Our aim is to provide a model that sheds light on the dynamics related to sexual satisfaction and sexual behavior during the pandemic, considering the role of risk perception, fear of covid.19, levels of coping mechanisms, and perceived stress. *Methods:* From the end of May to the end of September 2020, we administered a battery of questionnaires and self-reports (Semantic differential, MAC-RF, DSQ-40, PPS, SSS-W/M, BISF-item7) through various social networks to a sample of 636 subjects (461 F; 171M) with a mean age of 26.7 years (SD 8.1). Data analysis was carried out using the macro Process 3.0 (Mod. 6) of SPSS V.24., It was intended to test a multiple sequential mediation model in which different perceptions of risk influence both people's sexual activity and sexual satisfaction through the mediation of fear, defense mechanisms, and perceived stress. *Results:* The results of sequential multiple mediation show the absence of a direct influence between the different risk perceptions related to covid.19 (exposure, knowledge, and death) on sexual satisfaction, however, this influence is affected by the mediation of fear of covid.19 (M1), defense mechanisms (mature, neurotic, and immature) (M2), and perceived stress (M3). Regarding sexual activity, similar to previous results, only perceptions related to exposure to risk and death have an indirect influence on the frequency of different sexual practices. *Conclusions:* The data show that perceptions related to feeling exposed to risk,

knowledge of risk, and the risk of deadly consequences of Sars-Covid 19 infection fuel various fears interconnected with the virus, such as fear for one's own body and for others; such negative emotion overload activated defense mechanisms that increased perceptions of stress in relation to the current living situation, affecting both the degree of sexual satisfaction and the frequency of sexual activity of cohabiting and noncohabiting couples. The implications of these findings are both clinical and research. First, we know how sexuality is an important dimension of a couple's affective life that, when compromised by excessive stress load, can negatively affect couple homeostasis, generating, where elements of resilience are lacking, the exacerbation of conflict, dissatisfaction, online infidelity, and negative feelings toward self and partner. This situation, embodied in the post-pandemic in couple crises and an increase in requests for couple therapy and relationship separations and breakups, poses the challenge to reflect and concretize interventions aimed at supporting the couple's needs to increase relationship security, to model and test specific helping actions in eventual, hopefully distant, critical events such as the pandemic.

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POSTER 7 MICROAGGRESSIONS AND DROP-OUT WHEN WORKING WITH SEXUAL MINORITY PARENTS IN CLINICAL SETTINGS: THE MEDIATING ROLE OF WORKING ALLIANCE

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Introduction: Clinical settings have become increasingly accepting of sexual minority individuals, with overt forms of discriminatory practices (e.g., conversion or reparative therapies) being declined. Yet, considering the continued biased and unhelpful treatments experienced by sexual minority patients (Shelton & Delgado-Romero, 2013), overt forms of heterosexism could have been replaced with more subtle and covert forms, which could potentially come across in the form of microaggressions. Microaggressions are communications of prejudice and discrimination expressed through seemingly meaningless and

unharmful tactics, that deliver a hidden denigrating, hostile, or negative message about a sexual minority patient, confirming that something is indeed wrong with them (Kelley, 2015; Sue et al., 2007). Microaggressions occurrence in clinical settings supports previous research indicating that clinicians still regularly engage in biased therapeutic practices and make clinical errors with sexual minority patients, including biased clinical ratings of psychological functioning (Biaggio et al., 2000) and increased likelihood of certain stereotypical diagnoses (Eubanks-Carter & Goldfried, 2006). This is particularly concerning given health disparities and barriers in accessing care for sexual minority individuals (Seelman et al., 2017) and, from a more general level, evidence that 20-35% of patients, regardless of their sexual orientation, fail to engage in therapy and discontinue therapy prematurely (Anderson et al., 2018). Because premature termination is associated with negative outcomes for patients, therapists, and community (Anderson et al., 2018), further research on the effects of microaggressions on therapeutic processes and outcomes when working with sexual minority patients is much needed. What we know thus far on the association between microaggressions and weakened working alliance, decreased treatment effectiveness, and damaging psychological impact on patients (Nadal et al., 2011) derives from research with childfree sexual minority patients. However, nowadays an increasing number of sexual minority individuals are becoming parents and may potentially seek clinical consultation for a number of reasons, including to be reassured that their child is developing healthy, to explore what parenthood means to them, and to elaborate upon potential conflicts that this event may re-activate with their families of origins (Lev & Sennott, 2020). Because of the very nature of microaggressions and the fact that clinicians themselves are inherently a product of a heteronormative culture, even those who consciously disagree with heterosexism and are supportive towards sexual minority parenting are not immune to societal or psychological stigmatization of sexual minority parents and may thus unintentionally perpetuate biased views in their work with them (Barrett & McWhirter, 2002; Bowers et al., 2005). The present study examined the potential mediating role of working alliance on the influence of clinicians' microaggressions on drop-out by sexual minority patients with children. **Methods:** A national sample of 58 was recruited by email through the rosters of the largest Italian associations of psychotherapy, several institutions of the National Health System, or by word-of-mouth. To be included, clinicians had to have worked with a lesbian/gay parent in the last year for at least three sessions and the consultation/therapy had to be ended. Participants were 39 cisgender women and 19 cisgender men (most of whom self-identified as heterosexual, n=42), were licensed as psychologists (n=48) or psychiatrists (n=10), had different theoretical orientations (31 psychodynamic/psychoanalytic, 14 cognitive-behavioral, 13 systemic-relational), and reported an average length of clinical practice of 12.45 years (SD 4.56). Questionnaires administration occurred online through Survey Monkey or in person through paper-pencil between May-September 2022. Participants were first asked to read a clinical vignette adapted from the PDM-2 (Lingardi & McWilliams, 2017) describing a consultation with a parental couple who had a child through assisted reproduction and was worried because their 7-years-old child showed symptomatic behavior. To control for the potential influence of parent's sexual orientation (lesbian or gay) and/or child gender (female or male) on participants' responses, the vignette was manipulated for both variables, resulting in 4 vignettes which were randomly assigned to the participants based on their surname initial. Then, participants evaluated the relevance of 20 questions they might have asked the parents to obtain a full clinical assessment, on a scale 1-5. The questions reflected both (10) microaggressive themes (related to the child's family form - e.g., "Did you think that your child is angry with you because he wants a 'normal' family?") and (10) neutral themes (about

clinical symptoms and complaints, clinical history, parents' feelings about symptoms, and other clinically relevant aspects – e.g., “What activities does your child focus on obsessively?”). Participants also rated the working alliance quality with their actual last sexual minority patient with children they had seen in the last year using the 36-item Working Alliance Inventory (Horvath & Greenberg, 1989; $\alpha=.77$), as well as they reported the reasons why the consultation/treatment was no longer ongoing, which was then coded as “the consultation/therapy was concluded” ($n=34$) or “the patient dropped-out the consultation/therapy” ($n=24$). *Results:* After controlling for clinicians' years of experience, $\beta=0.048$, $SE=0.059$, $p=.212$, mediation analysis showed that clinicians' microaggressions had no direct effect on their patient's drop-out, $\beta=0.062$, $SE=0.065$, $p=.347$. However, the indirect effect was significant, $\beta=-0.095$, $SE=0.042$, $p=.023$, indicating that clinicians who found microaggressive questions more relevant for explaining the child's symptoms also reported a poorer working alliance in their actual work with their sexual minority patient, $\beta=-0.249$, $SE=0.094$, $p=.008$, which, in turn, resulted in patient's drop-out, $\beta=-0.381$, $SE=0.068$, $p < .001$. *Conclusions:* Clinicians must make steadfast attempts to identify and monitor microaggressions when working with sexual minority patients with children to reduce the risk of tainting the working alliance and compromise retention in treatment. Along with their relevance for clinical practice, the results also have implications for training and supervision, as they suggest the importance of providing adequate knowledge and developing competence among clinicians on LGBTQ+ issues, as well as of elaborating upon microaggressive instances in the supervision setting to shift from a microaggressive to a microaffirmative model of psychotherapeutic care.

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POSTER 8 ARE PID-5 PERSONALITY TRAITS AND SELF-HARM ATTITUDES RELATED? A STUDY ON A YOUNG ADULT SAMPLE PRE-POST COVID-19 PANDEMIC

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Introduction: More evidence confirms a link between maladaptive personality traits and Non-suicidal Self-injury (NSSI). Research suggests that individuals with NSSI were found to have higher levels of negative affect, detachment, antagonism, and psychoticism. Additionally, the interest in the relationship between COVID-19 and NSSI is growing. The present study aims (a) to investigate differences in personality traits between individuals with NSSI, suicidal ideation, NSSI and suicidal ideation co-occurrence and none; (b) to observe

which personality traits predominantly influence the occurrence of self-harm acts; (c) to investigate the effects of COVID-19 on self-harm attitude. *Methods:* 270 (108 males and 172 females) participants aged between 18-25 were included in the study. Each individual participated in a clinical interview and completed an assessment consisting of the Personality Inventory for DSM-5 (PID-5) and the Health of the Nation Outcome Scales (HoNOS). A multivariate analysis of variance (MANOVA) was conducted to test the differences in personality traits between the groups. Moreover, a multiple hierarchical regression analysis, controlling for age and gender, was performed to measure the association between personality traits and self-harm attitude (HoNOS item 2). Finally, to investigate whether there was a difference in self-harm attitude before and after the pandemic, a T-test was conducted. *Results:* The individuals with the highest levels of negative affectivity, detachment, antagonism, and psychoticism are those who simultaneously present suicidal ideation and NSSI. Additionally, age and detachment predicted higher scores in self-harm attitudes. Our results unexpectedly do not confirm an upward trend of NSSI and suicidal ideation in the pandemic period. *Conclusions:* The study shows that personality, particularly maladaptive traits, is fundamental to a greater understanding of NSSIs. Furthermore, as NSSIs and suicidal ideation are predictive (although not determinative) of suicidal attempts, implementing psychotherapeutic treatments would have a conspicuous impact on self-harm attitudes, thereby reducing suicidal ideation and suicide attempts.

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POSTER 9 THE DEVELOPMENT AND THE EXPRESSION OF NON-BINARY IDENTITIES IN ITALIAN YOUNG ADULTS. A QUALITATIVE STUDY USING CONSENSUAL QUALITATIVE RESEARCH

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Introduction: Research focusing on non-binary individuals (i.e., people who perceive their gender as neither male nor female) (APA, 2015) is constantly growing. Nonetheless, most studies have focused on gender identity development in the cisgender or binary transgender population, with a few exceptions (Fiani & Han, 2019; Losty & O'Connor, 2018; Bradford & Syed, 2019). This has resulted in a lack of knowledge of the experiences and milestones that come with non-binary identification, including the many challenges of living in a binary world. The aim of the present study is to explore the complexity of the

experiences of young Italian adults that do not identify in binary gender categories, shedding light on the processes behind the development of gender identity in this population. Method: A semi-structured interview created ad hoc for this study was administered to twenty non-binary participants ranging from 19 to 36 years of age ($M=26,61$; $SD=4,9$). The interview protocol allowed to explore different aspects of the non-binary identification process, ranging from the internal experience of gender identity to gender expression, across time and in different contexts. The questions explored the different contexts of the individual's life, starting with the family, the LGBTQI+ community, romantic and sexual relationships, and the broader social context. *Results:* Using the Consensual Qualitative Research (Blasi & Hill, 2015) method, the construction of gender identity is outlined through three dimensions: the 'internal world', which includes thoughts and feelings related to the body and one's gender identity; the 'external world', which includes relationships, the social and cultural context and how they affected the achievement of self-awareness; and finally, we have decided to call 'looking forward' all the narrative elements that described the tension towards the future of an identity that is in constant evolution. *Conclusions:* In a society rooted in a binary gender system non-binary people face complex challenges, using multiple strategies to negotiate and express their identity. The lack of role models can often lead to a late acquisition of non-binary gender identity and a re-signification of past experiences, both positive and negative. A deeper knowledge and understanding of identity development in this population can help improve the therapeutic process with individuals who belong to a gender minority.

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POSTER 10 MENTALIZING INTERVENTIONS IN A PSYCHOTHERAPY GROUP FOR ADOLESCENTS WITH INTERNALIZING SYMPTOMS: AN EXPLORATORY SINGLE-CASE STUDY

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Introduction: Both cognitive-behavioural and psychodynamic approaches have emphasised the role of mental representations or cognitive-affective schemas in explaining vulnerability to general psychopathology and specifically depression (Beck *et al.*, 1979; Blatt, 1974, 2004). Indeed, more recent psychodynamic treatments have shifted attention to the role of disorders of mentalization, defined as "the mental process by which an individual implicitly and

explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons" (Bateman & Fonagy, 2004, p. xxi), which seemed to play a central role in depression and other disorders (Luyten *et al.*, 2019; Segal & Teasdale, 2018; Watkins & Teasdale, 2004). Ten to 20 per cent of children and adolescents worldwide have mental health problems (WHO, 2017) and depression is the most common disorder in adolescence (Mental Health Foundation, 2018; Royal Society for Public Health, 2017). In the field of adolescent mental health, group therapy is becoming an important choice, and recent meta-analytic evidence suggested that group psychodynamic psychotherapy is linked with significant improvements in adolescents' well-being (Grigoriadou, 2021). Despite the theoretically close relationship between mentalization and depressive conditions in adolescents (Fischer-Kern & Tmej, 2019) and the importance accorded to enhancing mentalising abilities in psychodynamic group therapy, only few studies have examined the therapist's mentalising interventions in psychotherapy groups for adolescents. The aims of this single-case study were a) to explore what type of mentalizing interventions are mostly used in a group therapy for adolescents with internalising disorders and b) how the characteristics of these interventions changed over time (during the first five months of therapy). *Methods:* Participants were recruited from patients in charge of the Child Neuropsychiatry service in Naples (DS 24). The group consisted of eight participants (5 female, 3 male; $Mage=15.90\pm 1.07$) with a developmental diagnosis of internalising disorder (anxiety, depression, social withdrawal), who completed the Difficulties in Emotion Regulation Scale (DERS), the DSM-5 Cross-Cutting Symptom Measure (CCSM), the UCLA Loneliness scale (UCLA), the Iowa-Netherlands Comparison Orientation Measure (INCOM), the Multidimensional Scale for Perceived Social Support (MSPSS) and the Rosenberg Self-Esteem Scale (RSES) at treatment intake (T0) and termination (T1). The group psychotherapy lasted five months and was led by a therapist with a psychodynamic approach. All group sessions were audio-recorded and transcribed verbatim. In the current study, 5 sessions were analysed (1 for each month of therapy), and the therapist's interventions were coded by 2 raters according to Mentalization Based Group Therapy Adherence and Quality Scale (MBT-G-AQS; Karterud, 2015). *Results:* At T0 participants showed a score of 57.00 (± 18.23) at DERS, 41.00 (± 5.48) at CCSM, 47.25 (± 6.40) at UCLA, 34.50 (± 7.85) at INCOM, 45.25 (± 14.55) at MSPSS and 21.75 (± 6.60) at RSES; at T1 participants' scores were 52.75 (± 17.76), 48.75 (± 11.24), 46.00 (± 8.83), 37.00 (± 8.98), 43.00 (± 15.81) and 24.00 (± 4.76), respectively. Preliminary analyses revealed that 27.47% of the therapist interventions were rated as compliant with the MBT-G-AQS; furthermore, analysis showed that the therapist's most frequent mentalization-oriented interventions were: Exploration, curiosity and not-knowing stance (23.33%); Managing group boundaries (16.67%); Engaging group members in mentalizing external events (16.67%). The comprehensive results will show the visual inspection of the longitudinal trend of therapist's interventions across the five months of therapy, and how these interventions are matched with the clinical patient's characteristics. *Conclusions:* The current preliminary results suggest that assuming a not-knowing stance and working on group boundaries and engagement are common techniques and features for psychodynamic and Mentalization-based group psychotherapy.

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POSTER 11 THE PREDICTIVE ROLE OF SOME PERSONALITY AND SYMPTOMATOLOGICAL VARIABLES ON THE OUTCOME OF A UNIVERSITY COUNSELING INTERVENTION

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Introduction: Scientific literature has widely pointed out that university students are often exposed to different and heterogeneous forms of psychological distress. A wide variety of symptomatology was found within this population, with an alarming prevalence of anxiety, depression, interpersonal difficulties, substance abuse and suicidal ideation. University counseling centers are nowadays a largely spread reality that provides a response to the growing demand for help from young people. Many studies have shown the effectiveness of university counseling interventions in reducing different kinds of psychological distress. Considerable improvements in anxiety and depressive symptomatology, perceptions of self-efficacy, and sense of belonging have been found, for instance, in students that had undertaken support at the university counseling center for those specific difficulties. Despite these evidences, there are still many unexplored areas within the research field of university counseling interventions. Examining the role played by certain personality traits and by some symptomatological dimensions in predicting the outcome of a counseling intervention represents, for instance, an innovative perspective in this topic. This study aims to examine the role of some personality traits, measured by Personality Inventory for DSM-5-Brief Form (PID-5-BF; Krueger *et al.*, 2013) and of some symptomatological dimensions, measured by Beck Depression Inventory-II (BDI-II; Beck *et al.*, 1996), Beck Anxiety Inventory (BAI; Beck & Steer, 1993) and Beck Hopelessness Scale (BHS; Beck *et al.*, 1974) in predicting the outcome of a university counseling intervention, measured by Outcome Questionnaire-45 (OQ-45; Lambert *et al.*, 2004). **Methods:** The study was conducted within the counseling center of “La Sapienza” University of Rome. The sample consisted of 122 university students between 19 and 48 years old ($M=23.4$; $SD=4.3$) who spontaneously underwent counseling. All participants signed an informed consent before the beginning of treatment. They were asked, then, to complete the following questionnaires before the intervention: PID-5-BF, BDI-II, BAI, BHS and OQ-45. The same measures were taken immediately after the end of it, except for PID-5-BF. The counseling intervention included four interviews with a psychologist from the center. Several sets of multiple regressions were applied to examine which variables, measured at the outset, had a role in predicting the outcome of counseling. Specifically, in the first step of the multiple regression, the 5 personality traits of the PID-5-BF were taken as independent variables, to these were subsequently added the variables depression (BDI-II) and hopelessness (BHS). The different domains of OQ-45: Symptom Distress (SD), Interpersonal Relations (IR), Social Role (SR) and its Total Score were considered as dependent variables. The criterion for significance was set at $p=0.05$ for all analyses. Statistical Analysis were performed using IBM SPSS 27. **Results:** Regarding the SD dimension, multiple regression analysis showed that when the 5 personality traits were considered

separately, the Detachment dimension of PID-5-BF at pretest partially predicted the outcome at posttest ($p<0.05$). However, when BDI-II, BAI and BHS variables were added, the only significant variable turned out to be Hopelessness (BHS) ($p<0.05$). Regarding the IR dimension, analysis showed that, even in this case, when the 5 personality traits were taken separately, the Detachment dimension at pretest significantly predicted the outcome at posttest ($p<0.05$). When BDI-II, BAI and BHS variables were added, Detachment continued to be significant in predicting outcome, but Hopelessness (BHS) was also significant ($p<0.05$). Regarding the SR dimension, when taken individually, the 5 personality traits were not significant in predicting the outcome. When BDI-II, BAI and BHS were added, the Somatic-Affective dimension of BDI-II and BHS were significant in predicting outcome ($p<0.05$). Finally, regarding the Total Score, analysis showed that, when the 5 personality traits were considered separately, the Detachment dimension significantly predicted outcome ($p<0.05$). When the other variables were added, Detachment lost its significance, and the Somatic-Affective dimension of BDI-II and Hopelessness (BHS) became significant ($p<0.05$). This latter result allows us to make assumptions about the effectiveness of university counseling. If we consider the Total Score of OQ-45 - a very useful measure for progress in psychotherapy - it results interesting to note that initial hopelessness and higher levels of somatic-affective depression revealed greater predictive capacities than personality traits. This could be linked to the limited time frame in which this intervention takes place: the loss of motivation, the negative feelings and the negative expectations about future - the three main aspects of hopelessness as measured by BHS - appear to be more relevant than personality traits in determining a positive outcome in a treatment that requires only four interviews. The same reasoning can also lead the interpretation of the role of the somatic-affective component of depression in affecting outcome. This intervention could, in fact, exerts its effectiveness to a greater extent on aspects of depression such as concentration difficulties, fatigue, loss of energy and loss of pleasure, compared with cognitive aspects such as guilty feeling, self-criticalness and sense of worthlessness. This could be related to the specificity of this type of setting but could also be credited to a different motivation that drives the work of those students who have greater feelings of somatic-affective depression and hopelessness. **Conclusions:** This study shed light on some dimensions that are involved in the effectiveness of university counseling. The fact that students' initial depressive and hopelessness dimension was shown to be preminent in predicting outcome represents an interesting finding. Research on process, however, has yet to investigate the mechanisms underlying these findings as well as the major variables that are accountable for therapeutic change within university counseling. Considering multiple points of observation, using, for instance, clinician-report measures in addition to self-report measures, could enrich our knowledge of this topic.

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POSTER 12 MALADAPTIVE DAYDREAMING AMONG GRANDIOSE AND VULNERABLE NARCISSISTS: THE MEDIATING ROLE OF SHAME

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Introduction: Trait narcissism is a dimensional personality trait that consists of a grandiose self-concept as well as behaviors intended to maintain this self-concept in the face of reality. Grandiose narcissism (GN) reflects traits related to grandiosity, aggression, and dominance, while vulnerable narcissism (VN) is marked by hypersensitivity to the opinions of others, an intense desire for approval, and defensiveness (Dickinson & Pincus, 2003). Despite these differences, grandiose and vulnerable narcissism share some core traits, such as a sense of entitlement, grandiose fantasies, and the need for admiration (Dickinson & Pincus, 2003). In accordance with early psychodynamic view, there is growing empirical consensus that shame (*i.e.*, an affect involving the perception that one has personal attributes, personality characteristics or has engaged in behaviors that others will find unattractive and result in rejection or some kind of humiliation) is a central aspect of vulnerable narcissists but a less typical experience among grandiose narcissists. However, in order to preserve their grandiose image, vulnerable narcissists make efforts to avoid experiences of shame, protect their own self-esteem, and deflect their own attention away from self-inadequacies. In the current study, we hypothesize that maladaptive daydreaming (MD) – *i.e.*, the recurrent and persistent absorption into vivid and complex fantasies (Somer *et al.*, 2016) – might represent, especially for vulnerable narcissists, a strategy to regulate feelings of shame. On the one hand, previous studies have shown that fantasies concerning ideal alternative life scenarios in which maladaptive daydreamers are an idealized version of themselves, popular, dominant and object of favorable attention are among the most recurring fantasies among maladaptive daydreamers (Bigelsen *et al.*, 2016), and these specific fantasies turn out to be similar to those that characterize both grandiose and vulnerable narcissists (Gilbert, 2000). On the other hand, recent studies have highlighted that shame, which is a cornerstone feature of vulnerable narcissism, turns out to be an experience closely associated with maladaptive daydreaming (Ferrante *et al.*, 2022). The current study aims to integrate results from these different lines of research to clarify a potential pathway towards maladaptive daydreaming among narcissists. In detail, the current study hypothesized: (H1) a positive association between narcissism, especially in its vulnerable form, and maladaptive daydreaming; (H2) a positive association between narcissism, especially in its vulnerable form, and shame experiences; (H3) a partial mediating role of shame experiences in the association between vulnerable narcissism and maladaptive daydreaming. **Methods:** A convenience sample of 329 participants (73.3% females; $M_{age}=29.15\pm 13.08$) was recruited for the present study. The inclusion criterion was to have an age equal to or greater than 18 years. Data collection was carried out through an online platform. The Italian versions of the Hypersensitive Narcissism Scale (HSNS), the Narcissistic Personality Inventory (NPI-16), the Experience of Shame Scale (ESS), and the Maladaptive Daydreaming Scale (MDS-16) were used to assess the level of vulnerable narcissism, grandiose narcissism, shame-proneness (characterological, bodily, and behavioral shame), and the tendency of maladaptive daydreaming, respectively. In order to verify the mediating role of the three dimensions of shame in the relationships between narcissism (both vulnerable and grandiose) and maladaptive daydreaming, Structural Equation Modeling (SEM) was performed using the Lavaan package for the R statistical software with the Maximum Likelihood (ML) estimation method. The indirect

effects were tested using the bootstrapping method with 5000 bootstrap samples. **Results:** The assessed structural model produced adequate fit to the data [$\chi^2=234.77$, $df=89$, $p < .001$; $RMSEA=0.07$ (90% C.I.=0.06-0.08), $CFI=0.94$, $SRMR=0.07$]. The variables in the model accounted for 49%, .32%, .52%, and .36% of the variance in characterological shame, bodily shame, behavioral shame, and maladaptive daydreaming levels, respectively. The findings revealed that vulnerable narcissism, but not grandiose narcissism, directly affects the levels of the three dimensions of shame (thus supporting H2), and characterological shame partially mediates the link between VN and maladaptive daydreaming ($\beta=0.26$; 95% CI: [0.05, 0.64]; $p=.029$; H3 was supported). A direct effect of both VN and GN on maladaptive daydreaming was also found (H1 was supported). **Conclusions:** Overall, the results highlight that both vulnerable and grandiose narcissists show a tendency to engage in maladaptive daydreaming. Therefore, it is possible to assume that narcissists frequently and persistently resort to private and self-generated thoughts and images as a way to fulfill their grandiose fantasies and their need of recognition. Furthermore, in line with existing literature, shame has been found to be associated with vulnerable narcissism and not with grandiose narcissism, confirming that the former results to be more related to internalized forms of psychopathology. The most interesting and new result of this study is that characterological shame significantly mediates the relationship between vulnerable narcissism and maladaptive daydreaming, thus confirming the hypothesis that vulnerable narcissists may resort to fantasies as a way to cope with the feelings of shame they experience, specifically related to their dispositional characteristics (*e.g.*, habits). Since non-mediated effects have also been found, future studies should investigate the role of other possible mediating variables in the relationship between narcissism and maladaptive daydreaming (*e.g.*, depressive symptoms in vulnerable narcissists). The current findings have practical implications as they highlight that it is important for clinicians to address shame in individual with high vulnerable traits as this might be linked to maladaptive daydreaming.

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POSTER 13 WHEN RHYTHM IS MISSING IN PARENT-CHILD RELATIONSHIP: THE MEDIATING ROLE OF THE UNMET BASIC NEEDS IN THE LINK BETWEEN PARENTAL OVERPROTECTION AND PERFECTIONISM

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Introduction: Excessive perfectionism has always been a topic of

great interest in the field of psychology since it entails the onset and maintenance of a wide range of psychological issues across the lifespan (e.g., anxiety, depression, suicidal thoughts and attempts). Over the past decades, several conceptualizations of perfectionism have been proposed, and one of the adopted is the Comprehensive Model of Perfectionistic Behavior (CMPB; Hewitt *et al.*, 2017). This model identifies three main components: perfectionism traits, perfectionistic self-presentational facets, and perfectionistic cognitions. Considering the relevance of perfectionism in explaining negative outcomes and that levels of perfectionism have increased over time, literature has focused on studying the possible risk factors that may account for its development. At this regard, the Perfectionism Social Disconnection Model (PSDM) aims to offer a framework to explain one potential developmental pathway of perfectionism (Hewitt *et al.*, 2017). According to PSDM, perfectionism develops within a relational context as a result of an unsuitable or asynchronous parent-child relationship (Hewitt *et al.*, 2017). This asynchrony mirrors the discrepancy between a child's own needs and the parents' responses to them. Among the different forms of asynchrony in the parent-child relationship, parental overprotection – characterized by excessive contact, prolonged infantilization, and active discouragement of autonomy and independent behavior of one's children (Parker *et al.*, 1979) – has been one focus of empirical investigation. Despite the association between parental overprotection and perfectionism is well documented, the psychological processes underlying this link are unclear. A possible explanation can be advanced by adopting the perspective of the Self-Determination Theory (SDT; Ryan & Deci 2017), according to which all human beings have three universal, innate, and nonhierarchical psychological needs (*i.e.*, autonomy, competence, and relatedness). Interestingly, the potential mediating role of the frustration of these needs in the link between parental overprotection and perfectionism dimensions has been scarcely investigated, even if their frustration has already turned out to be related to perfectionism (Herrera *et al.*, 2021). In the current study, we argue that perfectionistic tendencies might develop as a consequence of unmet basic needs as strategies to hide one's own self of low competence and autonomy and protect against experiences of rejection/abandonment. Therefore, we hypothesized that the excessive involvement and help provided by parents would entail the frustration of the basic psychological needs which, in turn, lead to the emergence of trait perfectionism, perfectionistic self-presentation, and perfectionistic cognitions as a way to cope with them. *Methods:* A total of 319 participants (73.7% females; $Mage=31.51\pm 13.04$ years) were recruited. The inclusion criteria were to have an age greater than or equal to 18 years and to have had both parents alive during their first 16 years of life. The Italian versions of the Parental Bonding Instrument (PBI), the Basic Psychological Need Satisfaction and Frustration Scale (BPNFSFS), the Big Three Perfectionism Scale-Short Form (BTPS-SF), the Perfectionistic Self-Presentation Scale (PSPS), and the Perfectionism Cognition Inventory (PCI) were used to assess parental overprotection (both maternal and paternal), the frustration of the three basic psychological needs, the three higher order global perfectionism factors, the perfectionistic self-presentation, and the automatic thoughts associated with the need to be perfect, respectively. In order to verify the theoretical hypothesized models three different Structural Equation Modeling (SEM) using the Lavaan package for the R statistical software were computed for trait perfectionism, perfectionistic self-presentation, and perfectionistic cognition, respectively. To test the indirect effects, the distribution of product coefficients test (P) was used. *Results:* The hypotheses were tested considering the overall sample since significant gender differences were found only on narcissistic perfectionism [$F(1, 317)=4.85$; $p=.03$; $2=.02$] with males reporting higher levels than females. As regards the three perfectionistic personality traits, the structural

model produced adequate fit to the data [$\chi^2=257.57$, $df=107$, $p < .001$; $RMSEA=0.07$ (90% C.I.=0.06-0.08), $CFI=0.95$, $SRMR=0.05$]. Regarding perfectionistic self-presentation, results of SEM analysis showed that the model had an adequate fit to the data [$\chi^2=168.67$, $df=75$, $p < .001$; $RMSEA=0.06$ (90% C.I.=0.05-0.08), $CFI=0.97$, $SRMR=0.04$]. Finally, regarding perfectionistic cognition, the assessed structural model produced adequate fit to the data [$\chi^2=153.85$, $df=75$, $p < .001$; $RMSEA=0.06$ (90% C.I.=0.04-0.07), $CFI=0.97$, $SRMR=0.04$]. In all three models tested, several statistically significant indirect effects emerged. *Conclusions:* Overall, these findings extend results of previous studies by showing that perfectionistic tendencies (whether they are a need to be or appear perfect, or an inner dialogue centered on self-recrimination) might evolve as a consequence of the parents' tendency to solve their children' problems without help being requested or warn the child about every potential danger in their environment. This form of asynchrony might disturb the child's internal representation of the self to be represented as defective (*i.e.*, incompetent) or incapable to make one's own choices (*i.e.*, non-autonomous) and accomplish them. The results suggest that clinicians dealing with individuals with perfectionist tendencies could help them reduce their discomfort by working at level of basic psychological needs, increasing their perception of autonomy, competence, and relatedness. This turns out to be particularly appropriate when patient narratives highlight issues related to experiences of parental overprotection since they may have tried to compensate for their supposed non-capability by striving for unrealistic results and avoiding to disclose any flaws to others.

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POSTER 14 MINDFULNESS-BASED PROGRAM AND PLACEBO FOR INFERTILITY: EFFICACY STUDY

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Introduction: The World Health Organization (WHO) considers infertility a pathology and defines it as the absence of conception after twelve to twenty-four months of regular unprotected targeted sexual intercourse. Infertility in Italy affects about 15% of couples while, worldwide, it affects about 10-12%. Consider how mental health is closely linked to physical health and is generally worse when physical health is poor. For this reason, complementary therapies are widely used by infertility patients (Quan *et al.*, 2022), alongside medically assisted procreation techniques. Indeed, mind-body interventions have been shown to be an effective approach for stress management in numerous somatic and psychological conditions, with efficacy on anxiety, and depression (Hofmann *et al.*, 2010). Mind-body therapies encompass a wide range of approaches, some of which are derived from Eastern philosophy and Buddhism, including meditation, yoga, visual imagery, and mindfulness-based stress reduction (MBSR) pro-

grams (Gaitsch *et al.*, 2020). For example, the clinical utility of mindfulness-based interventions is high and is becoming increasingly popular. In this regard, mindfulness has been shown to be associated with lower levels of perceived stress, sadness, and anxiety symptoms, as well as greater acceptance of pain. Given these premises, it is possible to understand how reproductive medicine a competitive field (Barnhart, 2014) is, whereby within the framework of the interpretation of the placebo effect based on the Bayesian mind hypothesis, one area of possible intervention is to better investigate the potential beneficial effect of placebo in the treatment of infertility, given the role of the individual, understood as an active subject, in mind/body effects. *Methods*: The aim of the present study will be twofold. On the one hand, to conduct a systematic literature review on the relationship between the use of mindfulness and placebo, and on the other hand to develop an innovative perspective for the treatment of infertility. The study will combine the variables (Mindfulness-Based Program for Infertility - MBSI - and open-label placebo) each at two levels (yes, no) for a total of four combinations: 1) ten-week MBSI pathway; 2) manipulation with placebo without deception (open-label placebo); 3) MBSI pathway and manipulation with placebo without deception (open-label placebo); 4) wait-list control group. Patients and their partners will be recruited regardless of the type of IVF technique and the number of cycles performed so far. Participants will then be randomized to one of two conditions (mindfulness pathway or open-label placebo). The MBPI is a structured group intervention for infertile women that aims to cultivate awareness and acceptance, helping them to move in a chosen and valued life direction. Conversely, women assigned to placebo manipulation without deception will be explained that the placebo is an inactive substance, such as a granulate for oral solution, which does not contain any active drug. The participants will then complete a comprehensive assessment of anxiety-depressive symptoms, fertility, mindfulness, quality of life, and marital status satisfaction. Expected results: The pregnancy rate, defined as evidence of pregnancy according to clinical or ultrasound parameters, will be investigated at follow-up (at six months post-intervention) by call by the investigator. *Conclusions*: The study will be a pilot study, whereby the use of the placebo drug, administered outdoors, may suggest greater acceptability of the placebo drug use itself. Furthermore, placebo administration is considered a viable, low-risk, and low-side-effect treatment option (Colloca *et al.*, 2016), used in different indications and contexts. Thus, it is hypothesized that higher levels of mindfulness are associated with a higher quality of life, a more satisfying couple relationship, and lower levels of anxiety and depression. The mindfulness intervention, as a specific meditative practice that condenses a complex of psychological processes, could be a possible psychological intervention (enhanced by the placebo effect) in fertility treatments. Being fully aware of the present moment, without the lens of judgment, may help one relate to infertility in new ways. This is helpful in promoting self-compassion, adaptive emotion regulation, and infertility-related coping strategies that, in turn, may influence fertility and pregnancy rates.

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POSTER 15 TWO SHADES OF NARCISSISM: CORRELATIONS BETWEEN NARCISSISTIC DIMENSIONS, DEFENSE MECHANISMS, MENTALIZATION, AND SOCIAL MENTALITIES

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Introduction: The discussion on narcissism has characterized much of the psychological literature of the twentieth century. Nonetheless, narcissism remains a quite enigmatic construct. Our understanding of its variants is limited, and there is significant divergence in the definition of the cognitive, emotional, motivational, and behavioral processes that underlie them. These limitations are reflected in the recent critiques of its diagnostic criteria, which do not fully capture the complexity and nuances of this pathology. In recent years, however, Back and colleagues (2013, 2018) have proposed a model that distinguishes two dimensions of narcissism: admiration (characterized by self-enhancing strategies, such as striving for uniqueness and grandiose fantasies, and charmingness) and rivalry (characterized by self-defensive processes such as striving for supremacy, devaluation of others, and aggressiveness), advancing our knowledge of the phenomenon. This study aimed to investigate, in a non-clinical sample, how these different dimensions of narcissism correlate with other aspects of mental functioning, such as defensive mechanisms, mentalization, and social mentalities (*i.e.*, affective, cognitive, and behavioral patterns that underlie basic interpersonal motivational systems) – so as to shed light on the intra- and inter-personal dynamics that characterize narcissistic functioning. *Methods*: The study was carried out through an online survey. Participants were recruited through snowball sampling – *i.e.*, via email invitation and diffusion through social media. The survey consisted of 1) an ad hoc questionnaire designed to collect socio-demographic data; 2) the Narcissistic Admiration and Rivalry Questionnaire (NARQ; Back *et al.*, 2013); 3) the Defense Mechanism Rating Scales Self-Report (DMRS-SR-30; Di Giuseppe *et al.*, 2020); 4) the Reflective Functioning Questionnaire (RFQ-8; Fonagy *et al.*, 2016); and 5) the Social Mentalities Scale (SMS; Brasini *et al.*, 2015). A total of 478 participants (309 males and 169 females) between 18 and 30 years old ($M=23.6$; $SD=2.54$) took part in the study. All statistical analyses were performed using IBM SPSS Statistics 27.0. Pearson's correlation coefficients were calculated to investigate the relationship between narcissism dimensions – evaluated through the NARQ – and defense mechanisms, mentalization, and social mentalities. The criterion for significance was set at $p=0.05$ for all analyses. *Results*: Individuals with higher levels of narcissistic traits showed lower levels of overall defensive functioning (ODF); that is, they tended to employ more maladaptive defense mechanisms. Rivalry traits presented greater positive correlations with immature defense mechanisms such as action (acting out, help-rejecting complaining, passive aggression), major image-distorting (projective identification, splitting of self-image, splitting of other's image), and disavowal (denial, projection, rationalization, autistic fantasy). Minor image-distorting de-

fenses showed positive correlations with all dimensions of narcissism. Concerning mentalization, admiration traits correlated with uncertainty about mental states, suggesting a limited and simplistic engagement in mentalizing activities; instead, rivalry traits correlated with certainty about mental states, suggesting excessive confidence in one's mentalizing capacity, defined as hyper- or pseudo-mentalizing. Regarding social mentalities, both rivalry and admirations showed significant correlations with agonism. Admiration traits were also positively correlated with prosociality, affiliation, sexuality, and play, and negatively correlated with insecurity, suggesting that this form of narcissism is characterized by the tendency to show pseudo-altruism and pseudo-concern about others to attain social prestige and a sense of belongingness, and at the same time by a tendency to negate feelings of vulnerability, inadequacy, and need for care. On the contrary, rivalry traits correlated positively with insecurity and negatively with prosociality, indicating that individuals with this form of narcissism show a tendency to experience feelings of vulnerability and neediness, as well as self-criticism, self-devaluation, and shame, and therefore a tendency to withdraw from positive social interactions. **Conclusions:** Our findings hold significant implications for a more thorough understanding of the intra- and inter-personal processes that underlie different forms of narcissism and, consequently, of the different transference and countertransference dynamics that might characterize psychotherapeutic interventions with patients possessing narcissistic traits.

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POSTER 16 HEART RATE VARIABILITY AND EATING DISORDERS: THE CLINICAL AND AUTONOMIC SIGNATURE OF MINDFULNESS-BASED INTERVENTIONS

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Eating Disorders (ED) represent different diagnostic entities sharing a persistent disorder of food intake, that alters health and psychosocial aspects, leading to the high burden of disease. Recent studies showed that resting state vagally-mediated Heart Rate Variability (HRV) is elevated in ED patients, proposing it as potential biomarkers of impaired stress response, even if the available literature is uncertain. The Mindfulness-based interventions (MBI's) may restore the autonomic balance and enhance the ability to cope with stressors. This study aims at evaluating the autonomic and clinical correlates of two audio recorded MBI's (*i.e.* loving kindness and self-contact) in twenty ED patients, compared to controls. The autonomic evaluation included the recording of heart and breathing rates before, during and after the audio listening. The clinical assessment entailed self-administered psychological measures for emotional style, depression, anxiety, dissociation and traumatic events. MBI's may represent a promising tool to regulate the autonomic activity in ED patients. HRV may be proposed as biomarker of disease presence and remission, in response to MBI's.

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POSTER 17 PERSONALITY CHANGE AFTER TREATMENT IN PATIENTS WITH EATING DISORDERS: A LONGITUDINAL STUDY WITH THE SWAP-200

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Introduction: Clinical and empirical literature has long suggested a link between personality and eating disorders (ED) (Farstad *et al.*, 2016), showing that personality might shape and give meaning to symptomatic presentations of ED. Moreover, there is evidence that personality is an important determinant of ED patients' response to treatment, as well as of recovery rates or drop-out. For instance, impulsivity and emotional dysregulation have been found to be associated with higher levels of psychiatric and ED symptoms at treatment termination, and then to be possibly related to unfavorable treatment outcomes (Muzi *et al.*, 2021). Even though symptomatic remission is considered a fundamental outcome for a successful therapy, symptom reduction itself is not the only feature to consider with respect to therapeutic change (Oasi *et al.*, 2017). Thus, a possible key aspect is to evaluate changes in more "structural" dimensions of patients' functioning, such as specific personality features and overall personality functioning. However, to date, personality-based outcome re-

search is still limited, especially in ED populations. Then, the current study aimed at exploring, through a multi-informant and longitudinal perspective, possible changes in a broad spectrum of personality traits and in overall personality functioning in a sample of patients diagnosed with an ED and treated in a residential treatment setting. Furthermore, an additional aim was to examine the predictive value of personality traits and features on treatment outcome at both discharge and two follow-up. *Methods:* A national sample of cisgender women with an eating disorder (ED) (N=139) was evaluated at intake and discharge with the Shedler-Westen Assessment Procedure (SWAP-200; Shedler, Westen, & Lingardi, 2014), a clinician-rated measure of personality disorders and healthy personality functioning. A first subsample of 51 patients was also evaluated at a 6-month follow-up, and a second subsample of 40 patients at a 12-month follow-up after discharge. In all these time points, patients fulfilled the Outcome Questionnaire 45.2 (OQ-45.2) to evaluate overall psychopathological impairment. The inclusion criteria were: (a) aged at least 18 years; (b) a pre-treatment diagnoses of DSM-5 anorexia nervosa (AN) or bulimia nervosa (BN) posed by a licensed staff psychologist or psychiatrist and based on the Structured Clinical Interview for DSM-5 (SCID-5-CV); (c) presenting no organic syndromes, psychotic disorder, or syndrome with psychotic symptoms that could complicate the assessment of any variable in the study. No limits were applied to the body mass index (BMI) at the admission. Treatment was provided in a psychodynamic-oriented multidisciplinary residential setting and consisted in individual weekly psychotherapy sessions, encounters with specialized social workers, and sessions with a nutritional physician. *Results:* Findings evidenced statistically significant changes in several SWAP-200 Scales and Q-Factors at both discharge and the two follow-up. More specifically, repeated measure ANOVAs showed that there was a significant pre-post increase in the healthy personality functioning scale ($ES=.14$, $p < .001$), dysphoric: depressive-high functioning ($ES=.08$, $p=.003$) and obsessive ($ES=.06$, $p=.009$) Q-factors. For the healthy personality functioning these differences were even more pronounced at the 6-month follow-up ($ES=.19$, $p=.005$) and at 12-month follow-up ($ES=.20$, $p=.004$). Moreover, findings showed a significant pre-post decrease in the schizoid ($ES=.10$, $p < .001$), schizotypal ($ES=.09$, $p=.001$) and borderline ($ES=.06$, $p=.01$) PD Scales, as well as in the schizoid ($ES=.07$, $p=.005$) and dysphoric: emotionally dysregulated ($ES=.11$, $p < .001$) Q-factors. These differences also emerged at the 6-month and 12-month follow-up, with the largest effect size in the dysphoric: emotionally dysregulated Q-factor ($ES=.20$, $p=.003$, and $ES=.16$, $p=.01$). Interestingly, borderline PD Scale showed a significant decrease in the 12-month follow-up ($ES=.16$, $p=.01$), but not at the 6-month follow-up. Additional multiple regression analyses also showed that baseline schizoid and borderline PD scales, as well as emotionally dysregulated Q-factor, emerged as significant predictors of higher symptomatic impairment at discharge and at 6-month follow-up. *Conclusions:* The current study attempted to fill the gap in the literature by applying an empirically grounded, clinician-report, and Q-sort procedure—the SWAP-200 – to assess significant therapeutic changes of a wide range of personality features in ED patients and the predictive value of these features in determining therapy outcomes. Our results have shown significant changes in personality structure throughout treatment and even after treatment termination. Specifically, an increase in healthy personality functioning has been achieved over time, suggesting how residential treatment programs can be considered a viable and convenient intervention to promote therapeutic changes in both symptoms and personality dimensions. Furthermore, these findings showed a significant reduction of borderline and emotionally dysregulated personality features, which have been previously linked to higher symptomatic impairment. However, an important limitation

should be noted. There was a low response rate at both at 6-month and 12-month follow-up, suggesting that results cannot be considered as descriptive of all ED patients treated in a residential treatment setting. Despite this shortcoming, to the best of our knowledge this is the first study which systematically explores personality changes in ED patients in a medium- and long-term longitudinal perspective by applying a clinically rich and empirically supported tool, the SWAP-200, above previous single case studies (Lingardi *et al.*, 2006). From a clinical perspective, these results supported the view that the goals of psychodynamic-oriented therapies include, but extend beyond, alleviation of acute symptoms because psychological health is not merely the absence of symptoms. Then, considering multiple indices of therapeutic change enables a more clinically useful perspective of treatment outcomes in this clinical population.

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POSTER 18 KEEP THE RHYTHM: A RANDOMIZED PILOT STUDY FOCUSING ON MUSIC AND BREATHING

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Introduction: Breathing is a fundamental rhythmic system whose cycles can be controlled either by the individual consciously or by the body automatically. Each respiratory act is marked by exhalation and inhalation, and respiratory rate is defined by the number of respiratory acts performed by a subject within a minute. The most commonly used type of breathing generally in mindfulness and sports practice is abdominal/diaphragmatic respiration. To be more specific, it allows the respiratory rate to slow breathing at around six breaths/min. This frequency, considered an indicator of physiological reduction of anxiety and stress, is assumed to be effective for the perceived well-being and emotional states. Since breathing is a rhythmic and cyclic activity, it can be controlled by listening to a certain type of music or beat. The current study aimed to assess whether listening to rhythmic tracks for three weeks slowed the breathing rate and improved the perceived well-being of a group of young agonistic tennis players. *Methods:* A randomized pilot experimental study was conducted on a sample of 29 young people, 16 males (55.2%) and 13 females (44.8%) of 3 sports centers in Milan. After an initial training on diaphragmatic breathing, the sample was randomly divided into three groups for three weeks: 10 people listened to a melodic track (without lyrics) with a BPM of 100, 10 people listened to a track composed of a rhythm (metronome) with the same BPM, and 9 people

did not receive any treatment. Both the music tracks were created ad hoc for the experiment. All participants at baseline and after three weeks completed an assessment that consisted of the Psychological General Well-Being Index (PGWBI), the Psychological Inventory of Sports Performance (IPPS-48), and a socio-demographic questionnaire. In addition, the average respiratory rate of each participant was measured with the Esense instrument. **Results:** The findings showed that those who listened to the two different rhythmic tracks during the three weeks in the second assessment reported a significantly lower respiratory rate than the control group. Moreover, after three weeks of training, the first two groups reported significantly higher values in the IPPS-48 variables called "Preparation for Competition," "Control to Emotional Arousal," and "Self Confidence." **Conclusions:** The results emphasized the effects of the influence of music listening on the mind and the body through the breath. This finding underlined the importance of introducing rhythm and music listening in different contexts and the need to develop new techniques that combine music, breath, mindfulness, and psychotherapy in order to slow the respiratory rate and improve emotional processes also in clinical practices.

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POSTER 19 PERSONALITY, DEFENSES, MENTALIZATION, AND EPISTEMIC TRUST RELATED TO COVID-19 CONTAINMENT STRATEGIES: A PSYCHODYNAMIC PERSPECTIVE

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Introduction: The COVID-19 pandemic has considerably influenced all the domains of people's lives worldwide, determining a high increase in overall psychological distress and several clinical conditions. The study attempted to shed light on the relationship between strategies adopted to manage the pandemic, vaccine hesitancy, and distinct features of personality and mental functioning. **Methods:** The sample consisted of 367 Italian individuals (68.1% women, 31.9% men; M age=37, SD=12.79) who completed an online survey including an instrument assessing four response styles to the pandemic and lockdown(s) (RSPL; Tanzilli *et al.*, 2021), the Personality Inventory for DSM-5-Brief Form (PID-BF; Krueger *et al.*, 2013), the Defense Mechanisms Rating Scales-Self-Report-30 (DMRS-SR-30; Di Giuseppe *et al.*, 2020, 2014), the Reflective Functioning Questionnaire (RFQ; Fonagy *et al.*, 2016), and the Epistemic Trust, Mistrust, Credulity Questionnaire (ETMCQ; Campbell *et al.*, 2021).

Results: Maladaptive response patterns to pandemic restrictions were related to dysfunctional personality traits, immature defense mechanisms, poor mentalization, and epistemic mistrust or credulity. Moreover, more severe levels of personality pathology was predictive of an extraverted-maladaptive response style to health emergency through the full mediation of low overall defensive functioning, poor certainty of others' mental states, and high epistemic credulity. **Conclusions:** Recognizing and understanding dysfunctional psychological pathways associated with individuals' difficulties in dealing with the pandemic are crucial for developing tailored mental health interventions and promoting best practices in healthcare services.

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POSTER 20 THERAPIST'S PERSONAL CHARACTERISTICS AND THEIR IMPACT ON THE TREATMENT OF EATING DISORDERS: A SYSTEMATIC REVIEW

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Background: Although prior research suggested the importance of examining the therapist effect, there is still a dearth of research regarding what therapist's personal characteristics may have a positive impact on the outcome of eating disorders (EDs). The aims of the study are: 1) To identify therapist's intrapersonal and interpersonal characteristics involved in the treatment of eating disorders and 2) To assess the potential associations between the therapist's personal characteristics and patient outcome in eating disorders. **Methods:** A systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines. The searches included patients with Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder who received psychotherapy. Both quantitative and qualitative studies were eligible. The following electronic databases were used: PubMed, Web of knowledge, Embase, Medline, PsychARTICLES. **Results:** 36 studies met inclusion criteria (N=2946). The results are reported in two sections: clients' perspective (n=33) and therapists' perspective (n=8). Eleven studies reported quantitative data, twenty-four articles were qualitative studies, and only four were based on a mixed method design. The majority of studies examined therapies with patients suffering from anorexia nervosa (n=17). Empathic, supportive and self-disclosure were the main therapist's personal characteristics evaluated as important by patients with EDs during the course of treatment. **Conclusions:** The

results of this systematic review highlighted limited evidence on the association between therapist characteristics and outcome in EDs; the majority of studies were more focused on interpersonal issues than on therapist intrapersonal characteristics. Finally, there is a dearth of research on therapist characteristics involved in the treatment of patients with BED.

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POSTER 21 PHYSIOLOGICAL MARKERS FOR THE EVALUATION OF PSYCHOTHERAPY PROCESSES

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Introduction: Psychotherapy could be simply defined as a cure based on a learning process, that needs the interaction and alliance between a therapist and a patient. There are many emotional, social, and cognitive aspects that play a crucial role in this experience. The changes in therapeutic sessions also include nonverbally and physiologically grounded aspects that open up valuable new avenues for understanding factors of successful treatments in a way that is not possible with self-report or observational measures. Most of psychotherapy research, however, has relied only on self-report and clinical interviews to study indicators of therapeutic change and efficacy of the cure. With the advent of the biopsychosocial model, mental disorders and emotional processes have begun to be understood as the result of a complex interplay between psychological, relational, and physiological factors. Physiological data provide information on the biological components of cognitive, emotional, and behavioral processes that occur during psychotherapy, starting from the idea that nonspecific physiological activity during therapy account for significant variance in psychotherapy treatment's outcomes. In this way, identification of the specific factors that could contribute to patient growth and change during psychotherapy sessions seems to be challenging. Previous studies in the scientific literature highlighted that

psychodynamic processes were linked with specific patterns of physiological activity, closely related with patients' emotional experiences (e.g., muscle tension, skin conductance, and finger temperature). In this field, one of the most fruitful research areas is psycho-neuro-endocrinology. It studies markers involved in the behavioral response and in the emotions associated with environmental stressors, and the interactions between mind, brain, and endocrine system, through a holistic mind-body approach. However, the analysis of hormones to deeply understand psychotherapy process is still a quite recent practice. From an ethical and methodological point of view there are many factors to be taken into consideration to make the participants' experience as less burden as possible. For example, the evaluation of some physiological parameters (e.g., hormones such as Irisin) often requires invasive procedures such as an analysis of blood samples. However, current research is trying to find alternative but equally valid methodologies to make the collection of specific biological data more accessible. Given this scenario, the purpose of this study is to verify if measuring health-related hormones (such as Irisin) with an alternative but still valid methodology (i.e., salivary sample vs. blood sample) may cause minimal participant burden. To our knowledge, there are yet no research that aim to study this specific topic. **Methods:** We collected blood and saliva samples from some healthy subjects, and we evaluated Irisin levels in both specimens. Then, we compared serum and salivary Irisin amount to identify similarities and differences. Finally, through a qualitative approach and a semi-structured interview we studied the lived experience of healthy participants subjected to both types of methodologies, and we also interviewed other clinical subjects who are currently following a psychotherapeutic path to understand what methodology they would prefer. **Results:** Final results will be presented in the congress context. **Conclusions:** Greater knowledge of different methodologies effectiveness for collecting biological data could help researchers design more confident and less invasive procedures for subjects, obtaining the same research outcomes.

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