2010

BDPD

BİLİŞSEL DAVRANIŞÇI
PSİKOTERAPİLER DERNEĞİ

4. ULUSLARARASI KATILIMLI BİLİŞSEL DAVRANIŞI PSİKOTERAPİLER KONGRESİ

03–06 Ekim 2024, Crowne Plaza Otel – Ankara

POSTER PRESENTATION

POSTER BİLDİRİLER

PB2- Linking Psychological Flexibility and Religiosity: Values and Acceptance

Asude Zeynep Erbay, Saliha B. Selman
İbn Haldun University, İstanbul

Aim: This study examines the association between psychological flexibility—specifically acceptance and value alignment—and the centrality of religiosity. Previous research has linked psychological well-being with spirituality and religiosity (Koenig, 2019), but the role of religiosity in specific components of psychological flexibility remains unexplored.

Method: A total of 183 participants (M=27, 90% female) completed an electronic survey that included the Psychological Flexibility Scale and the Centrality of Religiosity Scale, alongside demographic questions. Two multiple linear regression analyses were conducted, controlling for key demographic variables such as gender, age, economic level, and education.

Results: The first regression model was not significant, $F(6, 176)=1.87$, $p=0.08$, explaining 3% of the variance, with no significant link found between religiosity and acceptance ($\beta=0.08$, $p=0.07$). The second model, however, was significant, $F(6, 176)=5.46$, $p<0.001$, explaining 13% of the variance, showing a significant association between religiosity and value alignment ($\beta=0.27$, $p<0.001$).

Discussion: These results highlight a notable association between religiosity and value alignment, suggesting that individuals with higher levels of religiosity tend to exhibit behaviors that closely align with their values. Unlike acceptance, which involves non-judgmental acknowledgment of thoughts and feelings, value alignment appears to have a stronger association with the centrality of religiosity. This finding suggests that interventions aiming to enhance personal well-being could benefit from focusing on aligning personal values with culturally and religiously sensitive practices, accommodating belief systems and backgrounds.

References: Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. The Canadian Journal of Psychiatry, 54(5), 283- 291. https://doi.org/10.1177/070674370905400502

Keywords: Psychological flexibility, religiosity, value alignment, acceptance.

POSTER PRESENTATION

PB8 - A Rare Reason for Admission to the Clinic in Children and Adolescents: Wind Phobia

Rukiye Çolak Sivri

Purpose: A specific phobia involves a marked anxiety or fear of an situationor object. Animal and natural environment types of specific phobia. Wind phobia is a rarely described clinical condition in the literatüre This case report describes a eleven year-old boy with wind phobia treated with cognitive behavioral therapy and fluoksetine.

Case: AS was brought to child and adolescent clinic by his family with complaints of being aggressive, irritable, crying quickly, and not wanting to go out for a while. One day, while he was in the schoolyard, it was very windy, and he witnessed the flag waving very violently. Afterwards, his anxiety increased. He was able to go to school during this period but his going out gradually started to decrease. He always wore a hat when he went out. He cried when her mother insisted. There were several attempts by her mother to take him away and he had nausea and vomiting outside. He began to ask her parents about the weather often. At home, he was constantly checking outside from the window. He began to constantly ask questions of his mother. The mother was constantly giving assurances, saying that nothing would happen. A psychotherapy plan was created for the patient who was diagnosed with wind phobia a result of the psychiatric evaluation.

Taking anamnesis and giving the diagnosis and scales formulation was done. The rationale of cognitive behavior gfb bd was explained. Relaxation exercises were taught for emotion control. Escape, avoidance and safety behaviors were discussed. Fluoxetine 20 mg suspension was started. Intra-session exposure was studied for the first time. In subsequent interviews, videos were selected as homework by increasing the wind intensity in the exposure hierarchy, such as storm or hurricane. Since the day of the 5th session was a windy day, the exposure study was carried out outdoors with the therapist by mutual agreement. 6th session, when he came to the session, escape, avoidance and safety behaviors were still continuing, although they had decreased considerably.

Discussion: Although there are a wide variety of specific phobias in children and adolescents, wind phobia is a rare type of phobia that is not frequently identified. In this case, a case of wind phobia that started after a traumatic event was described. In the exposure hierarchy, a hierarchy was planned by watching videos during the session and giving relaxation exercises for relaxation, and positive results were obtained. In addition, in the session the skills acquired through outdoor practices were reinforced during the session.

PB19 - Cognitive Behavioral Therapy in the Treatment of Childhood Obsessive Compulsive Disorder with Restricted Mental Capacity: An in-Depth Case Analysis

Nurşen Bozkoyun, Ömer Kardaş, İrem Damla Çimen

Kocaeli University Faculty of Medicine, Department of Child and Adolescent Mental Health and Diseases, Kocaeli

Introduction: Obsessions are repetitive, involuntary thoughts, urges or images. Compulsions are repetitive behaviours or mental efforts that occur in response to obsessions (1). Obsessive Compulsive Disorder (OCD) is one of the most common neuropsychiatric disorders characterized by obsessions and/or compulsions (2). The aim of the study is to emphasize the differences in the application of CBT to a child who has mental limitations in addition to the diagnosis of OCD, and to draw attention to the suspicion of sexual abuse in the presence of sexual arousal symptoms in addition to OCD.

Case: Report A 10-year-old girl admitted to our clinic with increased cleaning obsessions and fear of getting dirty. Her mother first noticed her obsessions when she tried to organize her stuffs when she was 2-3 years old. It was learned that she stayed in the bathroom for hours, washed her hands many times during the day and reacted excessively to people touching her. She would have crying attacks at the mere possibility of getting dirty. There was no insights into her illness. Her parents also noticed that she behaved like an adult woman, asking inappropriate questions about sexuality. She dressed and wore makeup like an adult. Her teachers also noticed that she was distracted, underachieving and obsessive. She was diagnosed with OCD, Attention Deficit Hyperactivity Disorder (ADHD) and restricted mental capacity. Follow-up was planned to be done in the Day Clinic but her familiy refused. Treatment was started with Sertraline (50 mg/d) and Methylphenidate (10 mg/d). Cognitive Behavioral Therapy (CBT) was applied simultaneously. Therapeutic bond was established with the patient. Psychoeducation was given. The patient's insight was increased. OCD map was created. Obsessions were worked on gradually. The patient could not adapt to cognitive interventions due to mental limitations. Treatment continued with behavioral methods and concretization of concepts. Response to the combination of medication and CBT was obtained in the follow-up. During treatment, findings of sexual overstimulation were also addressed. She was considered to have been abused and evaluated in the forensic council. It was learned that she had been subjected to physical violence, but no evidence of sexual abuse. This suspicion eliminated with the regression of symptoms of sexual overstimulation with treatment.

Conclusion: In this case, we want to draw attention that CBT may be beneficial in patients with mental restriction accompanying OCD, but emphasising the behavioural component and combined with medications may increase the treatment response. Additionally, it is important to make a differential diagnosis between sexual obsessions and sexual abuse-related arousal in OCD patients with sexual hyperarousal symptoms.

References

APA, Ruhsal Bozuklukların Tanısal ve Sayısal Elkitabı, Beşinci Baskı (DSM-5) Tanı Ölçütleri Başvuru Elkitabı, çev Köroğlu E. Ankara: Hekimler Yayın Birliği; 2013.

Stein DJ, Fineberg NA, Bienvenu OJ et al. Should OCD be classified as an anxiety disorder in DSM-V Depress anxiety. 2010;27(6):495-506

POSTER PRESENTATION

PB28 - CBT Based Approach to Panic Disorder, Major Depressive Disorder and Perfectionism: A Case Report

Gülçin Bozkurt Yılmaz[1], Hüseyin Nergiz[2]

[1]Hacettepe University Institute of Social Sciences, Ankara

[2]Hacettepe University Faculty of Letters, Ankara

Purpose: Cognitive Behavioural Therapy (CBT) is an evidence-based treatment approach aims to improve the client's problem-solving skills through behavioural interventions and focusing on maladaptive thoughts/beliefs (Butler et al., 2006). In this case study, CBT interventions such as behavioural activation for depression (Beck, 1995), psychoeducation and prevention of safety behaviours for panic disorder (Clark and Salkovskis, 2009) and time management strategies for perfectionism (Egan et al., 2014) were applied and significant improvement was achieved.

Case: A 19-year-old university student consulted psychotherapy because of anxiety, frequent panic attacks and feelings of desperation. The assessment revealed that she had symptoms of panic disorder and major depressive disorder as defined in DSM-5 (American Psychiatric Association, 2013). 24 sessions of 50 minutes each were conducted under CBT based supervision. The client also had psychiatric visits in every 2 months. The client reported that she had recurring panic attacks and experienced symptoms of trembling, hot flashes, shortness of breath and dizziness. She was also constantly afraid of new attacks and had safety behaviours such as taking Tranko-Buskas 3 times a day. At the early stages of the psychotherapy, the client was given thought recording tasks and psychoeducation about panic disorder. The following sessions focused on automatic thoughts and safety behaviours respectively. The client was diagnosed with major depressive disorder in a psychiatric interview 1 week before psychotherapy and was prescribed 50 mg Selectra daily. She had decreased interest in activities, guilty feelings and sleep problems. Firstly, relaxation practices were taught, and behaviour activation tasks were given after her avoidance of physical activities decreased. Automatic thoughts related to beliefs of worthlessness were studied in the following stages. It was also noticed that the client's perfectionism contributed to her depression and various cognitive and behavioural interventions were carried out in this area starting from the 12th session.

Discussion: The client did not experience panic attacks after the 10th session and her symptoms almost completely disappeared at the end of the psychotherapy process. She successfully learned the structure of panic disorder and responded positively to cognitive restructuring. With the elimination of avoidance behaviours, her level of activity and quality of life increased. This can be interpreted as that the interventions for panic disorder also contributed to the elimination of major depression symptoms. Especially in the second half of the psychotherapy process, significant improvements have been achieved by focusing on perfectionism. We believe that BDT interventions such as behavioural change practices for studying, self-care and tidiness and cognitive reconstruction have a significant impact on these improvements.

References

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Beck, J.S. (1995). Cognitive therapy: basics and beyond. The Guilford Press.

Butler, A.C., Chapman, J.E., Forman, E.M. and Beck, A.T. (2006). The empirical status of cognitive behavioral therapy: A review of meta-analyses. Clinical Psychology Review, 26(1), 17-31.

Clark, D.M. and Salkovskis, P. (2009). Cognitive Therapy for Panic Disorder: Manual for IAPT high intensity therapists. https://oxcadatresources.com/wp-content/uploads/2018/06/Cognitive-Therapy-for-Panic-Disorder_IAPT-Manual.pdf

Egan, S.J., Wade, T.D. and Shafran, R. (2014). Cognitive-Behavioral Treatment of Perfectionism. Guilford Publications.

PB31 - Examination of the Relationship between Therapeutic Alliance, Psychotherapy Expectations, and Psychotherapy Outcomes in Clients with Depressive Symptoms: A Research Proposal

Betül Gülcan Çakmak
Marmara University, Istanbul Health and Technology University, Istanbul

Introduction: Therapeutic alliance has consistently been found to be related to positive psychotherapy outcomes. It can be called as a facilitator for the use of and compliance with Cognitive Behavioral Therapy (CBT) techniques to achieve therapy goals. Similarly, clients' expectations are related to psychotherapy process and outcomes, as reported in the studies examining the relationship between client expectations and client satisfaction with therapy (Westra et al., 2010). Although some studies report that therapeutic alliance is one of the factors that contributes to efficacy of CBT, there is still lack of clarity about the relationship between therapeutic alliance and outcome in CBT for depression. Similarly, the study conducted with clients who participated group CBT program for their depressive symptoms reported that psychotherapy expectation is both related to therapeutic alliance and psychotherapy outcomes (Tsai et al., 2014).

Purpose: The aim of this study is to examine the relationship between therapeutic alliance, psychotherapy expectations, and positive therapy outcomes in adult clients who receive CBT for depressive symptoms.

Significance of the Study: For CBT, therapeutic alliance is essential to ensure the participation of clients to apply the specific techniques of therapy to reach collaborated goals. Psychotherapy expectations are also important to create therapy goals and objectives. Besides, the literature shows the interactions between therapeutic alliance, psychotherapy expectations, and therapy outcomes (Tsai et al., 2014). However, there are very few studies that demonstrate the effectiveness of these variables in achieving positive psychotherapy outcomes while working with different client groups.

Method

Participants: This study will be comprised of min. 30 adult participants who show depressive symptoms and receive CBT. Clients with suicidal thoughts, psychosis, substance use disorder, or personality disorders will be excluded. Clients' therapists will be experts on CBT.

Measures: Demographic Information Form, Working Alliance Inventory (WAI) which includes three subscales to measure alliance domains (Goal, Task and Bond), Psychotherapy Expectancies Scale (PES) which includes two subscales (outcome and process expectations), and Beck Depression Inventory (BDI) will be applied to clients.

Procedure: Data will be collected from psychotherapy/counseling centers. PES and BDI will be applied before therapy. WAI and the BDI will be applied at the beginning (3rd), middle (8th), and the last (16th) session (the duration of the study is expected to last 16 sessions). Data for WAI will be collected from both clients and therapists. Positive psychotherapy outcomes will be measured through symptom reduction via BDI.

Data Analysis: Data will be analyzed through multiple linear regression analyses. Five separate linear regression analyses will be conducted to test the associations between the subscales of the WAI, psychotherapy expectations, and treatment outcome.

References

Tsai, M., Ogrodniczuk, J. S., Sochting, I., & Mirmiran, J. (2014). Forecasting success: Patients' expectations for improvement and their relations to baseline, process and outcome variables in group cognitive–behavioural therapy for depression. Clinical Psychology & Psychotherapy, 21(2), 97-107.

Westra, H. A., Aviram, A., Barnes, M., & Angus, L. (2010). Therapy was not what I expected: A preliminary qualitative analysis of concordance between client expectations and experience of cognitive–behavioural therapy. Psychotherapy Research, 20(4), 436– 446.

POSTER PRESENTATION

PB35 - Question-Based Construct Validity Analysis of A Change-Oriented Personality Assessment Scale

Pelin Taş, Beril Eser Odabaşı, Beste Hasırcı, Neslihan Turan Kuş, Kültegin Ögel
Moodist Hospital, İstanbul

Aim: In recent years, the dimensional approach to personality disorders has gained importance. There is no distinction between normal and abnormal in the dimensional approach. It offers the opportunity to define individuals based on patterns, providing a broader range of definitions. The differences among new models and new assessment tools in approach to personality disorders, seem insufficient to develop a common language in diagnosis and treatment. Therefore, we aimed to develop a personality assessment scale focused on change that contributes to the literature. This study aims to present a preliminary analysis of this scale by conducting a question based construct validity analysis.

Method: A question pool was created by reviewing the literature, consulting experts and examining other scales. Later, the question pool is reduced by selecting preferred items from among very similar ones by the selection of group. The Personality Assesment Index, is a self-report scale consisting of a total of 144 questions. A total of 585 participants joined in the study. Distribution of the sample found that 300 people (%51,3) were hospital workers, 135 people (%23.1) were university students and 54 people (%9,2) were individuals seeking help at the clinic.

Results: The factor structure of the Personality Assesment Index was examined using exploratory factor analysis and varimax rotation. Five factors were identified in the exploratory factor analysis of personality patterns. These factors were named emotional difficulty, introversion, uncontrollabity, incompatibility and perfectionism. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0,90, and the Bartlett's Test of Sphericity yielded a chi-square value of 12829,587 (df=1540, p=0,000). In the exploratory factor analysis, five factors with eigenvalues greater then 1 were obtained, explaining %60 of the total variance.

Conclusion: Examining the results of preliminary analysis of question based factor analysis to construct a personality scale, it appears that the questions of scales are distributed dimentionally as expected. Identified five factors are similar to the five trait domains identified in the ICD-11 model of personality disorders. Emotional difficulty factor is similar to negative affectivity, introversion factor is similar to detachment, uncontrollabity factor is similar to disinhibition, incompatibility factor is similar to dissociality, and perfectionism similar to anankastia. In the statistical analysis, it was determined that questions about anger had similar values in uncontrollabity and introversion dimensions. It was deemed appropriate to evaluate these questions for both dimensions. It was determined that a question related to narcisisim had similar values in both introversion and incompatibility dimensions. It was deemed appropriate to evaluate this question in the incompatibility dimension.

References

Monaghan C, Bizumic B. Dimensional models of personality disorders: Challenges and opportunities. Front Psychiatry. 2023 Mar 7;14:1098452.

Barchi-Ferreira Bel AM, Osório FL. The Personality Inventory for DSM-5: Psychometric Evidence of Validity and Reliability-Updates. Harv Rev Psychiatry. 2020;28(4):225-237.

Kim YR, Tyrer P, Hwang ST. Personality Assessment Questionnaire for ICD-11 personality trait domains: Development and testing. Personal Ment Health. 2021;15(1):58-71.

Töre T. Comparative Examination of ICD-11 and DSM-5 Alternative Model in Personality Disorders. Current Approaches in Psychiatry 2023; 15(1):189-202.

PB38 - Effectiveness of ACT (Acceptance and Commitment Therapy) in a Patient with Trigeminal Neuralgia: A Case Report

Mehmet Rıdvan Varlı, İbrahim Gündoğmuş, Yasir Şafak
Etlik City Hospital, Psychiatry Department

Trigeminal neuralgia is a neurological disorder characterized by sudden, sharp, stabbing, or electric shock-like pain attacks affecting the areas innervated by the trigeminal nerve. These pain episodes can occur on one or both sides of the face. The estimated prevalence of the disease in the general population is 1 in 15,000. However, considering the difficulties in diagnosis and unregistered patients, it is believed that these numbers could be higher. This painful condition, which can be described as chronic pain, is treated with a variety of therapies, although their effectiveness is not very high. Pharmacologic treatment alone is often inadequate in chronic pain conditions. Although psychological treatment strategies have been developed for adults with chronic pain, a limited number of cases specific to this disorder have been presented in the literature.

This case presents how Acceptance and Commitment Therapy (ACT) was used in addition to a pharmacological treatment approach in the rehabilitation of trigeminal neuralgia.

A 25-year-old single, university graduate, female patient living with her mother started to have jaw pain after a traumatic event 2 years ago. She was diagnosed with trigeminal neuralgia by neurology and various treatments were applied. Considering the inadequacy of pharmacologic treatments, the patient was referred for psychiatric evaluation. The patient's pain score was 8/10 according to the Visual Pain Scale (VAS) at the time of psychiatric admission and her medical treatment was Gabapentin 1800 mg/day and Carbamazepine 800 mg/day. The patient had no additional mental complaints. Acceptance and Commitment Therapy was applied to the patient. Accepting the pain and disease and bringing the values to light were two of the key objectives of the therapy, rather than reducing pain and misery. In total, the patient underwent 7 sessions of ACT. In the first session, the patient was introduced and case formulation was made. In the second session, trauma-oriented psychoeducation, mindfulness, pain concretization and acceptance-based interventions, such as the "Chinese finger trap" metaphor, were conducted. In the third session, the focus was on contact with the present moment, cognitive defusion from the trauma, and the concept of the contextual self using the "Leaves on a Stream" metaphor. In the fourth session, the acceptance of trigeminal neuralgia pain, pain concretization, making space for the pain exercise, and cognitive defusion using the "Clouds Passing in the Sky" metaphor were worked on. In the fifth session, acceptance, contact with the present moment, and strengthening cognitive defusion were addressed. The sixth session focused on connecting with values and maintaining commitment to value-based actions. The last session aimed to increase and maintain value-oriented behaviors. After the last session, the visual pain scale was 3/10 and there was an increase in value-oriented life activities and general functioning. Informed consent was obtained from the patient for the publication of this case report.

This treatment outcome suggests that a combination of ACT and pharmacotherapy may be beneficial in the rehabilitation of patients with trigeminal neuralgia. Further empirical studies are needed to investigate the clinical effectiveness of this approach.

POSTER PRESENTATION

PB40- Treatment of Anorexia Nervosa in Adolescents with Cognitive Behavioral Therapy: Case Report

Güncel Masaroğulları

Cyprus Health and Social Sciences University, Guzelyurt, TRNC

Introduction: Anorexia nervosa (AN) usually begins between the ages of 12-18 and is characterized by consciously remaining extremely underweight due to fear of gaining weight. AN is a serious disease causing serious health problems and death. Desire of AN patients to have a thin body and their serious anxiety about gaining weight pushes them to inappropriate behaviors such as strict dieting, excessive exercise, vomiting or using inappropriate drugs (e.g. laxatives) to vomit.

Case: The patient is a successful fifteen-year-old high school student. She is the only child of the family. When she started therapies, she was extremely underweight, had been on a very strict diet for the last seven months and did sports to eliminate calories she took. She had false beliefs about her body image and perceived herself as overweight. When her history was examined in detail, it was observed she had no say in any issue about herself. Instead decisions about her are made by the mother. The father was very inadequate in meeting patient's emotional and financial needs. She was referred to psychiatrist and dietician, but she refused to use medication.

Intervention: 20 sessions of CBT carried out. Also, two parent interviews and two family interviews were conducted. Psycho-education was given to the patient about AN and CBT. The reason that triggered the desire to restrict calorie intake was found. Homework (thought, emotion and behavior record) was given to the patient. The patient's thoughts about her own weight were discussed. Distortional thoughts related to body perception were identified. Homework was given to evaluate her feelings and behaviors after eating and her self-control skills (keeping a meal record). The patient was asked to bring the photos she had taken in the last year. She was asked to compare and evaluate her current condition with her normal weight. It was discussed that patient's previous condition was normal and that it made her look healthy, not overweight. An exposure practice was carried out. She was asked to imagine her weight one year ago and was taught breathing exercises. She was asked not to check her weight and only to be weighed by a dietician. The patient was asked to decide for herself (doing activities she determined herself, cooking her own food, buying clothes she wanted). Effective communication was studied in family meetings. Also, what the patient's emotional needs are and how they can be met were studied.

Conclusion: It was observed the patient's fear of gaining weight decreased with CBT and she took control of her restrictive (strict diet) behaviors. Also, imagination and mental visualization exercises were carried out regarding her anxiety about gaining weight. Also, relaxation and breathing exercises were performed. By applying exposure method, the patient and her ideal weight conception was normalized and her anxiety was reduced. During the therapy process, safety behaviors related to checking her weight every day were eliminated. Inclusion of parents to therapy process helped the patient to decrease safety behaviors, express her feelings and thoughts, and strengthen family communication.

PB47 - Overcoming Elevator Phobia in a Patient with Panic Disorder Through Early Exposure: A Case Study

Merih Altıntaş, Canay Pamukçu Ünlü
Kartal Dr. Lütfi Kırdar City Hospital

Panic disorder often involves recurring episodes of intense anxiety, known as panic attacks, which usually start suddenly and unpredictably. These attacks are accompanied by physical symptoms and can last anywhere from 10-15 minutes to an hour. It is suggested that the fear of physical sensations that develop after the first panic attack happens because these sensations are misinterpreted, and they become associated with the distress experienced during the first panic attack, leading to a connection with catastrophic situations. This disorder, previously called "Anxiety Neurosis" in the DSM-1 and DSM-2 diagnostic manuals, was redefined as "Panic Disorder" with the publication of DSM-3 in 1980. In DSM-4, panic disorder was classified into two types: with agoraphobia and without agoraphobia. However, in DSM-5, panic disorder and agoraphobia are considered two separate disorders. To prevent or reduce the chance of having a panic attack, or to manage the distress associated with an attack, people may engage in safety behaviors. In panic disorder, individuals often use avoidance behaviors as a way to cope, which can significantly disrupt their daily lives. Cognitive Behavioral Therapy (CBT) is highly effective in treating many psychiatric disorders, and many studies have shown that CBT plays an important role in the treatment of panic disorder.

The patient discussed in this presentation has had panic disorder for 25 years. She came to us after not achieving the desired results with medication alone. Six 45-minute sessions were conducted with the 43-year-old female patient. During these sessions, the focus was mainly on symptoms, avoidance behaviors, past experiences, and negative thoughts. After one of the first sessions, the patient, whose biggest fear was being trapped in an elevator, actually got stuck in one, which helped her overcome her fear of elevators. The patient's case formulation was documented, including her cognitive assumptions, early experiences, core beliefs, conditional beliefs, triggering factors, problematic situations, and factors that increase or decrease the problem. The general CBT session structure was followed, starting with a mood check-in, connecting with the previous session, and reviewing homework. The session then moved on to addressing the agenda items one by one. After discussing the agenda, new homework was given, the session was summarized, and feedback was provided. The patient was asked to complete an Automatic Thought Record and a Panic Attack Inventory.

While some studies emphasize that CBT alone is more effective than pharmacotherapy or the combination of CBT and pharmacotherapy in treating panic disorder, other studies have found that both CBT and pharmacotherapy are effective, with the combination of medication and psychotherapy showing only a small advantage over psychotherapy alone. In our case, it was observed that after an unplanned exposure early in the sessions, where the patient got trapped in an elevator, her fear of riding elevators alone decreased. This shows how important exposure therapy is in treating panic disorder. In conclusion, considering short-term and long-term effects, treatment dropout rates, and cost-effectiveness, cognitive behavioral therapy appears to be more advantageous compared to other treatments for panic disorder.

POSTER PRESENTATION

PB48- Navigating Cognitive Disengagement Syndrome in Autism Spectrum Disorder: A Case Report

Hakan Öğütlü[1], Simay Çepni[2], Buse Çam[3], Alara Kerimler[4]

[1]Association of Cognitive Behavioral Psychotherapies Child and Adolescent Psychiatry

[2]Üsküdar University Social Sciences Institute Clinical Psychology

[3]Kings College London Psychology And Neuroscience of Mental Health

[4]Doç Dr Hakan Öğütlü Clinic, Clinical Psychology

Aim: The purpose of this case report was to examine the impact of Cognitive Disengagement Syndrome (CDS) on a 10-year-old boy diagnosed with Autism Spectrum Disorder (ASD). The study aimed to explore how CDS symptoms—such as mind wandering, sluggishness, and motivational issues—affect the child's academic performance and social interactions. This case highlights the challenges faced by individuals with ASD who also exhibit CDS, underscoring the necessity for individualized interventions to address both conditions effectively. Case The case, was diagnosed with ASD at age 4, several months after his parents first noticed issues with his speech and social interactions. Initial signs included difficulties with eye contact, lack of back-and-forth play with peers, and repetitive behaviors such as hand-flapping. Following his diagnosis, He received early intervention services, including speech and occupational therapy, which helped address these developmental challenges. Though he was slow to meet some early developmental milestones, he achieved them with intervention. By age 5, he spoke in short sentences and showed gradual improvements in social interaction. However, he continued to struggle with attention, completing multi-step tasks, and engaging with peers. His parents and teachers observed that he often daydreamed, lost focus during games, sluggishness, and required frequent reminders about changing rules. The case highlights the complexity of managing both Autism Spectrum Disorder (ASD) and Cognitive Disengagement Syndrome (CDS), demonstrating how effective interventions can address these challenges. Through a combination of behavioral strategies, structured routines, task breakdown methods, and positive reinforcement, he saw improvements in attention, task completion, academic performance, and social interactions. Cognitive-behavioral therapy (CBT) was crucial in addressing goal-setting, fatigue management, and motivational issues, while environmental modifications and classroom accommodations supported his learning needs. As a result, he experienced significant progress in his academic achievements and social skills, leading to a higher overall quality of life.

Discussion: This case underscores the difficulty of managing dual diagnoses but also shows that personalized, multi-faceted intervention plans can be highly effective. It emphasizes the value of combining various strategies to address co- occurring CDS and ASD, offering valuable insights for developing support strategies for similar cases.

Keywords: Cognitive Disengagement Syndrome, Autism Spectrum Disorder

PB55 - Ase Report: A Rare Case of Obsessive-Compulsive Disorder

Seçkin Göktaş[1], Öykü Gülerer[1], Ece Ilgın[2], Selin Tutku Tabur[3]

[1]Yeditepe University Psychology Department

[2]Marmara University, Department of Psychiatry

[3]Hasan Kalyoncu University, Department of Psychology

Objective: The aim of this case analysis is to comprehensively examine the possible causes and treatment approaches of obsessive- compulsive disorder, focusing on the investigation of various obsessive conditions that are rarely observed in the literature.

Materials and Methods: The patient's history was thoroughly examined, and interviews conducted with the patient's family were also included in the evaluation. Possible causes of the disorder (from a biopsychosocial perspective) and treatment approaches such as psychotherapy and pharmacotherapy were analyzed through a literature review. Additionally, the patient was assessed using the Yale-Brown Obsessive Compulsive Scale (YBOCS), Brown Beliefs Scale, Beck Anxiety Inventory, and Beck Depression Inventory.

Findings: The patient, N.C., is a 64-year-old woman whose general appearance is somewhat older than her age, with partially diminished self-care, having insight, divorced, and living with three of her six children. The patient experiences intense anger when any product containing sweets enters her home, including fruits. She feels discomfort even when using or hearing the word "sweet." The patient insists that no family member brings any sweet-containing products into their home, leading to frequent arguments on the subject. She reports high levels of anxiety, difficulties in social relationships, and significant limitations in daily life activities. Her relatives have also observed and reported these challenges. The patient mentions feeling a sticky sensation on her hands when she sees sweets and experiences a compulsion to wash her hands when this sensation occurs. Her symptoms are consistent with the classical symptoms of obsessive-compulsive disorder, including obsessions (persistent thoughts about sweets and associated anger) and compulsions (the need to wash her hands). The diagnosis was made by Dr. Ece Ilgın. The patient's chronic illnesses include goiter, Zenker's diverticulum, hypertension (HT), gastritis, and ulcer. She has been started on fluvoxamine 50 mg/day, which will be titrated. She will return for a follow-up appointment at the clinic in one month.

Conclusion: The symptoms of obsessive-compulsive disorder in patient N.C. include obsessions related to sweets, fruits, a sense of 'stickiness' that cannot be clearly identified, and avoidance obsessions linked to these. These symptoms significantly impact the patient's quality of life and family relationships. The patient's Beck Anxiety score is 46, Beck Depression score is 25, and the Yale- Brown Obsessive-Compulsive Scale score is 35. It is believed that a combination of psychotherapy and pharmacotherapy will be effective in alleviating the patient's symptoms and improving their quality of life.

Keywords: OCD, Case Analysis, Psychiatric Disorder, Psychotherapy, Pharmacotherapy.