EV1179

Disability as psychological barrier for employment in Russia, implications for rehabilitation

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Introduction In Russia there was a misconception about employment of people with physical or cognitive disability that served as a psychological barrier for both employers and applicants. The situation has recently changed and special vacancies for invalids are open in some companies. A patient in residual period of traumatic brain injury (2010) attended our rehabilitation center with the request for employment. He grew up in orphanage and he had no experience of searching for vacancies by himself, also he had reduced communication skills. Moreover, TBI resulted in strong executive functions impairment.
Objectives and aim Help V with employment.
Methods Holistic rehabilitation program was developed for V. so he had a training in computer skills, CV writing and communication with employer. Cognitive-behavioral therapy methods were used while working on understanding of his limits and acceptance of his disability, and goal management training was applied to reduce frontal lobes dysfunction.
Results After 1.5 months of counseling V. demonstrated significant improvement. He started to use e-mail and the Internet to find job openings. He was able to keep independent control of his activities. V. managed to accept his disability, so he declared it in his CV – it finally became crucial in his successful employment as clerk in a bank.
Conclusion Holistic approach, which includes social work, neuropsychological rehabilitation and psychological support, is promising to overcome psychological barrier in employment of disabled people.
Keywords Neuropsychology; Rehabilitation; Employment; Social adaptation; Cognitive training
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Quality of life of children and youngsters who attended the psycho-educational program "+ familia" (+family)

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The program "+ Família" part of the activities promoted by CLDS + from Paredes de Coura in 2015, has enabled to act at the level of strategy development for qualifying families. The perceived quality of life of children and youngsters was evaluated in 2 moments: at the beginning ($n = 23$) and in the end ($n = 11$). We used the scale kidscreen-10, translated and measured for the Portuguese population. At the first moment, the sample consisted of 65% of women and 35% man; 87% aged between 6 and 10 years old and 13% aged between 11 and 15 years old; 74% attended the 1st cycle of studies and 13% had some type of disability. Based on 4 of the questions, the perception of quality of life has improved, between the beginning and the end of the program implementation. So for the remaining 6 questions, quality of life was perceived in a more negative way in the same period. An intra subject analysis would have to be made in order to measure the results' bias due to the absence of 12 subjects in the final evaluation.
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Brief family psycho-education program for caregivers of inpatients with severe mental illness

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Introduction Family psycho-education is an essential part of the treatment for people with severe mental illness (SMI), however this relevant intervention is underutilized. Shortened variations of family psycho-education have been described in attempts to make it more attractive, efficient, and feasible.
Objectives/aims Considering the lack of manualized intervention for families in Brazil, our study comes up with a proposal to implement and to evaluate the feasibility of brief family psycho-education program (BFPP) during inpatient psychiatric treatment.
Methods An extensive review using a combination of the words: "family psychoeducation"; "severe mental illness"; "schizophrenia"; "bipolar disorder" was conducted in PubMed/Medline with the aim to select reports of multifamily group psycho-educational programs. Studies involving adults with severe mental illness published until March 2016 were included.
Results After the review of literature and meeting with experts in SMI, the BFPP was developed collaboratively by bipolar disorders' team at Hospital de Clínicas de Porto Alegre (HCPA). The standard BFPP consists of four sessions: (1) causes, symptoms, course, prognosis and stigma of severe mental disorder; (2) treatment; (3) community resources, communication skills and importance of healthy and regular habits; and (4) problem-solving strategies: preventing relapses and establishing plans for crisis. Each session will occur weekly, lasting 90 min, with 8–12 caregivers. The patients did not attend the group.
Conclusion We purposed a standard, brief, cheap and simple intervention to apply. We believe that BFPP is highly suitable for caregivers of patients with SMI. We hope that this program demonstrates feasibility among participants and become a useful and effective intervention.
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