

set of psychological skills involved in psychological flexibility is associated with psychological well-being and mental health.

Objectives: The present research sought to translate and adapt *Psy-Flex* to the Portuguese language and, consequently, to conduct the factor analysis, reliability, and validity studies of this instrument in the Portuguese population (in non-clinical and clinical samples)

Methods: The non-clinical sample consisted of 566 individuals (372 female and 192 male) ranging in age from 18 to 74 ($M = 36.64$; $SD = 15.11$). The clinical sample included 30 participants aged between 20 and 69 years ($M=43.13$ and $SD= 13.85$). The minimum number of years of education is 4, and the maximum is 19 ($M=11.80$ and $SD=3.32$). The non-clinical sample was filled out on an *online* platform the protocol that assessed psychological flexibility (*Psy-Flex*), Psychological Inflexibility and Flexibility (MPFI-24), anxiety and depression symptoms (PHQ-4), and perceived mental health (MHC-SF). In the clinical sample, the protocol was applied individually and face-to-face.

Results: *Psy-Flex* evidenced a unifactorial structure attested to by EFA and CFA. Invariance tests revealed the *Psy-Flex* model to be invariant in configural, metric, and scalar terms for male and female gender and non-clinical and clinical samples. The *Psy-Flex* revealed adequate reliability as assessed by Cronbach's alpha and Composite Reliability in non-clinical and clinic samples. In non-clinical sample, the *Psy-Flex* showed a positive, moderate to strong, association with flexibility (measured by the MPFI-24-FP) and mental health. It also showed a negative, moderate to strong, association with MPFI-24-IP assessed inflexibility and with depression and anxiety symptoms. Age and years of schooling showed a weak positive association with *Psy-Flex*. Men and women differed significantly, with men showing higher values of psychological flexibility. *Psy-Flex* showed discriminant validity, differentiating between non-clinical and clinical groups. The non-clinical group showed significantly higher values of psychological flexibility.

Conclusions: The present study was innovative in making available a new instrument in the Portuguese language that revealed excellent psychometric characteristics that could be used in community and clinical samples. It also allows the evaluation of efficacy studies of interventions that aim to promote psychological flexibility.

Disclosure of Interest: None Declared

EPP0497

Learning how relationships work: a thematic analysis of young people and relationship professionals' perspectives on relationships and relationship education

S. R. Benham-Clarke^{1*}, J. Ewing², A. Barlow² and T. Newlove-Delgado¹

¹Public Health and Sports Science and ²Law School, University of Exeter, Exeter, United Kingdom

*Corresponding author.

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Introduction: Relationships in various forms are an important source of meaning in people's lives that can benefit their health, wellbeing and happiness. Relationship distress is associated with public health problems such as alcohol misuse, obesity, poor mental health, and child poverty, whilst safe, stable, and nurturing relationships are potential protective factors. Despite increased emphasis on relationship education (RE) in schools, little is known

about the views of relationship professionals on relationship education specifically, and how this contrasts with the views of young people (YP).

Objectives: This Wellcome Centre for the Cultures and Environments of Health funded Beacon project seeks to fill this gap by exploring their perspectives and inform the future development of relationship education.

Methods: We conducted focus groups with YP ($n=4$) and interviews with relationship professionals ($n=10$). The data was then thematically analysed.

Results: Themes from YP focus groups included: 'Good and bad relationships'; 'Learning about relationships'; 'the role of schools' and 'Beyond Relationship Education'. Themes from interviews with relationship professionals included: 'essential qualities of healthy relationships'; 'how YP learn to relate' and 'the role of RE in schools'.

Conclusions: YP and relationship professionals recognised the importance of building YP's relational capability in schools with a healthy relationship with oneself at its foundation. Relationship professionals emphasised the need for a developmental approach, stressing the need for flexibility, adaptability, commitment and resilience to maintain relationships over the life course. YP often presented dichotomous views, such as relationships being either good or bad relationships, and perceived a link between relationships and mental health. Although not the focus of current curriculum guidance, managing relationship breakdowns and relationship transitions through the life course were viewed as important with an emphasis on building relational skills. This research suggests that schools need improved RE support, including specialist expertise and resources, and guidance on signposting YP to external sources of help. There is also potential for positive relationship behaviours being modelled and integrated throughout curriculums and reflected in a school's ethos. Future research should explore co-development, evaluation and implementation of RE programmes with a range of stakeholders.

Disclosure of Interest: None Declared

Psychotherapy 01

EPP0498

Development of a novel tool to assess therapists' alliance through medical clinical reports in public mental health settings

A. Lewin* and D. Tzur Bitan

Psychology, Ariel University, Ariel, Israel

*Corresponding author.

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Introduction: Many studies demonstrate that monitoring of the therapeutic alliance can assist therapists to identify changes in patient-therapist relations and accommodate their interventions to prevent early termination. Nonetheless, therapists in public mental health institutes are only required to provide a textual description of patient's visit, and are usually overloaded to complete empirical measures after each session.

Objectives: The aim of this study is to develop a novel empirical tool to assess therapists' perception of the therapeutic alliance

through therapists' clinical reports completed in public mental health.

Methods: Patients (N=56) and their therapists (N=32) recruited to participate in a randomized controlled trial completed the Session Alliance Inventory- 6 items (SAI-6) after each session. In this measure, the working alliance included three components: an emotional bond, the agreement on goals, and the agreement on tasks. Afterwards, medical records were extracted and ranked using the SAI-6 by two independent researchers. Inter-rater reliability was .94, indicative of excellent reliability.

Results: Overall, 163 sessions were extracted and evaluated, and were compared with 32 therapist evaluations and 56 patient evaluations. The factor structure of both coders demonstrated a two-factor solution explaining 89.38% of the variance for coder 1, and 71.50% of the variance for coder 2. For patients and therapists, a one-factor solution emerged, explaining 73.00% of the variance for patients, and 62.29% of the variance of the therapists. Both coders demonstrated higher factor loadings of the goals and tasks (0.75-0.81 for coder 1, 0.75-0.78 for coder 2) compared with the bond index (0.57-0.62 for coder 1, 0.52-0.56 for coder 2), indicating higher consistency across these subscales. Internal consistency was alpha Cronbach .87 for coder 1, 0.77 for coder 2, 0.92 for patients and 0.87 for therapists. The scale was partially associated with the therapists' reports, with coder 2 having a stronger association with the therapists ratings in all indexes ($r = 0.04 - 0.25$) than coder 1 ($r = 0.03 - 0.15$). Both coders did not correlate with therapists' ratings on the bond component. As known in the scientific literature, patients rated the alliance higher than therapists ($M = 5.74$, $SD = 1.36$ for patients, and $M = 4.67$, $SD = 0.84$ for therapists, $SE = 0.10$, $p < 0.001$).

Conclusions: The results of the current study demonstrate the feasibility of assessing therapists' perceptions of the working alliance via therapists' routine reports. The differences emerging in the factor structure suggests that coding the clinical reports in primarily beneficial for the evaluation of the agreement on the treatment goals and tasks, and less for the evaluation of patient-therapist emotional bond.

Disclosure of Interest: None Declared

EPP0500

Supervision as a tool of professional support of specialists

D. Dovbysh^{1,2*} and M. Bebchuk²

¹Pedagogy and medical psychology, I.M. Sechenov First Moscow State Medical University and ²Institute of Integrative Family Therapy, Moscow, Russian Federation

*Corresponding author.

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Introduction: In recent years, mental health professionals have faced a lot of difficulties and challenges in their work and often need the help of colleagues themselves.

Objectives: To study the specifics of self-reflection of mental health professionals in different years (January 2020 - October 2022)

Methods: Since 2002, Institute of Integrative Family Therapy has been using an approved registration card, which is filled in and handed over after completion of work by all specialists working with families. The maps contain sections describing the progress of

work, hypotheses, system parameters of the family, features of the state of the specialist and clients, and so on. We conducted a content analysis of the cards: in 2020, 531 cards were considered, in 2021 - 390, in 2022 - 464 cards.

Results: There are differences in the subjective assessment by specialists of their condition over the years. In the description for the section "Themes and questions in family work that elicited strong emotional reactions from the therapist(s)", professionals began to mention their reactions of fear and confusion more often than before. So, in 2020, fear was mentioned by 4 and confusion by 17 specialists, in 2021 - by 5 and 16, in 2022 - by 36 and 121, respectively. In the section related to the reasons for changing the working (systemic) hypothesis, specialists changed the hypothesis more often (in 2020 - in 53 cases, in 2021 - 40, in 2022 - 98). "The degree of satisfaction of the specialist (-s) with the results of working with the family (in points from 1 to 10, where 1 - absolutely not satisfied, 10 - satisfaction exceeded all expectations" was assessed in 2022 by specialists lower than in previous years: the average value in 2020 - 8.8; in 2021 - 8.9; in 2022 - 6.2.

Conclusions: Supervision, as a form of professional growth and support from a more experienced colleague, is becoming an indispensable component of the work of a specialist helping families in 2022. Assistance in overcoming "dead end" and advising difficult cases due to the experience of the supervisor, on the one hand, allows specialists to understand the situation, offer alternative hypotheses, teach new interventions, on the other hand, it helps the supervised colleague to reflect on the case, analyze its "blind" zones, understand mistakes and summarize the unique experience gained in the psychotherapy of a "difficult" patient.

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EPP0501

Metacognition, emotional dysregulation, psychosocial functioning and subjective well-being after 6 months of CBT treatment in pharmacologically stabilized schizophrenic patients

F. Raffone*, A. Orrico, M. D'Orsi, S. Ferro, M. Russo and V. Martiadis

Department of Mental Health, ASL Napoli 1 Centro, Napoli, Italy

*Corresponding author.

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Introduction: Psychoses represent serious psychiatric disorders in which an individual perceptions, thoughts, mood and behavior are significantly altered. Each person who develops a psychosis lives a unique set of symptoms and experiences that may widely vary depending on life circumstances. Although cognitive behavioral psychotherapy (CBT) for psychosis is recommended by main international guidelines, its effectiveness in real-world is still a subject of controversy.

Objectives: The aim of this study was to evaluate, in an Italian outpatient clinical setting, eventual improvements induced by a 6 months intensive CBT specific programme focused on metacognition and emotional regulation and its consequences on psychosocial functioning and subjective well-being in pharmacologically stabilized psychotic patients.

Methods: Eight patients with schizophrenia spectrum disorders (DSM-V), clinically and pharmacologically stabilized, were