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through therapists' clinical reports completed in public mental

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 twofactor 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 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

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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.

Disclosure of Interest: None Declared

EPP0501

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

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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 European Psychiatry S371

included in a 6-month program of weekly CBT sessions with focus on metacognition, emotional dysregulation, social functioning and subjective well-being. Patients were assessed with the Metacognitions Ouestionnaire-30, Difficulties in Emotion Regulation Scale, Heinrichs Quality of Life Scale, The Psychological General Well-Being Index, Brief Psychiatric Rating Scale, Hamilton Depression Rating Scale at baseline and at 3 and 6 months, to verify any improvement on these specific domains and, possibly, on general psychopathology.

Results: In this study CBT showed to be effective on all domains evaluated, most notably for younger patients with a short history of disease (<5 years). Metacognitive capacity was the dimension with most evident improvements, followed by the ability to modulate emotions and the consequent improvement in psychosocial functioning and perceived subjective well-being. During the 6 months follow-up none of the enrolled patients experienced symptoms exacerbation or psychotic relapses.

Conclusions: In conclusion, the 6-month CBT treatment showed to be effective for stabilized psychotic patients, improving metacognitive functions, emotional regulation, psychosocial functioning, and subjective well-being. In addition, insight, adherence and the therapeutic alliance improved. The absence of psychotic relapses is not attributable with certainty to the effect of CBT since, for this purpose, longer duration studies on larger case series and with RCT methods are required. However, it is plausible that the improvement obtained in disease awareness and adherence may be a facilitating factor in relapse reduction.

Disclosure of Interest: None Declared

EPP0502

Bridging the Gap between Cognitive Behaviour Therapy and Psychodynamic Therapy: The Added Value and Impact of Introducing Training in Cognitive **Analytic Therapy**

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Introduction: Cognitive Analytic therapy (CAT) is a brief focal therapy consisting of 16 - 24 sessions in the context of complex cases. It involves three stages: reformulation, recognition and revision (Taylor et al, 2017 Dec;90(4):511-529). CAT was shown to have an effect within a 24-session format and has been found to be particularly helpful by those who work with these 'hard to help' patients, including abuse survivors, the elderly and offenders.

Objectives: To introduce CAT to Malta as a Creative Service Initiative with outcome measures in part-fulfillment of the Malta Postgraduate Training Programme in Psychiatry. To perform a qualitative study to see the attitudes of course participants towards other modalities of therapy besides Cognitive Behavioral Therapy and Psychodynamic Psychotherapy.

Methods: A CAT Skills Training Course was organised for the first time in Malta in collaboration with Richmond Foundation, the Malta Association of Psychiatrists and the International Cognitive Analytic Therapy Association. The course was delivered over 6 days. This was divided into 35 hours of theory and 8 hours of skills based sharing and learning with a particular emphasis on contextual

mapping including team dynamics, systemic and structural role positioning within health services and organistations.

A qualitative questionnaire was disseminated to participants at the end of the 6-month programme which included supervision via skype and completion of a reflective essay. A follow-up training course in 2022 was organised and the introduction of CAT Malta to psychiatric trainees planned for March 2023.

Results: A total of 20 participants participated in the original CAT Training in March 2020 of which 1 was a psychiatrist, 2 were psychiatric trainees, 6 were social workers, 3 were counsellors and the remainder were psychologists. From this group of participants 4 members (1 psychiatrist, 1 psychiatric trainee, one psychologist and one social worker) continued to level 2 of training with the aim of continuing to CAT practitioner training. The remaining 16 participants dropped out in view of personal commitments and pressures presented during the COVID-19 pandemic. A new cohort of 14 participants were recruited in September 2022 of which all plan to continue to level 2 of training with the hopes of becoming CAT practitioners. A qualitative study into their reflective essays is being undertaken.

CAT Malta was established in 2022 with the 4 members who continued CAT training level 2. These members are in the process of becoming CAT practitioners and pioneering this new treatment into mental health services amongst the Maltese islands.

Conclusions: In conclusion the above proves that the implementation of CAT Training is feasible and acceptable. It will be introduced to Maltese psychiatric trainees in March 2023.

Disclosure of Interest: None Declared

EPP0503

Hidden face of pandemic – Case study of an art therapy process during the pandemic of the virus COVID-19

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Introduction: Pandemic caused by the virus COVID-19 had a significant impact on mental health of the population, not only by increasing the levels of stress and anxiety, but by affecting the most vulnerable ones, aggravating the symptoms of mental illnesses in people suffering from one of the mental health conditions [1], including the people suffering from schizophrenia. Pandemic made the increased need of that particular patient population for various psychotherapeutic and sociotherapeutic interventions even more evident. Art therapy is a form of psychotherapy that in itself integrates expressive characteristics of art with explorative characteristic of psychotherapy using the visual language of arts as the main media of communication and expression. Art therapy has been used from its beginnings with people suffering from one of the psychotic disorders [2] and it is enlisted today in NICE guidelines as one of the psychological therapies of schizophrenia [3].

Objectives: To understand and to activate the potential of artistic expression in patients suffering from psychotic disorders during the pandemic of virus COVID-19.

Methods: During the period of lockdown in pandemic of virus COVID-19, a young male patient suffering from schizophrenia was admitted to the Acute ward of the University psychiatric hospital