

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

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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

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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