

Introduction: Rational Emotive Behavior Therapy (REBT) fundamentally posits that our thoughts, beliefs, and interpretations exert substantial influence over how we perceive and react to life's occurrences. Central to REBT is the process of recognizing and disputing irrational, self-defeating beliefs, in favor of adopting rational and constructive perspectives.

Objectives: This presentation endeavors to introduce the foundational principles of REBT, elucidate its applied techniques, demonstrate its efficacy through compelling case studies, and delineate its spheres of applicability.

Methods: Case Studies:

1. Overcoming Social Anxiety: Illustrating the transformation from debilitating social anxiety to enhanced social functioning.
2. Managing Work-related Stress: Exemplifying the alleviation of chronic stress in a high-pressure work environment.
3. Overcoming Depression: Demonstrating the journey from persistent despondency to restored vitality and engagement.

Results: In total, REBT furnishes a methodical and pragmatic approach to therapy, affording individuals agency in steering their emotional well-being towards positive and enduring transformation. It is imperative to acknowledge that the suitability of REBT hinges on the idiosyncratic needs, inclinations, and circumstances of each patient.

Conclusions: By internalizing and applying these foundational principles, REBT empowers individuals to identify and dispute irrational beliefs, paving the way for more adaptive emotional responses and an enhanced overall state of mental well-being. It equips individuals with tangible tools to navigate life's challenges with heightened resilience and emotional equilibrium.

Disclosure of Interest: None Declared

EPV0862

Family systemic therapy in patients with eating disorders

P. Setién Preciados*, C. Díaz Mayoral and E. Arroyo Sánchez

Servicio de Psiquiatría, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.

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Introduction: Eating disorders are a group of pathologies in which negative beliefs about food, body type and weight are associated with conducts that include food restriction, binge eating, excessive exercise, induced vomiting and the use of laxatives. They can be really severe, affecting quality of life and lead to multiple physical and psychiatric complications, even with a deadly fate.

Objectives: Presentation of a patient's case with an eating disorder and the intervention with her family, as well as, doing a review of the family interventions in these kinds of patients.

Methods: Presentation of a patient's case and review of existing literature, in regards to the use of family therapy in patients with eating disorders and its effects.

Results: As in the patient's case, there are a lot of studies that support the evidence of improvement using family therapy in patients with eating disorders. However, the difficulty to isolate

the necessary variables in order to do studies about psychological treatments, complicates finding scientific evidence that supports the clinical evidence that we see in our patients day by day with these types of interventions.

Conclusions: There are studies that support the efficacy of these types of family interventions. However, there needs to be a more thorough investigation with the objective of finding the more precise optimal family intervention, and specifically, determining for who and under what conditions, certain types of family interventions would be more effective.

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The association between trajectory of change in social functioning and psychological treatment outcome in university students: a growth mixture model analysis

P. Barnett^{1,2*}, R. Saunders¹, J. E. Buckman^{1,3}, S. A. Naqvi⁴, S. Singh⁴, J. Stott¹, J. Wheatley⁵ and S. Pilling^{1,2,3}

¹Psychology and Language Sciences, UCL; ²National Collaborating Centre for Mental Health, Royal College of Psychiatrists; ³Camden and Islington Foundation trust; ⁴North East London NHS Foundation Trust and ⁵Homerton University Hospital NHS Foundation Trust, London, United Kingdom

*Corresponding author.

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Introduction: Attendance at university can result in social support network disruption. This can have a negative impact on the mental health of young people. Demand for mental health support continues to increase in universities, making identification of factors associated with poorer outcomes a priority. Although social functioning has a bi-directional relationship with mental health, its association with effectiveness of psychological treatments has yet to be explored.

Objectives: To explore whether students showing different trajectories of change in social function over the course of treatment differed in eventual treatment outcome.

Methods: Growth mixture models were estimated on a sample of 5221 students treated in routine mental health services. Different trajectories of change in self-rated impairment in social leisure activities and close relationships (Work and Social Adjustment Scale (WSAS) items 3 and 5) during the course of treatment were identified. Associations between trajectory classes and treatment outcomes were explored through multinomial regression.

Results: Five trajectory classes were identified for social leisure activity impairment (Figure 1), and three classes were identified for close relationship impairment (Figure 2). For both measures the majority of students remained mildly impaired (Class 1). Other trajectories included severe impairment with limited improvement (Class 2), severe impairment with delayed improvement (Class 3), and, in social leisure activities only, rapid improvement (Class 4), and deterioration (Class 5). There was an association between trajectories of improvement in social functioning over time and positive treatment outcomes. Trajectories of worsening or stable severe impairment were associated with negative treatment outcomes.