

individuals may be more susceptible to mood switching. Nevertheless, further research is needed to better elucidate variables influencing mood switching during TMS treatment and to develop effective preventative measures, especially for patients already predisposed to manic switching.

**Disclosure of Interest:** None Declared

## Psychotherapy

### EPV0856

#### Multifamily group evaluation with Score 15 questionnaire

B. Gamo Bravo<sup>1\*</sup>, M. E. Gonzalez Laynez<sup>2</sup>,  
S. M. Bañon Gonzalez<sup>1</sup> and N. Ogando Portilla<sup>1</sup>

<sup>1</sup>psychiatry, University hospital infanta Sofia, San Sebastian de los Reyes and <sup>2</sup>psychiatry, University hospital of Toledo, Toledo, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1471

**Introduction:** The multifamily group that has been underway since April 2019 in Alcobendas, Madrid is described. A group that serves people diagnosed with mental disorder and their families, with the aim of improving their health and quality of life. It is about facilitating and improving the basic communication of relational aspects and healthy bonds. It is intended to offer a space where you can think together about the experiences lived in your own family with the rest of the group

**Objectives:** Assess the evolution and improvement of the patient and family members with the Score 15 questionnaire, The Score is a way of giving users a voice about the therapy process, not about the contents of their problems, but about their perception of the effectiveness of therapeutic work and for professionals it is an opportunity to obtain important feedback from their work.

**Methods:** Using the Score 15 questionnaire on all participants in the group at time zero and after 12 sessions

**Results:** Improvement in the family description items, and in the quantitative improvement in scoring of the following questions: What degree of severity would indicate? Do you think therapy will be helpful/has it been helpful to you?

**Conclusions:** Family therapy in the modality of Multifamily Groups provides an improvement in intrafamily communication, its links and therefore in the rest of social communication, facilitating the exit from loneliness and misunderstanding and in turn broadens the understanding and understanding by therapists

**Disclosure of Interest:** None Declared

### EPV0858

#### Virtual Reality as Exposure Therapy in the Treatment of Blood-Injection-Injury Phobias

N. Halouani, N. Boussaid, M. Turki, M. Barkallah\*, S. Ellouze and J. Aloulou

psychiatrie B, Hedi Chaker university hospital, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1472

**Introduction:** Virtual Reality (VR) is a transformative technology that facilitates the development of immersive virtual environments. Its application is steadily growing within Cognitive Behavioral Therapy (CBT) techniques, notably in virtual exposure therapy. This is particularly evident in the treatment of specific phobias, with a specific focus on addressing blood-injection-injury phobias.

**Objectives:** The objective of our study is to design a treatment protocol for patients suffering from blood phobia based on VR.

**Methods:** We used the following scales:

- Fear Survey Schedule-III (FSS-III) and the Injection Phobia Scale (IPS) for psychometric evaluation of the intensity of avoidance fear.
- Questionnaire on cybersickness: to identify potential adverse effects of exposure to virtual reality.

To conduct a functional analysis of phobias, we used the SECCA grid and the SORC grid.

**Results:** The therapeutic protocol stages of VR for a patient suffering from Blood-Injection-Injury Phobia (BIIP) are as follows:

1. Collection of sociodemographic and clinical data.
2. Functional analysis to identify triggering factors, contributing factors, and consequences of behavior. The SECCA or SORC grid can help in conducting this functional analysis.
3. Psychometric evaluation of the intensity of avoidance fear using the three scales: FSS-III, IPS, and the cybersickness scale.
4. Patient education on the mechanisms of the phobia.
5. Setting of objectives.
6. Therapeutic contract.
7. The Protocol :
8. Cognitive approach: identification of automatic thoughts and replacement with more rational thoughts.
9. Behavioral approach: Progressive exposure, controlled immersion of the patient in virtual environments corresponding to situations that trigger their phobia. This exposure is coupled with relaxation.

The treatment continues with regular follow-up to ensure the consolidation of progress and to adjust strategies.

For relapse prevention, simple measures like personalized exercises to be done by the patient, can favor the long-term maintenance of the acquired skills.

**Conclusions:** Virtual reality exposure therapies (in virtual) are as effective as in-vivo therapies. Besides, they offer a significant advantage over the latter as they facilitate access to stimuli or anxiety-provoking situations that are difficult to access or control in the real world.

**Disclosure of Interest:** None Declared

### EPV0859

#### Optimizing Outpatient Mental Health Services: A REBT-Infused Approach to Empowerment and Well-being

M. Milutinovic\*, S. Mitrovska and L. Novotni

University Clinic of Psychiatry, Skopje, North Macedonia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1473