Background: Social functioning impairment is one of the core features for schizophrenia diagnosis and are also present in other psychotic spectrum disorders, being determinant for disability. This impairment has multiple domains, which are linked but separate. Previous research has shown that social functioning is multiply determined by neurocognition, social cognition and symptoms, being social cognition the domain that accounts for more of the variance in daily functioning. However, cognitive rigidity in interpersonal perception has received less attention and much variance remains unexplained. The aim of this study was to test the role of interpersonal cognitive rigidity, as measured with the Repertory Grid Technique (RGT) in social functioning in psychosis.

Methods: Sample of 40 out-patients with a psychotic spectrum diagnosis from the network of mental health services of Parc Sanitari Sant Joan de Déu (Barcelona, Spain). Cross-sectional study, assessment was carried out by a predoctoral researcher (GMH), using a sociodemographic questionnaire, the Social Functioning Scale (SFS), the Hinting Task (Theory of Mind, ToM), the Beck Cognitive Insight Scale (BCIS), and the RGT (to measure interpersonal cognitive rigidity, two indices were selected: Percentage of Variance Accounted for the First Factor, PVAFF, and Polarization). Pearson correlations and multiple regression analysis were performed.

Results: Results showed that social engagement/withdrawal was explained by PVAFF, accounting for 16% of the variance. Independence-competence was explained by polarization, explaining 14.6% of the variance and by sex, which accounted for 11.1% of the variance. Independence-performance was explained by theory of mind, explaining 22.5% of variance. Employment/occupation was explained by years of illness accounting for 21.6% of variance, and by polarization (beta=-0.318, p=0.026) which explained 10% of variance. Finally, the total score of the SFS was explained by polarization, explaining 14.4% of variance, and sex, which accounted for 12.6% of variance. For prosocial activities and interpersonal communication, none of the variables entered for the linear regression analysis.

Discussion: Despite ToM and cognitive insight are common variables reported in the research literature, in our study the cognitive rigidity measures of the RGT, based on the patients’ own terms (personal constructs) in rating their significant others, were better predictors of social functioning. These findings support the importance and utility of an idiographic instrument like the RGT to investigate cognitive processes related to social perception and their impact on functioning. Regarding PVAFF, a higher tendency to perceive the interpersonal world from a unidimensional manner predicted a worse outcome in social relationships/withdrawal. Regarding interpersonal polarized thinking, it was the best cognitive predictor of social functioning measures. Our results suggest that a dichotomous thinking style in interpersonal perception might also be relevant for elucidating the dysfunction in social adjustment domains. These findings are still preliminary, and form part of an ongoing study.

T242. DEVELOPMENT OF SELF-STIGMA INVENTORY FOR PATIENTS WITH SCHIZOPHRENIA (SSI-P): RELIABILITY AND VALIDITY STUDY IN TURKEY

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Background: Stigmatization is defined as discrimination and loss of social status which is triggered by negative stereotypes related to certain human characteristics such as having mental illnesses. Most of the people with mental illnesses are aware of the stigmatization in society and some of them internalize this social stigma by stigmatizing themselves. Schizophrenia is known as the most stigmatized mental illness by the society, healthcare professionals, and the patients themselves. In Turkey, there is no scale that evaluates the self-stigmatization of people with schizophrenia. The purpose of this study was to develop a culturally-sensitive and easy-to-use instrument to measure self-stigma of the people with schizophrenia.

Methods: After examining the existing stigma and self-stigma scales for people with mental illnesses, 25-item self-stigma inventory was formed. Focus group interviews were conducted with 20 patients with schizophrenia and the items of the newly developed form were reviewed and rephrased into more comprehensible statements for the patients. The pilot study was conducted with a sample of 15 patients with schizophrenia and the inventory was finalized as 19-item self-stigma inventory for the patients. One hundred and sixty-two outpatients with schizophrenia or schizoaffective disorder were given sociodemographic form, Self-Stigma Inventory (SSI-P), Beck Depression Inventory (BDI), Internalized Stigma of Mental Illness (ISMI) Scale, Rosenberg Self-Esteem Scale (RSES), Beck Hopelessness Scale (BHS), Positive and Negative Syndrome Scale (PANSS), Clinical Global Impression-Severity (CGI-S), and Global Assessment of Functioning (GAF). For reliability analyses; split-half reliability, internal consistency coefficient, and item-total correlation were assessed. For validity analyses; exploratory factor analysis and convergent validity were conducted.

Results: The sample of the study was 162 outpatients. Seventy-seven percent of the participants were males, 70% were single, mean age was 37, and level of education was 10 years. Cronbach’s alpha coefficient for SSI-P total score was 0.93, and Cronbach’s alpha scores for SSI-P subscales were between 0.60 and 0.91. Split-half reliability of the inventory was 0.90. For factor analysis, Kaiser-Meyer-Olkin value was found as 0.91 and Bartlett test was significant (p<0.001). In exploratory factor analysis, three factors (perceived incompetency, internalized stereotypes and social withdrawal, and concealment of the illness) were defined and 63% of the variance was explained by the factors. Two items were removed from the questionnaire as they had lower item value than 0.40. In the final form, perceived incompetency factor consisted of 8 items, internalized stereotypes and social withdrawal factor had 7 items, and concealment of the illness factor had 2 items. SSI-P total score was found significantly and positively correlated with PANSS negative symptoms subscale (r=0.19, p<0.05), Beck Depression Inventory (r=0.53, p<0.001), Beck Hopelessness Scale (r=0.40, p<0.001), ISMI total score (r=0.73, p<0.001), and Rosenberg Self-Esteem Scale (r=0.59, p<0.001).

Discussion: The results of the current study show that SSI-P is a reliable and valid instrument for assessing the self-stigmatization of the patients with schizophrenia. It consists of 17 items that are comprehensible and user-friendly for the patients. The scale could be considered as an important instrument in psychotherapy practices and for research purposes.

T243. RESOURCE GROUP-ACT: RELATIVES’ PERSPECTIVES

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Background: Relatives often take on great responsibility for helping the patient in his or her daily life, and many relatives experience lack of support from health care services. Cooperation with relatives is a central component in Resource groups Assertive Community Treatment (R-ACT). This person-centered model has been found to decrease symptoms, increase level of function, and strengthen well-being in patients with psychotic disorders. However, little is known about relatives’ experiences of the model.

Aim: To examine relatives’ experiences of R-ACT. Further, to compare relatives’ experiences of treatment and feelings of being alienated from care services in relatives’ with and without experience of R-ACT.