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, explained 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 comprehensive 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 0.913 and Bartlett test was significant (p<0.001). In explanatory 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

Nils Sjöström*,1, Mats Ewertzon2, Bente Weimand1, Anita Johansson4, Zophia Mellgren1, Ola Johansson1, Jane Ek-Persson1, Margda Waern6

1 Sahlgrenska University Hospital; 2 Ersta Sköndal Bröck University College; 3 Akerhus University Hospital; 4 Skaraborgs Hospital; 5 Dish Association of Local Authorities and Regions; 6 Sahlgrenska University Hospital, University of Gothenburg

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. We hypothesize...
higher levels of family burden, and family stigma and lower quality of life in relatives without R-ACT.

**Design:** Cross-sectional study focusing on relatives of persons with psychotic disorders during the period of October 1, 2017 – May 31, 2018.

**Participants:** Relatives of next of kin suffering from psychotic disorders, treated in health care clinics with and without R-ACT in Västra Götaland County in Sweden.

**Measurements:** The postal questionnaire includes four self-reported instruments: the Family Involvement and Alienation Questionnaire, the Burden Inventory for Relatives of Persons Psychotic Disturbances, the Inventory of Stigmatizing Experiences (family version), and RAND-36.

**Results:** Recruitment is ongoing. Preliminary results will be presented at the conference.

**Discussion:** Increased knowledge about relatives’ experiences of psychosis care can inform the development of R-ACT, a care model that focuses on participation of both patients and their relatives.

---

**T244. SELF-DEFINING MEMORIES PREDICT ENGAGEMENT IN STRUCTURED ACTIVITY IN FIRST EPISODE PSYCHOSIS**

Abigail Wright*,1, Geoff Davies1, David Fowler1, Kathryn Greenwood1

1 University of Sussex

**Background:** Self-defining memories (SDM) are vivid personal events, related to important life memories and narrative identity. Self-defining memories reported by individuals with schizophrenia have been found to be less specific, more negative, and individuals extract less meaning from the memories compared to a healthy control group. Research in healthy control participants has demonstrated that self-defining memories (specific and integrated SDMs) may be predicted by neurocognition, associated with metacognition, the way one thinks about one’s abilities, and linked to goal outcomes. Neurocognition and metacognition are known predictors of poor functional outcome in psychosis, and recently metacognition was demonstrated to mediate between neurocognition, functional capacity, and functional outcome in first episode psychosis (FEP) (Davies, Fowler and Greenwood 2017). Self-defining memories may also have a role in predict ing poor functional outcome. However, previous studies have only assessed those with chronic schizophrenia, none have looked at the relationship to functional outcome or pattern of SDMs in First Episode Psychosis. This study aimed to investigate the pattern of SDMs in FEP and the independent contribution of self-defining memories to outcome.

**Methods:** This was a cross-sectional study involving a sample of 71 people with First Episode Psychosis who completed measures for neurocognition, metacognition (Metacognitive Assessment Interview and Beck’s Cognitive Insight Scale), self-defining memories, functional capacity (UCSD Performance-Based Skills Assessment) and functional outcome (hours spent in structured activity per week) using Time-Use Survey (Fowler et al., 2009). Research has demonstrated time spent in structured activity is 63.5 hours in healthy non-psychotic disorders during the period of October 1, 2017 – May 31, 2018. It was hypothesised that self-defining memories would be less specific, less integrated and more negative in First Episode Psychosis compared to healthy controls, and self-defining memories would mediate between neurocognition and functional outcome in a multiple mediation model.

**Results:** Self-defining memories reported by individuals with First Episode Psychosis were less specific, less integrated, and more negative, focused on relationships, failure and life threatening events, compared to matched healthy control group. Within the First Episode Psychosis sample, holding less specific memories was associated with engagement in significantly fewer hours of structured activity per week (14.9 hours for non-specific memories and 43.3 hours for specific memories), and this effect remained after controlling for neurocognition and metacognition. A multiple mediation model demonstrated that the specificity of SDMs mediated the relationship between neurocognition and functional outcome, independent of functional capacity and metacognition.

**Discussion:** This study demonstrated that the types of self-defining memories reported are different between First Episode Psychosis and healthy controls, and may play a key role in functioning. This study was able to demonstrate a significant difference between the individuals with FEP reporting a specific compared to a non-specific memory on hours spent in structured activity. In such that participants who provided a specific memory were less likely to have a better functional outcome and able utilise their neurocognitive ability to participate in more activities. Given these results, self-defining memories could be considered as a key factor to be explored within current FEP interventions.

---

**T245. THE ROLE OF PROTECTIVE FACTORS IN THE FIRST-EPISODE PSYCHOSIS: PRELIMINARY RESULTS**

Regina Vila-Badia*,1, Anna Butjosa2, Núria Del Cacho1, Itziar Riera-López de Aguileta1, Mar Álvarez1, Marta Pardo1, Marta Coromina1, Núria Grases1, Susana Ochoa1, PROFEP Group1, Judith Usall1,2

1 Parc Sanitari Sant Joan de Déu; 2 Parc Sanitari Sant Joan de Déu, Universitat de Barcelona; 1 Hospital Sant Joan de Déu; 2 Parc Sanitari Sant Joan de Déu, CIBERSAM

**Background:** Currently, there is a great interest in stress since many diseases can be affected by stress, including psychotic disorders. Interpretation and capacity of the person to tackle situations of psychosocial stress and their recovery capacities are relevant factors in the prevention of psychotic disorders (López-Soler, 2008; N Pereda, 2009, 2010; Noemi Pereda, Guilera, Forns, & Gómez-Benito, 2009). Some of protector factors that have been studied are the following: Resilience (R), Coping Strategies (CS) and Social Support (SS). Furthermore, few studies have been performed with FEP population.

**Methods:** This research was part of a longitudinal observational study called ‘PROFEP Group’ in Catalonia. The patients belong to Mental Health Parc Sanitari Sant Joan de Déu (for adults) and Hospital Sant Joan de Déu (for children and adolescents) health care sector. Participants were FEP (N=15); males=9, females=6) and HC (N=19; males=6, females=13) between 14 and 42 years. We used the PANSS scale (positive, negative and general) to evaluate psychotic symptoms and DULE (social support), EMA (coping strategies) and CD-RISC-17 (resilience) scales to evaluate protective factors.

**Results:** FEP patients showed worse resilience (p<0.05), less social support (p<0.05) and more avoidance coping strategies (p<0.05) than HC. On the other hand, in FEP patients, some protective factors correlate with the symptomatology. The DULE scale and the EMA cautious action subscale correlate with the total PANSS, while the EMA social joining subscale correlates with the positive symptoms (p<0.05).

**Discussion:** Resilience, Coping Strategies and Social Support seem to have an important role in the appearance and severity of an FEP. It is necessary to carry out more studies with more sample, even so, the results indicate that these factors may be important for the prevention of an FEP and could be worked on in future interventions in FEP patients as well as in HC.

---

**T246. DECREASING AGGRESSIVE BEHAVIOR IN PATIENTS WITH COGNITIVE IMPAIRMENTS BY TRAINING PSYCHIATRIC STAFF IN INTERACTIVE SKILLS**

Daniel Abrams*,1, Annelly Goulding2, Margda Waern1, Nils Sjöström2

1 University of Sussex, 2 Parc Sanitari Sant Joan de Déu, CIBERSAM

**Background:** The present study aimed to investigate the pattern of SDMs in FEP and the independent contribution of self-defining memories to outcome.

**Methods:** This was a cross-sectional study involving a sample of 71 people with First Episode Psychosis who completed measures for neurocognition, metacognition (Metacognitive Assessment Interview and Beck’s Cognitive Insight Scale), self-defining memories, functional capacity (UCSD Performance-Based Skills Assessment) and functional outcome (hours spent in structured activity per week) using Time-Use Survey (Fowler et al., 2009). Research has demonstrated time spent in structured activity is 63.5 hours in healthy non-psychotic disorders during the period of October 1, 2017 – May 31, 2018. It was hypothesised that self-defining memories would be less specific, less integrated and more negative in First Episode Psychosis compared to healthy controls, and self-defining memories would mediate between neurocognition and functional outcome in a multiple mediation model.

**Results:** Self-defining memories reported by individuals with First Episode Psychosis were less specific, less integrated, and more negative, focused on relationships, failure and life threatening events, compared to matched healthy control group. Within the First Episode Psychosis sample, holding less specific memories was associated with engagement in significantly fewer hours of structured activity per week (14.9 hours for non-specific memories and 43.3 hours for specific memories), and this effect remained after controlling for neurocognition and metacognition. A multiple mediation model demonstrated that the specificity of SDMs mediated the relationship between neurocognition and functional outcome, independent of functional capacity and metacognition.

**Discussion:** This study demonstrated that the types of self-defining memories reported are different between First Episode Psychosis and healthy controls, and may play a key role in functioning. This study was able to demonstrate a significant difference between the individuals with FEP reporting a specific compared to a non-specific memory on hours spent in structured activity. In such that participants who provided a specific memory were less likely to have a better functional outcome and able utilise their neurocognitive ability to participate in more activities. Given these results, self-defining memories could be considered as a key factor to be explored within current FEP interventions.