

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

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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 predicting 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-clinical population, 25.2 hours in a First Episode Psychosis sample, and 19.7 hours in a psychosis sample with delayed recovery (Hodgkins et al., 2015). Data was compared to a matched healthy control sample. 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 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

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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; Noemí Pereda, Guilera, Forn, & 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 patients (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 DUKE (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 DUKE 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

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Background: Preventive measures to decrease aggressive incidents in psychiatric care range from friendly responses to advanced de-escalation techniques.

But interventions have not often been systematically evaluated and often have different emphasis. There is also large variation in the outcome measurements used.

A method that has been used in Sweden is an interactive training approach, which aims to establish and maintain calmness and security for patients with cognitive impairments. Experiences from Gothenburg indicate decreased levels of coercive measures after training staff and providing supervision. The in-patient-unit where such training and application has been carried out most consistently, won a national award in 2016 for having no coercive measures taken in six months, despite 90 percent of the patients receiving compulsory care.

The intervention is a well defined 3-day-course, with two trainers and twelve participants. The main part of the course is devoted to the role playing of conflict situations with patients, based on the participants' own experiences and examples. Visual analysis tools are used to make the role plays into learning situations.

Aim: We describe here the study protocol for a planned project that will test the Interactive Training approach in four regional hospitals. In addition, group interviews will be applied to increase understanding of staff experiences, as well as the evaluation of the implementation process.

Methods: Planned sub-studies:

1. Staff's experience of using interactive methods will be analyzed through focus-groups; four group interviews with 5 people in each group. (Assisting nurses and nurses working full-time, who have been educated in interactive conflict-handling and worked according to the method for at least one year).
2. Intervention study. The staff at the psychiatric departments of four different hospitals will receive training in interactive conflict handling, and after the course, supervision. The purpose is to compare the number of aggressive events before and after the intervention.

The instruments that will be used for measurement of the effect are the Staff Observation Aggression Scale - revised (primary outcome), the Social Dysfunction Aggression Scale and the Clinical Global Impression - Severity Scale.

We will also document the type of care (voluntary or compulsory), the number of psychiatric hospital beds, the number of inpatient patients, the number of staff employed, if the patient was affected by alcohol or illegal drugs and several other variables. Diagnoses will be retrieved from patient records.

3. Evaluation of implementation. The purpose is to analyze the implementation of the intervention at four hospitals. Group interviews will be conducted and the data will be analyzed qualitatively by using Normal Process Theory (NPT) as a framework. NPT is an action research perspective that focuses on what actors actually do and discerns between, implementation, embedding integration as different levels of change.

Results: Data collection for the first sub-study will be completed in June 2018 and results from the second and third are anticipated to be available by March 2019 and December 2019, respectively.

Discussion: Possible methodological problems are that data from focus-groups may not be possible to generalize. However, qualitative data may capture experiences that shed light on the psychological working-mechanisms of the intervention.

The intervention study is expected to generate rich data, where essential variables are controlled for, for example organizational features, distribution of diagnoses and severity of symptoms. However, in a complex organization, it may not be possible to control for all variables that might explain variations in outcome.

T247. INSIGHT INTO NEGATIVE SYMPTOMS AS AN IMPORTANT TARGET FOR PSYCHOSOCIAL REHABILITATION IN RELATION TO CLINICAL CHARACTERISTICS

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Background: Apathy and amotivation are considered as the core features of negative symptoms in patients with schizophrenia spectrum disorders. It's well known that schizophrenia patients often lack insight into their symptoms. Insight bias affects self-representation, social functioning and social outcomes, reduces effects of psychosocial treatment and rehabilitation.

Objective: To research key aspects of insight into apathy depending on diagnostic categories in patients with schizophrenia spectrum disorders. The aim of the study was to analyze correlations of insight into apathy/amotivation with clinical symptoms, compliance with treatment and social cognition.

Methods: 103 patients with schizophrenia and schizophrenia spectrum disorders were recruited to participate in the study. Only patients in stabilized state that met criteria of PANSS total score ≤ 80 points were included. Demographic data was collected along with the clinical description on prevailing symptoms during acute phase. Discrepancy score for Apathy Evaluation Scale clinical (AES-C) and self-rated (AES-S) versions was used to assess insight into amotivation syndrome. Hinting Task, Ekman-60 and RAD-15 were used to assess social cognition and BACS was used for neurocognition.

Results: Overall, moderate positive correlations between AES-C and PANSS amotivation subscale N2 and N4 items, N6 item with total PANSS negative subscale were revealed. No significant correlations with G16 item were registered. AES-C/AES-S discrepancy ratio also modestly correlated with paranoid schizophrenia ($r=0,29$) and prevailing delusional symptoms during acute phase ($r=0,33$) of manifest psychoses, age of onset ($r=0,28$) and inpatient only treatment intake ($r=0,27$). It was negatively correlated with number of hospital admissions ($r=-0,43$). It is worth noting that we found no correlation between AES discrepancy ratio and social cognition and neurocognition.

Discussion: Patients with prevailing paranoid symptoms not only lack insight into positive symptoms, but tend to underestimate their negative symptoms such as motivation and apathy. Clinically this can be described by overestimated strengths, overstated expectations, exaggerated hopes, mistakenly overrated beliefs. These phenomena often biases the recovery process and need to be addressed during motivational enhancement therapy. Patients with more difference between the results in AES-C and AES-S are less critical to their conditions and less committed to therapy while being more paranoid in their beliefs. It is also harder to identify problems and targets for these patients as they often see no reasons for treatment at all. Probably with some of these patients indirect methods (metacognitive training) would be preferable rather than psychoeducation-based approaches when choosing psychological therapies. Interestingly no relationship of insight and social cognition was revealed. That needs further investigation as motivation is often considered to be a mediator for neurocognitive and social cognitive functions while there is still little works on the role of insight in relation to social cognition.

T248. PSYCHOPATHOLOGY IN F2X.X-UNAFFECTED CO-TWINS AS A VULNERABILITY INDICATOR OF PSYCHOSIS

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