

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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