

disorders, aiming to transform personalized mental health care by addressing critical challenges in psychiatric care.

Methods: The study follows a multi-phase approach, incorporating prototype development, a proof-of-concept trial, and a Randomized Controlled Efficacy Study (RCT). Each phase is informed by iterative stakeholder feedback, ensuring responsiveness to real-world needs and experiences. The research was approved by the Semmelweis University Regional and Institutional Committee of Science and Research Ethics (SE RKEB: 85/2023).

Results: In the pilot phase, we have effectively tracked the daily well-being of participating patients through interactive activities and structured questionnaires. Our experiences in this phase promise to offer valuable insights for the psychiatric community, shedding light on the potential of personalized mental health care interventions.

Conclusions: This ongoing study represents a pivotal step towards redefining interventions for individuals with schizophrenia spectrum disorders. Early results signal a transformative potential in enhancing symptom management. As the study advances, deeper insights will emerge, emphasizing the profound impact of leveraging mobile technology in personalized mental health care.

Disclosure of Interest: None Declared

EPP0123

Emotion Regulation and Physiological Reactivity in the Parent-Child Relationship: A Preliminary Study of an Online Attachment-Based Program for Parents of Preadolescents with Behavioral Disorders

M. Tironi^{1*}, S. Charpentier Mora¹ and F. Bizzi¹

¹University of Genoa, Genoa, Italy

*Corresponding author.

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Introduction: Behavioral disorders have been defined as a “health crisis” of modern times that has a significant impact on the parent-child relationship. In this scenario, the emotional regulation (ER) of each partner plays a central role and serves a protective factor, configuring as an area to intervene. The Connect Parent Group, an attachment-based intervention for parents, has shown evidence of effectiveness. However, its online version (e-Connect) has not yet garnered specific evidence related to emotional and physiological regulation in parents and preadolescents.

Objectives: This study aimed to explore changes in the short and medium term regarding ER abilities - both self-reported and measured through physiological indices - in parents and preadolescents with behavioral disorders, building upon initial findings from an online parenting intervention.

Methods: 28 parents (82.1% mothers, 17.9% fathers, $M_{age} = 47.48$, $SD = 4.73$) and their 28 preadolescents with behavioral disorders ($M_{age} = 11.22$ years, $SD = 2.69$, 35.7% girls) were recruited from child neuropsychiatry services in Northern Italy and subsequently took part in the pilot study. They were assessed at three time points: before intervention (T1), one month after the intervention (T2) and at 6-months follow-up (T3). ER were assessed with a multimethod approach: parents and children

completed a self-report questionnaire (i.e., Difficulties in Emotion Regulation Scale and How I Feel, respectively) and then they interact during a stress-task in which physiological parameters (i.e., Galvanic Skin Response, GSR; Heart Rate/Beat per Minute, BPM) have been measured.

Results: Regarding self-reported ER, mixed-effects regression models showed an improvement in parent emotion dysregulation between T1 and T3 ($p=0.004$), a decrease in preadolescents' negative emotions ($p=.012$) between T1 and T2 and a lower emotion intensity in preadolescents between the three-time points ($p=.003$). Regarding physiological ER, the two overall models of GSR and BPM were not significant for both parents and children. Yet GSR correlations within three-time points were positive and significant for children (T1-T2: $r=.58$; T1-T3: $r=.68$) but not for parents, while BPM correlations between T1 and T2 were significant for parents ($r=.49$) but not for children.

Conclusions: The online attachment-based parenting program appears to have contributed to a reduction in emotional dysregulation in parents and preadolescents, which seems to persist to some extent in the medium term. The non-significant results at the physiological level may suggest that changes reported by parents and children through self-report questionnaires do not align with changes in the physiological response to interpersonal stress experienced after an online intervention. Clinical and research implications will be discussed.

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Forensic Psychiatry

EPP0126

Aggression management of criminal offenders in prison setting

G. Nikolić^{1*}, N. M. Stojanović², J. Branković³, S. Tošić Golubović⁴, O. Žikić¹ and J. Kostić¹

¹Department of psychiatry; ²Department of Physiology, Faculty of Medicine; ³Daily hospital, Center for mental health protection and ⁴Clinic for Psychiatry, Faculty of Medicine, Niš, Serbia

*Corresponding author.

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Introduction: A new approach of social therapy for criminal offenders was applied in Penalty Facility in Niš, Serbia. It is based on three month peer-training focusing on recognizing of triggers for anger, understanding emotional manifestation and learning socially acceptable ways of anger expression.

Objectives: To estimate how the impact of peer-based training influences the level of aggression of criminal offenders in prison settings.

Methods: One hundred and six prisoners were randomly assigned to program. The six previously educated inmates trained the participants through 12 work-shops. An independent professional evaluated change in aggression levels after training using Buss&Perry Aggression Scale. We compared subgroups with shorter versus longer sentences pre and post training using Student's t test. And univariate logistic regression analysis for impacts of sociodemographic variables on aggression scores.

Results: We found a significant higher scores of anger (6.6 ± 4.7 & 11.8 ± 4.2 , $p=0,043$) hostility (15.5 ± 8 & 20.1 ± 6.5 , $p=0,029$) and total aggression (32 ± 14 & 48 ± 21 , $p=0,023$ in subgroup with longer sentences at baseline. After training anger (12.4 ± 4.8 & 15.5 ± 5.6 , $p=0,0167$), physical aggression (14.6 ± 5.1 & 17.2 ± 5.6 , $p=0,024$) and total aggression score (55.5 ± 14.1 & 68.2 ± 18 , $p=0,0152$) remained higher in the group with sentences more than five years. Lower education level is associated with undesirable outcome-higher level of aggression after training.

Conclusions: Three months training was not sufficient for adopting skills for better control of aggressive behavior in criminal offenders never the less the length of the sentences.

Disclosure of Interest: None Declared

EPP0127

How psychopathy is associated with the level and change of impulsivity in correctional treatment

A. Voulgaris*, P. Briken and E. Stück

Institute for Sex Research, Sexual Medicine and Forensic Psychiatry, Medical University Hamburg, Hamburg, Germany

*Corresponding author.

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Introduction: Research indicates that psychopathy can hinder treatment success and can lead to dropout. Impulsivity is a complex construct that overlaps with psychopathic personality traits and is often targeted in forensic psychotherapy due to its relation to the risk of reoffending.

Objectives: Our aim was to investigate the overlap between psychopathy and impulsivity and the influence of psychopathic traits on change in impulsivity.

Methods: We conducted a pre-post-study for measures of psychopathy and impulsivity in men imprisoned for sexual and non-sexual violent offenses. All participants took part in standardized pre- and post-treatment ratings shortly after admission as well as after an average of 19 months ($n=370$ for pre-rating, $n=168$ for post-rating). Psychopathy was measured via the PCL-R, impulsivity with the BIS-15.

We calculated two-tailed Pearson correlations for BIS-15 Pre-, Post-, and Change Scores and the PCL-R. In a second step, the BIS-15 pre-post-differences were compared using independent t-Tests, effect sizes were calculated using Cohen's d (small, medium, and large effect sizes are $d = .20$, $.50$, and $.80$). Further, unpaired t-tests were carried out to compare between participants with lower and higher PCL-R sum scores (median split, $mdn=15.8$, $M=15.5$, $SD=7.9$).

Results: In the total population a significant reduction of self assessed impulsivity can be demonstrated for total impulsivity ($p<.001$, $cohens\ d= .34$) nonplanned ($p<.001$, $cohens\ d= .39$) and motor impulsivity ($p=.004$, $cohens\ d= .23$). In both groups, with higher and lower psychopathic traits, a significant reduction in total and nonplanned impulsivity can be seen.

While the reduction in total impulsivity was 0.9 points higher in the group with higher psychopathy, the difference was not significant, $t(147.8) = -1.1$, $p = .285$. Also, the nonplanned impulsivity was showed a stronger reduction in the high PCL group, though the effect was not significant, $t, t(166) = -1.2$, $p = .243$.

Table 1. Correlationen between BIS-15 post-ratings and PCL-R

		PCL-R				
		PCL-R Sum	Interpersonal	affective	lifestyle	antisocial
BIS-15 prä (n=370)	Total Impulsivity	.20 **	-.14 **	.02	.34 **	.28 **
BIS-15 post (n=168)	Total Impulsivity	.33**	.04	.20**	.35**	.36**
BIS-15 Change (n=168)	Total Impulsivity	-.03	-.15	-.09	.07	.01

Note: * correlation significant für $p \leq .05$; ** correlation significant für $p \leq .001$.

Conclusions: We demonstrate a significant correlation between psychopathy and impulsivity, especially regarding facets 3 and 4, but also for the sum score. Neither the PCL-R sum core, nor the facets correlate with the change in impulsivity during treatment progress in the STU. In both groups, with higher and lower psychopathy, impulsivity was reduced during therapy but there was no significant difference in the change scores. Our results underline that treatment progress can be achieved also in patients with higher psychopathic traits.

Disclosure of Interest: None Declared

EPP0129

Insight into Illness Among Inpatients in a National Forensic Mental Health Service: A Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

M. U. Waqar^{1,2}, S. Murray¹, A. O'Reilly¹, H. G. Kennedy² and M. Davoren^{1,2*}

¹Central Mental Hospital, National Forensic Mental Health Service, Portrane and ²Dundrum Centre for Forensic Excellence, Trinity College Dublin, Dublin, Ireland

*Corresponding author.

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Introduction: Forensic psychiatric services serve a dual purpose: treatment of mental disorders and prevention of associated violent reoffending. Progression along the secure care pathway is often impeded by impaired insight, mainly as a result of treatment-resistant psychoses.

Objectives: We assessed levels of insight among patients in Ireland's National Forensic Mental Health Service before and after its relocation from the historic 1850 campus in Dundrum to a modern facility in Portrane, Dublin.

Methods: The VAGUS insight scale was used in this repeated measures study before and after the relocation at two time points 42 months apart. All inpatients were invited to participate in completing the self-report (VAGUS-SR) and clinician-rated (VAGUS-CR) versions on both occasions. Total scores of both versions were averaged to obtain a combined VAGUS insight score. Corresponding Positive and Negative Syndrome Scale (PANSS) scores were used to ascertain correlations between the insight and symptomatology scales. This study is part of the Dundrum Forensic Redevelopment Evaluation Study (D-FOREST)

Results: 40 pairs of observations were available for legal capacity to consent to medication, combined VAGUS-CR and VAGUS-SR assessments of insight (Cronbach's $\alpha=0.927$), and PANSS.