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Emotional agility – a new language and paradigm for psychiatry

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Introduction Emotional Agility constitutes an alternative to the DSM-5 personality trait model.

Objective The presentation outlines how Emotional Agility is conceptualised and measured through self-report and multi-rater questionnaires.

Aims The paper highlights the development of a short Emotional Agility trait questionnaire and a corresponding behavioural measure with 18 items.

Method Data ($n=929$) from a substantial personality questionnaire with 161 questions was utilised to create a 54 question 'short form' that measures the Big 5 personality factor plus Need for Achievement through 18 facet scales of 3 items each. Data on the same subjects from a 50-item criterion measure was reduced to 18 items that are structurally aligned to the 18-predictor facets.

Results Predictor reliabilities averaged 0.752 at Factor as well as Facet level. The unit weight sum of the 54 questions achieved an uncorrected validity of 0.28 ($n=929$) against external ratings of effectiveness. Joint factor analysis showed good discrimination between the six factors. A 'positive manifold' of Emotional Agility scales emerged as expected which could be conceptualised as the opposite of the MMPI2 'Demoralisation Factor'.

Conclusion The Emotional Agility approach could ground mental health assessments firmly in positive approaches that use every-day terminology. It seems preferable to vague scales claiming to measure obscure 'clinical' constructs through hugely overlapping items that are often not fit for purpose.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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The relationships among psychopathy, empathy, and aggressionJ. Lee^{1,*}, H.J. Lee²¹ Seoul National University Hospital, Neuropsychiatry, Seoul, Korea² Seoul National University, Psychology, Seoul, Korea

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Introduction The lack of empathy is often described as one of the core characteristics of psychopaths. However, prior studies on cognitive empathy in psychopaths have led to mixed conclusions, with some indicating that psychopaths have no impairments in cognitive empathy.

Objectives This study set out to resolve this inconsistency by distinguishing the two factors that constitute the construct of psychopathy: Factor 1 (e.g., emotional callousness, lack of guilt) and Factor 2 (e.g., irresponsible lifestyle, poor behavioral controls).

Aims The main aim of this study was to examine the differential relationship between these two factors and relevant variables including empathy, aggression, satisfaction with life.

Methods Self-report questionnaires and two online experiments (facial affect recognition task, emotional scenario task) were administered to 306 undergraduate students to collect data about psychopathy, cognitive/affective empathy, aggression, satisfaction with life.

Results Correlation analysis revealed that both Factor 1 and Factor 2 had negative correlations with self-reported measures of cognitive/affective empathy, and only Factor 1 emerged as a significant predictor of both kinds of empathy. Aggression also showed a stronger positive correlation with Factor 1 than with Factor 2, regardless of subtypes (instrumental, reactive, relational, overt aggression). On the other hand, satisfaction with life was more

negatively correlated with Factor 2 than Factor 1, and regression analysis revealed that only Factor 2 was a significant predictor.

Conclusions This study showed Factor 1 is more important than Factor 2 in explaining both empathy and aggression in psychopath, while satisfaction with life is better explained by Factor 2 than by Factor 1.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Borderline personality disorder and working memory: A systematic reviewS. Marini^{1,*}, C. Ranalli², C. Di Gregorio², E. Cinosi¹, M. Corbo¹, M. Lupi¹, M. Carlucci¹, V. Mancini¹, R. Santacroce¹, F. Vellante¹, T. Acciavatti¹, M. Di Giannantonio¹¹ University G. d'Annunzio, Neurosciences and Imaging, Chieti, Italy² Hospital G. Mazzini, Mental Health, Psychiatric Service of Diagnosis and Treatment, Teramo, Italy

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Purpose of the study The purpose of this study was to investigate cognitive functioning in Borderline Personality Disorder subjects, with particular reference to the Working Memory functioning. The Working Memory seems to be related to core features of the disorder. The final aim was to better understand the disorder and to implement a cognitive training to improve the deficits.

Methods A literature search was conducted in April 2015. Pubmed and Scopus databases were used to find studies to include in the systematic review. The keywords used for the literature search were: "borderline personality disorder", "borderline personality", "working memory", "executive functioning". In each search, the keywords were used together with the logical operator "and".

Summary Three studies were included in this systematic review (Table 1). In each study, the working memory was investigated using N-back test. In two of those studies significant differences were found between patients and healthy group in N-back task. In the third study, which used more tests to investigate working memory domain, no differences were found between the two groups.

Conclusions Borderline personality disorder patients performed significantly worse on the N-back test compared to healthy controls and the impairment increased with increasing working memory

Table 1

AUTHORS	PARTICIPANTS	NEUROPSYCHOLOGICAL TESTS	MAIN RESULTS
Haaland et al. 2009	35 borderline personality disorder patients, 35 healthy control subjects	Attention (Digit Symbol Coding-WAIS III; CPT). Working Memory (Digit Span-WAIS III; PASAT; LNS;N-back). Executive functions (Stroop Color Word Test;ToL4; COWA; WCST; TMT; IGT). Verbal LTM (HVLt). Visual LTM (ROCF; Kimura Recurring Recognition Figures Test). General Cognitive ability (Picture arrangement; Block Design; Picture Completion; Vocabulary; Similarities. All from WAIS III)	BPD have a selective deficits in executive functioning and possibly attention as compared to healthy controls. In the other neuropsychological domains no differences were found between the two groups.
Lazzaretti et al. 2012	15 borderline personality disorder patients, 15 healthy control subjects	N-back, CPT	Borderline personality disorder patients performed significantly worse on the N-back test compared to healthy controls. The N-back deficit was more pronounced and significant in the 3-back condition.
Hagenhoff et al. 2013	28 borderline personality disorder patients, 28 healthy control subjects	Elementary cognitive processes (SRT; SDT; CRT). WM (N-back). Response inhibition (GO/NO-GO TASK). WM and response inhibition (CPT-AX)	Borderline personality disorder patients showed a lower accuracy in N-back task than HC and the impairment increased with increasing WM load. WM deficit not affect response inhibition processes. BPD patients were faster than HC in nearly all task.

load. In the third study the working memory domain was investigated using four different tests and single scores were not included therefore it was impossible to compare N-back data.

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Self-Concealment Scale: Validation of two Portuguese versions

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Introduction Self-Concealment Scale (SCS) is composed of ten items to measure self-concealment, defined as a tendency to conceal from others personal information that one perceives as distressing or negative (Larson and Chastain, 1990).

Objective To investigate the psychometric properties of the SCS-10 Portuguese version and of an adapted version containing two additional items specifically focused on self-concealment related to health problems (physical and psychological)–SCS-12.

Methods The Portuguese version of the SCS-12 and other validated questionnaires designed to evaluate self-reported health, perfectionism and optimism-pessimism were administered to a convenience sample of 555 adults from the community (60.5% females; mean age = 43.49 ± 10.565).

Results The SCS-10 and SCS-12 Cronbach's alphas were $\alpha < 0.80$. In both versions, all the items contribute to the internal consistency. The factor analysis, following the Kaiser and the Cattell's Scree Plot criteria, revealed that SCS-10 is unidimensional and that SCS-12 reliably and validly evaluates two dimensions: F1 Keeping secrets (Explained variance = 48.60%; $\alpha = 0.816$), F2 Personal concealment including health problems (9.65%; $\alpha = 0.797$). The pattern of correlations of the SCS dimensional and total scores was as follow: negative low correlations with physical health (@–0.20), negative moderate correlations with psychological health (@–.30), moderate correlations with self-oriented perfectionism, social-prescribed perfectionism, pessimism (@0.25) and optimism (@–0.20).

Conclusions The Portuguese versions of SCS have good reliability and validity (construct and convergent-divergent). The factorial structure partially overlaps with the original. SCS could be useful for research proposes, namely in an ongoing project on the role of the mentioned personality traits on illness and health behavior.

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Perseverative negative thinking prospectively mediates the relationship between perfectionism and psychological distress

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Introduction We have recently found that Perfectionism and Perseverative Negative are both correlates of psychological distress/PD and that PNT mediates the relationship between perfectionism and PD (Macedo et al., 2015).

Objectives To investigate if perfectionism and PNT are prospectively associated to PD and if PNT is a longitudinal mediator between perfectionism and PD, controlling for perceived stress and gender.

Methods A total of 227 university students (80.1% girls) filled in the Portuguese validated versions of Perseverative Thinking Questionnaire (PTQ), Multidimensional Perfectionism Cognitions Inventory (MPCI), Profile of Mood States and Perceived Stress Scale, with an additional item to evaluate perceived social support/PSS at T0 and after approximately one year (T1) (Mean months = 12.77 ± 1.137). Only variables significantly correlated with the outcomes (Tension/Anxiety at T1 and Depression at T1) were entered in the conditional process analysis. The moderating role of perceived support on the link between Concern over Mistakes (MPCI) and psychological distress and between PTQ total score and psychological distress (anxiety and depression separately) was examined via conditional process analyses.

Results The estimated models were significant ($F = 4.257$, $P = .002$; $F = 6.476$, $P < .001$) explaining 15.9% of tension-anxiety and 25.5% of depression variance. A significant conditional indirect effect of PTQ total score on psychological distress at average and higher levels of perceived support was found, in both models (anxiety and depression). On the contrary, the two models showed a non-significant conditional direct effect of Concern over Mistakes on psychological distress only at any level of perceived support.

Conclusion PNT prospectively mediates the relationship between negative perfectionism and PD.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Effects of different types of instruction on the Scores of PID-5 profile

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Introduction Section III of 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a hybrid model of personality pathology, in which dimensional personality traits (PTs) are used to derive one of six categorical Personality Disorder (PD) diagnoses. The Personality Inventory for DSM-5 (PID-5) has been developed to assess PTs within this new system.

Objectives PT is a tendency to feel, perceive, behave, and think in relatively consistent ways across time and situations. PD diagnosis is generally stated if a pattern of maladaptive PTs persists at least 5 years. Nevertheless, the PID-5 instruction does not cover duration of symptoms.

Aims We have explored the effect of two different types of instructions, in which duration of symptoms is or is not explicitly mentioned, on the PID-5 scores. Moreover, we have asked whether the scores differ in psychiatric patients and healthy individuals.

Methods Differences between original and modified instructions of the Czech PID-5 version have been evaluated in a group of 62 psychiatric patients and 38 healthy controls; each respondent has been administered both instruction types in random sequence. ANOVA