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Differences in psychiatrists' and psychologists' classification of trauma-related changes of consciousness in PTSD

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Introduction Mental trauma may precede persistent changes in a person's mental health in the form of psychosis and dissociation. Presently, there are no subtypes to the diagnosis of PTSD. A psychotic subtype of PTSD has been proposed, and studies show that these patients differ as well in symptoms as biologically from patients with non-psychotic PTSD. Dissociation and psychosis are generally viewed as different phenomena. Where dissociation is understood as a disintegration of the mind, psychosis is viewed as a neurodegenerative disorder on a mainly biological/genetic basis. The delineation of psychotic and dissociative symptoms is not clear however.

Objectives Our objective is to clarify, whether psychologists and psychiatrists describe trauma-related changes of consciousness (TCC) differently as dissociative or psychotic. Furthermore, we wish to compare scientific journals, and look for differences in how psychiatrists' and psychologists' make use of the terms dissociation and psychosis in relation to TCC.

Aims We aim to investigate whether TCC are interpreted differently among psychiatrists and psychologists.

Methods This study is a systematic critical review of the literature. The databases PubMed, Embase and PsychInfo will be used. Articles involving PTSD with TCC will be included. Studies will be classified as viewing TCC's as either psychotic or dissociative, based on the terms the authors use to describe the observed phenomena.

Results The results will be presented at the EPA in March 2016 in Madrid.

Conclusion The study will reveal differences in how psychiatrists and psychologists classify TCC's in PTSD.

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

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Dimensions of DSM-5 posttraumatic stress disorder (PTSD) symptoms

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Introduction Despite the four factor model of PTSD proposed in the DSM-5 (APA, 2013) has received a better empirical support than three factor model of DSM-IV (APA, 1994), some alternative models proposed can provide a better representation of PTSD's latent structure.

Objective The current study tested the fit of seven models, including the 3-factor DSM-IV model (APA, 1994), the 4-factor DSM-5 model (APA, 2000), the 4-factor dysphoria model (Simms, Watson & Doebbeling, 2002), the 5-factor dysphoric arousal model (Elhai et al., 2012), the 6-factor anhedonia model (Liu et al., 2014), the 6-factor externalizing behaviors model (Tsai et al., 2014) and the

7-factor hybrid model (Armour et al., 2015) that combines key features of the anhedonia and externalizing behaviors models.

Aim It expected that the 7-factor hybrid model (Armour et al., 2015) would be the best fitting model.

Methods PTSD symptoms were assessed using the Global Assessment of Posttraumatic Stress Disorder (EGEP-5; Crespo, Gómez & Soberón, 2016) in a sample of 165 victims of different traumatic events. Confirmatory Factor Analysis (CFA_s) were conducted on each of the seven models using Maximum Likelihood (ML) estimation method.

Results All the models tested (except for DSM-IV model) yielded an adequate fit to the data. However, 7-factor hybrid model (Armour et al., 2015) provided a better fit than other competing models.

Conclusions The current findings suggest that the dimensional structure of DSM-5 PTSD symptoms may be best represented by the 7 factors proposed in the hybrid model instead of 4 factors of DSM-5.

References not available.

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Prevention of mental disorders

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Adaptation skill improvement through communication skills analysis of individuals with over-adaptation

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Japanese society, which culturally focuses more on harmony rather than individuals, tends to promote making society members to have over-adaptation, one of the psychological characteristics. The research embraced the definition of over-adaptation, as "the tendency to lose the authority due to one's excessive efforts to meet others' expectations rather than their own needs". Individuals with over-adaptation have higher risks for suffering depression, violent behaviors, and psychosomatic disorders, potentially creates risks for suicide and death from over-work.

The recent Japanese studies mostly focused on examining the methods that balance internal adaptation by lowering external adaptation. However, this method has risks such as inducing resistance and coincidentally making professional helps more difficult. Our research focused on one of the internal maladjustment, self-inhibition, which is the necessary communication skill.

The research focused on individuals with over-adaptation, and set the objectives to reveal their imbalance of communication skills including self-inhibition. It farther aimed to examine the preventing methods the over-adaptation, which induce people to have another psychological maladjustments.

The research conducted a questioner to students in a university and high school. It suggested that individuals with over-adaptation tendency were less skillful in representation and self-assertion, and that they had stronger skill in other areas, such as capability for others, empathy, internal relationship adjustment skill, and self-control. Since these skills were high, they coincidentally made total balance worth. Additionally, their bad physical conditions were noted.

The research suggested the effectiveness of the self-expression and assertion training to improve adaptation, which coincidentally prevents physical problems.