

for cocaine dependence. Further studies are required in this field to come to more reliable conclusions.

**Disclosure:** No significant relationships.

**Keywords:** substance use disorder; cocaine; valproate

## Rehabilitation and Psychoeducation / Posttraumatic Stress Disorder

### EPP0351

#### Risk and Resilience in Trajectories of Post-Traumatic Stress Symptoms among First Responders after the 2011 Great East Japan Earthquake: a 7-year prospective cohort study

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**Introduction:** First responders to disasters are at risk of developing post-traumatic stress disorder (PTSD). The trajectories of post-traumatic stress symptom severity differ among individuals, even if they are exposed to similar events. These trajectories have not yet been reported in non-Western first responders.

**Objectives:** We aimed to explore post-traumatic stress symptom severity trajectories and their risk factors in first responders to the 2011 Great East Japan Earthquake (GEJE)— a historically large earthquake that resulted in a tsunami and a nuclear disaster.

**Methods:** 56 388 Japan Ground Self-Defense Force (JGSDF) personnel dispatched to the GEJE were enrolled in this seven-year longitudinal cohort study. PTSD symptom severity was measured using the Impact of Event Scale-Revised (IES-R). Trajectories were identified using latent growth mixture models (LGMM). Nine potential risk factors for the symptom severity trajectories were analyzed using multinomial logistic regression.

**Results:** Five symptom severity trajectories were identified: “resilient” (54.7%), “recovery” (24.5%), “incomplete recovery” (10.7%), “late-onset” (5.7%), and “chronic” (4.3%). The main risk factors for the four non-resilient trajectories were older age, personal disaster experiences, and working conditions. These working conditions included duties involving body recovery or radiation exposure risk, longer deployment length, later or no post-deployment leave, and longer post-deployment overtime.

**Conclusions:** The majority of first responders to GEJE were resilient and developed few or no PTSD symptoms. A substantial minority experienced late-onset and chronic symptom severity trajectories. The identified risk factors can inform policies for prevention, early detection, and intervention in individuals at risk of developing symptomatic trajectories.

**Disclosure:** No significant relationships.

**Keywords:** Trajectory Analysis; Post-traumatic stress disorder; First responders; Natural disaster

### EPP0352

#### Protective effects of glucocorticoid receptor antagonist Mifepristone on fear memory extinction impairment in a rat model of PTSD

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**Introduction:** Central glucocorticoid receptor (GR) has been found to play an important role in the interpretation of cognitive abnormalities of posttraumatic stress disorder (PTSD), particularly focused on the extinction failure of fear memory. Potential of using GR antagonist as a pharmacological agent to prevent PTSD-related fear memory disruption is worth investigating.

**Objectives:** We aimed to examine whether GR antagonist Mifepristone (RU486) administered before single prolonged stress (SPS) can prevent rats from fear memory extinction impairment.

**Methods:** In the present study, SPS was employed in rats to induce a rodent model of PTSD. 60 minutes before SPS, RU486 (20 mg/kg) was administered by intraperitoneal injection. Seven days after SPS, rats received a protocol of behavioral testing to measure their abilities of specific fear memory (by a cue-dependent fear conditioning paradigm) and nonspecific spatial memory (by T-maze). Neurochemically, we measured plasma corticosterone with or without dexamethasone suppression, activation ratio of GR and levels of norepinephrine, dopamine, and serotonin in amygdala, paraventricular nucleus, dorsal and ventral hippocampus.

**Results:** Our results found that RU486 exerted protective effects on SPS-induced fear extinction impairment. Corticosterone of SPS-RU486 rats was less suppressed by dexamethasone. GR became less activated in dorsal hippocampus of SPS-RU486 rats.

**Conclusions:** The findings supported the utility of GR antagonism in preventing the development of PTSD.

**Disclosure:** No significant relationships.

**Keywords:** extinction; fear memory; glucocorticoid receptor; prevention

### EPP0354

#### Using virtual reality to develop emotional intelligence

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**Introduction:** The development of emotional intelligence is an urgent issue of teaching people in our time. The use of a virtual reality (VR) systems for the development of emotional intelligence is a problem of modern pedagogy.

**Objectives:** The research is aimed at studying interrelations of the level of development of emotional intelligence the manifestations of the ability to perceive and identify emotional expression demonstrated by a virtual avatar in VR CAVE system. The research is

aimed at finding unusual ways to develop emotional intelligence.

**Methods:** The study involved 55 participants aged 18 to 25 years (average age-20.38 ± 0.28), 23 of whom were men and 22 were women. During the study we diagnosed the level of development of emotional intelligence (Sergienko, Vetrova, 2009) and spatial abilities (Rimfeld et al., 2017), type of attachment to the loved one (Sabelnikova, Kashirsky, 2015), and the negotiating style of personality (Soldatova, Gasimov, 2019). In the VR CAVE system, a situation was simulated in which the subject had to detect the avatar and determine the emotional-facial expression displayed by it.

**Results:** It was shown that the level of respondent's emotional intelligence development does not determine the success of identifying the avatar's emotion in VR. The success of identifying emotions depends on the level spatial abilities development. Therefore, it is assumed that in the simulated situation, the avatar is perceived as a special spatial image, and not as a full-fledged partner for interpersonal communication.

**Conclusions:** Thus, the use of VR systems for training and development of emotional intelligence is not proven.

**Disclosure:** No significant relationships.

**Keywords:** development of emotional intelligence; virtual reality; emotional expression

### EPP0355

#### Effects of Mindful Self-Compassion on Psychological Well-Being in Psychiatric Rehabilitation: A Randomized-Controlled Trial

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**Introduction:** The evidence for the positive effects of mindfulness-based interventions on psychological well-being and physical health has been convincing in recent years. As a specific form of such an intervention, the Mindful Self-Compassion (MSC) training program was developed to promote self-compassion and mindfulness. An initial study on an adapted version of the MSC training program considered it to be beneficial in psychiatric inpatient rehabilitation.

**Objectives:** The present study aims to further evaluate the link between MSC and psychological symptoms as well as quality of life.

**Methods:** A randomized controlled trial was conducted from September 2020 to August 2021. A total of 228 patients (64% female, 36% male) participated in a six-week psychiatric rehabilitation program to assess the impact of an adapted MSC training program compared to the control intervention of Progressive Muscle Relaxation training (PMR) on psychological well-being. Both training programs took place once a week for 75 minutes as part of a standardized inpatient rehabilitation program. The participants completed the Self-Compassion Scale (SCS), the Brief

Symptom Inventory (BSI-18), and the Short-Form-Health-Survey-12 (SF-12) pre and post intervention.

**Results:** At the moment, statistical analyses are being carried out. Detailed results will be presented on the poster.

**Conclusions:** The results of this study will contribute to rehabilitation research as they provide further insight into the role of MSC in the treatment of mental disorders. In addition, the clinical implications, and possible effects of changes in the rehabilitation program during the COVID-19 pandemic on the protocol and the results of this study will be discussed.

**Disclosure:** No significant relationships.

**Keywords:** Mindfulness; self-compassion; Randomized Controlled Trial; psychological well-being

### EPP0357

#### Religious Coping Strategies for Religious Patients with Schizophrenia and Schizoaffective Disorder

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**Introduction:** Over last decades convincing evident data was accumulated about the positive correlation of religious involvement and better mental health in depression, substance abuse, suicide, stress-related disorders and dementia. The studies of the impact of religion on patients with schizophrenia and schizoaffective disorders are still insufficient and controversial.

**Objectives:** To investigate the impact of the religious coping strategies in patients with schizophrenia and schizoaffective disorder with focus on resolution and quality of remission in schizophrenia and schizoaffective disorder.

**Methods:** The pilot 1 year study covers 68 orthodox (group 1) and 55 unbeliever (group 2) outpatients with schizophrenia and schizoaffective disorder in remission on the maintenance therapy in FSBSI MHRC. The groups matched in age (18-60 y.o.), gender, treatment. The orthodox group received religious coping therapy. Number of relapses, remission quality (PANSS), quality of life (QLS), compliance (MARS) were measured 3 times (baseline visit, 6, 12 months). Statistical analysis (regression and correlation) was applied.

**Results:** Religious coping strategies proposed by Paragment K. (2013) were applied considering the peculiarities of value-semantic structures and selected religious values of the patients as important rehabilitation resource (Kopeyko et al, 2016). Group 1 demonstrated statistically significant better remission at 12-months point – better subjective well-being, social/functional outcomes, higher adherence to medication, less relapses, less psychotic symptoms.

**Conclusions:** Religion contributes to acquire adaptive functions as the meaning of life, sense of hope, spiritual comfort, supports the overcome the disease burden. Religious coping is an important tool for rehabilitation and preventing the relapses in patients with schizophrenic disorders.

**Disclosure:** No significant relationships.

**Keywords:** Religious Coping; remission in schizophrenia; schizophrenia; Schizoaffective disorder