Article: EPA-0765
Topic: FC07 - Free Communications Session 07: Schizophrenia

COPING, SELF-EFFICACY, AND CONTROL BELIEFS BETWEEN PATIENTS AT-RISK FOR PSYCHOSIS AND PATIENTS WITH FIRST-EPISODE PSYCHOSIS

S.J. Schmidt[1], V. Grunert[1], F. Schultze-Lutter[1], B.G. Schimmelmann[1], C. Michel[1]

[1]University of Bern, University Hospital of Child & Adolescent Psychiatry & Psychotherapy, Bern, Switzerland

Background: Dysfunctional coping patterns, low self-efficacy, and an excessive use of external control beliefs are assumed to be risk factors for psychosis. They are already present in patients with first-epsiode psychosis (FEP). However, it remains unclear if help-seeking patients symptomatically at-risk for psychosis (AR) show similar patterns of coping and competence/control beliefs as FEP patients.
Methods: We compared the frequency of deficits in coping, self-efficacy, and competence beliefs between AR according to the ultra-high risk and/or basic symptom criteria (n=21; mean age: 19.4±4.6) and FEP patients (n=22; mean age: 20.0±4.6). Coping strategies were assessed through the Stress-Coping-Questionnaires (SVF-120/SVF-KJ); self-efficacy and competence beliefs through the Competence and Control Beliefs Questionnaire (FKK).
Results: Most AR and FEP patients demonstrated dysfunctional coping patterns, low self-efficicacy, and biases in control beliefs. Compared to FEP, AR patients reported even more deficits in positive coping strategies and self-efficacy than FEP. Moreover, they showed an excessive use of external fatalistic beliefs. In contrast, FEP patients demonstrated to be overly self-confident.
Conclusions: Dysfunctional coping and competence/control belief patterns are present before the onset of psychosis and are promising predictors of conversion to psychosis. Therefore, they appear to be important treatment targets for early intervention in psychosis. As deficit patterns of AR differ from those of FEP patients, interventions need to be tailored to the special treatment needs of both groups to prevent transition or relapse to psychosis.

https://doi.org/10.1016/S0924-9338(14)78112-X Published online by Cambridge University Press