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Poster 32

[P-32-01]

A Validation of the Korean Version of Ultra-Short Suicidal Ideation Scale

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[P-32-02]

Validation of the Korean Version of the Distress Overtolerance Scale in Psychiatric Patients *Somi Yun, Juyeong Kim, Eunjae Lee (Hanyang University Guri Hospital(Korea))

[P-32-03]

Emotional Dysregulation in Neurodevelopmental Disorders: An Investigation Using the RIPoSt-40

*Sakiko TSUSHIMA^{1,3}, Hirohisa SUZUKI², Dan NAKAMURA², Shizuka SEKI^{1,2}, Kazumaro OKINO^{1,2}, Hiroyuki ITO⁴, Kenji SANADA², Akira IWANAMI^{1,2} (1.Showa Medical University Eastern Hospital (Japan), 2.Department of Psychiatry, Showa Medical University(Japan), 3.Graduate School of Humanities and Sciences, Ochanomizu University(Japan), 4.Faculty of Human Sciences, Ochanomizu University(Japan))

[P-32-04]

Redefining ADHD and ASD through a Dual-Circuit Model of Neuroscience

*Tomoki kokopelli Hamada (Japan Developmental Disorder Association(Japan))

[P-32-05]

Self-compassion is associated with the superior longitudinal fasciculus in the mirroring network in healthy individuals.

*Min-Kyoung Kim (CHA Ilsan Medical Center, CHA University(Korea))

[P-32-06]

A Standardization Study on the Development and Validation of a Shortened Korean Version of the Psychiatric Crisis Instrument for Psychiatric intervention

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[P-32-07]

Shattered Reflections: A Case Report on Good Psychiatric Management in a Filipina patient with Borderline Personality Disorder and Meningioma

*Charisse Jae Rongcal Faa, Mark Anthony Pascual (National Center for Mental Health(Philippines))

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Poster 32

[P-32-01] A Validation of the Korean Version of Ultra-Short Suicidal Ideation Scale

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Keywords: suicidal scale、Validation of Scale、korean version

Objectives: An accurate and easy-to identify form is needed for the early evaluation of suicidal ideation in high-risk patients. Therefore, this study examined the validity and reliability of a Korean version of Ultra-Short Suicidal Ideation Scale (K-USSIS). **Methods**: A total of one hundred sixty one psychiatric university-affiliation general hospital patients completed K-USSIS. For the data analyses, we used correlation analysis, internal consistency analysis, and confirmatory factor analysis. **Results**: First, the scale had good internal consistency with a Cronbach's α of 0.94. Second, confirmatory factor analysis demonstrated the reasonable fit of a single-factor model (CFI=0.99, TLI=0.98, SRMR=0.01, RMSEA=0.10). Finally, convergent validity analysis revealed a significant positive correlation with depression, anxiety, and hopelessness. **Conclusion**: The findings suggest that the K-USSIS has good psychometric properties and can serve as a valuable tool for screening for suicidal ideation and early intervention in Korean psychiatric patients.

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Poster 32

[P-32-02] Validation of the Korean Version of the Distress Overtolerance Scale in Psychiatric Patients

*Somi Yun, Juyeong Kim, Eunjae Lee (Hanyang University Guri Hospital(Korea)) Keywords: Distress Overtolerance、Factor Analysis、Validity and Reliability

Objective: The present study aimed to examine the psychometric validity and reliability of the Korean version of the Distress Overtolerance Scale (K-DOS) in a clinical psychiatric sample.

Methods: Participants were 267 psychiatric outpatients recruited from the Dept. of Psychiatry at Hanyang Univ. Guri Hosp. They completed the Korean version of the Distress Overtolerance Scale (K-DOS), along with validated Korean versions of the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS), and the Ruminative Response Scale (RRS). Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) were conducted to examine the factor structure of the K-DOS. Internal consistency was assessed using Cronbach's alpha and item-factor correlations. Convergent validity was evaluated through correlations with depression, anxiety, hopelessness, and rumination.

Results: EFA revealed a two-factor structure for the K-DOS, which was supported by CFA with acceptable model fit indices (CFI = .95, TLI = .94, GFI = .91, RMSEA = .08, SRMR = .07), confirming its factorial validity. The two factors were interpreted as (1) Tendency to Harm Oneself and (2) Fear of Negative Evaluation. Internal consistency was good, with Cronbach's alpha coefficients of .85 and .81 for each factor. Significant positive correlations with depression, anxiety, hopelessness, and rumination supported the convergent validity.

Conclusion: These findings suggest that the K-DOS is a reliable and valid instrument for assessing distress overtolerance in psychiatric populations and may be useful in both clinical assessment and research.

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Poster 32

[P-32-03] Emotional Dysregulation in Neurodevelopmental Disorders: An Investigation Using the RIPoSt-40

*Sakiko TSUSHIMA^{1,3}, Hirohisa SUZUKI², Dan NAKAMURA², Shizuka SEKI^{1,2}, Kazumaro OKINO^{1,2}, Hiroyuki ITO⁴, Kenji SANADA², Akira IWANAMI^{1,2} (1.Showa Medical University Eastern Hospital (Japan), 2.Department of Psychiatry, Showa Medical University(Japan), 3.Graduate School of Humanities and Sciences, Ochanomizu University(Japan), 4.Faculty of Human Sciences, Ochanomizu University(Japan))

Keywords: ADHD、Emotional Dysregulation、Neurodevelopmental Disorders

In individuals with Attention-Deficit/Hyperactivity Disorder (ADHD), maladaptive behaviors due to hyperactivity and inattention are common. However, difficulties in interpersonal relationships and communication, often linked to emotional dysregulation, are also reported but less studied. This study used the RIPoSt-40 questionnaire, a validated tool assessing emotional regulation, to measure emotional instability, impulsivity, negative and positive emotionality, and the total negative emotional dysregulation (NED) score. Relationships between these indices, the Autism-Spectrum Quotient (AQ), and the Conners' Adult ADHD Rating Scales (CAARS) were examined. Participants were adults diagnosed with ADHD at specialized outpatient clinics in Showa Medical University hospitals.

Results from 22 subjects showed a strong positive correlation between the CAARS "ADHD Index" and NED, indicating that individuals with more severe ADHD traits tend to have greater emotional regulation difficulties. Notably, ADHD adults with elevated impulsivity and emotional instability—rather than inattention or restlessness—and those with low self-confidence showed increased emotional impulsivity and negative emotionality. These findings suggest that emotional dysregulation, particularly impulsivity and negative affect, is a prominent feature in certain ADHD subgroups. This highlights the need for further research and the development of targeted interventions focusing on emotional regulation.

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Poster 32

[P-32-04] Redefining ADHD and ASD through a Dual-Circuit Model of Neuroscience

*Tomoki kokopelli Hamada (Japan Developmental Disorder Association(Japan))
Keywords: ASD/ADHD characteristics. Neuroscience. Human Emotion

I am an individual with ADHD, without any significant ASD traits. While many individuals exhibit overlapping characteristics of both ADHD and ASD, cases like mine—with purely ADHD traits—are relatively rare. The distinction between these two conditions is often ambiguous, and it is challenging to draw a clear line between them even in clinical practice. However, in my case, the distinction is evident, as I have verbalized the emotions I do and do not experience through extensive self-analysis and observation of others. Based on this, I propose a new definition that differentiates these two conditions. In my view, ASD-related behaviors are driven by strong emotional sensitivity rooted in affection, making individuals emotionally responsive and easily affected. In contrast, ADHD appears to be driven by libido and a desire for stimulation, leading to a more emotionally detached, calm, and occasionally depressive temperament. ADHD individuals tend to seek novelty and energy, and are therefore typically more innovative, whereas those with ASD prefer stability due to their more strenuous mental state, often leaning toward conservatism.

These insights align with neuroscience perspectives focusing on two major emotional centers in the brain: the amygdala and the nucleus accumbens. This dual-circuit model has been discussed by scholars such as Dr.Jill Bolte Taylor and Prof.Elaine Fox. My study explores novel correlations between this brain science framework and developmental disorders, offering potential contributions to future research in this area. Of course, as mentioned earlier, most individuals exhibit both traits to varying degrees due to the spectrum nature of neurodevelopmental conditions. However, the clear existence of these two contrasting emotional tendencies lends support to the validity of my proposed framework. I hope my work will advance the understanding and classification of neurodevelopmental conditions.

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Poster 32

[P-32-05] Self-compassion is associated with the superior longitudinal fasciculus in the mirroring network in healthy individuals.

*Min-Kyoung Kim (CHA Ilsan Medical Center, CHA University(Korea))
Keywords: self-compassion、mindfulness、superior longitudinal fasciculus、white matter microstructure

Objectives: Self-compassion (SC) involves taking an emotionally positive attitude towards oneself when suffering. Although SC has positive effects on mental well-being as well as a protective role in preventing depression and anxiety in healthy individuals, few studies on white matter (WM) microstructures in neuroimaging studies of SC has been studied. Methods: Magnetic resonance imaging data were acquired from 71 healthy participants with measured levels of SC and its six subscales. Mirroring network as WM regions of interest were analyzed using tract-based spatial statistics (TBSS). After the WM regions associated with SC were extracted, exploratory correlation analysis with the selfforgiveness scale, the coping scale, and the world health organization quality of life scale abbreviated version was performed. **Results**: We found that self-compassion scale (SCS) total scores were negatively correlated with the fractional anisotropy (FA) values of the superior longitudinal fasciculus (SLF) in healthy individuals. The self-kindness and mindfulness subscale scores of SCS were also negatively correlated with FA values of the same regions. The FA values of SLF related to SC were found to be negatively correlated with the total scores of self-forgiveness scale, and self-control coping strategy and confrontation coping strategy. **Conclusions**: Our findings suggest that levels of SC and its self-kindness and mindfulness components may be negatively associated with DMNrelated WM microstructures in healthy individuals. These less WM microstructures may be associated with positive personal attitudes, such as self-forgiveness, self-control and active confrontational strategies.

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Poster 32

[P-32-06] A Standardization Study on the Development and Validation of a Shortened Korean Version of the Psychiatric Crisis Instrument for Psychiatric intervention

*HEEWOO LEE¹, Jee hoon Sohn², Kihoon You³, Seung-Hee Ahn², Jeung Suk Lim⁴, Hye-Young Min⁵ (1.Department of Psychiatry, Kangwon National University Hospital (Korea), 2.Public healthcare center Seoul national univ hospita(Korea), 3.School of Medicine, Kyungpook National University(Korea), 4.Happy Care Together, Seoul(Korea), 5.Department of Social Welfare, Sogang University(Korea))

Keywords: Psychiatric Crisis, community, Scale

BackgroundThe Crisis Rating Instrument for Psychiatric intervention (CRI) is used nationwide in Korea for psychiatric crisis assessment but is limited by its 23-item length and narrow focus on risk of harm to self or others. These constraints hinder rapid decision-making in emergency settings. **Objective**This study aimed to develop and validate a shortened version (CRI-SF) to facilitate swift and consistent crisis intervention. Methods Data from 2,774 CRI assessments collected between 2020 and 2023 were reviewed. Inclusion criteria required documented field intervention and classification as treatment linkage or emergency response. Through three sequential evaluation phases including confirmatory factor analysis (CFA), content validity assessment, and classification performance analysis—the scale was reduced. Items were retained based on factor loadings, content validity indices, clinical relevance, and discriminative performance (sensitivity, specificity, AUC, Youden's index). **Results**Initially, six items were identified as most relevant, later refined to five: current risk of harm to self or others, aggression associated with hallucinations or substance use, psychiatric symptoms, cognitive impairment, and presence of a support system. Items were weighted to reflect their criticality, with risk-related items assigned higher scores. The final CRI-SF showed excellent model fit (CFI = 0.970, TLI = 0.939, RMSEA = 0.037). The risk of harm item demonstrated the strongest classification accuracy (AUC = 0.934, sensitivity = 100%, specificity = 86.9%). **Conclusions**Although the study lacked external validation measures and retained the dichotomous scoring format, the CRI-SF enables efficient identification of psychiatric emergencies while maintaining compatibility with existing data. This abbreviated scale supports rapid assessment and decision-making in community mental health crisis response.

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Poster 32

[P-32-07] Shattered Reflections: A Case Report on Good Psychiatric Management in a Filipina patient with Borderline Personality Disorder and Meningioma

*Charisse Jae Rongcal Faa, Mark Anthony Pascual (National Center for Mental Health(Philippines))

Keywords: Borderline Personality Disorder, Good Psychiatric Management, Meningioma

Objective:This case explores the clinical presentation, diagnosis, and treatment of a 39-year-old Filipina with a traumatic childhood, overlapping depressive symptoms, and neurologic issues. It highlights the application of Good Psychiatric Management (GPM) in Borderline Personality Disorder (BPD) and the challenges of managing psychiatric and medical comorbidities.

Methodology: Ava, presented with severe facial pain and depressive symptoms. Her history revealed a traumatic childhood with repeated sexual abuse, unstable family dynamics, and neglect, further compounded by emotional abuse and infidelity in her marriage. She suffered chronic depressive symptoms and engaged in impulsive self-harm behaviors but never sought psychiatric help. Ava also faces significant health challenges, including a cerebellopontine angle mass, and trigeminal neuralgia, all untreated due to financial constraints. She was started on Amitryptyline 25 mg, 1 tablet once a day, to address both the increasing pain and mood symptoms. She underwent Left Lateral Suboccipital Craniotomy as a definitive management. The therapist handling her underwent an 8-hour online training for GPM at Harvard Medical School.

Results: Ava's emotional struggles stemmed from instability in relationships and self-image exacerbated by impulsivity and fear of abandonment. Her tumultuous relationships, self-destructive actions, and dissociative episodes under stress indicated Borderline Personality Disorder. Combined with Major Depressive Disorder (MDD), her treatment involved GPM and psychopharmacology, focusing on psychoeducation, therapeutic alliance, and structured sessions. Improvements in BPD symptoms facilitated reductions in depressive symptoms, enabling Ava to resume functioning and find symptom relief.

Conclusion: Ava's case highlights the interconnectedness of psychiatric and neurologic disorders, showing how early trauma and prolonged HPA axis dysregulation can lead to chronic medical and mental health issues. Training of the therapist for GPM appeared to help Ava in controlling her self-harm behavior and other impulsivity. This is compatible to the study that showed that patients with borderline personality disorder with complex comorbid conditions and impulsivity may benefit from GPM