

used since the 2020s. We suggest the pilot version of using this projective technique in child clinical psychology. There were investigated the cognitive and emotional components of performance by children with different types of ontogenesis.

**Purpose:** pilot application of the technique of “Bird’s Nest Drawing” (BND) in the psychological diagnosis of children with different types of ontogenesis.

**Objectives:** 69 children and adolescents 6-17 years old (28 male), examined at the Mental Health Research Center. 1. hospital patients (11-16 years old, 18 persons) diagnoses F20.8, F21.4, 2) outpatient clients with psychological diagnostics (7-16 years old, 45 persons), most of them have psychiatric diagnoses and some of them came for a consultation independently of doctors (there were family and behavior problems). 3) children conceived with the help of assisted reproductive technologies (IVF) - participants in a program for studying cognitive and emotional-personal development (5-13 years old, 8 people). Control group of normal children (14 persons).

**Methods:** Bird’s Nest Drawing (D.Kaiser, 2003, Kuftyak, 2021) - clinical expert assessment of the drawing parameters (size, location, quality, compliance with instructions) and the emotional component (color, self-assessment of the drawing).

**Results:**

**Table 1.** Frequency of different indicators of BND in compared groups of children.

Groups	N	Central place	High Quality of drawing	Nest out of tree	birds / eggs	Different colors	Safety of nest	High Assessment by participants	High positive emotional expression Assessment by experts
Hospital patients	18 (4 m)	12	4	10	4	10**	4	13**	5**
Outpatient clients	45 (22 m)	38	13	19	17	32	10	25**	17
Children IVF	8 (2 m)	7	2	4	3	6**	1	6	3
Normal children	14(6 m)	14	3	7	4	12**	4	13**	11**

\*\* - significance of the differences (p≤0,05 by φ criterion).

Based on the data obtained, it can be noted that the most different between groups turned out to be an indicator for using different colors, subject’s assessment his picture and emotional expression assessment of picture by experts. Other parameters are similar: please of drawing,

**Discussion:** We have obtained our own results about BND method in children with different type of ontogenesis. These data are similar to D.Kaiser and E.Kuftyak in opportunity of good diagnostic practice of BND method in children and adolescents with different type of ontogenesis in scientific

**Conclusions:** BND method is a good test for child clinical psychology as a projective one. Restrictions of this investigation - small groups, simple parameters for assessment. We plan to continue this work with more clinical (diagnosis, syndrome et cetera) and sex and age characteristics.

**Disclosure of Interest:** None Declared

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**Application of the identity disorder questionnaire AIDA+LoPF in adolescents with affective pathology and schizotypal disorder**

M. Zvereva\* and N. Zvereva

clinical psychology, FSBSI MHRC, Moscow, Russian Federation

\*Corresponding author.

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**Introduction:** To assess the difference in the personality functioning of adolescents with schizotypal disorder and affective disorders, we used the AIDA + LoPF questionnaires, which are well established as questionnaires for identifying identity disorders in adolescents. We hypothesized that adolescents with affective pathology are much more likely to have identity disorders than adolescents with schizotypal personality disorder. Clinical assessment of diseases was carried out by psychiatrists using ICD-10

**Objectives:** Adolescents with affective disorders -10 (F31), schizotypal disorder adolescents – 11 (F21). Age 12-18

**Methods:** AIDA+LoPF questioners by authors K. Goth & K. Schmeck, Russian version by M. Zvereva & S. Voronova & N. Zvereva

**Results:** The table presents statistical analysis data using the Mann-Whitney non-parametric test

**Table 1.** Significant scales of the AIDA questionnaire

SCALES AIDA	U-CRITERIA	P
TOTAL SCORE: IDENTITY INTEGRATION AIDA	86,000	0,02
Consolidating emotional self-experience	84,000	0,03
COHERENCE	86,500	0,02
CONSISTENCY IN SELF CONCEPTS	88,500	0,01
AUTONOMY, EGO-STRENGTH	88,000	0,02
INTEGRATING COGNITIVE SELF-EXPERIENCE	88,000	0,02

**Table 2.** Significant scales of the LoPF questionnaire

SCALES LOPF	U-CRITERIA	P
Identity	89,000	0,01
Coherence (Ego-strength)	88,000	0,02
SELF-DIRECTION	89,000	0,01
SELF CONGRUENCE	88,000	0,02
PURPOSEFULNESS	86,000	0,02

**Conclusions:** We have obtained preliminary results that show a difference between the identity disturbance of adolescents with affective pathology and those with schizotypal disorder. Adolescents with affective pathology are much more likely to have various types of identity disorders than adolescents with schizotypal disorder. To clarify this, a larger sample and a wider range of disorders are required

**Disclosure of Interest:** None Declared