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Identifying transdiagnostic socio-cognitive profiles across 4 clinical populations

Bigot, A.* , De Timary, P., Amadieu, C., Leclercq, S., Pham, T., Saloppé, X., Tiberi, L., Nandrino, JL., Peeters, JC.,
Bukowski, H. (2022)

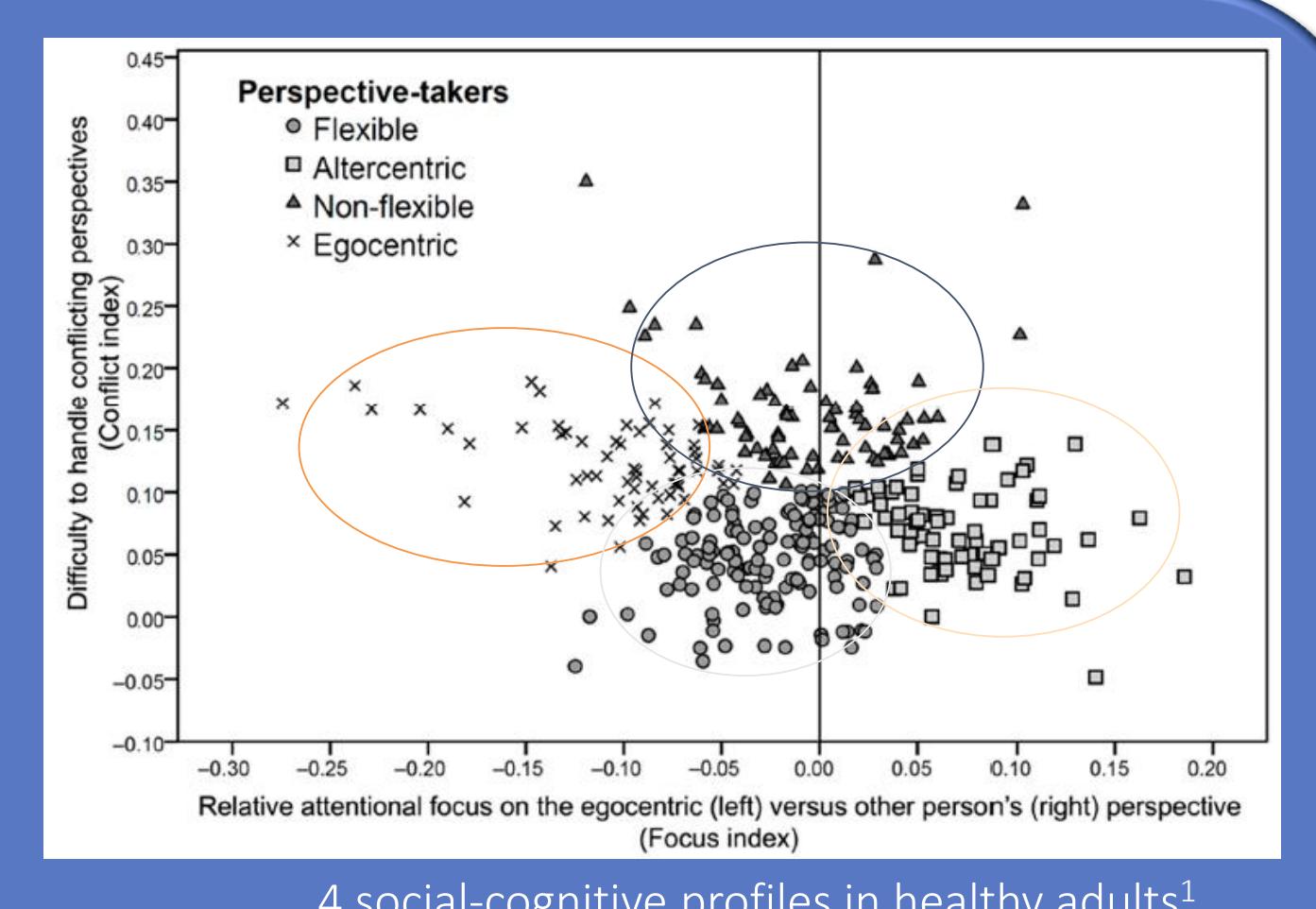
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Introduction

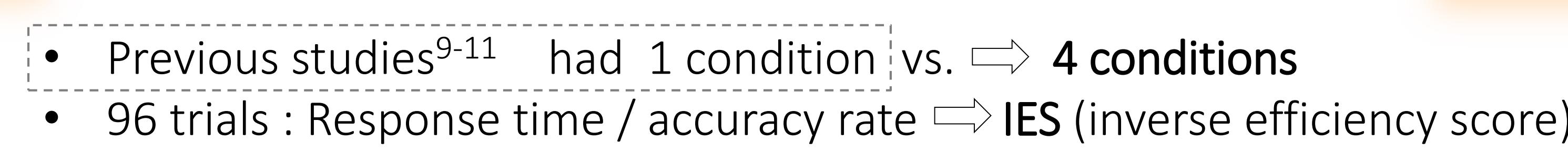
- Distinct profiles of *perspective-takers* found in healthy participants^{1,2}.
 - Socio-cognitive impairments and interpersonal difficulties are frequently observed in various mental disorders⁴⁻⁵.
 - But inconsistent findings: possibly due to overreliance on single-score and self-report measures, and unaccounted heterogeneity within populations sharing the same diagnosis ➔ *Multidimensional and transdiagnostic assessment of social cognition*^{1,6}.

➔ We examined socio-cognitive performance across **two dimensions**⁶ posited to underpin mentalizing skills across all populations

 - **Self-Other Priority**: the tendency to *focus more* (or attentionally prioritize) on one perspective compared to the other.
 - **Self-Other Distinction**: the ability to handle *conflicting* perspectives and inhibit the interference.



VPT1⁷



Method

- Previous studies⁹⁻¹¹ had 1 condition vs. → 4 conditions

 - 96 trials : Response time / accuracy rate → IES (inverse efficiency score)

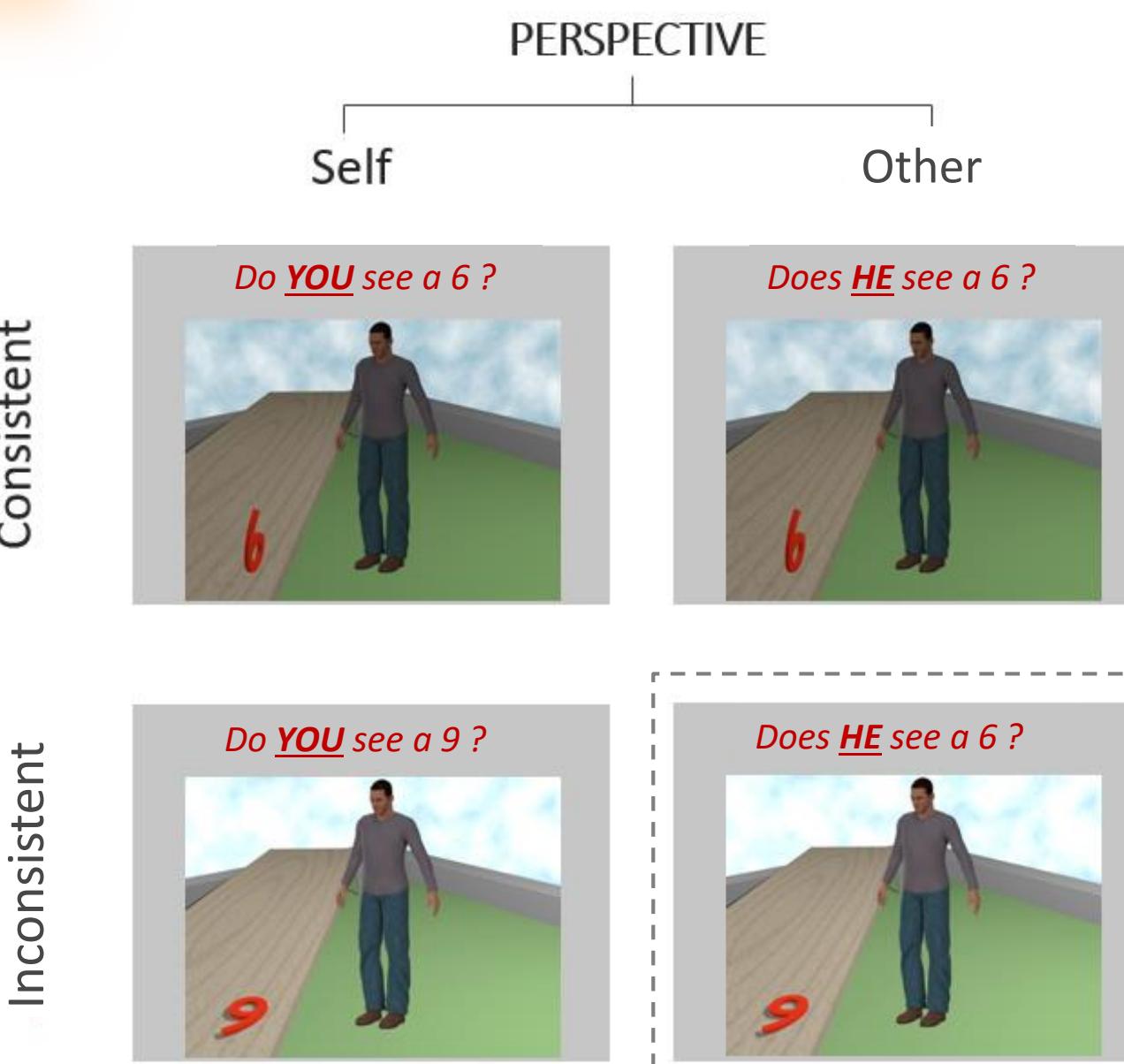
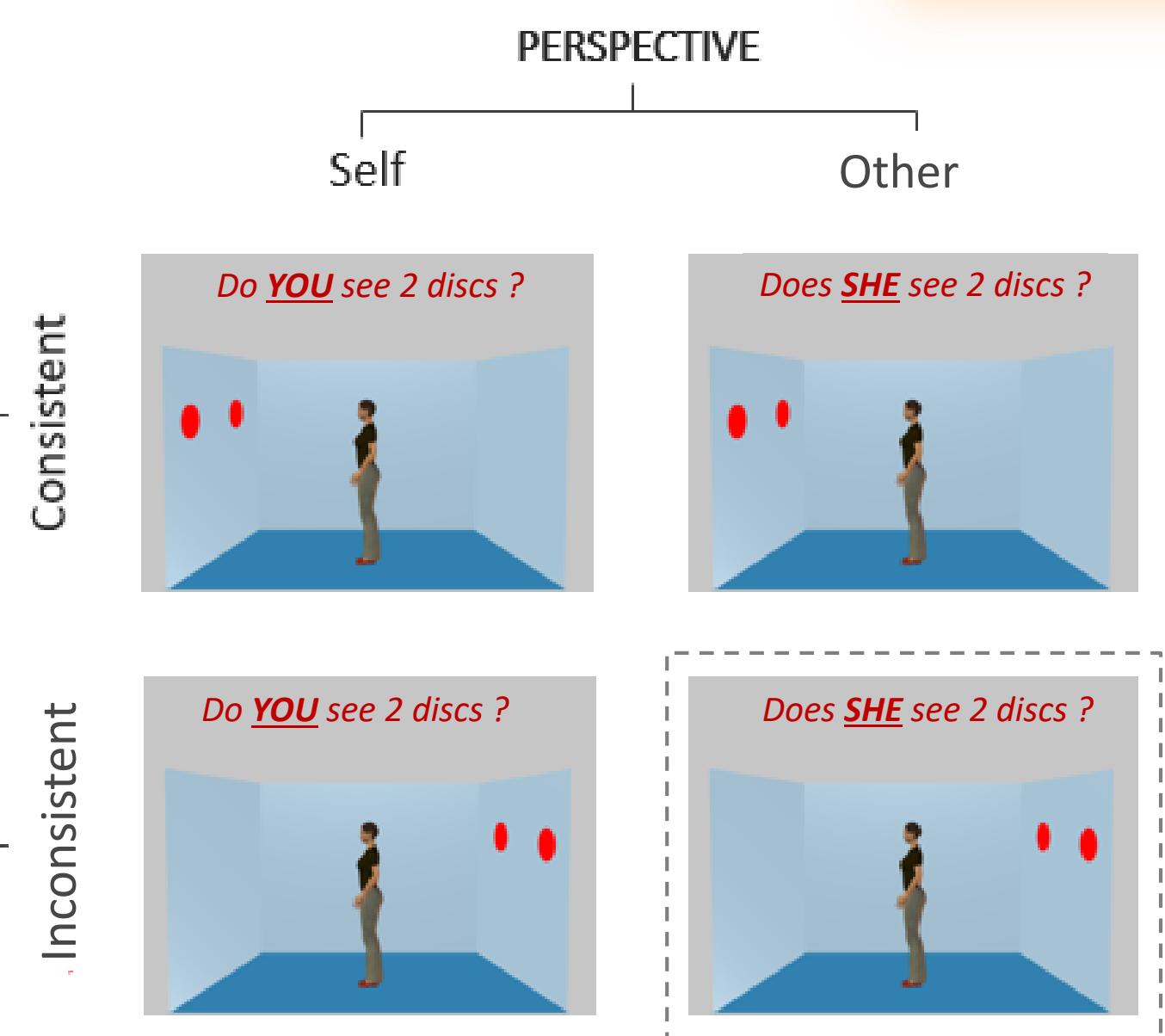
Self-Other priority:

$$(\text{IES Other-persp.} - \text{IES Self-persp.}) / (\text{IES Other-persp.} + \text{IES Self-persp.})$$

Self-Other distinction:

WHETHER (S)HE CAN SEE

- *WHAT (s)he can see*



Analyses and results

Two-steps clustering analyses (AIC) conducted on VPT1 and VPT2 samples



Transdiagnostic socio-cognitive profiles:

- The figure displays horizontal stacked bars for five diagnostic groups: Alcohol use disorder (N=62), Psychotic disorder (N=10), Restrictive anorexia (N=32), Antisocial personality (N=22), and Control (N=83). Each bar is divided into three segments representing different profiles: Flexible and altercentric (orange), Flexible and egocentric (light blue), Conflicted and egocentric (dark blue), Conflicted (black), and Conflicted and altercentric (light orange). The length of each segment indicates the proportion of individuals in that profile category. The bars are ordered from top to bottom by diagnosis. To the right of the bars, three orange boxes labeled 'VPT1', 'VPT2', and 'VPT1 & 2' indicate which profile categories are present in each group.

Diagnosis	VPT1	VPT2	VPT1 & 2
Alcohol use disorder (N=62)	~35%	~30%	~35%
Psychotic disorder (N=10)	~25%	~50%	~25%
Restrictive anorexia (N=32)	~50%	~30%	~20%
Antisocial personality (N=22)	~45%	~35%	~20%
Control (N=83)	~55%	~20%	~25%

Discussion

- (1) Distinct transdiagnostic socio-cognitive profiles identified via 2-dimensional assessment : Self-Other Priority and Self-Other Distinction.
 - (2) Replicates and extends previous studies conducted on healthy students in cognitive and affective PT^{1,2}.
 - (3) Heterogeneity of profiles despite same diagnosis across 4 clinical populations (alcohol use disorder, psychotic disorder, restrictive anorexia, antisocial personality).
 - (4) Three socio-cognitive profiles irrespective of PT task (flexible and altercentric, flexible and egocentric, conflicted and egocentric)

→ *common basic processes/profiles underlying individual differences.*

Perspectives and limitations

- (1) Rehabilitation / personalized training programs adapted to specific socio-cognitive profile.
 - (2) Foundation for transdiagnostic collaboration.
 - (3) Extension to other populations (collaborations welcomed ☺)

- (1) PRELIMINARY DATA → small sample sizes
→ unrepresentative samples (for now).
 - (2) Unmatched controls, no covariates currently included
(demographics, questionnaires, ...).
 - (3) Assessment via distinct tasks for distinct populations.
 - (4) Cluster partitions variation (parameters and indexes), as

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