S28. THE ROLE OF COPING IN THE ASSOCIATION BETWEEN SUBCLINICAL PSYCHOTIC EXPERIENCES AND DAILY FUNCTIONING: EVIDENCE FROM TWO INDEPENDENT ADOLESCENT SAMPLES FROM THE GENERAL POPULATION

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Background: Subclinical psychotic experiences (attenuated, brief, or limited psychotic-like experiences) are present in approximately 5% of adults and 7.5% of adolescents from the general population. Whilst the majority of these experiences are transitory, individuals who report subclinical psychotic experiences are at greater risk developing psychotic spectrum disorders, as well as other adverse outcomes. It is now well established that there is an inverse association between psychosocial functioning and (subthreshold) psychotic experiences in both clinical and non-clinical populations, however the mechanisms which drive this association are unclear. Adolescents with subclinical psychotic experiences are more likely to use maladaptive coping strategies and less likely to use adaptive ones. Given that coping styles are potentially modifiable, clarifying how coping may mediate the association between subclinical psychotic experiences and functioning could provide an important avenue for psychosocial intervention. In the current study we aimed to determine whether the association between subclinical psychotic experiences and psychosocial functioning is mediated by coping style. We conducted a within study replication in two large adolescent samples from the general populations of Australia and the United Kingdom.

Methods: 723 adolescents from Melbourne, Australia, and 239 adolescents from Birmingham, UK, took part in the study. Subclinical positive psychotic experiences were measured using the Community Assessment of Psychotic Experiences (CAPE). The Coping Inventory for Stressful Situations (CISS) assessed three different coping styles; task oriented (adaptive) styles and emotion and avoidance oriented (maladaptive) styles. Functioning was measured via the Multidimensional Assessment of Functioning Scale (MAFS), which assesses general, family, and peer functioning. Mediation analysis was conducted using the PROCESS macro for SPSS.

Results: Subclinical psychotic experiences were strongly associated with reduced general and family functioning, and to a lesser extent with reduced peer functioning. Higher subclinical psychotic experiences were associated with lower task (adaptive) and avoidance (maladaptive) oriented coping and increased emotion (maladaptive) oriented coping. Task and emotion oriented coping were found to significantly mediate the relationship between subclinical psychotic experiences and all three types of functioning in both the Melbourne and the Birmingham samples. Avoidance oriented coping was found to significantly mediate subclinical psychotic experiences and peer functioning in the Melbourne sample only. Avoidance oriented coping was not found to mediate subclinical psychotic experiences with general or peer functioning in either sample.

Discussion: Given that 17% of children and 7.5% of adolescents experience subclinical psychotic experiences and that these experiences are associated with reduced functioning, high levels of distress, and suicidal ideation, introducing classroom based learning about coping strategies in schools may encourage the adoption of more positive coping strategies earlier. Additionally, the findings of the present study have important clinical treatment implications, as they suggest that techniques which increase levels of adaptive coping and reduce levels of maladaptive coping (in particular emotion-oriented styles) may help to break the cycle between subclinical psychotic experiences, functional decline, and eventual need for care.

S29. CONCORDANCE BETWEEN SELF-REPORT AT INTERVIEW-BASED RATINGS OF PSYCHOTIC EXPERIENCES IN PRE-ADOLESCENCE AND ASSOCIATED PSYCHOPATHOLOGY

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Background: Self-report measures are often used to assess psychotic experiences (PE) in large-scale epidemiological samples, and have contributed substantially to our knowledge on PE. However, different self-report PE (PE-S) measures have yielded particularly wide-spread prevalence-estimates of PE ranging from 21-66% in 7-13 year old children, whereas interview based measures of PE (PE-I) vary less (10-23%). Especially PE-S have been criticized for being over-inclusive and not capturing the essence of low-grade psychosis. The current study is the first large-scale study to examine the psychometric properties of a PE-S measure in children, and the first to compare the clinical correlates of PE-S and PE-I in the same sample.

Methods: As part of the general population Copenhagen Child Cohort 2000 studies, 1751 children aged 11-12 years were independently assessed for both PE-I and PE-S. PE-I were assessed by trained professionals with 22 items on hallucinations and delusions from the Kiddie Schedule for Affective Disorders and Schizophrenia present and life-time version (Kiddie-SADS-PL). PE-S were assessed by 10 questions covering hallucinations, delusions and subjective thought disturbances ever in life, forming a new section of the diagnostic interview; the Development and Well Being Questionnaire (DAWBA). We assessed the psychometric properties of PE-S, using PE-I as the “gold-standard”. We analyzed the association between PE-S and emotional and neurodevelopmental DSM-IV disorders of the child as well as a history of psychotic disorders in 1st degree family members. Both have previously been examined in previous studies of the current cohort, and were significantly associated with PE-I.

Results: The prevalence of PE-S was higher compared to PE-I, 28.1% and 10.2% respectively. The predictive values of any type of PE-S for any PE-I were: sensitivity = 73.8%, specificity = 77.1%, positive predictive value = 26.8% and negative predictive value = 96.3%.

The association between PE and mental health disorders and a family history of psychotic disorders yielded slightly lower odds ratios (OR) for PE-S compared to PE-I. However, the associations remained statistically significant and had overlapping confidence intervals: For any emotional or neurodevelopmental DSM-IV disorder: PE-I OR 2.7 (CI95% 2.1-3.6), for a 1st degree family history of psychotic disorders yielded slightly lower odds ratios (OR) for PE-S compared to PE-I. However, the associations remained statistically significant and had overlapping confidence intervals: For any emotional or neurodevelopmental DSM-IV disorder: PE-I OR 3.3 (CI95% 2.3-4.8) and PE-S OR 2.7 (CI95% 2.1-3.6), for a 1st degree family history of psychotic disorder: PE-I OR 4.9 (CI95% 1.9-12.5) and PE-S OR 2.6 (CI95% 1.1-6.3).

Discussion: PE-S were almost 3 times more likely to be reported, compared to observer-rated PE-I. However, the associations with unfavorable clinical correlates were only slightly attenuated for PE-S when compared to PE-I. The study confirmed that PE-S are clinically relevant, and the DAWBA-section proved valuable as a screening tool for PE in the pre-adolescent general population.

S30. UNDERSTANDING THE NATURE OF CHILDHOOD SUSPICIOUSNESS: A QUALITATIVE STUDY

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Background: Paranoia exists on a continuum of severity in adult patient populations and more recently it has been found to exist in children and adolescents in the general population. Childhood paranoia, assessed by the Social Mistrust Scale (SMS), has been found to be related to both internalising and externalising problem behaviours (Wong, Freeman & Hughes, 2014); however, the nature of why children's suspicions are related to psychosocial functioning remains unexamined. The current qualitative study addresses this gap by following up the original 2014 sample to examining the nature of children's suspicions using thematic analysis. By giving voice to children and adolescents, I will discuss: 1) children's definition of trust and mistrust more broadly 2) the common themes generated from interview questions about children's suspicions in relation to baseline self-reported levels of suspiciousness on the Social Mistrust Scale (SMS) and 3) other developmental psychosocial factors contributing to childhood suspicions. This study is also the first study to address whether or not children's suspicions are valid, or grounded in reality, using interviewer ratings and child self-report measures of mistrust.

Methods: 118 trusting and persistently mistrustful children from the UK (n=40) and Hong Kong (n=78) were matched and followed-up at 6 and 12 months based on their self-reported levels of suspiciousness on the Social Mistrust Scale. Correlations and kappas were conducted to assess the stability and convergent validity between assessments. Thematic analysis was conducted on 95 (80%) randomly selected semi-structured interviews about mistrust. The coding scheme generated from this analysis was further tested on the remaining transcripts for discriminant validity.

Results: Children's definition of trust was consistent with existing developmental literature. Commonly discussed topics related to mistrust, particularly school mistrust, included (i) experiences of bullying, concerns with popularity and the consequences of being targeted, (ii) emotional worries, anxieties and feelings of hostility, spying, and teasing, and (iii) coping mechanisms that maintained children's avoidant behaviours. Consistent with the threat anticipation cognitive model of delusions (Freeman et al., 2007), persistently mistrustful children reported frequent peer victimization and hostile attributional bias. Instances of unfounded paranoia were rare but not absent. There was moderate convergent validity between interviewer ratings and the SMS (k=.49, p<.001). The coding scheme discriminated trusting and mistrustful children accurately.

Discussion: Interviews with trusting and persistently mistrustful children are necessary in verifying unfounded childhood suspicions. Complementing self-report measures of suspiciousness, thematic codes from this study have the potential to screen for persistent and strongly held suspicions that may develop into delusions later in life.

S31. BASIC SENSE OF SELF IN YOUTH AT HIGH RISK FOR DEVELOPING SCHIZOPHRENIA
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Background: Phenomenological researchers argue that schizophrenia is first and foremost a disorder of the basic sense of self (also known as ipathy, minimal or core self), that is, of the immediate, pre-reflective, embodied sense of being immersed in the world. According to the self-disorder model, impairment of the basic sense of self precedes clinical symptoms and is independent of them. Therefore, we postulated that youth at high psychometric risk for developing schizophrenia would present an impairment in their basic sense of self, as measured by levels of ego strength, basic symptoms, and pronoun usage.

Methods: Eighty undergraduate students aged 19–22 years (M = 20.83 years, SD = 1.28 years) completed the Schizotypal Personality Questionnaire (SPQ), Ego Strengths Questionnaire (ESQ), a self-report version of Schizophrenia Proneness Instrument (SPI-A), and four written narratives about personal and fictional experiences. Based on the SPQ scores, participants were allocated to either control (at or below the 84th percentile on all three subscales) or study group (above the 90th percentile on at least one subscales). To obtain the linguistic dimension of the pronouns usage in the written narratives, the essays were subjected to Linguistic Inquiry and Word Count (LIWC).

Results: Compared to the control group, the high-risk group presented lower levels of ego strength, higher levels of basic symptoms, and used more personal pronouns and the they pronoun in narratives. Self-report on the SPI-A and ESQ correlated significantly with the objective lexical pattern of pronoun use: Lower ego strength correlated with greater use of they and more self-reported basic symptoms correlated with greater use of pronouns overall, personal pronouns, and the pronouns she and they. Ego strength had the most predictive power for group membership.

Discussion: In line with the hypotheses, there were significant differences between the schizotypy and the control groups in objective and subjective measures of basic sense of self. Subjective measures indicated a lower level of ego strength and higher levels of basic symptoms for the schizotypy group, as compared with the control group. Objective measures revealed a different lexical pattern with higher use of third-person and personal pronouns for the schizotypy group, as compared with the control group. Subjective (basic symptoms and ego strength) and objective measures significantly correlated with each other (pronoun use). Nevertheless, it is only the level of cognitive-perceptual disturbances that best predicted membership of the schizotypy group. Taken together, these results indicate a weak sense of basic self, namely a self-disorder, in a nonclinical population. Detection of self-disorder in the premorbid and prodrome stages of schizophrenia, paired with a suitable intervention, can help to prevent or at least minimize, the eruption of its active stage. In the future, it needs to be determined how these measures of self-disorder in non-clinical population can predict transition to schizophrenia and to other psychotic disorders. Furthermore, it would be valuable to test the distributions of measures of self-disorder in younger population from a more diverse background, such as high school students from a different socio-economic background. Lastly, it is possible to conclude that some impairment in the basic sense of self does exist in schizotypy. This is apparent across the measures of self-disorder and suggests that there is a core feature that distinguishes schizotypes from non-schizotypes.