risk score (PERS) proposes the same regarding exposure factors to psychosis, yet few studies addressed how both scopes interplay, especially in early developmental stages. Psychotic experiences (PE) rest on the lower range of psychosis spectrum, representing an important asset to study psychotic disorders, i.e., schizophrenia. However, investigators failed to find significant associations between PERS-SZ and PE in children. We hypothesize that unspecific psychopathology—also previously linked to PE—can mediate the effects of higher risk load for psychosis during neurodevelopment. Thus, our aim is to test a moderated mediation model in which PERS and general psychopathology in youths can lead to PE, prospectively, through SZ genetic liability.

**Methods:** We analyzed data from the Brazilian High-Risk Cohort for Psychiatric Disorders, a youth community sample with 2 time-points: baseline (w0) and 3year follow-up (w1), from São Paulo and Porto Alegre, both urban centers. PERS-SZ was calculated using summary statistics from the PGC and corrected for the 10 principal components of the GWAS. PE were assessed at w0 and w1 with the Community Assessment Psychotic Experiences—CAPE and trained psychologists rated the reliability of students’ answers. The Development and Well-Being Assessment—DAWBA, a structured interview with a transdiagnostic approach, was used to extract a general factor for psychopathology (P-factor) on w0. Latent variables for PE and P-factor were generated through confirmatory factor analysis yielding good model fits. We calculated PERS on w0, as validated, with birth season, urbanicity, cannabis use, paternal age, obstetric/perinatal complications and physical/sexual abuse, neglect or parental loss/separation. Last, we built a moderated mediation diagram based on model 15 of Haye's PROCESS builder on SPSS: (X) PERS > (M) P-factor > (Y) PE w1, with (Y) PERS-SZ as a moderator for PERS > PE and P-factor > PE. Age, sex, site and PE w0 were covariates.

**Results:** 2,511 students (6–14 y/o, mean=10.2 ± 1.9, 53% male) completed the w0 assessment and 2,010 the follow-up (mean=13.5 y/o ± 1.9). In our moderated mediation model, P-Factor emerged as a full mediator between PERS and PE w1 (B=.324, BootLL–UL CI=.138 to .553). We found PERS-SZ provided a significant moderation effect on the P-factor > PE relation (M*V=.053, PE w1 (B=.324, BootLL–UL CI=.138 to .553). We found PERS-SZ provided a significant moderation effect on the P-factor > PE relation (M*V=.053, PE w1 (B=.324, BootLL–UL CI=.138 to .553). We found PERS-SZ did not moderate PERS > PE separately (X*V=.016, R2-chng=.003, p=.037), with the moderator effects of the focal predictor rising considerably according to values of PERS-SZ: p16 (B=.047, p=.192), p50 (B=.144, p=.000) and p84 (B=.153, p=.000). PRS-SZ did not moderate PERS > PE separately (X*V=.016, R2-chng=.003, p=.037), with the moderator effects of the focal predictor rising considerably according to values of PERS-SZ: p16 (B=.047, p=.192), p50 (B=.144, p=.000) and p84 (B=.153, p=.000). PRS-SZ did not moderate PERS > PE separately (X*V=.016, R2-chng=.003, p=.037), with the moderator effects of the focal predictor rising considerably according to values of PERS-SZ: p16 (B=.047, p=.192), p50 (B=.144, p=.000) and p84 (B=.153, p=.000).

**Discussion:** Our findings suggest environmental risk factors and intermediate phenotypes—namely unspecific non-psychotic psychopathology—can play crucial and intertwined roles in children and adolescents with higher genetic liability to SZ. Moreover, the moderation effects of PRS-SZ imply unspecific non-psychotic psychopathology is sensitive to microstructural abnormalities, may further contribute to the characterisation of hippocampal pathology. However, these characterization techniques have been hardly used in psychiatry. We therefore propose the use of radiomics, able to capture both shape and texture characteristics, for hippocampal characterization in first episode psychosis when compared with healthy volunteers. We evaluated the use of classical statistics and machine learning approaches for differential pattern recognition.

**Methods:** For this transversal case-control study, 104 adolescents, 52 with FEP and 52 HV underwent T1-weighted structural MRI in two different scanners: 3T Magnetom Trio-Tim (Siemens, Erlangen, Germany; n=80) and 3T Magnetom Prisma (Siemens, Erlangen, Germany; n=24). Images were segmented using FreeSurfer v.5.3 and a left-hippocampus mask was used as a ROI for radiomic feature extraction. The Pyradiomics library was used and a total of 100 features, from six feature types were extracted: shape, first order, and other fine texture descriptors. Due to growing concerns about features’ reproducibility and relativities of intensities, features were extracted multiple times using different yet comparable image preprocessing approaches: normalization within the ROI or across the whole image; and bin width (10, 20, 40) or bin count (100, 50, 15) grey-level discretization. Interclass Correlation Coefficient (ICC(1,3)) was then computed for each of the features and only features with at least moderate ICC (>0.5) were selected. This resulted in the selection of 35 most stable variables, each of which was then extracted from the dataset computed using normalization within the ROI and bin width of 20. Significance of each features was tested between both cohorts using Mann-Whitney test, with α=0.05. False Discovery Rate corrected. Features were also used as inputs to train a Support Vector Classifier (SVC) model with Radial Basis Function (RBF). Accuracy was estimated using 10-fold Cross Validation.

**Results:** For the classical statistics evaluation, five features resulted significantly different using Mann-Whitney test: surface volume ratio (p=0.038), kurtosis (p=0.02), grey-level intensity range (p=0.031), skewness (p=0.005) and Imc2 (Informational measure of correlation, p=0.04). However, none of the statistically significant differences survived the FDR-correction. All thirty-five features were also used to train SVC, we selected C=1000 and gamma=0.001 after performing a grid search, and obtained a 68% accuracy with 10-fold cross validation.

**Discussion:** The proposed framework constitutes a proof-of-concept approach for the complex hippocampal characterization based on radiomics. Although classical statistical tests were not conclusive, the tendency show that not only shape (volumetric and morphological) but also texture features might provide meaningful information for the characterization of the hippocampus independently. The 68% accuracy is a moderate indicator for the hippocampus pathology. However, these characterization techniques have been hardly used in psychiatry. We therefore propose the use of radiomics, able to capture both shape and texture characteristics, for hippocampal characterization in first episode psychosis when compared with healthy volunteers. We evaluated the use of classical statistics and machine learning approaches for differential pattern recognition.
Background: The emergence of psychosis during adolescence is linked to particularly poor long-term outcomes. Teens at clinical high risk for psychosis (i.e. with attenuated positive symptoms) often experience other psychiatric symptoms that motivate help-seeking behavior. This suggests that inpatient settings may be key points of contact for identification of at-risk youth. Research exploring the utility of psychosis risk screening in pediatric inpatient settings in the U.S. is relatively unexplored. Given evidence of high rates of acute care use in early psychosis, research exploring the occurrence of psychosis-risk symptoms in pediatric inpatient settings and the implications for clinical outcomes may inform risk screening practices.

Methods: Participants were 656 adolescents (ages 11–18) hospitalized on a psychiatric inpatient unit in the Northeast United States. This IRB-approved retrospective chart review explores the associations between psychosis-spectrum experiences and subsequent re-hospitalization among teens with acute safety concerns. All adolescents admitted to the unit were asked to complete a psychosis-risk screening measure, the PRIME Screen-Revised, and a brief psychiatric interview, the Children’s Interview for Psychiatric Syndromes (ChIPS), within 72 hours of admission. Demographic information (i.e. age, race, ethnicity, sex) was extracted from medical charts. Adolescents with primary chart diagnoses including psychosis were excluded from the sample. Responses on the PRIME were explored in relation to rehospitalization during a 6-month follow-up period.

Results: Rates of rehospitalization within 6 months after discharge were higher for teens who screened positive on the PRIME (n = 246) compared to those who did not (X2 = 4.27, p < .05; 20% versus 14%). Item-level analyses demonstrated that endorsement of two of the twelve PRIME items had small, significant correlations with 6-month rehospitalization: 1) something may be interrupting or controlling me (r = .08), and 2) my mind is playing tricks on me (r = .12). Age, but no other demographic variable, was significantly correlated with rehospitalization (r = -.11). Logistic regression results indicated that rehospitalization was significantly predicted by endorsement of “mind tricks” (B = .64, p < .05; OR = 1.89), but not the “interruption/control” item, when controlling for age (B = -.13, p < .05; OR = 0.88). “Mind tricks” remained a significant predictor of rehospitalization when controlling for age plus the non-significant effects of diagnostic variables correlated with rehospitalization (i.e. PTSD and behavioral disorder diagnosis).

Discussion: Findings indicate that screening for psychosis-spectrum experiences in acute care settings may be helpful for identifying teens at risk for repeat use of high-level care. Moreover, specific types of psychosis-risk symptoms, such as experiencing mind tricks, may be indicative of higher risk for readmission in the months following hospital discharge. Results: suggest that screening and assessment for psychosis-risk symptoms in pediatric psychiatric settings may be important for initiating early psychosis intervention and mitigating future risk for hospitalization.

S27. EXAMINING DISCREPANCIES BETWEEN SELF-REPORT AND CLINICIAN-RATED ASSESSMENTS OF PSYCHOSIS RISK: DOES INTERNALIZED STIGMA MATTER?

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Background: Psychosis is one of the most highly stigmatized mental health conditions (Thornicroft et al., 2009). Compared to those with other mental health concerns, people diagnosed with schizophrenia spectrum disorders are more likely to be perceived by others as dangerous, violent, and unpredictable. As a result, they are often socially marginalized and discriminated against (Crisp et al., 2000; Martin et al., 2007). Individuals at clinical high risk (CHR) for psychosis may be at lower risk for experiencing public stigma, given that their symptoms are often less outwardly visible at this early stage of illness. However, evidence suggests that those at CHR experience high levels of self-stigma, as they may internalize negative stereotypes related to psychosis (Yang et al., 2010; Yang et al., 2015). Internalized stigma can negatively impact help-seeking behavior and has been associated with lower self-esteem and the underreporting of mental health symptoms (Corrigan, 2004; Corrigan, 2007; Saporito, Ryan, & Teachman, 2011; Rissch, Angermeyer, & Corrigan, 2005). Despite these findings, no studies to-date have examined how internalized stigma may impact reporting of attenuated psychosis symptoms in the CHR population. The current study aims to examine whether discrepancies between self-report and clinician-rated measures of psychosis risk are associated with internalized stigma in a sample of help-seeking adolescents and young adults. We hypothesized that higher levels of self-stigma will predict inconsistencies between self-reported symptom severity and clinician-obtained diagnoses of psychosis risk.

Methods: Participants will include youth classified as either non-psychosis-related help-seeking controls or at clinical high risk (CHR) for psychosis, as determined by the Structured Interview for Psychosis-Risk Syndromes (SIPS; Miller et al., 2003). The SIPS is administered by trained raters and is currently considered the gold standard tool for diagnosing clinical high-risk syndromes (Thompson et al., 2018). In addition to SIPS diagnoses, psychosis risk will also be assessed using the Prime Screen – Revised (PS-R; Miller et al., 2004), a brief, 12-item self-report questionnaire designed to measure attenuated positive symptoms. Lastly, internalized stigma will be assessed using the Internalized Stigma of Mental Illness Inventory (ISMI; Ritsher, Otingling, & Grajales, 2003), a 29-item self-report questionnaire designed to measure subjective experiences of stigma in adolescents (e.g., endorsement of negative stereotypes, social withdrawal and feelings of alienation due to mental health problems, etc.).

Results: Preliminary analyses demonstrate a significant interaction between Prime scores and internalized stigma in predicting SIPS diagnoses. Specifically, higher scores on the Prime were associated with increased odds of being diagnosed as CHR on the SIPS, but only for those participants who endorsed low and mean levels of stigma. For participants who endorsed high levels of stigma, there did not appear to be any relation between Prime scores and SIPS diagnoses.

Discussion: At the time of submission, participant recruitment is ongoing, and results and discussion will be presented on the final sample. Findings may inform efforts to improve detection and accurate diagnosis of psychosis risk syndromes in individuals at early stages of illness.

S28. ADVERSE CHILDHOOD EXPERIENCES AND PSYCHOTIC-LIKE EXPERIENCES ARE ASSOCIATED ABOVE AND BEYOND SHARED CORRELATES: FINDINGS FROM THE ADOLESCENT AND BRAIN COGNITIVE DEVELOPMENT (ABCD) STUDY

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Background: Adverse childhood experiences (ACE) are associated with increased risk for schizophrenia spectrum symptoms, including PLEs. However, ACE and PLEs are also both associated with a several shared factors (i.e., stress, fluid cognition, internalizing symptoms, and suicidality). These factors, PLEs, and ACE may interrelate in complex ways, but research has not explicitly examined whether the association between ACE and PLEs remains over and above these shared correlates. This presentation will also examine evidence of PLEs mediating the associated