Therapy (CET). CET is designed to provide enriched cognitive experiences by combining individual therapy with neurocognitive training and skills group therapy. We recruited 9 patients who have completed CET (mean age: 26.8, 8 men) and we performed two semi-structured focus groups, as well as one individual interview. We assessed three inductive themes when analyzing responses: 1) Motivational factors, 2) Experiences with the CET program, and 3) Impacts of the treatment. All participants also answered questionnaires on their current life satisfaction and subjective impression on CET.

Results: Patients reported that family support and subjective feeling of improvement during CET were two motivational factors in choosing to attend and complete the treatment. The size and lighting of the room where treatment took place were also reported to influence motivation. When asked about their experiences with the CET program, participants mentioned that they liked learning and being challenged. Participants specifically raised the importance of learning strategies during the computerized exercises portion of the treatment, as well as the importance of receiving feedback overall. Every participant mentioned that carrying the CET educational binder reduced motivation and that it could be improved in the future. When asked about long-term impacts of the treatment, patients reported that CET improved focus and confidence, and helped facilitate successful peer interactions. Patients also mentioned that CET made them more confident to go back to school or apply for a job. All participants reported that CET helped them (a lot: 55.6%, a good amount: 44.4%), and the majority reported enjoying their participation in CET (a good amount: 55.6%, a lot: 33.3%). Most participants who completed CET reported high satisfaction with their current work/school situation (55.6%) but reported less satisfaction with their social life (66.7%).

Discussion: Patients' perspectives on CET can guide future cognitive remediation trials. Simple aspects such as the treatment setting or the quality of the educational materials can make a difference in patients' motivation and satisfaction. Our results highlight the importance of providing learning strategies and constant feedback to the patients during the course of the treatment. CET seems to improve patients' self-reported focus and helps them to achieve their professional and academic goals. Our findings also suggest that promoting family support could increase motivation to pursue and complete CET. Further work is needed to help improve patients' social lives after treatment.

S101. EFFECTIVENESS & IMPLEMENTATION OF COGNITIVE ENHANCEMENT THERAPY IN A REAL-WORLD COMMUNITY PROGRAM

Laura Faith*[,1], Elise Racette[1], Molly Penrod[1], Stephen Jarvis[2], Melisa Rempfer[1]
[1]UMKC; [2]Truman Medical Center

Background: Cognitive Enhancement Therapy (CET) is a group cognitive rehabilitation program for people with schizophrenia (Hogarty & Flesher, 1999). CET consists of computerized neurocognitive and social cognitive training. In several randomized controlled trials (RCTs), CET has been shown to be efficacious for improving neurocognition, social cognition, and negative symptoms (Hogarty et al., 2004; Eack et al., 2009). However, studies evaluating CET in real-world, uncontrolled settings is lacking. This information is important because community settings are unpredictable, have heterogeneous populations, and pose logistical issues (e.g. transportation and billing). Two studies have evaluated CET outside of RCTs, one to evaluate acceptability and effectiveness for people with autism (Eack et al., 2013) and one administering brief CET in a group home (Schutt et al., 2017). These studies reported positive outcomes for retention rate, attendance, satisfaction, and effectiveness. However, no studies have reported effectiveness of the entire manualized CET implemented among people with schizophrenia in the community. The current study aims to address this gap in the literature by describing the implementation and effectiveness of CET in a Kansas City community program.

Methods: The current study includes N=23 participants with schizophrenia spectrum disorders engaging in CET between 2016–2018. Participants were n=17 male and n=6 female. Participants were African-American/Black (n=12), Caucasian/White (n=7), Asian or Pacific Islander (n=2), or Multi-Racial (n=2). Education levels included: high school diploma/GED (n=9), some college (n=7), some high school (n=4), or bachelor's degree (n=3). The current study utilizes a community-based version of CET consisting of 48 sessions administered over about 12 months (Center for Cognition and Recovery, 2018; CET Cleveland, 2015). Intervention staff (coaches) participated in extensive training for certification and to support treatment fidelity. Outcome measures included the MATRICS Consensus Cognitive Battery (MCCB; Green et al., 2004), Scale for Assessment of Negative Symptoms (SANS; Andreasen, 1983a), and Scale for Assessment of Positive Symptoms (SAPS; Andreasen, 1983b). Paired samples t-tests were used to examine pre to post differences in outcomes.

Results: Participants significantly improved in two of four global positive symptom ratings on the SAPS, hallucinations, $t(21)=2.21$, $p=.038$ and bizarre behavior, $t(21)=3.26$, $p=.004$. Participants significantly improved on four of five global negative symptom ratings on the SANS, affective flattening, $t(21)=2.59$, $p=.017$, avolition-apathy, $t(21)=2.13$, $p=.045$, anhedonia-asociality, $t(21)=3.81$, $p=.001$ and attention, $t(21)=4.02$, $p=.001$. Although there were no significant differences on the MCCB subtests, two subtests demonstrated trend-level differences, i.e., the Hopkins Verbal Learning Test – Revised (HVLT-R), $t(20)=-1.92$, $p=.070$, and the Brief Visuospatial Memory Test (BVMT), $t(19)=-1.88$, $p=.076$. Additional descriptive implementation information will be reported, including the setting and coach qualifications.

Discussion: These preliminary results partially support the effectiveness of CET in a real-world environment. Consisted with prior CET controlled trials, participants improved significantly in several symptom dimensions. However, cognitive symptoms did not significantly improve. It could be that the small sample size restricted our ability to detect cognitive change, and future studies should address this issue. We hope this real-world, observational study will inform clinicians and researchers to improve cognitive rehabilitation program dissemination.

S102. COGNITIVE-BEHAVIORAL SOCIAL SKILLS TRAINING IN YOUTH AT CLINICAL HIGH RISK FOR PSYCHOSIS: QUANTITATIVE AND QUALITATIVE METHODS: FOR IMPLEMENTATION AND FACILITATOR TRAINING

Skylar Kelsven*[,1], Jason Holden[2], Dan Devoe[3], Jean Addington[3], Andrea Auther[4], Brummitt Kali[3], Kristin S. Cadenhead[2], Barbara Cornblatt[4], Olga Santesteban-Echarri[3], Eric Granholm[2]
[1]SDSU/UCSD Joint Doctoral Program in Clinical Psychology; [2]University of California San Diego; [3]Hotchkiss Brain Institute, University of Calgary; [4]The Zucker Hillside Hospital,

Background: Few studies have sought to test the impact of psychosocial interventions on functional impairments in adolescents and young adults at clinical high risk (CHR) for psychosis. Moreover, reliable implementation of psychosocial interventions is costly, requiring years of advanced education and specialized training to adequately implement. Cognitive-Behavioral Social Skills Training (CBSST) combines elements of Cognitive Behavior Therapy with Social Skills Training, two evidence-based treatments for schizophrenia. In the current study, an existing CBSST manual

Downloaded from https://academic.oup.com/schizophreniabulletin/article/45/Supplement_2/S346/5434472 by HACETTEPE UNIVERSITY MEDICAL CENTER LIBRARY user on 26 January 2021

Downloaded from https://academic.oup.com/schizophreniabulletin/article/45/Supplement_2/S346/5434472 by HACETTEPE UNIVERSITY MEDICAL CENTER LIBRARY user on 26 January 2021

was adapted to make content more appropriate for CHR age range and illness severity. The adapted manual was disseminated and implemented across 3 sites. Key changes to the published manual included a focus on normalization and destigmatization of attenuated psychotic symptoms, as well as examples and role plays that are appropriate for a young CHR sample. The aim of the current paper is to describe the manual modifications and present preliminary data demonstrating the success of training and supervision methods in this multi-site randomized controlled trial of CBSST in CHR youth. Case vignettes will demonstrate how CBSST techniques uniquely target functional impairments characteristic of emerging psychosis.

Methods: Subjects were eligible if they met criteria for a prodromal syndrome measured by the Scale of Prodromal Syndromes, demonstrated a mild impairment in social or role functioning, and were between the ages of 12–30. Facilitators included bachelor's level or above clinicians and trainees. Facilitator training on CBSST techniques was completed through a combination of in-person trainings and standardized training tapes. All sessions were audio recorded by facilitators. A random selection of recordings were systematically assessed by 2 raters, blinded to all participant data and tape selection procedure. Recordings were rated for CBT fidelity using the Cognitive Therapy Rating Scale for Psychosis (CTS-Psy) and the SST fidelity using the Social Skills Training Fidelity Scale. Recordings and ratings were used in weekly videoconference supervision to iteratively introduce technical modifications between sessions, address procedural errors, and provide facilitators with written feedback to improve fidelity. Weekly supervision served as a platform to discuss treatment manual revisions and effective strategies to engage youth in CBSST techniques.

Results: Fourteen audio recordings were evaluated per site. CTS-Psy and SST overall fidelity ratings were consistent across sites ([mean□SD] Site 1=43.6 □5.2, Site 2=42.6□3.0, and Site 3=41.9□2.8). There were no site differences on total general skill (Site 1=22.6 □2.3, Site 2=20.7□1.8, and Site 3=21.3□2.1) nor CBSST technical skill (Site 1=20.9□3.4, Site 2=21.9□2.5, and Site 3=20.6□2.1) ratings.

Discussion: Overall fidelity ratings were above the "adequate" range (>30). Thus, quantitatively, a high level of fidelity was achieved through this model of training and supervision. Qualitatively, case vignettes yield anecdotal evidence that CBSST provides a unique set of techniques, easily administered by bachelor's level or above providers, that target functional impairments specific to CHR youth. Taken together, these results provide preliminary evidence that CBSST can be reliably implemented with high fidelity and low cost with target engagement of functional impairment in CHR youth.

S103. EXAMINATION OF FORMAL THOUGHT DISORDER AND ITS CLINICAL CORRELATES WITH THE TURKISH VERSION OF THE THOUGHT AND LANGUAGE DISORDER SCALE (TALD-TR) IN SCHIZOPHRENIA

Emre Mutlu*[,1], M. Kâzım Yazıcı[2], Elif Barışkın[2], Aygün Ertuğrul[2], Şeref Can Gürel[2], Şahin Gürkan[3], Erol Göka[3], A. Elif Anil Yagcioglu[2]
[1]Etimesgut Sehit Sait Erturk State Hospital; [2]Hacettepe University; [3]Numune Education and Research Hospital

Background: Formal thought disorder (FTD) is considered to be a fundamental feature of schizophrenia (SZ). It is crucial to assess FTD comprehensively in a practical, operationalized way for etiopathogenesis, neurobiology and imaging studies. Kircher and his colleagues (2014) have developed the Thought and Language Disorder (TALD) scale which captures both positive/negative and objective/subjective FTD symptoms. This study aims to analyze psychometric properties of the Turkish version of TALD (TALD-TR) and investigate the relationship between FTD and various clinical characteristics in patients with SZ.

Methods: The original TALD manual was adapted into Turkish and applied to a total of 149 participants of which 114 had DSM-5 psychiatric diagnoses (schizophrenia N=70, mania N=20, depression N=24) and 35 were healthy controls. To analyze interrater reliability of the TALD-TR, interviews of 20 patients diagnosed with SZ were recorded on video. The records were viewed and scored by two independent raters. Positive and Negative Syndrome Scale (PANSS), Hamilton Depression Rating Scale, Young Mania Rating Scale, and Clinical Global Impression-Severity Scale were administered to detect illness severity.

Results: The principle component analyses revealed that the TALD-TR consisted of four factors including the Objective Positive (OP), Subjective Negative, Objective Negative (ON) and Subjective Positive symptom dimensions which were in line with the original TALD factorial structure. The crohnbach alpha values of the factors were found to be 0.91, 0.78, 0.76, 0.53 respectively. Intraclass correlation coefficient was 0.95. It was concluded that TALD-TR shows strong construct validity and high interrater reliability. The correlation analyses with TALD-TR and PANSS showed that there are significant positive correlations between the TALD-TR total score and the PANSS total and subscale scores. In the SZ group, a strong correlation was found between TALD-TR total score and PANSS Conceptual disorganization item. Following PANSS items, which were highly correlated with TALD-TR total score, were Stereotyped thinking, Suspiciousness, Delusions and Unusual thought content. The mania group exhibited the highest mean total score in the OP, whereas the SZ group exhibited the highest mean total score in the ON factor. In the SZ group, age controlled partial correlation analysis revealed that there was a positive correlation between the TALD-TR total score and the duration of illness. A negative correlation was found between the TALD-TR total score and age at illness onset. Additionally, clozapine users had higher TALD-TR ON score than non-clozapine users.

Discussion: This study showed that TALD-TR is a valid and reliable tool with good psychometric properties to assess FTD by its unique four-factorial structure as in the original study. The correlation between FTD and PANSS items associated with thought content suggest that thought content and thought process are not completely discrete entities. The comparison of FTD among different diagnostic groups showed a distinct pattern regarding the TALD-TR factors. In line with literature, the results of this study suggest that FTD is related with higher illness severity, longer duration of illness and early age at illness onset in patients with SZ. These findings emphasize the need to develop new treatment strategies aiming to improve FTD from the early stages of SZ. In patients with treatment refractory schizophrenia, especially the Objective Negative symptoms remain to be one of the main treatment targets. Finally, successful adaptation of TALD into different languages seems to be possible, bringing in an international tool for research on FTD.

S104. WHAT OF THE MINIMAL SELF? IDENTITY, SUBJECTIVITY, AND THE LIMITS OF SELF-DISORDERS IN FIRST EPISODE PSYCHOSIS

Susan Berkhout*[,1], Juveria Zaheer[2], Gary Remington[2]
[1]University of Toronto; [2]Centre for Addiction and Mental Health, University of Toronto

Background: Schizophrenia spectrum conditions have been linked to alterations in self-experience from some of their earliest descriptions. These alterations include disruptions in self-awareness, agency/volition, and distortions of personal identity more generally, and are thought to apply to both a "minimal" and "narrative" self. The notion of schizophrenia-spectrum illnesses as being rooted in self-disorders (SD) continues to receive broad theoretical and empirical support, including from studies of