

School of Behavioral and Brain Sciences

Increased Social Cognitive Bias in Subclinical Paranoia

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some beneficial effects on symptomatic parameters and psychosocial outcome (Moritz et al., 2011). In an exploratory pilot, we sought to study if metacognitive training would lead to improvements in work therapy outcome as well as illness insight and symptoms.

Methods: Twenty-four adult outpatients with schizophrenia enrolled in a work therapy program were randomized to either treatment as usual or 2 months of metacognitive training (MCT; Moritz & Woodward, 2007), a group-based therapy aimed at enhancing insight into cognitive biases underlying paranoia and delusions. Work therapy consisted of 2 to 6 supervised/structured hours/week at sites around the Institute (gift shop, cafeteria, greenhouse, or janitorial services). Assessments of insight (SUMD), work behavior (WBI), and symptoms (BPRS) were administered at baseline, post (2 months), and follow-up (4 months).

Results: While both groups improved in work behavior, the MCT group demonstrated better work behavior at post ($t = 4.13$, $P = .027$). Although there were no significant changes in insight or positive symptoms in either group at post, interestingly, the MCT group demonstrated more insight ($P = .032$) and fewer positive symptoms at 2-month follow-up ($P = .040$).

Conclusion: Improving metacognitive capacity was found to enhance work therapy benefits. Similar to other studies that combined psychotherapy and work therapy, effects on insight and symptoms needed time to consolidate and only became evident after the intervention ended (Mervis et al., 2016). While we did not tease out the potential impact of the overall outpatient milieu, our findings suggest that MCT may have an important role in vocational rehabilitation programs for schizophrenia.

SA124. INCREASED SOCIAL COGNITIVE BIAS IN SUBCLINICAL PARANOIA

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Background: Recent analyses from the SCOPE study have revealed significant relationships between measures of social cognitive biases and specific symptoms, such as paranoia, in individuals with schizophrenia (Buck et al, 2016; Pinkham et al. 2016). Although prior research in subclinical populations report that those with high levels of paranoia exhibit deficits in social cognition and social functioning (Combs & Penn 2004, Combs et al 2013), we seek to expand this literature by examining the relationship between paranoia, social cognitive biases, and social functioning to determine whether the same symptom-specific deficits can be seen in a nonclinical population.

Methods: Utilizing measures of social cognition identified by a RAND panel in Pinkham et al (2014), undergraduate participants were tested on emotion recognition, Theory of Mind, social perception, and attributional style as well as state paranoia, clinical measures associated with paranoia, and self-assessments of social functioning.

Results: Using bivariate correlations, we examined the relationship between subclinical paranoia, social cognition, and social functioning. Self-ratings of subclinical paranoia were validated via significant correlations with clinical measures, supporting the notion that these individuals fall along the paranoia continuum. Moderate correlations were seen between paranoia ratings and AIHQ hostility bias ($r = .367$), aggression bias ($r = .442$), and blame score ($r = .344$), all P s < .001. Additionally, small correlations were observed between paranoia and emotion perception (ER40; $r = -.198$, $P = .028$), Theory of Mind (TASIT; $r = -.208$, $P = .021$), and assessments of trustworthiness ($P = -.182$, $P = .044$). Paranoia was significantly correlated with social withdrawal ($r = -.363$, $P < .001$).

Conclusion: This study reveals positive links between increased paranoia and social cognitive bias and demonstrates that paranoia exerts a similar effect on social cognition and social functioning across a continuum spanning from healthy to pathological. Further examination of these deficits in both clinical and subclinical populations will provide information on the mechanisms underlying paranoia.

SA125. CHARACTERISTICS AND EARLY OUTCOME OF DEPRIVED WOMEN WITH PSYCHOSIS IN HONG KONG

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Background: It has been reported that women facing financial hardship are more likely to be affected by mental illnesses, including depression and anxiety, in pregnant women. Whether similar differences exist in this disadvantaged subgroup among psychosis patients is, however, unclear. The current study aims to compare the baseline characteristics and early clinical and functioning outcome at 6 months between the financially deprived women with psychosis in Hong Kong and their nondeprived counterparts.

Methods: Participants were recruited from a territory-wide early intervention program for adult (25–55 years old) psychosis patients in Hong Kong. Ninety-three financially deprived female patients and 105 nondeprived female patients were included. Their baseline demographics, premorbid, clinical, neurocognitive, and functioning characteristics were compared. The 6-month clinical and functioning outcome of the 2 groups were also compared.

Results: At baseline, deprived women have higher PANSS score ($P = .010$), higher general psychopathology ($P = .010$), and higher SANS score in avolition-apathy ($P = .003$) and anhedonia-asociality ($P = .008$). In terms of functioning, deprived women have lower SOFAS score ($P = .002$) compared to nondeprived women. They also performed worse in age-adjusted WAIS-R information test ($P = .001$), WAIS-R arithmetic test ($P = .002$), WAIS-R forward digit span ($P < .001$), WAIS-R backward digit span ($P = .003$), visual patterns tests ($P = .002$), digit symbols ($P < .001$), and verbal fluency ($P < .001$). At 6 months, financially deprived women also have severer symptoms compared to nondeprived women, with higher SAPS scores ($P = .045$), higher SANS avolition-apathy scores ($P = .005$), higher scores in Calgary Depression Scale ($P = .003$). Also, deprived women have lower SOFAS score ($P = .003$).

Conclusion: The current results shows that differences exist in baseline characteristics and early outcome between female patients with and without financial hardship. Deprived women have more severe symptoms, worse social and occupational functioning, and worse cognitive ability at baseline. Early outcome of deprived women was also found to be worse, with severer symptoms and worse social and occupation function. It shows that female psychosis patients facing financial hardship may require additional assistance and attention.

SA126. REAL-WORLD SOCIAL ENGAGEMENT, TRUST, AND ATTACHMENT IN SCHIZOPHRENIA: REDUCED TRUST IN CLOSE RELATIONSHIPS

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Background: Schizophrenia is associated with social dysfunction and reduced trust in others. It has been hypothesized that attachment anxiety and avoidance might be underlying both. This study aimed to investigate the association between attachment, trust, and social engagement within the flow of daily life.

Methods: We used the Experience Sampling Method (ESM) to measure trust and social engagement (being with others) in a sample of 25 patients with a diagnosis of nonaffective psychosis, 24 first-degree relatives of patients, and 26 healthy controls to investigate the association between the genetic liability for psychosis and the social outcomes of interest. Participants received an iPod with an ESM diary questionnaire application,