P-10-004
Rehabilitation of communicative abilities in schizophrenic patients through the cognitive pragmatics treatment: a pilot study

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Objective: This study aims to test the efficacy of a new program developed for the rehabilitation of communicative abilities (the Pragmatic Cognitive Treatment) in patients with schizophrenia. Communicative dysfunction is considered a common and invalidating impairment of these patients. The treatment we propose addresses the whole pragmatic competence, offering the patients an ecological setting in which to learn how to manage everyday communicative interactions.
Methods: The efficacy of the proposed rehabilitation training has been evaluated on a pilot group of 11 Italian native speaking patients with schizophrenia (diagnosed by DSM-IV). Patients had a mean age of 40.09 (ranging from 29 to 51 SD = 6.59) and a mean education of 10.63 years SD = 2.97. There were 6 males and 5 female. Exclusion criteria included leucotomy, neurological disability and a history of drug/alcohol abuse. The program consists of two sessions per week (12 weeks), focused on all the aspects that constitute being able to effectively communicate: linguistic, extralinguistic, paralinguistic, social appropriateness, conversational skills, awareness, planning and theory of mind. Efficacy has been evaluated through both behavioral measures (i.e. the equivalent forms of the Assessment Battery for Communication (ABaCo, Bosco et al. 2012, Journal of Communication Disorders, 45, 290–303), and a selection of neuropsychological tests) and neuroimaging measures of functional connectivity. In particular, cerebral changes have been assessed by functional magnetic resonance imaging (fMRI). All measures have been performed pre- and post-training.
Results: After training, the patients significantly improved their performance on ABaCo. fMRI data analysis showed changes of functional connectivity.
Conclusion: Results of this study show the efficacy of the rehabilitation training on communicative performance. After training, patients showed an improvement of their pragmatic abilities, assessed by ABaCo, and also a modification of their cerebral connectivity.
Policy of full disclosure: None.

P-10-005
Cognitive-behavioural therapy and negative symptoms of schizophrenia

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Objective: The reduction of negative symptoms of schizophrenia is significant for the clinical practice although it is not the first goal. In this paper we have the first results of the efficacy of CBT on negative symptoms of schizophrenia.
Methods: 17 outpatients with the diagnosis of schizophrenia that they had at least one admission in psychiatric unit before. All diagnoses were reviewed by an experienced psychiatrist head of the Psychiatric Department of a General Hospital. All of them agreed to get in a program with CBT and pharmacological treatment.
Results: The cognitive and behavioral interventions referred to the improvement of quality of life, the activities of everyday living, the social adjustment, the ability to care for themselves and the compliance with their antipsychotic medicine. Such strategies were the thought stopping, self-monitoring and social skills training. The interviewer Rating Scales, PANSS, SANS, BPRS were used, before

the program initiation, after the 10th session and at the end of the program following 2 years. These results have shown us that 14 outpatients have experienced more benefits than the ones they gained from the pharmacological treatment alone.
Conclusion: Additional research is required to explore and test the benefits of CBT on negative symptoms of schizophrenia from both duration and cost effectiveness perspective.
Policy of full disclosure: None.

P-10-006
Effectiveness of group therapy aimed at overcoming schizophrenia

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Objective: The purpose of this research was to test the effectiveness of group therapy in overcoming schizophrenia (SET) utilizing a psychoeducational model
Methods: This study has a pre-experimental design, and uses a simple group of twelve participants from the daycare centre for mental health "Dr Carlos Bresky". It uses a design pre test- post test for the following variables: (1) Knowledge of the disease, (2) Adherence to treatment, (3) social cognition and (4) Social ways of coping.
Results: Using a paired samples student's *t* test it was statistically concluded that knowledge of the disease, social cognition and adherence to treatment produced significant results, while social ways of coping did not.
Conclusion: We conclude that the SET therapy is effective in its implementation.
Policy of full disclosure: None.

P-10-007
Behavioural Activation for Negative Symptoms (BANS-NL): a nurse intervention for psychotic disorders

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Objective: Negative symptoms are a common phenomenon in schizophrenia and play a role in poorer social functioning and lower quality of life. However, current treatment strategies are only partly effective and are subject of improvement. Depression shares several features with negative symptoms: loss of goal directed behavior and amotivation. Moreover, anticipatory pleasure, or the ability to experience pleasure related to future activities, is diminished in both. Behavioral activation is a well-researched and effective treatment strategy for depression. Recent research data showed that behavioral activation might be effective in patients with negative symptoms in schizophrenia. Aim: To examine whether behavioral activation for negative symptoms (BANS) is effective in treating negative symptoms of schizophrenia.
Methods: We will conduct a randomised controlled trial of patients with schizophrenia (N = 100) living in sheltered housing and suffering from persistent negative symptoms. Patients in the treatment condition receive a minimum of 10 sessions of Behavioral Activation for Negative Symptoms within 3 months, performed by trained nurses. Patients in the control condition obtain the same amount of befriending. Experience sampling and measurements take place at T0 (baseline), T1 (End of treatment) and follow-up at 6 months (T2) and will be carried out by blind assessors. The primary outcome measure is the degree of negative symptoms (SANS). Secondary outcome measures are the degree of subjective experienced negative symptoms (SENS), social functioning (SFS), quality of life (MANSA),

depression (BDI-II-NL), activity level (number of preformed activities), anticipatory pleasure (likert scale).
Conclusion: Design of the study will be presented.
Policy of full disclosure: None.

P-10-008
Comparing psychological interventions of different complexities with clinical outcomes in a high risk or psychotic adolescent sample

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Objective: The purpose was to investigate the relation between different treatment options usually offered in our unit and their correlation with clinical progress, variables and evolution of adaptive functioning after 2 years of follow-up.
Methods: 37 patients, aged 12–18 years, referred to the Department of Neuropsychiatry (University of Rome) during the first 6 months of 2010, were enrolled: 24 individuals received a diagnosis of psychosis, 13 met ultra-high risk criteria. At baseline and at follow-up, they were evaluated using the SIPS/SOPS and PANSS. Variables related to overall functioning, genetic vulnerability and socio-environmental risk factors were collected. Data about the type and complexity of intervention were collected using the Pattern of Care Schedule. A descriptive analysis was executed and correlations were performed between several clinical variables (diagnosis, test scores and type of treatment) and clinical outcomes.
Results: At the follow-up, in the psychotic sample 19 individuals received integrated treatment, 2 received only drug therapy. 9 subjects continue to experience psychotic symptoms whereas 14 remitted from frank symptomatology. In the high-risk sample, 46 % received integrated treatment, 54 % received a single one. 1 subject made the transition to psychosis. The clinical condition was stable in 77 % of cases whereas 15 % were no longer in the 'psychotic risk area'. We obtained significant correlations between: the clinical progress and complexity of the intervention; type of treatment and Gaf score neuropsychiatric disorders and Disorders Axis II; consultations prior to hospitalization and substance abuse.
Conclusion: The majority of HR individuals continued to experience symptoms of receiving a "non-focused" treatment. In the psychotic group there was highly clinical variability. The data suggest a early intervention may have greater effect for HR adolescents but also support the notion that research conducted to date may help to identify a clinically useful concept (the "HR paradigm") without allowing a recommendation for any specific approaches.
Policy of full disclosure: None.

P-10-010
Competitive work and schizophrenia: design of a project aiming at obtaining and keeping a job through supported employment and multifaceted collaboration

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Objective: Competitive employment is an important goal for many patients with schizophrenia for promoting social inclusion and quality of life. In Finland, it is a national goal to support people with disabilities to work on open labor market. In collaboration with workplaces, occupational health services (OHS) are in a major role in supporting employees' work ability. The aim of this project is to develop a practical collaborative model for helping people with severe mental disorders to access competitive employment and maintain the job.
Methods: This project has three phases. First, we aim to explore key stakeholders' experiences related to the difficulties and success of people with severe mental disorders to obtain and maintain employment through focus group meetings. Second, a supported employment model will be developed, based on previous literature and meetings of key stakeholders. This model covers assessment of patients' cognitive functioning and job accommodation in order to match the job with their cognitive capacities. In this model, occupational health professionals will have a central role in collaboration with employment specialists and workplaces in recognising and understanding the importance of cognitive deficits in job accommodation. Third, a pilot study including 30 patients will be launched. The persons with severe mental disorder who will find a job with the help of an employment specialist will be followed up for 6 months by OHS. Assessments are made at baseline and at 3 and 6 months' follow-up. The employees, employers and employment specialists will be interviewed after the follow-up.
Conclusion: Supported employment is an evidence-based vocational model for people with severe mental disorders. So far, in these models collaboration with occupational health services (OHS) has not been utilized. Our model including a role of the OHS will be further developed based on the results of this pilot project.
Policy of full disclosure: None.

P-11 Risk states

P-11-001
Perception of neutral and negative stimuli in unaffected first-degree relatives of patients with schizophrenia

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Objective: Patients with schizophrenia have been shown to attribute salience to nonsalient information. Recent insights suggest that patients often rate neutral pictures as more negative (Cohen & Minor, 2010) and that they show more activation in emotional attention areas than healthy controls when viewing neutral pictures. Activation while viewing negative pictures does not seem to differ (Anticevic et al., 2010). In individuals clinically at risk for schizophrenia similar effects have been found (Seiferth et al., 2007). In this study we examined whether unaffected first-degree relatives of patients with schizophrenia show increased neural responses to neutral stimuli compared to healthy controls, while responses to negative stimuli are similar.
Methods: Fifty relatives and fifty matched healthy controls viewed and rated neutral and negative images. Ratings were analyzed non-parametrically. Brain activation, measured using functional Magnetic Resonance Imaging (fMRI) was compared between groups for the contrasts neutral > fixation, negative > fixation and negative > neutral. An initial threshold was set at $p < .001$ and statistical significance was defined as $p < 0.05$ FWE corrected on cluster level.
Results: Relatives rated neutral pictures more negative than controls ($p = .006$). There was no difference in the ratings of negative pictures ($p = .139$). Controls, while viewing neutral pictures, showed occipital and parietal activation related to visual processing. Furthermore, while viewing negative pictures, activation was found in frontal emotional processing areas and emotional attention areas like the precuneus, the DMPFC and the insula. Relatives showed a similar activation pattern.