# Does an OPTIMIST (Optimizing Psychosis Transformations Interpersonally with Mood, Insight, and Self-stigma Tracking) Approach Improve Prediction of Social Function in Individuals on the Psychosis Spectrum?

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INTRODUCTION

- Neurocognition and Social Cognition are robust predictors of social functioning outcomes in Schizophrenia [1-3]
- Attempts at neurocognitive remediation have been unsuccessful across the psychosis spectrum or gains do not generalize to functional outcomes [4-6]
- Mood, insight, and self-stigma are predictive of social functioning [7-11]
- Compensatory mechanisms through OPTIMIST (Optimizing Psychosis Transformations Interpersonally with Mood, Insight, and Self-Stigma Tracking) may improve social function

Neurocognitive Domains

Modified from Bowie et al., 2008
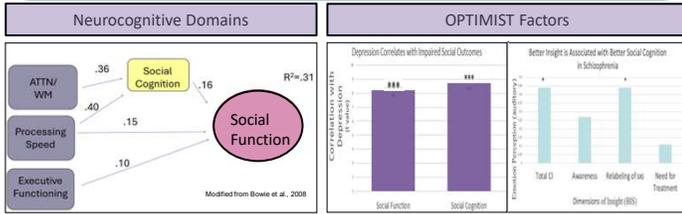
OPTIMIST Factors

AIMS

Aim #1: Re-establish cognitive processes and OPTIMIST Factors as predictors of social functioning.

Aim #2: Assess the role of OPTIMIST factors including mood, insight, and self-stigma in the prediction of social function relative to cognitive processes.

METHODS & PARTICIPANTS

Participants

Adults 18-64 in the USA with psychosis symptoms determined by the Prodromal Questionnaire Brief (PQ-B) cut-off score

Method

Recruitment

Posted flyers, crowdsourcing platforms, social media, listservs, word-of-mouth

Screening

Demographics survey, PQ-B, exclusion criteria
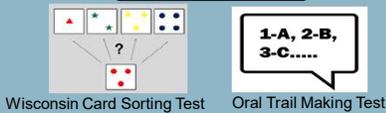
Study Visit

Meet with a researcher via Zoom to complete cognitive and symptom-based assessments

Compensation

Compensation of $25, 2 entries into a drawing for a $100 gift card, debrief

Measures

Neurocognition

Wisconsin Card Sorting Test | Oral Trail Making Test (1-A, 2-B, 3-C…..)

D-KEFS Color/Word Interference Test

Social Cognition

Hinting Task | Ambiguous Intentions Hostility Questionnaire | PENN Emotion Recognition Task

Self Report

| OPTIMIST Factor	Assessment
Mood	Depression & Anxiety Stress Scale (DASS)
Mood	UCLA Loneliness Scale
Cognitive Insight	Beck Cognitive Insight Scale
Clinical Insight	Birchwood Insight Scale
Self-Stigma	Internalized Stigma of Mental Illness Inventory
Social Function	Social Adjustment Scale- Social & Leisure Domain

Demographics (n=23)

Gender	
Male	8
Female	13
Non-Binary	2
Ethnicity	
African American	11
Hispanic/ Latino	2
White / Caucasian	8
Bi/ Multi Racial	2
Age; 33 (12.04)	
20-29	12
30-39	5
40-49	3
50-59	2
60-64	1

Demographics & Clinical Characteristics

	Range	Min	Max	Mean	St. Dev.
AIHQ (Ambiguous)	3.60	1.0	4.6	2.27	1.25
AIHQ (Intentional)	3.40	1.60	5.0	3.0	1.03
AIHQ (Accidental)	2.60	1.0	3.6	1.44	0.70
CWIT Condition 4 Error (SS)	11	1.0	12	9.30	3.23
CWIT Condition 3 Error (SS)	11	1.0	12	9.34	3.29
Hinting Task	14	4.0	18	13.04	3.59
Social Adjustment Scale (Social & Leisure Domain)	3.50	3	4.5	2.86	1.00

PRELIMINARY RESULTS

Associations Between Cognitive Processes and Social Functioning
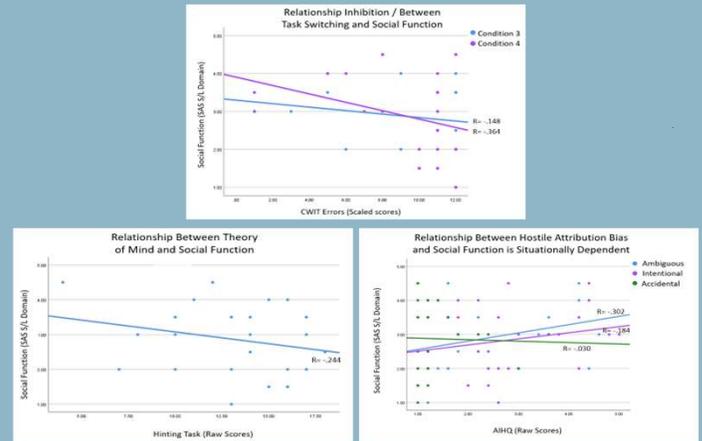
Associations Between OPTIMIST Factors and Social Functioning
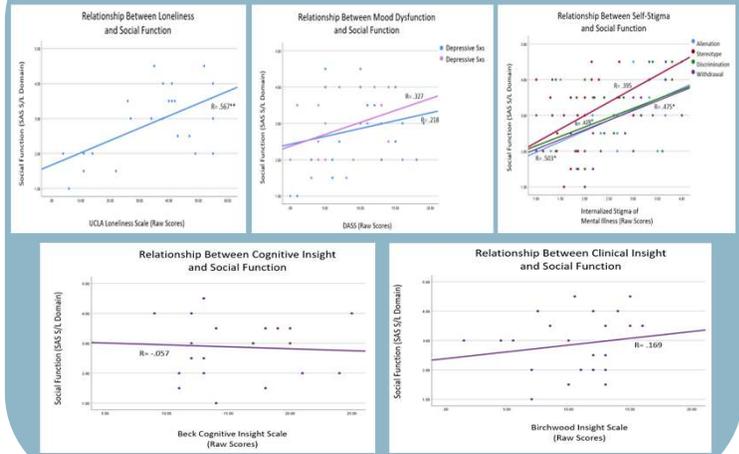
OPTIMIST Factors Improve the Predictive Model of Social Functioning, Though Findings are Not Yet Significant

Though currently underpowered, the predictive model is improved by the addition of OPTIMIST factors to cognitive domains.

CONCLUSION & CLINICAL IMPLICATIONS

- Despite limited power, some correlations between predictors and social functioning are present.
- Though not significant, overall predictive model is improved by the OPTIMIST additions.
- Significant findings for both foundational correlations and the predictive model are expected as data collection continues.
- This work may identify additional treatment targets for therapeutic interventions targeted at improving social function.