improvement at endpoint. There were no other significant differences between groups.

**Discussion:** CRT with and without SCT improved both cognitive functions and emotion recognition as well as aspects of emotion regulation in patients with significant histories of impulsive aggression. While social cognition training only added a small increment in emotion recognition, possibly facilitating better emotion regulation control and impulsivity, more direct measures of aggression and impulsivity need to be interrogated to assess the effect on aggressive behaviors.

**T38. DOPAMINE ENHANCEMENT OF VERBAL LEARNING IN THE SCHIZOPHRENIA SPECTRUM**

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**Background:** Cognitive impairment is a prominent feature that is closely linked to functional outcome in schizophrenia-spectrum patients, such as those with schizotypal personality disorder (SPD). Pharmacological enhancement of prefrontal D1 dopamine receptor function remains a promising therapeutic approach to ameliorate these cognitive deficits, although there have been few controlled experiments of this mechanism.

**Methods:** Twenty-seven medication-free patients with SPD who demonstrated cognitive impairment (i.e., scoring more than 1 SD below healthy control means of measures of cognition) were enrolled in a randomized, double-blind, placebo-controlled trial of the full D1 receptor agonist, dihydrexidine (DAR-0100A; 15 mg/150 ml of normal saline administered intravenously over 30 min). We administered the MATRICS Clinical Consensus Battery (MCCB) during drug/placebo infusion. Using a crossover design, study procedures occurred over four consecutive days, with MCCB testing on Days 1 and 4, and DAR-0100A/placebo administration on Days 2–4; administration of drug/placebo order was randomly assigned, with 14 participants receiving DAR-0100A first.

**Results:** Compared with cognitive performance during placebo, administration of DAR-0100A was associated with significantly better verbal learning (HVLT score, F(1, 24)=5.1, p=.03). DAR-0100A was adequately tolerated, with no serious medical or psychiatric adverse events; common side effects were mild to moderate and transient, consisting mainly of sedation, light-headedness, tachycardia, and hypotension; however, we were able to minimize these effects, without altering the dose, with supportive measures, e.g., co-administered normal saline.

**Discussion:** These findings lend further clinical support to the potential D1 receptor agonists to treat cognitive impairments in schizophrenia-spectrum disorders. Future research, including in schizophrenia samples, is warranted.

**T39. CAN INDIVIDUALS WITH NEUROCOGNITIVE IMPAIRMENT BENEFIT FROM COGNITIVE-BEHAVIORAL SOCIAL SKILLS TRAINING?**

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**Background:** Research has consistently demonstrated that neurocognitive impairment is related to poor functional outcomes among individuals diagnosed with schizophrenia. Further, neurocognitive impairment has been shown to predict poor outcomes in psychosocial treatments that target functioning such as social skills training. Cognitive-Behavioral Social Skills Training (CBSST) is a group intervention aimed at improving day-to-day functioning that includes aids to compensate for cognitive impairment in schizophrenia. The current study examined whether neurocognitive impairment at baseline moderated functional outcome in CBSST relative to a goal-focused supportive contact condition (SC).

**Methods:** Two single-blind, randomized controlled trials were conducted; one with middle-age and older (age > 45; N = 64) and one with younger (age > 18; N = 149) participants with schizophrenia or schizoaffective disorder. Both CBSST and SC involved 36 weekly 2-hour group sessions, and data was collapsed across studies. Participants completed the self-report Independent Living Skills Survey (ILSS) and a comprehensive neuropsychological battery at baseline, end of treatment, and either 9- or 12-months post-treatment. Linear regression models were used to examine whether baseline neurocognitive impairment moderated functional outcome (i.e., ILSS composite score at follow-up). Group (coded as CBSST = 0.5; SC = -0.5), baseline functioning, baseline neurocognitive domain t-score, and the interaction between group and baseline neurocognitive domain t-score were included in these moderation models.

**Results:** Analyses revealed a significant cross-level interaction between executive function (EF) and group assignment (Beta = .78, p < .05), indicating that individuals randomized to CBSST with poor EF at baseline had better functioning (xxxx = .720) at follow-up than individuals assigned to SC with poor EF (xxxx = .643). Moreover, their level of functioning at follow-up was similar to that of participants in the CBSST condition with intact EF (xxxx = .717; t(46) = .28, p = .78) as well as those in the SC condition with intact EF (xxxx = .726; t(50) = .04, p = .97). Post-hoc analyses indicated a significant decline in functioning from baseline to follow-up for participants with low EF in the SC condition (t(22) = 2.07, p = .05); there was no significant improvement in functioning over time for participants with intact EF in either group or those in the CBSST condition with low EF. No other neurocognitive domain (i.e., global neurocognition, working memory, processing speed, verbal/visual learning and memory) moderated the relation between group assignment and follow-up functioning.

**Discussion:** Engagement in CBSST prevents functional decline in individuals with low EF. It is likely that problem-solving training and teaching skills for how to gather evidence and test hypotheses about thoughts/mistakes in thinking help to compensate for EF deficits in schizophrenia.

**T40. CAN SCHIZOPHRENIA PATIENTS RELIABLY REPORT NEGATIVE SYMPTOMS? A PILOT STUDY USING THE SELF-EVALUATION OF NEGATIVE SYMPTOMS SCALE**

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**Background:** Few studies have compared clinical evaluations of negative symptoms to those done by patients. Self-report tools may better reflect the patients’ subjective experience. The Self-Evaluation of Negative Symptoms (SNS; Dollfus et al., 2015), a 20-item scale, was developed to assess the subjective experience of negative symptoms by schizophrenia patients. Dollfus et al (2015) found that the SNS had good psychometric properties and demonstrated that the patients’ ratings were highly correlated with observer ratings. Patients included in the Dollfus et al (2015) study were stable outpatients with a high level of functioning. It remains to be explored whether patients with a lower level of functioning can identify their negative symptoms in a reliable fashion. Our goals were (1) to examine if chronic, low functioning patients can complete the instrument without assistance,
potentially providing more immediate insight into their internal perception of negative symptoms and (2) to examine the correlation of their subjective reports with the research assessment of negative symptoms.

**Methods:** Stable in- and outpatient who met DSM-V criteria for schizophrenia spectrum disorder were included in the study. After consenting, patients self-administered the SNS assessment at two time points, separated by one week, with other rater-administered concurrent evaluations: the 16-Item Negative Symptom Assessment (NSA-16), a validated clinical assessment for negative symptoms, the C-GSI, WRAT, BACS, and CDSS.

**Results:** A total of 50 subjects with a mean age of 43.71 years (SD = 11.03), 86% male, 64.81% African American, with a mean chlorpromazine equivalency dose of 869.22 (SD = 59.69). Mean premorbid IQ was 79.71 (SD = 17.51) determined by WRAT Standard Total, and BACS Composite T Score mean was 33.56 (SD = 12.11). Cronbach’s coefficient of the SNS (α = 0.903) showed good internal consistency. The intraclass correlation coefficients (ICCs) between SNS time point 1 and SNS time point 2 showed good inter-rater reliability (ICC = .849, 95% CI [.739, .928]). Of the 20 SNS items, significant correlations with the NSA-16 Global Level are reported for only 2 items: “I don’t take any great pleasure in talking with people” (r = 0.65, p < 0.001), and item “I am not interested in having sex,” with “Sexual interest” (r = 0.58, p = 0.003). There was a significant difference in the SNS total score between Visit 1 (t(53) = 9.11, p < 0.001) and Visit 2 (t(53) = 8.23, p < 0.001). Significant correlations were also identified for SNS Item “I don’t take any great pleasure in talking with people” and the SUM-D Awareness of Asociality item (r = 0.56, p = 0.005) and SNS Item “I am not interested in going out with friends or with a family member” and the SUM-D “Awareness of mental disorder” (r = 0.578, p = 0.004).

**Discussion:** This study shows that patients with negative symptoms can self-administer a patient reported outcome measure. However, the relatively low correlation between the self-reported SNS items and the research rated NSA-16, suggests that the agreement between self-rating and observer-rating of negative symptoms in patients with chronic schizophrenia is rather low, except for two items. Patients also evaluated the severity of their negative symptoms rather differently one week apart suggesting different subjective assessment levels by patients at different times. It appears that patients with chronic schizophrenia and low levels of functioning are not able to self-evaluate their negative symptoms and give variable answers on repeat self-evaluations.