properties. Further comparison of instruments revealed that the concept of negative symptoms has changed. Older scales show greater inconsistencies regarding item content and factor structure. They also tend to rate performance deficits rather than negative symptoms as such. Newer scales were developed following a National Institute of Mental Health consensus meeting. They include items on pleasure, affiliation, interest, and motivation, and show a two factor model of negative symptoms with an expression and an experience factor.
Conclusion: The attempts have increased to not only assess expression, but also the internal experience of negative symptoms. Remaining challenges are that the available instruments do not differentiate between primary and secondary symptoms even though this distinction does have therapeutic implications. Moreover, some instruments are relatively long, which may limit their clinical practicability. Finally, more research is needed to build upon and further develop psychometrically sound self-report tools that can serve to improve the understanding of the internal experience of negative symptoms.
Policy of full disclosure: None.

P-02-005
The acceptance and action scale for delusions: development and preliminary results

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Objective: Our aims were: (a) to develop a new measure to assess both experiential acceptance of delusions and action towards valued living directions (in spite of delusional thoughts); and (b) to validate this measure in a clinical population with a diagnosis of a psychotic-spectrum disorder.
Methods: The sample comprised 44 participants (91 % male, 89 % single, 66 % living with parents, 39 % unemployed) with a non-affective psychotic disorder (75 % schizophrenia), between 20 and 49 years old (M = 34.27). The participants had on average 9.89 years of education and 2.35 hospitalizations. 54.5 % reported delusions (past week). Participants were assessed with: Acceptance and Action Scale for Delusions (AAS-D); Satisfaction with Life Scale. 19 participants filled the Paranoia Checklist.
Results: The items of the AAS-D were generated by the authors in order to measure the concepts of acceptance and action with commitment to valued living directions as defined by the acceptance and commitment therapy model (Hayes et al. 2006). A beta version was tested in a sample of 50 students who evaluated language clarity. The final version comprised 20 items: the participant was asked to rate each item on a 0 ("disagree") to 3 ("totally agree") scale. Two subscales were proposed: acceptance (11 items) and action (9 items). Considering sample size, acceptable internal consistency was found for both subscales (.56 and .82) and total (.78). Significant correlations were found with paranoid ideation (distress and total -.54; and distress and action -.52; distress and acceptance −.50; conviction and acceptance −.51) and satisfaction with life (.45 with total; and .53 with action subscale). Both subscales were correlated (.57).
Conclusion: This is an on-going study therefore the results are preliminary and in need of further replication with a larger sample and with more sophisticated statistical analysis (e.g., confirmatory factor analysis). Nevertheless, preliminary results indicate the reliability and validity of the AAS-D.
Policy of full disclosure: None.

P-02-006
The Bern Psychopathology Scale: comparison of symptom dimensions in patients with schizophrenia and major depressive disorder

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Objective: In order to assess clinical symptoms of psychoses and categorize specific subgroups based on a system-oriented approach the Bern Psychopathology Scale (BPS) was established. Our study focused on three specific symptom domains (language, affectivity and motor behavior) comparing patients with affective and non-affective endogenous psychoses.
Methods: 146 patients with schizophrenia spectrum disorders (77 men, 69 women) and 58 patients with major depressive disorder (MDD) were investigated. Inclusion criteria were MDD or psychotic episode due to schizophrenia, schizoaffective disorder or schizophreniform disorder. We assessed global scores for each of the symptom dimensions language (GSL), affectivity (GSA) and motor behavior (GSM) as indicated by the BPS. Ratings were done on a seven-point Likert scale (−3 to −1: Inhibition, 0: Normal, +1 to +3: Disinhibition). Additionally, patients with distinct inhibition or disinhibition behavior (less than −2 or more than +2) were categorized as patients with extreme scores. Statistics included Chi-squared-tests and ANOVAs.
Results: The majority of patients endorsed normal or slightly abnormal ratings (−1, 0, +1), irrespective of the diagnostic entity. In MDD, more pronounced negative ratings of affect were seen, indicating a stronger tendency to inhibition. Yet, comparison of GSL- and GSM-severity yielded no differences between SZ and MDD. Further analyses showed an increased endorsement frequency of extreme scores in the motor and language dimension in patients with SZ, whereas in the GSA almost half of the MDD patients presented extreme ratings. Extreme ratings in all dimensions occurred only in schizophrenia.
Conclusion: Patients with schizophrenia spectrum disorders and MDD share many psychopathological features as assessed by the BPS, supporting a dimensional approach to psychopathology in endogenous psychoses. However, the groups differ in the severity of affect ratings as well as in the distribution of language, affectivity and motor ratings with more variance among the group of non-affective psychoses.
Policy of full disclosure: None.

P-02-007
Can basic symptoms be reliably assessed in a self-rating questionnaire?

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Objective: Assessments of risk criteria for psychosis generally require intensive training and several hours of clinician's time. Thus screening instruments, in particular for ultra-high risk criteria, were developed as a first selection step. Yet, so far no screening for basic symptom (BS) criteria was proposed, although their subjective nature might make them a good target for self-assessments.
Methods: We therefore explored the concurrent and convergent validity of the 'Frankfurt Complaint Questionnaire' (FCQ) as a screening for BS criteria assessed in a clinical interview (=gold standard) with the 'Schizophrenia Proneness Instruments' (SPI-A/SPI-CY). The sample consisted of 81 patients of an early detection of psychosis service.