

to patients with neurological disorders. Furthermore, the assessment of awareness used was more comprehensive and sensitive than previous measures reported in the neurological literature. Data from other domains of awareness (e.g. physical disability, positive and negative symptoms) will also be presented. Taken together, the results are consistent with our hypothesis that awareness deficits in schizophrenia stem from executive dysfunction.

BEHAVIOR PROBLEMS IN CHILDHOOD AND PSYCHIATRIC OUTCOMES IN ADULTHOOD IN THE SUBJECTS OF THE NEW YORK HIGH-RISK PROJECT

G. Paul Amminger, Elizabeth Squires-Wheeler, Salome Looser-Ott, Simone Roberts, Sky Pape, Richard Rende, Don Rock, L. Erlenmeyer-Kimling

University Clinic for Child and Adolescent Neuropsychiatry, Währinger Gürtel 18–20, A-1090 Vienna, Austria

The relationship between childhood behavior problems and adulthood DMS-III-R disorders was examined in 171 offspring of parents with schizophrenia or affective disorder and normal control parents from the New York High-Risk Project (Sample A). Factor analysis of a parent interview administered in 1971/72 at the first round of testing the offspring (mean age = 9.5 years) yielded a factor reflecting childhood behavior problems, largely of an interpersonal nature. Lifetime diagnoses of DSM-III-R axis I disorders and axis II clusters (A, B and C) were obtained on the offspring (mean age = 31.1 years) through administration of standardized diagnostic interviews (SADS-L and PDE). Childhood behavior problems showed different links to adulthood psychopathology in the three offspring groups: In subjects at risk for schizophrenia, childhood behavior problems were related to the schizophrenia spectrum, whereas in the other two groups the same childhood problems were associated with the development of substance abuse in adulthood. Thus, although childhood difficulties in interpersonal behavior seem generally to be antecedents of adulthood psychiatric disorders, they are linked to different types of disorders according to the risk status of the individuals.

THE ONTOGENY OF SCHIZOPHRENIA

Robert F. Asarnow

Department of Psychiatry, UCLA, Los Angeles, California 90024–1759, USA

Data exists on the neurobehavioral antecedents of schizophrenia that helps flesh out neurodevelopmental models of schizophrenia by beginning to detail which neurobehavioral

functions are impaired and which are spared at different points in the course of the development of schizophrenia. A follow back design was used to identify the precursors of psychotic symptoms in children with a schizophrenic disorder. The majority of children with a schizophrenic disorder had significant developmental delays beginning early in life. For example, gross deficits in language development or no language prior to 30 months of age were found in almost 80% of the schizophrenic children. Somewhat later, in development, impairments in fine motor coordination are noted. Some of these early childhood impairments are transitory—they are developmental delays. For example, basic language skills are among the best preserved neurocognitive functions in schizophrenic children and adults. The results of cross-sectional neurocognitive studies indicate that children with a schizophrenic disorder suffer from impairments in working memory while showing a rate of verbal learning which is comparable to that of normal controls. There are links between the developmental delays shown by schizophrenic children and the increased time it takes them to learn a new skill. These findings will be put in the context of studies examining the disassociation between procedural learning and working memory in amnesic disorders.

THE 'BENEFITS' OF DISTRACTIBILITY: MECHANISMS UNDERLYING INCREASED STROOP FACILITATION IN SCHIZOPHRENIA

Deanna M. Barch, Cameron S. Carter, Jonathan D. Cohen, Paul C. Hachten

Western Psychiatric Institute and Clinic, University of Pittsburgh Medical School, Pittsburgh, PA 15213, USA

Studies of selective attention in schizophrenia suggest a particular pattern of single trial Stroop performance: increased facilitation but not interference in reaction times (RT), and increased error interference. Previously, we demonstrated that these effects are not due to an increased bottom-up influence on semantic processing. A careful task analysis of the single trial Stroop suggests that the performance of schizophrenia patients can be explained by a selective attention deficit, if one accounts for: 1) performance in the congruent condition; 2) the nature of the neutral stimulus; 3) the relationship between accuracy and RT; and 4) response set effects. To test this hypothesis, we examined Stroop performance in 40 DSM-IV schizophrenia patients and 20 healthy controls, using a range of neutral stimuli (color patches, non-color words, color words not in the response set). The findings were consistent with the hypothesis that abnormal Stroop performance in schizophrenia reflects a failure to adequately select the appropriate stimulus dimension (color), which affects all task conditions and multiple points in information processing. Further, we replicated previous findings that Stroop deficits correlate with Disorganization symptoms, a result consistent with assertions that Disorganization reflects attentional impairment in schizophrenia.