

true (hits) and imagined (false alarms) peer feedback in individuals with varying SA and depression. Imagined feedback sheds light on biases independent of interaction episodes.

**Methods:** Participants (N=78;17.51±5.11 years) believed peers had rated their picture, predicted who provided positive or negative feedback, and learned if their prediction was accurate. In a surprise recall task, participants indicated whether they received feedback from each peer. Trials were categorized as hits, false alarms, misses, and correct rejections. For hits and false alarms, feedback valence was probed. For misses and correct rejections, predicted valence was probed. Bias scores (recalled or predicted positive–negative feedback) were calculated for each category. Participants received equal instances of positive and negative feedback - deviations from zero reflect bias. Bias scores were tested-vs-zero, and linear models quantified relations with SA and depression.

**Results:** A positivity bias emerged for hits and false alarms ( $t$ 's>3.90;  $p$ 's<.001), but not misses or correct rejections. Despite an overall positivity bias for false alarms, a SA-by-depression interaction emerged ( $b=1.92, t=2.47, p<.05$ ). Those with more severe SA but less severe depression exhibited a negativity bias. No other symptom effects emerged.

**Conclusions:** Participants exhibited a positivity bias for true and imagined peer feedback. However, more severe SA in the absence of depression promoted a negativity bias linked to general beliefs about social feedback. Co-morbid symptoms may buffer against negativity bias.

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**Keywords:** Social Anxiety Disorder, Depression, Memory, Social Rejection, Peers

### Social Cognitive Function and Trauma-Related Symptom Dimensions in 9/11 World Trade Center Responders

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**Background:** Social cognition is thought to play a key role in mitigating the deleterious effects of trauma – potentially lowering risk for posttraumatic stress disorder (PTSD), promoting recovery, and reducing the chronicity of PTSD. Additionally, chronic PTSD is known to be associated with impaired social functioning. However, scarce research has examined how the phenotypic heterogeneity of trauma-related psychopathology relates to changes in social-cognitive function in trauma-exposed individuals.

**Methods:** Thirty-eight individuals involved in rescue/recovery work following the 9/11 terrorist attacks on the World Trade Center (WTC) participated. Of the 38 participants, 40% met DSM-5 criteria for lifetime WTC-related PTSD. Past-month PTSD, depressive, and trait anxiety symptoms were assessed with the Clinician-Administered PTSD Scale for DSM-5, Beck Depression Inventory-Version II, and State-Trait Anxiety Inventory, respectively. Social cognition was assessed with the

Reading the Mind in the Eyes (RMET) and the Movie for the Assessment of Social Cognition (MASC) tasks.

**Results:** Greater severity of PTSD avoidance symptoms was associated with lower social cognitive accuracy on the RMET ( $\beta=-0.73, p=0.004$ ). Higher PTSD anxious arousal ( $\beta=0.62, p=0.03$ ) and trait anxiety ( $\beta=1.08, p=0.001$ ) symptoms, and lower somatic-affective symptoms of depression ( $\beta=-1.15, p=0.003$ ) were associated with higher hypermentalizing errors – characterized by excessive or distorted social cognition – on the MASC.

**Conclusions:** Specific PTSD symptom dimensions, as well as comorbid anxiety and somatic-affective depressive symptoms, are independently associated with changes in social-cognitive function in trauma-exposed individuals. Results may help inform assessment and treatment approaches targeted toward social cognition in this population.

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**Keywords:** Social Cognition, Post-Traumatic Stress Disorder (PTSD), PTSD Symptom Severity

### The Role of Anhedonia in Predicting Risk-Taking Behavior in University Students

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**Background:** Anhedonia, a decrease in the experience of pleasure in response to a previously rewarding stimulus, varies across individuals. While it has been well-studied in psychological disorders, it has been less investigated in healthy populations. The current study used a non-clinical, college-aged sample to investigate variability in this transdiagnostic symptom during a period marked by social and environmental changes, cognitive and social development (particularly as related to risk-taking), and increased vulnerability to psychological disorders.

**Methods:** 81 UCLA undergraduates completed the Temporal Experience of Pleasure Scale (TEPS), Chapman Physical (CPAS) and Social Anhedonia Scales (CSAS), and the Balloon Analogue Risk Task (BART). The TEPS measured the experience of pleasure, and the CPAS and CSAS measured anhedonia. Three BART outcomes indexed risk-behavior: mean adjusted pumps (MAPs), total explosions (TEs), and mean adjusted pumps after explosion (PAEs). A series of hierarchical linear regression models were tested to analyze the relationships among these measures.

**Results:** In all models (controlling for age and gender) the TEPS significantly negatively predicted risk-taking behavior, in that higher experiences of pleasure predicted lower levels of risk-taking. In models predicting TEs and PAEs, CPAS also significantly negatively predicted risk-taking, indicating that higher levels of physical anhedonia predicted lower levels of risk-taking behavior.

**Conclusions:** These data challenge previous research indicating a positive linear relationship between anhedonia and risk-taking, which could be attributable to sample characteristics or participants focusing on the punishment rather than reward aspects of the task. Additional research is needed to