



## Practitioner perceptions of attenuated psychosis syndrome

Elizabeth Jacobs <sup>a</sup>, Emily Kline <sup>b</sup>, Jason Schiffman <sup>b,\*</sup>

<sup>a</sup> University of Hawaii, Manoa, United States

<sup>b</sup> University of Maryland, Baltimore County, United States

### ARTICLE INFO

#### Article history:

Received 13 March 2011

Received in revised form 11 June 2011

Accepted 20 June 2011

Available online 20 July 2011

#### Keywords:

Diagnosis

DSM

Prodrome

Psychosis

Schizophrenia

Vignette

### ABSTRACT

The “Attenuated Psychosis Syndrome” (APS, sometimes referred to as the “schizophrenia prodrome”) is characterized by subthreshold psychotic-like symptoms and functional decline, and is often associated with significant disability. These symptoms may cause impairment and are of further interest due to their predictive relation to schizophrenia and other psychotic disorders. These symptoms currently are not represented in the diagnostic system for mental health, and it is unclear how they are conceptualized by relevant professionals. The current study surveyed a national sample (n = 303) of clinical psychologists, psychiatrists, and general practitioners regarding their clinical appraisal of APS. Practitioners were asked to respond to vignettes representing three conditions: psychosis, subthreshold psychosis (indicating ‘attenuated’ psychosis symptoms), and no psychotic symptoms. Practitioners’ responses suggested that APS is viewed consistently with a DSM-IV-TR defined mental disorder and that most clinicians may diagnose this condition as a full threshold psychotic disorder. Findings tentatively suggest that the inclusion of an attenuated psychosis symptoms category in the forthcoming DSM-5 may be helpful in improving diagnostic reliability and facilitating best practice among community practitioners.

© 2011 Elsevier B.V. All rights reserved.

### 1. Introduction

Among those who develop schizophrenia, approximately 70–90% experience attenuated psychotic symptoms prior to meeting diagnostic criteria for the disorder (Yung and McGorry, 1996; Häfner and an der Heiden, 1999; Compton et al., 2009). Recently, the DSM-5 Psychotic Disorders Workgroup coined the term “Attenuated Psychosis Syndrome” (APS) to characterize subthreshold positive symptoms (e.g., unusual thought content, suspiciousness, perceptual disturbances) that co-occur with distress and/or disability (American Psychiatric Association, 2011). Though APS does not inevitably signal an impending psychotic break, attenuated symptoms may predict psychosis onset and cause functional decline (Yung et al., 2010).

A growing body of literature documents the disability often associated with attenuated psychotic symptoms. Researchers have reported average Global Assessment of Functioning (GAF) scores of 60.5, 40, and 37 in samples of those with attenuated psychotic symptoms, indicating notable impairment (Miller et al., 2003; Yung et al., 2003). In a study comparing quality of life among individuals with psychosis, attenuated psychosis, and no symptoms, Bechdolf

(Bechdolf et al., 2005) found that the attenuated psychosis group reported the poorest quality of life. Preda (Preda et al., 2002) found that 90% of individuals meeting criteria for APS had prior treatment history, suggesting high frequency of help-seeking behavior in this population.

Recent research efforts (Cannon et al., 2008; Klosterkötter, 2008) have focused on conceptualizing the period of attenuated symptoms that often precedes psychosis onset. Researchers have developed reliable instruments to identify those at heightened risk for developing psychotic disorders, with rates of psychosis onset ranging from 14% to 54% over a one to two year period among individuals determined to be ‘high risk’ according to various paradigms (Klosterkötter et al., 2001; Miller et al., 2003; Yung et al., 2005; Cannon et al., 2008; Nelson and Yung, 2010; Ruhrmann et al., 2010). In addition, researchers tested promising treatments for APS that may reduce associated distress and delay or prevent the onset of psychosis (McGlashan et al., 2006; Compton et al., 2007; Morrison et al., 2007; McGorry et al., 2009; Amminger et al., 2010). Advances in identification and treatment of APS are also important as shorter duration of untreated psychosis (DUP) has been associated with better long-term prognosis in schizophrenia (Marshall et al., 2005).

Despite this potential for improved treatments and outcomes, advances in research are not yet incorporated into the diagnostic system for mental disorders. The *Diagnostic and Statistical Manual of Mental Disorders, fourth edition text revision* (DSM-IV-TR) (American Psychiatric Association, 2000) defines the term ‘psychotic’ loosely, referring simply to “the presence of certain symptoms” (i.e., delusions,

\* Corresponding author at: Department of Psychology, University Of Maryland, Baltimore County, Baltimore, MD 21250, United States. Tel.: +1 410 455 1535; fax: +1 410 455 1055.

E-mail address: [schiffma@umbc.edu](mailto:schiffma@umbc.edu) (J. Schiffman).

hallucinations, and disorganization symptoms). The DSM-IV-TR acknowledges the existence of “prodromal” and “residual” periods in which individuals “may express a variety of unusual or odd beliefs; they may have unusual perceptual experiences; their speech may be generally understandable but digressive, vague, or overly abstract or concrete; and their behavior may be peculiar but not grossly disorganized” (2000; p. 302). Though it contains this description of attenuated psychotic symptoms within the section on schizophrenia, the DSM-IV-TR gives clinicians no diagnosis which uniquely captures the construct. Attenuated symptoms are restricted to a subset of personality disorders (e.g., schizotypal personality disorder), which are, by definition, “stable over time.” APS, in contrast, can result in various outcomes, and often precedes further deterioration into psychotic symptoms (Yung et al., 2010).

Despite the evidence that individuals experiencing APS exist and seek treatment in community settings, there is no diagnostic category appropriate for this group. It is unclear how community providers diagnose or conceptualize individuals with APS. Assessment tools for the identification of APS have been employed in tightly controlled research contexts (Miller et al., 2003; Yung et al., 2005), but little is known about providers' perspectives on such cases in real-world practice.

Technically, meeting criteria for APS alone would not warrant a formal diagnosis under the current classification system, yet this syndrome indicates current impairment and implies future risk. As such, in many mental health systems, an individual with APS would not be afforded care or future monitoring. Alternatively, clinicians might lower diagnostic thresholds in order to diagnose someone experiencing APS with a full psychotic disorder. In these cases, treatments would likely be made available, but the recommended treatments might be inappropriate for APS clients. APS creates a predicament for clinicians, who lack a diagnostic label for these clients. Understanding how practitioners approach the current diagnostic dilemma related to APS may contribute to the ongoing debate regarding the potential inclusion of an attenuated psychosis risk category in DSM-5 (Carpenter, 2009; Corcoran et al., 2010; Yang et al., 2010).

The current study examines how providers perceive and diagnose APS. Clinicians were asked to read vignettes depicting individuals with different levels of psychotic-like symptoms and provide diagnostic impressions. Given the impairment associated with APS, it was hypothesized that clinicians would lower the DSM-IV-TR threshold for psychosis to incorporate cases illustrating APS into the schizophrenia spectrum class of disorders.

## 2. Methods

### 2.1. Participants

A national sample of clinical psychologists ( $n=500$ ), psychiatrists ( $n=500$ ), and general practitioners ( $n=500$ ) was targeted for participation in this study. The sample of clinical psychologists was drawn from the membership directory of the American Psychological Association (APA) through their Center for Workforce Studies. The samples of psychiatrists and general practitioners were obtained from the physician directory of the American Medical Association (AMA) through one of their database licensees, Direct Medical Data.

This study was reviewed and found to be exempt by the University of Hawaii at Manoa institutional review board, as no significant risk was anticipated from participation in a survey of practitioner behavior. In addition, the study was reviewed by the APA Committee on Workforce Studies to evaluate the study's appropriateness for its members. It was also reviewed for appropriateness by the AMA's database licensee, Direct Medical Data.

### 2.2. Materials

The current study utilized a mail/web mixed mode survey design. Consistent with the recommendation of Dillman (2007), all survey materials (cover letter, postage paid envelope, survey including three vignettes with an identical set of questions following each vignette, and a set of basic demographic questions) were mailed to potential participants with an option to participate by email via a link printed on the front of the survey booklet. To avoid differences in response patterns as a result of administration mode, efforts were made to keep the presentation of the information in both formats as similar as possible.

Prior to receiving their survey, participants were mailed a pre-notice letter. One week later, they were mailed the first survey along with a cover letter and postage paid return envelope. Approximately two weeks after the first survey was mailed, a reminder postcard was sent to those individuals who had not responded. Two weeks later, a replacement survey was mailed to those who did not respond initially, along with the second version of the cover letter.

### 2.3. Vignettes

Vignette methodology has numerous strengths when compared to similar methods to assess practitioner performance in clinical settings (e.g., chart review, standardized patients; Fihn, 2000). Strengths include the ability to craft standardized cases, to alter cases systematically, and to present cases to a large sample of practitioners given relative time and cost effectiveness.

Vignettes in this study were developed by the first author of this study (E.J.) using methods similar to those of Epstein et al. (2001) and Kirk et al. (1999). The author created four ‘cases’ of fictional individuals (Diego, Paul, Mike, and Claire) and drafted three ‘conditions’ for each case, resulting in twelve individual vignettes. Conditions represented variations in the level of psychotic symptoms. Each vignette described the presenting case with no psychotic symptoms; attenuated psychotic symptoms; and ‘fully’ psychotic symptoms consistent with definitions of psychotic disorder presented in the DSM-IV-TR. Demographic descriptions of each character remained consistent for each symptom condition. ‘Psychosis’-level vignettes all depicted individuals in the first episode of psychotic illness. Four characters were created in order to avoid systematic covariations of symptom level, gender, and ethnicity.

The vignettes were initially rated by five graduate students in a clinical psychology doctorate program trained in the administration of the most widely used diagnostic instrument for APS (SIPS; Miller et al., 2003). Raters were asked to (a) compare the vignettes to a set of criteria used to develop the vignettes, (b) write which level of symptoms were being described, and (c) estimate the GAF score of the individual depicted in each vignette. Graduate student raters were in complete agreement on 12 of 12 vignettes as to which levels of symptoms were being described. Average GAF scores were in the intended range for each vignette with the exception of one attenuated symptoms' vignette that was subsequently revised.

Each vignette was then reviewed by five experts in the field of psychotic disorders and was further revised based on expert suggestions. All vignettes were rated by one of the authors (J.S.), as well as a Masters level clinical psychology graduate student of the author (five relevant publications) who was otherwise uninvolved with this study. Other experts included six clinical psychologists (average of 31 relevant publications), one Masters level psychology researcher (nine publications), and two psychiatrists (average of 13 relevant publications).

Experts were asked to read vignettes developed by the author and respond to the question “How well do you feel the vignette depicts the construct of someone experiencing [psychotic level, APS level, and no psychotic] symptoms?” At least 80% of the expert raters

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات