**Supplement 1 – Methods and Procedures information**

**Recruitment Information**

Following intensive community outreach, participants were referred by CUMC staff (31%)clinicians (29.5%) and researchers (1.5%); private practitioners (23.5%), community services (2.5%) and hospital clinics (1%) across New York, Connecticut and New Jersey; counseling centers associated with local colleges and universities (13%) and high schools (6%); COPE’s web site (12%); family or friends (7.5%); and brochures (0.5%). Sources are unknown for four participants (2%).

**Structured Interview of Prodromal Symptoms (SIPS) Risk-Syndrome Criteria**

The SIPS contains the Scale of Prodromal Symptoms (SOPS) that determines criteria for psychosis and psychosis-risk syndromes. The SOPS contains 19 items, divided into Positive, Negative, Disorganization, and General Symptom subsections. It also contains the Criteria of Psychosis-Risk Syndromes (COPS), which provide criteria for three possible psychosis risk states, and the Presence of Psychotic Syndrome (POPS) criteria, which operationally define the onset of threshold psychosis. The critical items, which determine COPS and POPS ratings, are the 5 positive symptoms: P.1.: Unusual Thought Content/Delusions, P.2.: Suspicious Ideas/Paranoia, P.3.: Grandiose Ideas, P.4.: Perceptual Abnormalities/Hallucinations, and P.5.: Disorganized Communication. These are scored 0-6, as follows, according to specific anchors provided for each symptom which delineate between degrees of frequency, conviction and behavioral impact: 0, absent; 1, questionably present; 2, mild; 3, moderate; 4, moderately severe; 5, severe, but not psychotic; and 6, psychotic, delusional conviction, at least intermittently. Negative, disorganization and general signs and symptoms (see Table 2 for specific symptoms) are rated from 0 (absent) to 6 (extreme).

 CHR criteria are met if one or more of the following syndromes are present on the COPS: 1. The aforementioned APSS, wherein one or more of the 5 positive symptoms occurs at a score of 3-5 and is new or has worsened by 1 or more points in the past 12 months, and no score of 6 on a positive symptom has ever been achieved; 2. the Genetic Risk and Deterioration Psychosis-Risk Syndrome (GRD), wherein one meets criteria for SPD and/or has a first-degree relative with a history of psychosis, and there has been a 30% or more drop in GAF score in the past month, relative to the highest GAF score in the past year; or 3. the Brief Intermittent Psychotic Symptom Psychosis-Risk Syndrome (BIPS), wherein one has a current or past positive symptom scored 6, but which was psychotic in nature for only a few minutes per day at a frequency of at least 1x per month, so that POPS criteria are not met. SIPS criteria require that the syndromes not be better explained by another DSM disorder, which would include medical conditions known to affect the nervous system. Per POPS criteria, past or present threshold psychosis requires a score of 6 on at least one of the five positive symptoms for a frequency of one hour per day for 4 days per week during past month or that symptoms seriously impact one’s functioning (e.g., so that one becomes severely disorganized, or presents a danger to self or others).

**Global Functioning Scales**

Social and Role functioning were assessed at baseline and each follow-up visit using the Global Functioning Scale: Social (GF: Social) and Global Functioning Scale: Role (GF: Role). The former assesses the quantity, quality and conflict level associated with interpersonal relationships. The latter evaluates performance at school, work or as a homemaker, depending upon age, independence level and role demands. Each is scored from 1 (extreme dysfunction) to 10 (superior functioning). Scores of approximately 6 (moderate impairment) typically characterize CHR individuals.

**Missing Data Plan**

Three participants (1.5%) could not provide a clear educational history, 8 (4%) were uncertain of possible family histories of mental illness, and 18 (9%) did not complete diagnostic interviews. Independent samples T-Tests and Pearson Chi-Square tests demonstrated no significant demographic differences between those missing and not missing data from any of these categories. For this reason, individuals missing these data points were excluded from any analyses using these variables. Only 123 (61.5%) completed the GF measures, published in COPE’s fifth year. Because missing GF data were not due to naturalistic events of potential prognostic value, such as attrition, participants missing these were omitted from analyses including this measure.