

Supplementary material

Lindgren et al. Predictive validity of psychosis risk models when applied to adolescent psychiatric patients

Contents

Supplement 1: Confirmatory factor analyses of symptom items.....	2
Negative symptom and Disorganization/cognitive symptom factors	2
Mplus script.....	3
Disorganization symptom factor	4
Mplus script.....	4
Supplement 2: Weights	5
Supplement 3: Exploratory prediction models.....	6
Figure S1.....	7
Supplement 4: The performance of models in predicting first psychiatric hospitalization in the whole sample and in the CHR subsample	8
Abbreviations in supplementary material	11
References for supplementary material.....	12

Supplement 1: Confirmatory factor analyses of symptom items

For the two published models^{1,2} that used CAARMS subscales, we performed confirmatory factor analysis (CFA) of symptom dimensions, using factor analysis of categorical indicators in Mplus 8.3³ to obtain the two- and single-dimensional factor solutions, respectively. The CAARMS variables were replaced by their SIPS equivalents, when available. Factor model fit was quantified with the root mean square error of approximation (RMSEA), and the comparative fit index (CFI). The derived *maximum a posteriori* factor scores were used in the analyses testing the prediction models.

Negative symptom and Disorganization/cognitive symptom factors

Following the model by Demjaha *et al.*¹. Factor model fit was poor (RMSEA = 0.180, CFI = 0.87), but the model explained 49% of the variance in the included variables. The correlation between factors was 0.72.

Demjaha *et al.* two-factor model

Factor	CAARMS item	SIPS equivalent	Standardized factor loading
Negative symptoms	Social isolation	N1 Social Anhedonia	0.66
	Anhedonia	G2 Dysphoric Mood ^a	0.63
	Impaired role of function	N6 Role Functioning	0.72
	Observed blunted affect	N3 Expression of Emotion	0.74
	Depression	G2 Dysphoric Mood ^a	-
	Avolition/apathy	N2 Avolition	0.81
	Disorganizing/odd/stigmatizing behavior	D1 Odd Behavior or Appearance	0.56
	Observed cognitive change	N5 Ideational Richness	0.72
Disorganization / cognitive symptoms	Subjective cognitive change	D3 Trouble with Focus and Attention	0.84
	Disorganized speech	P5 Disorganized Communication	0.54

^a Depression and Anhedonia were replaced by the single SIPS G2 Dysphoric mood item.

Mplus script

```
VARIABLE:  
  NAMES ARE P1delus P2parano P3grandi P4halluc P5disorg N1socanh  
        N2avolit N3expres N4experi N5ideati N6role D1odd D2bizzarr D3attent  
        D4hygien G1sleep G2dyspho G3motor G4stress ;  
USEVARIABLES ARE  
  N1socanh N6role N3expres G2dyspho N2avolit D1odd  
  N5ideati D3attent P5disorg;  
CATEGORICAL ARE  
  N1socanh N6role N3expres G2dyspho N2avolit D1odd  
  N5ideati D3attent P5disorg;  
ANALYSIS: ESTIMATOR IS WLSMV ;  
MODEL:  
  ! The * indicates that also the Loadings and thresholds of the 1st items are freely estimated  
  negative BY N1socanh* N6role N3expres G2dyspho N2avolit D1odd ;  
  disorg BY N5ideati* D3attent P5disorg ;  
  ! The latent factors are standardized.  
  negative@1 ; [negative@0] ;  
  disorg@1 ; [disorg@0] ;
```

Disorganization symptom factor

Following the model by Raballo *et al.*². This model consisted of "items with same co-aggregation pattern" (part of same factor in baseline and 1-month assessments). The factor model fit was acceptable (RMSEA 0.07, CFI 0.987), and the model explained 47% of the variance.

Raballo *et al.* negative symptom factor model

CAARMS item	SIPS equivalent	Standardized factor loading
Disorganized speech	P5 Disorganized Communication	0.63
Alogia	N3 Expression of Emotion ^a	0.59
Disorganizing/odd/stigmatizing behavior	D1 Odd Behavior or Appearance ^b	0.70
Mania	<i>No SIPS equivalent</i>	-
Observed cognitive change	N5 Ideational Richness	0.73
Subjective cognitive change	D3 Trouble with Focus and Attention	0.74
Observed inappropriate affect	D1 Odd Behavior or Appearance ^b	-
Observed blunted affect	N3 Expression of Emotion ^a	-
Unusual thought content & non-bizarre ideas	P1 Unusual Thought Content / Delusional Ideas	0.70

^a Alogia and Observed blunted affect were replaced by the single SIPS N3 Expression of Emotion item.

^b Disorganizing/odd/stigmatizing behavior and Observed inappropriate affect were replaced by the single SIPS D1 Odd Behavior or Appearance item.

Mplus script

VARIABLE:

```

NAMES ARE P1delus P2parano P3grandi P4halluc P5disorg N1socanh
N2avolit N3expres N4experi N5ideati N6role D1odd D2bizzarr D3attent
D4hygien G1sleep G2dyspho G3motor G4stress ;
USEVARIABLES ARE P5disorg N3expres D1odd N5ideati D3attent P1delus;
CATEGORICAL ARE P5disorg N3expres D1odd N5ideati D3attent P1delus;

```

ANALYSIS: ESTIMATOR IS WLSMV ;

MODEL:

```

! The * indicates that also the Loadings and thresholds of the 1st item are freely estimated.
disorg BY P5disorg* N3expres D1odd N5ideati D3attent P1delus;
! The latent factor is standardized.
[disorg@0]; disorg@1;

```

Supplement 2: Weights

The weights were developed to take into account gender, participation rate, and screening outcome of the participants, so that the results can be generalized to all adolescent psychiatric patients in public units in Helsinki at the time of the study⁴. The weights were used in the regression models and AUC analyses when the whole sample or the subsample with cognitive data was used.

Weights were calculated separately for males and females.

The calculations for the full sample were as follows (and analogous for the subsample with cognitive data):

1. Screening weight for the screen-positives was 1 (as they were all selected to the study).
For the screen-negatives, the screening weight was:
$$\frac{\text{returned } PQ's (538)}{\text{selected cases (86)}} = 6.256.$$
2. Attrition weights were calculated for the screen-positives as
$$\frac{\text{total number (145)}}{\text{number interviewed (114)}} = 1.272$$

and for the screen-negatives in the same way:
$$538 / 60 = 8.967^5.$$
3. Total weights were calculated by multiplying
$$\text{screening weights} * \text{attrition weights}$$

and scaling into analysis weights so that their sum was = N.

Supplement 3: Exploratory prediction models

Standardized and unstandardized log odds coefficients using LASSO, predicting psychosis or first hospitalization, with 4, 3, 2, or 1 predictors.

	Psychosis standardized				Psychosis unstandardized				Hospitalization standardized				Hospitalization unstandardized			
	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
(Intercept)	-1.769	-1.777	-1.793	-1.82	-2.187	-2.068	-1.971	-1.862	-1.116	-1.146	-1.205	-1.207	-1.407	-1.332	-1.245	-1.244
CHR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Both APS and GRD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GRD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS schizotypal personality features	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS P1	0	0	0	0	0	0	0	0	.113	.078	0	0	.079	.055	0	0
SIPS P1 >3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS P2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS P2 >2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS P5 ≥2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS P5 ≥3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS P5 ≥4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS Positive symptoms sum	.095	.07	.043	0	.021	.016	.01	0	0	0	0	0	0	0	0	0
SIPS Positive symptoms sum >16	.013	0	0	0	.149	0	0	0	0	0	0	0	0	0	0	0
SIPS N5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS Negative symptoms sum	.157	.108	.07	.025	.034	.023	.015	.006	0	0	0	0	0	0	0	0
SIPS D2 >2	.069	.036	0	0	.255	.135	0	0	0	0	0	0	0	0	0	0
SIPS D3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS D3 >2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SIPS G1 >2	0	0	0	0	0	0	0	0	.038	0	0	0	.075	0	0	0
GAF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAF <40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAF <44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAF <50	0	0	0	0	0	0	0	0	.126	.099	.042	.039	.251	.198	.083	.077
GAF <61	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GAF 12 month maximum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Predictive validity of psychosis risk models

	Psychosis standardized				Psychosis unstandardized				Hospitalization standardized				Hospitalization unstandardized			
	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Global Functioning: Social scale	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Global Functioning: Social scale <7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Demjaha Negative symptom factor score	0	0	0	0	0	0	0	0	.058	.04	.003	0	.106	.074	.006	0
Demjaha Disorg. symptom factor score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Raballo Disorg. symptom factor score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Duration of untreated symptoms >2 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Duration of untreated symptoms >5 years	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Any substance-related diagnosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No alcohol abuse or dependency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: To obtain a maximum number of participants, the cognitive predictors were left out of the exploratory models. The standardized coefficients of the LASSO analysis indicate the log odds difference in the outcome probability associated with 1 standard deviation difference in the predictor variable when estimating the coefficients using the selection and shrinkage method of LASSO.

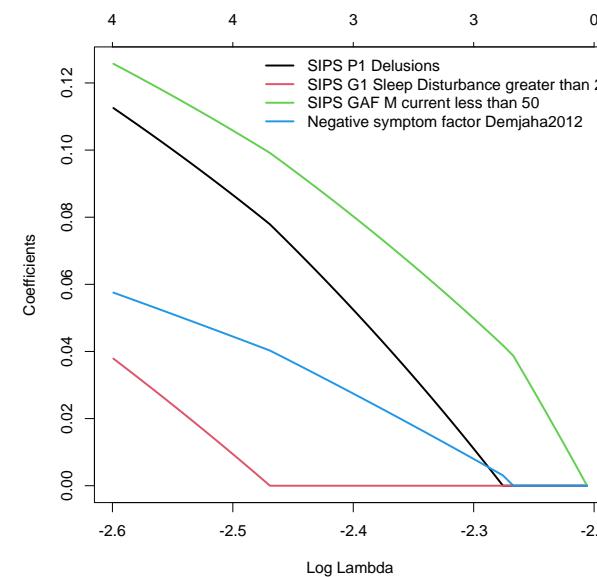
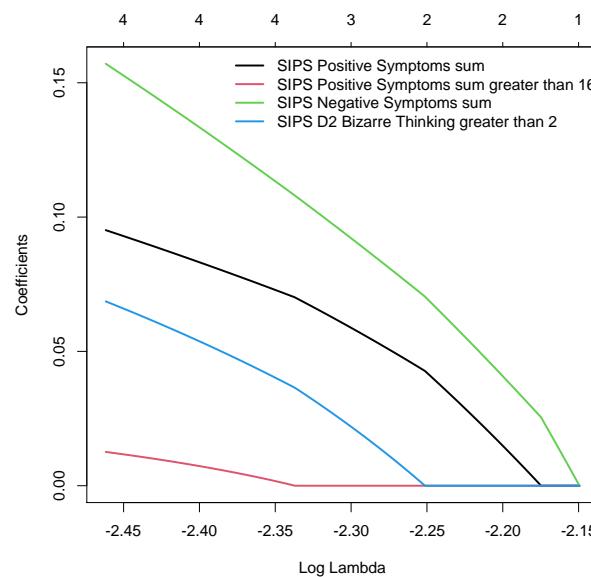


Figure S1. Images illustrating the standardized coefficients at the relevant ranges of λ predicting psychosis (left) and hospitalizations (right). The number of variables at each point is shown on top.

Supplement 4: The performance of models in predicting first psychiatric hospitalization in the whole sample and in the CHR subsample

Model	Parameter	Whole sample, n=153				CHR subsample, n=50			
		log OR [95% CI]	p	AIC ^a	AUC ^a	log OR [95% CI]	p	AIC ^a	AUC ^a
Miller ⁶	CHR status	0.89 [-0.12, 1.85]	0.08	-0.99	0.57	-		-	-
Previous hospitalization ^b		2.61 [1.67, 3.69]	<0.01	-30.92	0.70	-		-	-
Auther ⁷	SIPS Positive symptoms sum	0.10 [0.00, 0.21]	0.05	-1.98	0.63	-0.02 [-0.29 , 0.25]	0.89	1.98	0.49
Buchy ⁸	No alcohol abuse or dependency	-0.54 [-1.61, 0.64]	0.35	1.14	0.53	-0.12 [-1.74 , 1.73]	0.89	1.98	0.50
Cannon ⁹ 1. model (best 4 by HR)	SIPS P1 >3	0.76 [-1.12, 2.46]	0.40	6.33	0.59	0.85 [-0.53 , 2.31]	0.23	5.34	0.68
	Substance-related diagnosis	-0.48 [-1.85, 0.64]	0.42			0.16 [-1.78 , 1.91]	0.86		
	SIPS P2 >2	-0.50 [-2.11, 0.79]	0.47			-0.85 [-2.35 , 0.59]	0.25		
	GRD	0.69 [-4.41, 4.55]	0.71			-0.47 [-5.56 , 2.74]	0.79		
Cannon 2. model (best 3 by HR)	SIPS P1 >3	0.51 [-1.27, 2.01]	0.54	4.61	0.57	0.86 [-0.48 , 2.25]	0.21	4.26	0.62
	Substance-related diagnosis	-0.37 [-1.74, 0.76]	0.54			0.41 [-1.47 , 2.12]	0.65		
	Social Functioning <7	0.31 [-0.63, 1.21]	0.50			0.11 [-1.34 , 1.50]	0.88		
Demjaha ¹	Negative symptom factor score	0.49 [-0.66, 1.63]	0.40	-1.85	0.67	0.17 [-1.64 , 1.93]	0.85	3.74	0.57
	Disorg. symptom factor score	0.52 [-0.54, 1.59]	0.34			-0.51 [-2.66 , 1.55]	0.62		
DeVylder ¹⁰ 1. model	SIPS P5 ≥2	-1.28 [-4.62, 0.54]	0.20	0.33	0.54	-1.23 [-3.55 , 0.45]	0.16	0.04	0.62
DeVylder 2. model	SIPS P5 ≥3	-0.71 [-5.62, 1.64]	0.61	1.74	0.52	-1.15 [-6.08 , 1.30]	0.40	1.30	0.55
DeVylder 3. model	SIPS P5 ≥4	0.77 [-4.31, 4.54]	0.68	1.83	0.50	-0.23 [-5.24 , 2.78]	0.89	1.98	0.52
Lin ¹¹ 1. model	Visual Reproduction I	0.16 [-0.02, 0.36]	0.09	-0.23	0.63	-0.19 [-0.50 , 0.09]	0.18	1.14	0.67
	GAF	-0.02 [-0.06, 0.01]	0.20			0.06 [-0.03 , 0.17]	0.20		
Lin 2. model	Matrix Reasoning	0.10 [-0.02, 0.23]	0.09	-3.47	0.68	0.06 [-0.08 , 0.24]	0.40	0.38	0.71
	SIPS P1	0.39 [0.06, 0.72]	0.02			0.63 [-0.06 , 1.44]	0.07		
Nelson ¹²	Untreated symptoms >2 years	-1.11 [-3.12, 0.28]	0.13	0.92	0.58	0.24 [-2.24 , 2.37]	0.83	3.82	0.57
	GAF <44	0.47 [-0.88, 1.70]	0.47			-0.23 [-1.63 , 1.13]	0.74		
Perkins ¹³ equation ^c	Sum of SIPS P1, P2, N5, D3	0.13 [0.00, 0.27]	0.06	-1.62	0.63	0.00 [-0.27 , 0.26]	0.99	2.00	0.49

Predictive validity of psychosis risk models

Model	Parameter	Whole sample, n=153				CHR subsample, n=50			
		log OR [95% CI]	p	AIC ^a	AUC ^a	log OR [95% CI]	p	AIC ^a	AUC ^a
Perkins, separately	SIPS P1	0.50 [0.04, 0.99]	0.03	0.37	0.70	0.75 [0.03 , 1.61]	0.04	1.12	0.80
	SIPS P2	-0.36 [-0.94, 0.16]	0.18			-0.44 [-1.20 , 0.22]	0.20		
	SIPS N5	0.12 [-0.42, 0.62]	0.64			-0.42 [-1.24 , 0.25]	0.23		
	SIPS D3	0.16 [-0.37, 0.73]	0.56			0.16 [-1.01 , 1.51]	0.79		
Piskulic ¹⁴	SIPS Negative symptoms sum	0.06 [-0.03, 0.15]	0.18	0.23	0.60	-0.04 [-0.22 , 0.11]	0.60	1.72	0.53
Raballo ²	Disorg. symptom factor score	0.52 [0.02, 1.04]	0.04	-2.14	0.65	-0.24 [-1.57 , 0.94]	0.70	1.85	0.51
Ruhrmann ¹⁵ separately ^c	SIPS D2 >2	2.35 [0.39, 4.65]	0.02	-4.70	0.70	4.69 [0.96 , 10.54]	0.01	-3.79	0.86
	SIPS G1 >2	1.32 [0.39, 2.32]	0.01			2.06 [-0.02 , 5.19]	0.05		
	SIPS schizotypal personality	-1.71 [-5.76, 1.05]	0.26			-3.12 [-9.08 , 0.86]	0.13		
	GAF 12 month max	0.00 [-0.04, 0.04]	0.98			0.08 [0.01 , 0.18]	0.02		
Ruhrmann modified ^d	SIPS Positive symptoms sum	0.06 [-0.06, 0.18]	0.34	-3.63	0.72	0.12 [-0.21 , 0.50]	0.47	-2.09	0.87
	SIPS D2 >2	1.95 [-0.12, 4.34]	0.06			4.44 [0.89 , 10.26]	0.01		
	SIPS G1 >2	1.23 [0.29, 2.23]	0.01			1.91 [-0.14 , 5.00]	0.07		
	SIPS schizotypal personality	-1.85 [-5.83, 0.87]	0.21			-3.43 [-9.47 , 0.64]	0.10		
	GAF 12 month max	0.00 [-0.04, 0.04]	0.92			0.09 [0.02 , 0.19]	0.01		
Ruhrmann equation ^e		0.66 [0.08, 1.30]	0.03	-3.01	0.67	-0.22 [-1.13 , 0.53]	0.58	1.69	0.54
Thompson ¹⁶ equation ^c	2 of: SIPS P1 >3, GAF <50, GRD	0.77 [-1.19, 2.47]	0.40	1.30	0.51	0.84 [-0.59 , 2.28]	0.24	0.65	0.60
Thompson, separately	SIPS P1 >3	0.16 [-1.67, 1.72]	0.85	-0.75	0.64	0.75 [-0.62 , 2.16]	0.28	4.71	0.61
	GRD	1.29 [-3.82, 5.17]	0.51			-0.13 [-5.30 , 3.32]	0.95		
	GAF <50	1.10 [0.23, 2.01]	0.01			-0.19 [-1.89 , 1.72]	0.83		
	GAF<61	-0.71 [-1.95, 0.60]	0.28	0.95	0.64	0.00 [-0.24 , 0.24]	>0.99	6.01	0.51
Velthorst ¹⁷	SIPS Positive symptoms sum	0.10 [-0.02, 0.23]	0.11			0.00 [-0.21 , 0.00]	0.99		
	SIPS Negative symptoms sum	0.03 [-0.09, 0.15]	0.60			0.00 [0.00 , 0.12]	>0.99		
	SIPS Positive symptoms sum	0.09 [-0.03, 0.22]	0.14	-0.05	0.63	0.00 [-0.28 , 0.28]	>0.99	3.72	0.53
Velthorst modified	SIPS Negative symptoms sum	0.02 [-0.10, 0.13]	0.78			-0.04 [-0.22 , 0.12]	0.61		
	SIPS Positive symptoms sum	0.11 [0.01, 0.22]	0.04	-0.45	0.62	0.00 [-0.28 , 0.28]	0.99	3.22	0.59
Walder ¹⁸	Social Functioning	0.12 [-0.21, 0.48]	0.49			0.23 [-0.27 , 0.82]	0.38		

Predictive validity of psychosis risk models

Model	Parameter	Whole sample, n=153				CHR subsample, n=50			
		log OR [95% CI]	p	AIC*	AUC*	log OR [95% CI]	p	AIC*	AUC*
Yung ¹⁹	SIPS D3 >2	0.08 [-1.13, 1.16]	0.89	5.07	0.57	0.56 [-0.85 , 2.04]	0.44	7.03	0.62
	GAF <40	1.17 [-0.43, 2.76]	0.15			-0.43 [-2.06 , 1.05]	0.58		
	Untreated symptoms >5 years	-0.82 [-5.73, 1.52]	0.55			-0.29 [-5.36 , 2.85]	0.86		
	Both APS and GRD	0.75 [-4.36, 4.61]	0.69			-0.29 [-5.36 , 2.85]	0.86		
<i>Four-predictor exploratory model^f</i>		2.86 [1.08, 4.77]	<0.01	-8.09	0.72	2.51 [-1.67 , 7.47]	0.25	0.67	0.63

^a for the whole model. The five best values in the AIC and AUC columns are in boldface.

^b Previous hospitalization predicting rehospitalization (those with previous hospitalizations not excluded, in contrast to all other hospitalization analyses).

^c Models presented as an equation such as sum of the predictor scores were used both as an equation as well as using the predictors individually.

^d The Ruhrmann model included a criterion of sum of positive symptoms >16, but as only one person fulfilled this criterion, the model was run with this predictor replaced by the SIPS Positive symptoms sum (used in other models) and these results are presented as “Ruhrmann modified” model.

^e Ruhmann equation: 1.571* SIPS Positive symptoms sum >16) + (0.865* SIPS D2 >2) + (0.793* SIPS G1 >2) + (1.037* SIPS schizotypal personality) + (0.033*(100- GAF 12 month max.-34.64)).

^f GAF <50, Demjaha Negative symptom factor score, SIPS P1, SIPS G1 >2

Abbreviations in supplementary material

AIC, Akaike Information Criterion

AUC, Area Under the Curve

APS, Attenuated Psychotic Symptoms risk group

CAARMS, Comprehensive Assessment of At-Risk Mental States

CHR, Clinical High-Risk

DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, version IV

GAF, Global Assessment of Functioning

GRD, Genetic Risk and Deterioration (functional decline) risk group

HR, Hazard Ratio

log OR, Logarithmic Odds Ratio

PAS, Premorbid Adjustment Scale

SANS, Scale for the Assessment of Negative Symptoms

SIPS, Structured Interview for Prodromal Syndromes

WAIS-III, Wechsler Adult Intelligence Scale III

WASI, Wechsler Abbreviated Scale of Intelligence

WMS-R, Wechsler Memory Scale, Revised

References for supplementary material

1. Demjaha A, Valmaggia L, Stahl D, Byrne M, McGuire P. Disorganization/cognitive and negative symptom dimensions in the at-risk mental state predict subsequent transition to psychosis. *Schizophr Bull.* 2012;38(2):351-359.
2. Raballo A, Nelson B, Thompson A, Yung A. The Comprehensive Assessment of At-Risk Mental States: From mapping the onset to mapping the structure. *Schizophr Res.* 2011;127(1-3):107-114.
3. Muthén, L.K. & Muthén BO. 1998-2017. Mplus User's Guide. Eighth Edition. Los Angeles, CA: Muthén & Muthén. 2017.
4. Lindgren M, Manninen M, Kalska H, et al. Predicting psychosis in a general adolescent psychiatric sample. *Schizophr Res.* 2014;Sep;158(1-3):1-6.
5. Pickles A, Dunn G, Vázquez-Barquero JL. Screening for stratification in two-phase ('two-stage') epidemiological surveys. *Stat Methods Med Res.* 1995;4(1):73-89.
6. Miller TJ, McGlashan TH, Rosen JL, et al. Prodromal assessment with the structured interview for prodromal syndromes and the scale of prodromal symptoms: predictive validity, interrater reliability, and training to reliability. *Schizophr Bull.* 2003;29(4):703-715.
7. Auther AM, McLaughlin D, Carrión RE, Nagachandran P, Correll CU, Cornblatt BA. Prospective study of cannabis use in adolescents at clinical high risk for psychosis: Impact on conversion to psychosis and functional outcome. *Psychol Med.* 2012;42(12):2485-2497.
8. Buchy L, Perkins D, Woods SW, Liu L, Addington J. Impact of substance use on conversion to psychosis in youth at clinical high risk of psychosis. *Schizophr Res.* 2014;156(2-3):277-280.
9. Cannon TD, Cadenhead K, Cornblatt B, et al. Prediction of psychosis in youth at high clinical risk: a multisite longitudinal study in North America. *Arch Gen Psychiatry.* 2008;65(1):28-37.
10. DeVylder JE, Muchomba FM, Gill KE, et al. Symptom trajectories and psychosis onset in a clinical high-risk cohort: The relevance of subthreshold thought disorder. *Schizophr Res.* 2014;Nov;159(2-3):278-83.
11. Lin A, Yung AR, Nelson B, et al. Neurocognitive predictors of transition to psychosis: medium- to long-term findings from a sample at ultra-high risk for psychosis. *Psychol Med.* 2013;43(11):2349-2360.
12. Nelson B, Yuen H, Wood SJ, et al. Long-term follow-up of a group at ultra high risk ("prodromal") for psychosis: The pace 400 study. *JAMA Psychiatry.* 2013;August 1 7(8):793-802.
13. Perkins DO, Jeffries CD, Cornblatt BA, et al. Severity of thought disorder predicts psychosis in persons at clinical high-risk. *Schizophr Res.* 2015;169(1-3):169-177.
14. Piskulic D, Addington J, Cadenhead KS, et al. Negative symptoms in individuals at clinical high risk of psychosis. *Psychiatry Res.* 2012;196(2-3):220-224.
15. Ruhrmann S, Schultze-Lutter F, Salokangas RK, et al. Prediction of psychosis in adolescents and young adults at high risk: results from the prospective European prediction of psychosis study. *Arch Gen Psychiatry.* 2010;67(3):241-251.
16. Thompson A, Nelson B, Yung A. Predictive validity of clinical variables in the "at risk" for psychosis population: international comparison with results from the North American Prodrome Longitudinal Study. *Schizophr Res.* 2011;126(1-3):51-57.
17. Velthorst E, Nelson B, Wiltink S, et al. Transition to first episode psychosis in ultra high risk populations: Does baseline functioning hold the key? *Schizophr Res.* 2013;143(1):132-137.
18. Walder DJ, Holtzman CW, Addington J, et al. Sexual dimorphisms and prediction of conversion in the NAPLS psychosis prodrome. *Schizophr Res.* 2013;144(1-3):43-50.
19. Yung AR, Phillips LJ, Yuen HP, McGorry PD. Risk factors for psychosis in an ultra high-risk group: psychopathology and clinical features. *Schizophr Res.* 2004;67(2-3):131-142.