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Self-reported cognitive distortions in the psychosis continuum: A Polish 18-item version of the Davos Assessment of Cognitive Biases Scale (DACOBS-18)

Łukasz Gawęda^{a,b,*}, Katarzyna Prochwicz^c, Martyna Krężołek^b, Joanna Kłosowska^d, Maciej Staszkiwicz^e, Steffen Moritz^a

^a Department of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

^b II Department of Psychiatry, Medical University of Warsaw, Poland

^c Institute of Psychology, Jagiellonian University, Krakow, Poland

^d Pedagogical University, Department of Psychology, Krakow, Poland

^e Department of Neurology, Vito-Med Hospital, Gliwice, Poland

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ABSTRACT

Aim: The aim of this study was to provide a short version of the Davos Assessment of Cognitive Biases Scale (DACOBS), which is a self-report tool to assess cognitive distortions related to psychosis.

Methods: A principal component analysis (PCA) was conducted on a large non-clinical sample ($n = 1207$) and cross-validated with a confirmatory factor analysis on an independent non-clinical sample ($n = 653$). Discriminative validity was performed by contrasting the high risk for psychosis non-clinical sample ($n = 63$), low risk for psychosis non-clinical sample ($n = 152$), patients with schizophrenia ($n = 105$), and patients with depression ($n = 56$). Correlations between symptoms, cognitive functions, source monitoring deficits, and jumping to conclusions were performed among a subgroup of patients with schizophrenia.

Results: An 18-item scale (DACOBS-18) with a four-factor solution was established. Internal consistency ($\alpha = 0.84$) and test-retest reliability ($r = 0.84, p < 0.001$) were good. The DACOBS-18 has satisfactory discriminative power, with 99.1% sensitivity and 74.3% specificity in discriminating low risk for psychosis from schizophrenia patients. The DACOBS-18 subscales correlate significantly with psychotic symptoms and psychotic-like experiences. After Bonferroni correction, significant correlations between Safety Behaviors and neuropsychological functioning were found.

Conclusions: The DACOBS-18 is a reliable scale with satisfactory discriminative power and thus may be a valuable self-report screening tool for use in everyday clinical practice with psychotic patients and with people at risk for psychosis. Further research on its relationship to objective cognitive measures is needed.

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1. Introduction

The psychosis phenotype exists along a continuum ranging from psychotic-like experiences (PLEs) in the general population to psychotic disorders in a clinical context (Linscott and van Os, 2013; van Os and Reininghaus, 2016). Different psychic states across the psychosis continuum share main risk factors that contribute to the development of clinical psychosis (Kelleher and Cannon, 2011).

Dysfunctions in information processing and cognitive capacity, commonly referred to as cognitive distortions, are among the main factors

related to the risk of psychosis (de Paula et al., 2015; Seidman et al., 2016). Neuropsychological functioning, which classically refers to performance and capacity in different cognitive domains, is one of the main related candidate factors, and neuropsychological impairments have been observed among patients at high clinical risk for psychosis (see meta-analyses: Bora and Murray, 2014; de Paula et al., 2015), first-episode psychotic patients (see meta-analysis: Aas et al., 2014), and patients with a diagnosis of schizophrenia (see meta-analysis: Schaefer et al., 2013). A decrease in some cognitive functions has also been associated with psychotic-like experiences in the general population (Rossler et al., 2015; Simons et al., 2007), thus suggesting that cognitive dysfunction may be an early risk factor. Impairments in neuropsychological functioning seem to be more related to negative than to positive symptoms of schizophrenia (see a review: Harvey et al., 2006).

* Corresponding author at: University Medical Center Hamburg-Eppendorf, Department of Psychiatry and Psychotherapy, Hamburg, Germany.
E-mail address: lgaweda@wum.edu.pl (Ł. Gawęda).

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