Schizophrenia Research 154 (2014) 107–112

Contents lists available at ScienceDirect

Schizophrenia Research

journal homepage: www.elsevier.com/locate/schres

Using parent and youth reports from the Behavior Assessment System for Children, Second Edition to identify individuals at clinical high-risk for psychosis

Elizabeth Thompson [a], Emily Kline [a], Gloria Reeves [b], Steven C. Pitts [a], Kristin Bussell [b], Jason Schiffman [a,*]

[a] University of Maryland, Baltimore County, Department of Psychology, 1000 Hilltop Circle, Baltimore, MD 21250, USA
[b] University of Maryland, Baltimore, Department of Psychiatry, United States

ARTICLE INFO

Article history:
Received 2 January 2014
Received in revised form 7 February 2014
Accepted 10 February 2014
Available online 13 March 2014

Keywords:
Attenuated psychosis syndrome
Clinical high-risk
Psychosis risk
Prodrome
BASC-2
Atypicality
Screening
Early intervention

ABSTRACT

Brief self-report screening can help facilitate early identification of individuals at risk for or in early stages of psychosis. Existing screening tools focus on self-reported attenuated positive symptoms to detect potential risk; however, parent reports may also be helpful for assessing symptoms, especially in younger patients. Recent evidence has shown that the "atypicality" scale within the self-report form of the Behavior Assessment System for Children, Second Edition (BASC-2) may be useful for identifying high-risk youth within a more clinically comprehensive and potentially minimally stigmatizing format. The BASC-2 parent report form also includes the atypicality scale, but no research has investigated the relation of this scale to psychosis risk. The aim of the current study is to evaluate the association of parent along with youth reports of BASC-2 atypicality with attenuated positive symptoms as assessed by the Structured Interview for Psychosis-Risk Syndromes (SIPS), in a sample of help-seeking adolescents ($n = 63$). Results indicate that both parent and youth reports of atypicality predict clinician-rated symptoms. Moreover, the combination of parent and youth report significantly improved prediction of SIPS scores over either single-informant scale. These findings suggest that parent report scales, as ascertained through part of a larger, commonly used measure, may help identify youth at risk for psychosis, particularly if used in conjunction with youth self-report.

© 2014 Elsevier B.V. All rights reserved.

1. Introduction

Due to the substantial long-term impact of psychotic disorders on individuals, families, and societies (Jobe and Harrow, 2005; Desai et al., 2013), efforts to facilitate early identification have become research priorities. The establishment of a set of markers for risk (e.g., "clinical high-risk" or CHR; "attenuated psychosis syndrome" or APS) has helped codify a set of clinically relevant symptoms predicting future development of psychosis (Fusar-Poli et al., 2012). Literature suggests that early detection of CHR states can facilitate early intervention, which may be linked to positive long-term outcomes including diminished symptom severity, delay of psychosis onset, and potentially reduced transition rates over time (Preti and Cella, 2010; Morrison et al., 2012; Stafford et al., 2013; Okuzawa et al., in press). The inclusion of APS in section three of DSM-5 underscores the need to increase understanding and improve practice for individuals potentially vulnerable to psychosis.

Much research over the past two decades has focused on describing psychosis-risk symptoms and developing tools to evaluate the presence and significance of these symptoms (Miller et al., 2003, 2004; Ord et al., 2004; Loewy et al., 2011). Risk or "attenuated" symptoms are characterized as lower level psychotic symptoms in that they are less fully formed, less impairing, briefer, and accompanied by doubt as to whether the experiences are real. The Structured Interview for Psychosis-Risk Syndromes (SIPS; Miller et al., 2003) is one of the most widely used instruments to identify those at CHR by assessing the presence of attenuated symptoms of psychosis. Considered the standard assessment of risk in North America, the SIPS has been shown to identify individuals with significantly elevated risk for developing psychosis (approximately 36% risk over a three year period compared to 0.10% incidence in the general population within the same time frame; Fusar-Poli et al., 2012; Kirkbride et al., 2006).

Despite its value, the SIPS is time consuming, training intensive, focused on a fairly low-base rate phenomenon, and, as a result, unlikely to be adopted outside of specialized risk settings. For these reasons, several self-report risk screening questionnaires have been developed to efficiently evaluate attenuated symptoms as a first line of risk assessment (Miller et al., 2004; Ord et al., 2004; Loewy et al., 2011). Despite

* Corresponding author at: Department of Psychology, UMBC, 1000 Hilltop Circle, Baltimore, MD 21250, USA. Tel.: +1 410 455 1535; fax: +1 410 455 1055.
E-mail address: schiffma@umbc.edu (J. Schiffman).

http://dx.doi.org/10.1016/j.schres.2014.02.009
0920-9964/© 2014 Elsevier B.V. All rights reserved.

demonstrating a promising ability to detect those at risk as defined by the SIPS (Kline et al., 2012, 2013), and being used for 'real-world' applications such as screening recently incarcerated men for mental health concerns (Jarrett et al., 2012) and as a pre-screening assessment in a high-risk recruitment protocol (Ising et al., 2012; Rietdijk et al., 2012), concerns about the reliability of these measures outside psychosis-risk research settings and potential stigma from psychosis-specific screening pose potential barriers to wider use of these screeners. Further, an emerging literature on pathways to care suggests that many people in the earliest phases of illness seek help for a variety of reasons and encounter a diverse array of providers and clinical settings (Rietdijk et al., 2011; Birchwood et al., 2013). Thus assessment tools that target a broad range of mental health concerns while containing items specific to psychosis risk may be useful in facilitating the identification of signs of early psychosis or psychosis-risk within the context of broader mental health services.

"Behavioral checklists" are commonly used in pediatric mental health as standardized assessments of youth emotion and behavior (e.g., the Behavior Assessment System for Children-2: Reynolds and Kamphaus, 2004; the Child Behavior Checklist: Achenbach, 1991). Often designed to elicit input from multiple informants (e.g., youth, parents, and teachers) to better understand symptom severity and expression and reduce error related to setting and source bias (Merrell, 1999), behavior checklists are composed of items assessing several areas of functioning and numerous clinical domains. Given the breadth of focus, the multi-informant perspective, and the ease of administration and scoring, this method of assessment has many appealing features for care-providers as well as researchers.

The Behavior Assessment System for Children-2 (BASC-2) assesses common child mental health concerns including depression, anxiety, conduct problems, and attention difficulties. Additionally, the BASC-2 includes an "atypicality" scale designed to assess the presence of symptoms commonly reported by individuals at risk for or experiencing psychosis (e.g., hallucinations and delusional thoughts). Atypicality, measured through adolescent self-report, has been shown to predict risk status as determined by the SIPS (Thompson et al., 2013).

Relative to youth themselves, caregivers may have additional insight into changes in their children's behavior (Achenbach, 2006), and certainly play a critical role in facilitating care for youth. Further, given that the emergence of symptoms for many people on a trajectory toward psychosis occurs during adolescence (Kessler et al., 2007; Schimmelmann et al., 2007), adolescence represents a period of heightened risk and an opportunity for early intervention. Thus, including caregiver perspectives in screening may prove incrementally useful for identifying high-risk youth.

Though parent–child agreement concerning psychosis-risk symptoms tends to be rather modest (Kline et al., 2013; Nugent et al., 2013), initial research investigating the utility of parent report for predicting clinician-rated psychosis-risk is promising (Kline et al., 2013; Golembo-Smith et al., in press). Especially when parent and youth accounts diverge, caregivers provide vital information about adolescents' histories, behaviors, daily activities, and functioning. Despite the apparent value, no standardized instruments have been adequately validated for the purpose of gathering information from caregivers specifically about psychosis-risk symptoms.

The aim of the current study is to investigate the utility of parent reports of BASC-2 atypicality for predicting psychosis-risk symptoms and high risk status among help-seeking youth referred to a high-risk evaluation center. Given the applicability of the BASC-2 for a variety of settings, the effectiveness of this multi-informant measure for screening may have implications for its use within specialized settings as well as in non-specific mental health settings. This study also seeks to evaluate the relative strength of both self and parent reports for predicting SIPS domains and determine whether there is incremental value to including parent reports of risk symptoms when screening for psychosis-risk.

2. Method

2.1. Procedure

The current study was approved by the Institutional Review Boards at the University of Maryland, Baltimore County (UMBC) and the University of Maryland, School of Medicine. Participants were recruited at the UMBC Youth FIRST research program through outreach to community mental health providers from pediatric mental health clinics, university clinics, local schools, a child inpatient unit, and private practice offices. Many clinician referrals were consultative in nature due to concern about potential psychotic-like symptoms, with some clinicians seeking specialized evaluation and clinical clarification. Referrals with well-established psychosis diagnoses and/or those already receiving psychosis-specific services were typically not enrolled in the study. New referrals were contacted by study staff via telephone to verify eligibility. Participants had to be 12–22 years old, receiving mental health services, and, for those under 18, accompanied by a legal guardian to provide consent and participate in the study protocol. At the study visit participants or guardians provided informed consent (and assent for minors), caregivers and youth both completed the BASC-2, and lastly, youth completed the clinician-administered SIPS to assess psychosis-risk symptoms.

2.2. Materials

2.2.1. Behavior Assessment System for Children, Second Edition (BASC-2; Reynolds and Kamphaus, 2004)

The BASC-2 is a multiple informant based questionnaire designed to assess a broad range of emotional and behavioral symptomatology seen in youth. The BASC-2 is currently utilized by professionals across mental health and school settings. This instrument was validated in a general population norm sample that included more than 13,000 cases from across the United States.

The adolescent versions of the Self-Report of Personality (SRP) and the Parent Rating Scale (PRS) were used in the current study to obtain reports from both youth participants and caregivers. The SRP (comprised of 176 items, completed in 20–30 min) and the PRS (comprised of 150 items, completed in 10–15 min) are designed to efficiently evaluate several domains of clinical concern (e.g., depression, anxiety, and hyperactivity) as well as adaptive strengths (e.g., social skills and self-reliance). The BASC-2 atypicality scale is of central interest for the current study as this scale includes symptoms similar to those assessed by psychosis-risk screeners (e.g. hallucinations, delusional thoughts, and odd behaviors). The atypicality scale is included in both the SRP (9 items) and the PRS (10 items), though the specific items differ between forms as they are tailored to the perspectives of different informants (self vs. parent). Although both atypicality scales assess perceptual abnormalities (i.e. the child sees and hears things that are not there), each scale includes unique items that are likely to be more accurately assessed by one specific informant (i.e. youth report on more delusional thoughts, "someone wants to hurt me," whereas parents report on more disorganized behavior, "says things that make no sense").

For each scale, age-normed t-scores (mean = 50, standard deviation = 10) were calculated using the BASC-2 ASSIST scoring and reporting software (Reynolds and Kamphaus, 2004). A score of 60 or over indicates that an individual may be experiencing clinically relevant symptomatology (Reynolds and Kamphaus, 2004).

2.2.2. Structured Interview for Psychosis-Risk Syndromes (SIPS; Miller et al., 2003)

The SIPS is a clinician-administered interview designed to assess symptoms shown to be associated with psychosis. Although the SIPS evaluates nineteen symptoms in total (5 positive, 6 negative, 4 disorganized and 4 general), the five positive symptoms (unusual thought content, suspiciousness, grandiosity, perceptual abnormalities, and

Download English Version:

https://daneshyari.com/en/article/6825422

Download Persian Version:

https://daneshyari.com/article/6825422

Daneshyari.com