



Analysis of psychosis risk interview questions for individuals with Autism Spectrum Disorders



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INTRODUCTION:

- The Structured Interview for Psychosis Risk Syndromes (SIPS) identifies individuals at high-risk for developing psychosis.¹
- The SIPS has not been used widely with different subpopulations, such as those with autism spectrum disorders (ASD).
- Overlapping symptoms between ASD and psychosis can make diagnostic interviews difficult.²
- Given the nature of ASD, misinterpretation of interview items in this population could lead to false positive responses³
- Clinicians with expertise working with adolescents with ASD might have insight into the appropriateness and ease of understanding of SIPS questions asked to those with ASD.
- The aim of the current study was to assess the appropriateness of psychosis risk interview questions for youth with ASD as determined by clinical experts in ASD.
- Further, if items were deemed problematic for the population, we were interested in a qualitative understanding as to why.

METHODS:

- A convenience sample of 14 expert clinicians who work with individuals with ASD were asked to fill out a survey online.
- Being an expert was defined as being a clinician or researcher with at least three years of experience working with individuals ages 12-18 with ASD.
- Clinicians were asked to rate the likelihood of misinterpretation of SIPS items¹ by adolescents with ASD, using a Likert scale (0-5).
- Questions were considered problematic if ranked a 4 or 5 by a majority of clinicians.
- Clinicians were then asked to describe why those items were identified as problematic.

Table 1: Clinician Characteristics

Characteristic:		Percentage:
Gender	Male	23.8
	Female	76.2
Race	American Indian	4.8
	Asian	4.8
	White	90.5
Level of Education	PhD/PsyD/EdD	85.7
	MD	9.5
	Masters	4.8
Years of Experience with ASD	3-5	18.2
	6-8	13.6
	9+	63.6

- After reviewing the SIPS, 63.63% of the SIPS items were identified as problematic.
- The most commonly identified problematic issues by clinicians were (a) overlapping symptoms, (b) badly worded, and (c) complexity of question. (See Figure 1)
- Within overlapping symptoms, clinicians identified multiple subcategories, including: (a) social difficulties, (b) rigidity of thought or obsessions, (c) sensory problems, and (d) language challenges.

Fig. 1: Reasons for Questions Being Problematic

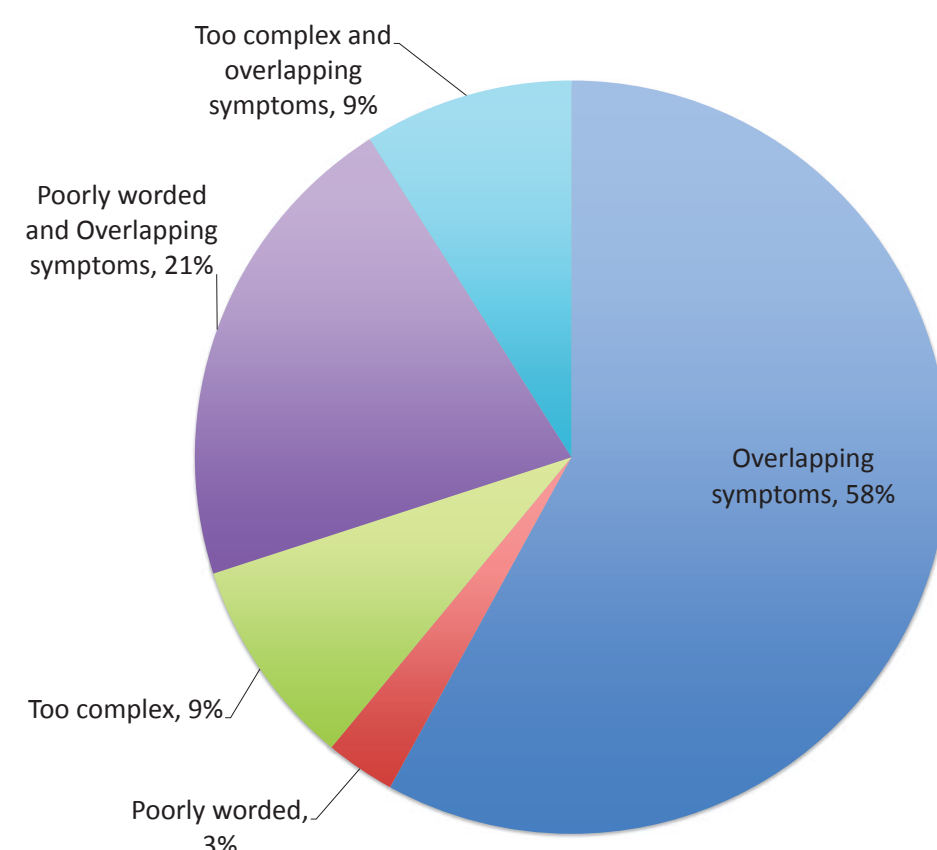
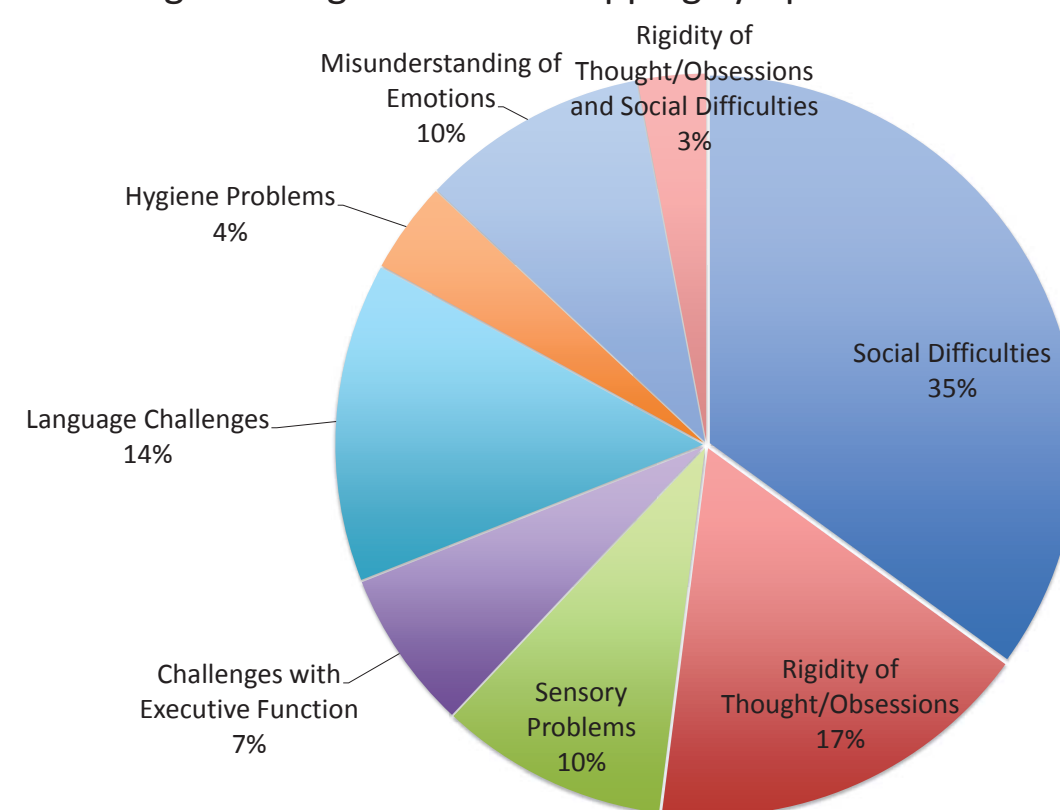


Fig. 2: Categories of Overlapping Symptoms



RESULTS:

Table 2: Sample Problematic SIPS Items

Reasons for Problematic Item:	Example of Questions:
Poorly Worded	Do other people tell you that your ideas or beliefs are unusual or bizarre?
Too Complex	Are you feeling emotionally flat?

Table 3: Sample SIPS items with overlapping symptoms with ASD and psychosis

Overlapping Symptom	Example of Question:
Social Difficulties	Do familiar people or surroundings ever seem strange?
Rigidity of Thought/ Obsessions	Do you have any hobbies, special interests, or collections?
Sensory Problems	Have you been feeling more sensitive to sounds? Have sounds seemed different? Louder or softer?
Language Challenges	Do you ever completely lose your train of thought or speech like suddenly blanking out?

DISCUSSION:

- A significant percentage of the SIPS interview questions are problematic for individuals with ASD.
- Expert ASD clinicians identified a high degree of overlap of SIPS items that tap symptoms of both ASD and psychosis
- This raises the concern that clinicians may have difficulty distinguishing between symptoms due to emerging psychosis and characteristics of ASD.
- These results suggest caution when assessing individuals with ASD for psychosis risk.
- Future Direction: Conduct the interview with individuals with ASD as well as typically developing individuals to see if there are significant differences in how the two groups understand the questions.

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REFERENCES:

1. Breslau, N. (1987). Inquiring about the bizarre: False positives in Diagnostic Interview Schedule for Children (DISC) ascertainment of obsessions, compulsions, and psychotic symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 639-644.
2. Miller, T. J., McGlashan, T. H., Rosen, J. L., Cadenhead, K., Ventura, J., McFarlane, W., ... Woods, S. W. (2003). Prodromal assessment with the Structured Interview for Prodromal Syndromes and the Scale of Prodromal Symptoms: Predictive validity, interrater reliability, and training to reliability. *Schizophrenia Bulletin*, 29(4), 703-715.
3. Konstantareas, M. M., & Hewitt, T. (2001). Autistic disorder and schizophrenia: Diagnostic overlaps. *Journal of Autism and Developmental Disorders*, 31, 19-28.