## **Supplementary Online Content**

Carrión RE, McLaughlin D, Goldberg TE, et al. Prediction of functional outcome in individuals at clinical high risk for psychosis. *JAMA Psychiatry*. Published online September 4, 2013. doi:10.1001/jamapsychiatry.2013.1909.

eAppendix. Supplemental methods and results.

**eTable 1.** Neurocognitive domains, individual tests, and dependent measures. **eTable 2.** Potential predictor domains and individual variables for the multivariable logistic regression models.

eTable 3. Demographic characteristics of participants at baseline.

**eFigure.** Receiver-operating characteristics (ROC) curve for a logistic regression model predicting social and role outcomes in individuals at clinical high risk of psychosis.

This supplementary material has been provided by the authors to give readers additional information about their work.

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### eAppendix

#### Supplemental Methods

After deriving logistic equations for the final models, predicted probabilities were developed for each subject and receiver operating characteristic curves were constructed to determine the accuracy of the models. The ROC curve displays the sensitivity (probability that a test will produce a true positive result) and specificity (probability that a test will produce a true negative result) as its discrimination threshold is varied (1). The area under the curve (AUC) with 95% confidence intervals was used as indicator of the probability that a randomly chosen respondent would be correctly distinguished based on their screened baseline variables (2). AUC values can range from 0.5 (indicates that an instrument can discriminate between groups no better than chance) to 1.0 (represents perfect discriminatory performance).

#### Supplemental Results

Receiver operator characteristic curves were generated to determine the ability of the final models to discriminate between individuals with good and poor outcome. For social outcome, the AUC was 82.4 (95% CI, 73.6-91.3, P<.001), indicating that for any randomly drawn pair of participants from these two functioning groups, the probability that a participant with poor social outcome would have poor social functioning, impaired processing speed and total behavioral disorganization  $\geq$ 4 was 82.4% (see Supplemental Figure 1). For role outcome, the AUC was 77.2 (95% CI, 67.8-86.5, p<0.001), indicating an acceptable discriminative ability (see Supplemental Figure 2).

## eTable 1

# Neurocognitive domains, Individual tests, and Dependent measures

<b>Verbal Memory</b> ( $\alpha$ = .82, 4 tests)	
California Verbal Learning Test (CVLT)	
Total for trials 1–5	Words recalled in trials 1-5
	Recognition errors
Long delay free recall	Recognition errors
Wechsler Memory Scale, Revised (WMS-R)	Story elements recalled
Logical Memory: Immediate and Delayed	Story elements recalled
Working Memory (α = .78, 3 tests) Wechsler Intelligence Scale for Children-III/Wechsler	
e	
Adult Intelligence Scale-R (WISC-III/WAIS-R)	Digit agguarant recalled
Digit Span Forward and Backward	Digit sequences recalled Number of correct trials
Letter-Number Span	Number of correct trials
<b>Executive Function</b> ( $\alpha = .78, 5$ tests)	
Ruff Figural Fluency Test	Number of correctly reproduced
	figures
Wisconsin Card Sorting Test (WSCT), Version 2	
Perseverative Errors	Percentage of perseverative errors;
Categories Completed	Number of correctly completed
	categories
Conceptual Level Responses	Number of consecutive correct
	responses in $\geq 3$ runs
Controlled Oral Word Association Test (COWAT)	Words produced in 1 minute
<b>Sustained Attention</b> ( $\alpha = .84, 3 \text{ tests}$ )	1
Continuous Performance Test-Identical Pairs (CPT-IP)	
2-, 3-, and 4-digits	d' (for all stimulus sets)
<b>Processing Speed</b> ( $\alpha$ = .81, 4 tests)	
Trails Making Test, Part A and B	Time to complete trails
WISC-III/WAIS-R Digit Symbol Coding	Symbols accurately coded in 2
	minutes
Symbol cancellation test	Time to compete cancellation
<b>Motor Speed</b> ( $\alpha$ = .75, 4 tests)	1
Finger Tapping Test, Dominant and Nondominant hand scores	Taps in 10 seconds, over 5 blocks
Grooved Pegboard Test, Dominant and Nondominant	Time to place pegs
hand scores	1 1 U <sup>-</sup>
<b>Visuo-Spatial Processing</b> ( $\alpha = .63, 2$ tests)	1
Judgment of Line Orientation	Lines accurately matched
WAIS-R/WISC-III Block Design	Correctly reconstruct blocks to
	match patterns on cards
Language ( $\alpha = .82, 3$ tests)	
Wide Range Achievement Test-III (WRAT-III) Reading	Total score for words read
	correctly
Boston Naming Test	Number of correctly named items
WAIS-R/WISC-III Vocabulary	Number of words orally defined
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Domain	Variables	Variables Retained After	Variables Retained After		
		Univariable Screening Procedure for Social Outcome Model $(B < 15)$	Univariable Screening Procedure for Role Outcome Model (P<.15)		
Domographics	A go at basaling	<b>for Social Outcome Model</b> ( <i>P</i> <.15) Race	Age at baseline $(P < .15)$		
Demographics	Age at baseline Level of education		Level of education		
		First-degree relative with Psychosis			
	Parental socio-economic status				
	(SES) Gender				
	Handedness				
	Race				
	Ethnicity				
	First-degree relative with				
	Psychosis				
Intellectual	Estimated Current IQ	None	None		
Functioning					
Neurocognitive	Processing speed	Processing Speed	Processing speed		
Performance Verbal memory		Verbal Memory	Verbal memory		
	Executive function	Executive Function	Executive function		
	Working memory	Working Memory	Working memory		
	Visuo-spatial processing	Motor Speed	Sustained attention		
	Motor speed	Language	Language		
	Sustained attention				
	Language				
Positive	5 Symptoms:	Suspiciousness; Perceptual	Suspiciousness; Grandiosity		
Symptoms, SOPS	1. Unusual Thought	Abnormalities; Disorganized			
	Content	Communication	Total Positive Score		
	2. Suspiciousness				
	3. Grandiosity	Total Positive Score			
	4. Perceptual Abnormalities	Absolute number of symptoms			
	5. Disorganized	greater than level 4			
	Communication				
	Absolute number of symptoms				
	greater than 2, level 3, and level				

eTable 2. Potential Predictor Domains and Individual Variables for the Multivariable Logistic Regression Models

	4 Total Positive Score (raw score; cutoff > 15)				
Negative Symptoms, SOPS	<ul> <li>4 Symptoms: <ol> <li>Social Isolation</li> <li>Avolition</li> <li>Expression of Emotion</li> <li>Experience of Emotion</li> <li>and Self</li> <li>Ideational Richness</li> <li>Occupational</li> <li>Functioning</li> </ol> </li> <li>Absolute number of symptoms greater than 2, level 3, and level 4 Total Negative Score (raw score; cutoff &gt; 13)</li></ul>	Isolation <sup>a</sup> Avolition Decreased Expression Decreased Ideational Richness Absolute number of symptoms greater than 2, level 3, and level 4 Total Negative Score	Avolition, Decreased Ideational Richness, Deteriorating Role <sup>a</sup> Absolute number of symptoms greater than level 4		
Disorganized Symptoms, SOPS	<ul> <li>4 Symptoms: <ol> <li>Odd Behavior or</li> <li>Apperance</li> <li>Bizarre Thinking</li> <li>Trouble with Focus and</li> <li>Attention</li> <li>Hygiene Social</li> <li>Attentiveness</li> </ol> </li> <li>Absolute number of symptoms greater than 2, level 3, and level 4 Total Disorganized Score (raw score; cutoff &gt; 4)</li></ul>	Odd Behavior; Bizarre Thinking; Hygiene Social Attentiveness Total Disorganized Score (>4) Absolute number of symptoms greater than 2	Odd Behavior; Attention Trouble; Hygiene Social Attentiveness Total Disorganized Score (>4) Absolute number of symptoms greater than 3		
×	<ul> <li>4 Symptoms:</li> <li>1. Sleep Disturbances</li> <li>2. Dysphoric Mood</li> <li>3. Motor Disturbances</li> <li>4. Impaired Tolerance to</li> </ul>	Sleep Disturbances; Motor Disturbances	Sleep Disturbances; Motor Disturbances		

<b></b>			
	Normal Stress		
	Absolute number of symptoms		
	greater than 2, level 3, and level		
	4		
	Total General Score (raw score;		
	cutoff > 6)		
Total score, SOPS	Raw score; $cutoff > 41$	Total score, SOPS	Total score, SOPS
	Absolute number of symptoms		
	greater than 2, level 3, and level		
	4		
Social and Role	Baseline GF: Social	Baseline GF: Social	Baseline GF: Role; GAF
Functioning	Baseline GF: Role		
_	GF: Social or Role deterioration		
	of 10%		
	GF: Social or Role deterioration		
	of 30%		
	Global Assessment of		
	Functioning (GAF)		
Diagnostic	DSM-IV diagnoses:	Any Mood disorder	Any mood disorder; Attention
<b>Comorbidity: Axis</b>	Any mood disorder		deficit hyper disorder
1	Any anxiety disorder		
	Any mood or anxiety		
	Any substance abuse disorder		
	Major depressive disorder		
	Generalized anxiety		
	Agoraphobia		
	Obsessive-compulsive disorder		
	Panic		
	Social phobia		
	Cannabis		
	Alcohol		
	Nicotine		
Diagnostic	DSM-IV diagnoses:	None	None
Comorbidity: Axis	Paranoid		
2	Schizoid		
-			

		Schizo	otypal									
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<sup>a</sup>These variables were subsequently removed from the models due to high collinearity.

Characteristic	Healthy Control Subjects (n=68)	Clinical High- Risk, Positive Group (n=92)	P value
Age, y, mean (SD)	16.32 (2.62)	15.96 (2.18)	.34
Estimated Current IQ, mean (SD)	109.94 (13.25)	103.41 (16.06)	<.01
Years of education, mean (SD)	10.52 (2.62)	9.72 (2.16)	.08
Gender, No. (%)			
Female	35 (51.5)	34 (37.0)	.08
Handedness, right, No. (%)	60 (88.2)	78 (84.8)	.65
Parental SES <sup>a</sup> Low, No. (%)	7 (10.9)	6 (6.6)	.39
Race, No. (%)			
White	42 (61.8)	74 (80.4)	.01
Ethnic Origin, No. (%)			
Hispanic	3 (4.4)	13 (14.1)	.06

<sup>a</sup> Socioeconomic status, Hollingshead index (Hollingshead & Redlich, 1958), where 1–3 "high" and 4–5 "low".

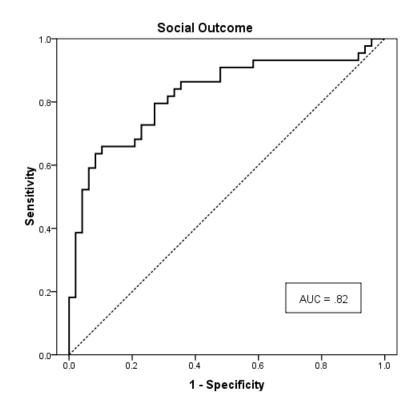
### References

- 1. Altman DG, Bland JM: Diagnostic tests. 1: Sensitivity and specificity. Bmj 1994; 308(6943):1552
- 2. Hanley JÁ, McNeil BJ: The meaning and use of the area under a receiver operating characteristic (ROC) curve. Radiology 1982; 143(1):29-36

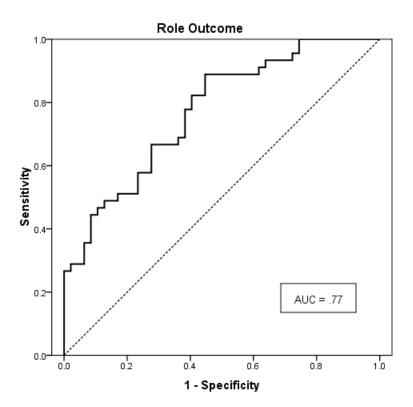
### **eFigure Captions**

*eFigure. Panel A.* Receiver-operating characteristics (ROC) curve for a logistic regression model predicting social outcome in individuals at clinical high risk of psychosis. The ROC curve plots the true positive rate (sensitivity) against the false-positive rate (1-specificity) for different cut-points. The more closely the curve follows the top and left-hand border of the ROC space, the more accurate the test. The area under the curve (AUC) with 95% confidence intervals was used as indicator of the probability that a randomly chosen respondent would be correctly distinguished based on the prediction model.

*eFigure. Panel B.* Receiver-operating characteristics (ROC) curve for a logistic regression model predicting role outcome in individuals at CHR of psychosis.







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