



# COMPREHENSIVE ASSESSMENT OF AT RISK MENTAL STATES

## (CAARMS)

### BRIEF VERSION FOR USE IN EDIT 2015

A. Yung, L. Phillips, M.B. Simmons, J. Ward, K. Thompson, P. French, P. McGorry

**THE PACE CLINIC**  
University of Melbourne,  
Department of Psychiatry

Melbourne, Australia

2006 Yung©, Phillips, Simmons, Ward, Thompson, French, McGorry

Client Initials:

Client ID:

Date:

Rater(s):

Type of assessment: Baseline, Post CBT, Monitoring (which number):

# OVERVIEW OF THE CAARMS

**Aims:**

- To determine if an individual meets the criteria for an 'At Risk Mental State'.
- To rule out, or confirm criteria for acute psychosis.
- To map a range of psychopathology and functioning factors, over time in young people at ultra high-risk of psychosis.

**Structure of the CAARMS:**

- Ratings are made on a range of subscales that target different areas of psychopathology and functioning. From these ratings it is then possible to extract information relating to the above aims.

**Overview of Symptoms and Functioning - Longitudinal Change:**

- At the first interview (not follow-up interviews), the CAARMS aims to obtain a general overview of the history of change from the premorbid state in the respondent. All available information should be used.

- Record the **time of first noted change** - date and age of respondent in years:

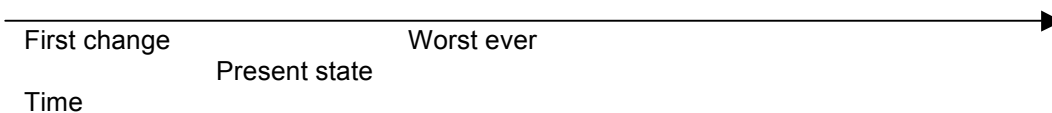
Date: .....  
 Age: .....

- Note first ever symptoms or signs:  
 .....  
 .....  
 .....  
 .....

- Overview of course since then - map on timeline e.g.:



- Current time line:



- **Family history of psychosis** in first degree relative?

YES                  NO

- **If yes, please state who**  
 .....  
 .....

- **Use of medication (current or past)?**  
 .....  
 .....  
 .....

**NOTE:** For the BLIPS group, the ONSET and OFFSET dates need to be recorded for each episode (not very first onset date and very last offset date), as to qualify under BLIPS criteria, symptoms cannot last more than a week at a time

**Helpful prompt questions:**

- How often does it happen?
- When did it last happen?
- Does it stop you from doing anything?
- When was it at its worst?
- What was it like at the worst point?
- What do your friends and family say about it?
- How distressed were you?
- How long does it last?
- Do other people see it the same way?
- Can you give me a specific example of that?
- Has it changed you behaviour in any other way?

# 1: POSITIVE SYMPTOMS

## 1.1 UNUSUAL THOUGHT CONTENT

### ***Delusional Mood and Perplexity ('Non Crystallized Ideas')***

- Have you had the feeling that something odd is going on that you can't explain? What is it like? \_\_\_\_\_
- Do you feel puzzled by anything? Do familiar surroundings feel strange? \_\_\_\_\_
- Do you feel that you have changed in some way? \_\_\_\_\_
- Do you feel that others, or the world, have changed in some way? \_\_\_\_\_

### ***Bizarre Ideas ('Crystallized Ideas')***

- Made thoughts, feelings, impulses: Have you felt that someone, or something, outside yourself has been controlling your thoughts, feelings, actions or urges? Have you had feelings or impulses that don't seem to come from yourself? \_\_\_\_\_
- Somatic Passivity: Do you get any strange sensations in your body? Do you know what causes them? Could it be due to other people or forces outside yourself? \_\_\_\_\_
- Thought Insertion: Have you felt that ideas or thoughts that are not your own have been put into your head? How do you know they are not your own? Where do they come from? \_\_\_\_\_
- Thought Withdrawal: Have you ever felt that ideas or thoughts are being taken out of your head? How does that happen? \_\_\_\_\_
- Thought Broadcasting: Are your thoughts broadcast so that other people know what you are thinking? \_\_\_\_\_
- Thoughts Being Read: Can other people read your mind? \_\_\_\_\_

### ***Ideas of Reference (NOT in relation to suspiciousness and persecutory ideas)***

- Ideas of Reference: Have you felt that things that were happening around you had a special meaning, or that people were trying to give you messages? What is it like? How did it start? \_\_\_\_\_

**UNUSUAL THOUGHT CONTENT- GLOBAL RATING SCALE**

0 Never, Absent	1 Questionable	2 Mild	3 Moderate	4 Moderately severe	5 Severe	6 Psychotic & severe
No unusual thought content.	Mild elaboration of conventional beliefs as held by a proportion of the population	Vague sense that something is different, or not quite right with the world, a sense that things have changed but not able to be clearly articulated.  Subject not concerned/ worried about this experience.	A feeling of perplexity. A stronger sense of uncertainty regarding thoughts than 2.	Referential ideas that certain events, objects or people have a particular and unusual significance. Feeling that experience may be coming from outside the self. Belief not held with conviction, subject able to question. Does not result in change in behaviour.  May be associated with mild distress.	Unusual thoughts that contain completely original and highly improbable material. Subject can doubt (not held with delusional conviction), or which the subject does not believe all the time.  May result in some change in behaviour, but minor.  May be frightening or associated with some distress.	Unusual thoughts containing original and highly improbable material held with delusional conviction (no doubt).  May have marked impact on behaviour.  May be very distressing

**Basis of Rating?** \_\_\_\_\_

**Onset dates:** \_\_\_\_\_ **Offset dates:** \_\_\_\_\_

**Frequency and Duration**

0	1	2	3	4	5	6
Absent	Less than once a month	Once a month to twice a week – <b>less</b> than one hour per occasion	Once a month to twice a week – <b>more</b> than one hour per occasion <b>OR</b> 3 to 6 times a week - <b>less</b> than one hour per occasion	3 to 6 times a week - <b>more</b> than an hour per occasion <b>OR</b> daily – <b>less</b> than an hour per occ.	Daily – <b>more</b> than an hour per occ. <b>OR</b> several times a day	Continuous

**Do you use Alcohol Y/N**    **Do you use street drugs Y/N**    -    **Pattern of Symptoms?**

0	1	2
No relation to substance use noted	Occurs in relation to substance use and at other times as well	Noted only in relation to substance use

**Level of Distress (In Relation to Symptoms)**

0 Not At All Distressed									100 Extremely Distressed

**1.2 NON-BIZARRE IDEAS**

***Non-Bizarre Ideas ('Crystallized Ideas')***

- Suspiciousness, Persecutory Ideas (may include ideas of reference if directly related): Has anybody been giving you a hard time or trying to hurt you? Do you feel like people have been talking about you, laughing at you, or watching you? What is it like? How do you know this?
- Ideas of Guilt: Do you feel you deserve punishment for anything you have done wrong?
- Somatic Ideas: Have you had the feeling that something odd is going on with your body that you can't explain? What is it like? Do you feel that your body has changed in some way, or that there is a problem with your body shape?
- Nihilistic Ideas: Have you ever felt that you, or a part of you, did not exist, or was dead? Do you ever feel that the world does not exist?
- Religious Ideas: Are you very religious? Have you had any religious experiences?
- Grandiose Ideas: Have you been feeling that you are especially important in some way, or that you have powers to do things that other people can't do?
- Erotomanic Ideas: Is anyone in love with you? Who? How do you know this? Do you return his/her feelings?
- Jealous Ideas: Are you a jealous person? Do you worry about relationships that your spouse/girlfriend/boyfriend has with other people?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**NON-BIZARRE IDEAS - GLOBAL RATING SCALE**

0 Never, absent	1 Questionable	2 Mild	3 Moderate	4 Moderately Severe	5 Severe	6 Psychotic & Severe
No non-bizarre ideas.	Subtle changes that could be reality based. Eg. Very self-conscious.	Increased self-consciousness Or feeling of increased self-importance. Subject able to question. Eg. Feeling that others look at the subject, or talk about the subject.	Odd or unusual thoughts but whose content is not entirely implausible - may be some logical evidence. More evidence than rating of 4. Not necessarily distressing or associated with any change in behaviour.  Content of thoughts not original i.e. jealousy, mild paranoia.	Clearly idiosyncratic beliefs, which although 'possible' have arisen without logical evidence. Less evidence than rating of 3. Eg. Thoughts that others wish the subject harm, which can be easily dismissed. Thoughts of having special powers, which can be easily dismissed. May be associated with mild distress.	Unusual thoughts about which there is some doubt (not held with delusional conviction), or which the subject does not believe all the time. May result in some change in behaviour, but minor. May be frightening or associated with some distress.	Unusual thoughts containing original and highly improbable material held with delusional conviction (no doubt). May be associated with marked change in behaviour. May be very distressing

**Basis of Rating?** \_\_\_\_\_

**Onset dates:** \_\_\_\_\_

**Offset dates:** \_\_\_\_\_

**Frequency and Duration**

0	1	2	3	4	5	6
Absent	Less than once a month	Once a month to twice a week – <b>less</b> than one hour per occasion	Once a month to twice a week – <b>more</b> than one hour per occasion <b>OR</b> 3 to 6 times a week - <b>less</b> than one hour per occasion	3 to 6 times a week - <b>more</b> than an hour per occasion <b>OR</b> daily – <b>less</b> than an hour per occ.	Daily – <b>more</b> than an hour per occ. <b>OR</b> several times a day	Continuous

**Pattern of Symptoms?**

0	1	2
No relation to substance use/stress noted	Occurs in relation to substance use and at other times as well	Noted only in relation to substance use

**Level of Distress (In Relation to Symptoms)**

--	--	--	--	--	--	--	--	--	--

0  
Not At All Distressed

100  
Extremely Distressed

## 1.3 PERCEPTUAL ABNORMALITIES

### **Visual Changes**

- Distortions, illusions: Is there a change in the way things look to you? Do things somehow look different, or abnormal? Are there alterations in colour, or brightness of objects (things seeming brighter, or duller in colour)? Are there alterations in the size and shape of objects? Do things seem to be moving?
- Hallucinations: Do you have visions, or see things that may not really be there? Do you ever see things that others can't, or don't seem to? What do you see? At the time that you see these things, how real do they seem? Do you realise they are not real at the time, or only later?

---

---

---

---

---

---

---

---

---

---

### **Auditory Changes**

- Distortions, illusions: Is there any change in the way things sound to you? Do things somehow sound different, or abnormal? Does your hearing seem more acute, or have increased sensitivity? Does your hearing seem muted, or less acute?
- Hallucinations: Do you ever hear things that may not really be there? Do you ever hear things that other people seem not to (such as sounds or voices)? What do you hear? At the time you hear these things, how real do they seem? Do you realise they are not real at the time, or only later?

---

---

---

---

---

---

---

---

---

---

### **Olfactory Changes**

- Distortions, illusions: Does your sense of smell seem to be different, such as more, or less intense, than usual?
- Hallucinations: Do you ever smell things that other people don't notice? At the time, do these smells seem real? Do you realise they are not real at the time, or only later?

---

---

---

---

---

---

---

---

---

---

### **Gustatory Changes**

- Distortions, illusions: Does your sense of taste seem to be different, such as more, or less intense, than usual?
- Hallucinations: Do you ever get any odd tastes in your mouth? At the time that you taste these things, how real do they seem? Do you realise they are not real at the time, or only later?

---

---

---

---

---

---

---

---

---

---

### **Tactile Changes**

- Distortions, illusions, hallucinations: Do you ever get strange feelings on, or just beneath, your skin? At the time that you feel these things, how real do they seem? Do you realise they are not real at the time, or only later?

---

---

---

---

---

---

---

---

---

---

### **Somatic Changes**

NOTE: Probes also used to rate Impaired Bodily Sensation, p.26

- Distortions, illusions: Do you ever get strange feelings in your body (eg feel that parts of your body have changed in some way, or that things are working differently)? Do you feel/think that there is a problem with some part, or all of your body, i.e. that it looks different to others, or is different in some way? How real does this seem?
- Hallucinations: Have you noticed any change in your bodily sensations, such as increased, or reduced intensity? Or unusual bodily sensations such as pulling feelings, aches, burning, numbness, vibrations?

---

---

---

---

---

---

---

---

---

---

**PERCEPTUAL ABNORMALITIES - GLOBAL RATING SCALE**

0 Never, absent	1 Questionable	2 Mild	3 Moderate	4 Moderately severe	5 Severe	6 Psychotic & severe
No abnormal perceptual experience.	Questionable perceptual changes	Heightened, or dulled perceptions, distortions, illusions (eg lights/shadows).  Not distressing.  Hypnogogic/hypnopompic experiences	More puzzling experiences: more intense/vivid distortions/illusions, indistinct murmuring, etc.  Subject unsure of nature of experiences.  Able to dismiss.  Not particularly distressing.  Derealisation/depersonalis <sup>n</sup>	Much clearer experiences than 3 such as name being called, hearing phone ringing etc, but may be fleeting/transient.  Able to give plausible explanation for experience.  May be associated with mild distress.	True hallucinations i.e. hearing voices or conversation, feeling something touching body.  Subject able to question experience with effort.  May be frightening or associated with some distress.  May result in some change in behaviour, but minor.	True hallucinations which the subject believes are true at the time of, and after, experiencing them.  May be very distressing  May have marked impact on behaviour.

**Basis of Rating?** \_\_\_\_\_

**Onset date:** \_\_\_\_\_

**Offset date:** \_\_\_\_\_

**Frequency and Duration**

0	1	2	3	4	5	6
Absent	Less than once a month	Once a month to twice a week – <b>less</b> than one hour per occasion	Once a month to twice a week – <b>more</b> than one hour per occasion <b>OR</b> 3 to 6 times a week - <b>less</b> than one hour per occasion	3 to 6 times a week - <b>more</b> than an hour per occasion <b>OR</b> daily – <b>less</b> than an hour per occ.	Daily – <b>more</b> than an hour per occ. <b>OR</b> several times a day	Continuous

**Pattern of Symptoms?**

0	1	2
No relation to substance use noted	Occurs in relation to substance use and at other times as well	Noted only in relation to substance use

**Level of Distress (In Relation to Symptoms)**

--	--	--	--	--	--	--	--	--	--

0  
Not At All Distressed

100  
Extremely Distressed



## **1.4 DISORGANISED SPEECH**

### ***Subjective Change:***

- Do you notice any difficulties with your speech, or ability to communicate with others?
- Do you have trouble finding the correct word at the appropriate time?
- Do you ever use words that are not quite right, or totally irrelevant?
- Have you found yourself going off on tangents when speaking and never getting to the point? Is this a recent change?
- Are you aware that you are talking about irrelevant things, or going off the track?
- Do other people ever seem to have difficulty in understanding what you are trying to say/trouble getting your message across?
- Do you ever find yourself repeating the words of others?
- Do you ever have to use gesture or mime to communicate due to trouble getting your message across? How bad is this?
- Does it ever make you want to stay silent and not say anything?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### ***Objective Rating of Disorganised Speech***

- Is it difficult to follow what the subject is saying at times due to using incorrect words, being circumstantial or tangential?
- Is the subject vague, overly abstract or concrete? Can responses be condensed?
- Do they go off the subject often and get lost in their words? Do they appear to have difficulty finding the right words?
- Do they repeat words that you have used or adopt strange words (or 'non-words') in the course of regular conversation?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**DISORGANISED SPEECH- GLOBAL RATING SCALE**

0	1	2	3	4	5	6
Never, absent	Questionable	Mild	Moderate	Moderately Severe	Severe	Psychotic & severe
Normal logical speech, no disorganisation, no problems communicating or being understood.	Questionable changes in speech	Slight subjective difficulties eg problems getting message across.  Not noticeable by others.	Somewhat vague, some evidence of circumstantiality or irrelevance in speech.  Feeling of not being understood.	Clear evidence of mild disconnected speech and thought patterns. Links between ideas rather tangential.  Increased feeling of frustration in conversation.	Marked circumstantiality, or tangentiality in speech, but responds to structuring in interview.  May have to resort to gesture, or mime to communicate.	Lack of coherence, unintelligible speech, significant difficulty following line of thought.  Loose associations in speech.

**Basis of Rating?** \_\_\_\_\_

**Onset date:** \_\_\_\_\_

**Offset date:** \_\_\_\_\_

**Frequency and Duration**

0	1	2	3	4	5	6
Absent	Less than once a month	Once a month to twice a week – <b>less</b> than one hour per occasion	Once a month to twice a week – <b>more</b> than one hour per occasion  <b>OR</b> 3 to 6 times a week - <b>less</b> than one hour per occasion	3 to 6 times a week - <b>more</b> than an hour per occasion  <b>OR</b> daily – <b>less</b> than an hour per occ.	Daily – <b>more</b> than an hour per occ.  <b>OR</b> several times a day	Continuous

**Pattern of Symptoms?**

0	1	2
No relation to substance use noted	Occurs in relation to substance use and at other times as well	Noted only in relation to substance use

**Level of Distress (In Relation to Symptoms)**

0									100
Not At All Distressed									Extremely Distressed

## **5.4 AGGRESSION/DANGEROUS BEHAVIOUR**

- Have you been feeling angry, or irritable recently? Has there been a reason for this? Have you felt more irritated than usual at small things? Have you been in more arguments with others than usual recently? Have you been taking more risks (i.e. when driving) recently than usual? Have others commented that your behaviour is becoming risky, or unsafe? Have you felt like striking out at people or objects recently (more so than usual)?
- Have you become so angry at someone that you have had thoughts of hurting them, or destroying their property? Have you acted on these thoughts?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### **Questions for Informants:**

- Has the subject been acting in an aggressive or dangerous manner recently? Have there been any recent episodes of anger outbursts/physical confrontation? Is this how the subject normally behaves? Have others commented on a change in their level of anger, or irritability? Has the subject destroyed property lately (in association with anger)? Have you felt safe with the subject recently (i.e. when driving, at otherwise normal times)?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

### **AGGRESSION/DANGEROUS BEHAVIOUR- SEVERITY RATING SCALE**

0	1	2	3	4	5	6
No aggressive, or dangerous behaviour reported by the subject or others.	Questionable	Slight irritability but not associated with rise in aggressive behaviour.  May be attributed to events by subject.	More marked increase in irritability/anger towards self/others.  May be expressed verbally, or physically in restrained manner (i.e. punching pillow etc).  May be noted by subject only.	Marked increase in irritability towards others expressed in increased propensity to verbal confrontations with threat of physical aggression.  Noted by others and subject.	Aggressive behaviour results in property damage, or harm to others.  Subject reports some level of control over anger.	Dangerousness in conjunction with anger at very destructive level, resulting in some considerable physical damage to others, or property.  Dominates clinical picture.  May attract attention of police etc.

**Onset date:** \_\_\_\_\_ **Offset date:** \_\_\_\_\_

### **Frequency and Duration**

0	1	2	3	4	5	6
Absent	Less than once a month	Once a month to twice a week – <b>less</b> than one hour per occasion	Once a month to twice a week – <b>more</b> than one hour per occasion  <b>OR</b> 3 to 6 times a week - <b>less</b> than one hour per occasion	3 to 6 times a week - <b>more</b> than an hour per occasion  <b>OR</b> daily – <b>less</b> than an hour per occ.	Daily – <b>more</b> than an hour per occ.  <b>OR</b> several times a day	Continuous

### **Pattern of Symptoms?**

0	1	2
No relation to substance use noted	Occurs in relation to substance use and at other times as well	Noted only in relation to substance use

### 7.3 SUICIDALITY AND SELF HARM

- Have you had any thoughts recently about harming, or killing yourself? How often have you felt this way? \_\_\_\_\_  
\_\_\_\_\_
- Have you had any thoughts of what you would do to achieve this? \_\_\_\_\_  
\_\_\_\_\_
- Have you acted on those thoughts at all? What happened? \_\_\_\_\_

#### SUICIDALITY- SEVERITY RATING SCALE

0	1	2	3	4	5	6
Not present.	Questionable	Occasional thoughts of being tired of living. Occasional thought of self-harm. No suicidal thoughts, or plans.	Feeling of being better off dead. Suicidal thoughts, with only vague plan. Able to be distracted from thoughts with some effort. <b>OR</b> Minor actions of self-harm (slight scratches etc).	Thoughts of suicide more frequent with associated plan. May be more seriously considering attempt with specific plan. <b>OR</b> Impulsive attempts using non-lethal method, or with knowledge of potential for being found.	Clear expression of wanting to kill self. <b>OR</b> Potentially serious, or lethal attempt with knowledge of possible rescue.	Specific plan and attempt. <b>OR</b> Serious attempt that clearly could have been fatal.

**Onset date:** \_\_\_\_\_ **Offset date:** \_\_\_\_\_

#### Frequency and Duration

0	1	2	3	4	5	6
Absent	Less than once a month	Once a month to twice a week – <b>less</b> than one hour per occasion	Once a month to twice a week – <b>more</b> than one hour per occasion <b>OR</b> 3 to 6 times a week - <b>less</b> than one hour per occasion	3 to 6 times a week - <b>more</b> than an hour per occasion <b>OR</b> daily – <b>less</b> than an hour per occ.	Daily – <b>more</b> than an hour per occ. <b>OR</b> several times a day	Continuous

#### Pattern of Symptoms?

0	1	2
No relation to substance use noted	Occurs in relation to substance use and at other times as well	Noted only in relation to substance use

**SOFAS**

**[If under 16, please use the C-GAS as per operational policy]**

**SOFAS:** When scoring consider social, and occupational functioning on a continuum from excellent functioning to grossly impaired functioning. Include impairment in functioning due to physical health (or environmental) limitations. To be counted, impairment must be a direct consequence of mental health and/or physical health problems. The effects of lack of opportunity and other environmental limitations are not to be considered.

**Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)**

- 100 Superior functioning in a wide range of activities.  
|  
91
- 90 Good functioning in all areas, occupationally and socially effective.  
|  
81
- 80 No more than a slight impairment in social, occupational, or school functioning (e.g. infrequent interpersonal conflict, temporarily falling behind in schoolwork).  
|  
71
- 70 Some difficulty in social, occupational, or school functioning, but generally functioning well, has some meaningful interpersonal relationships.  
|  
61
- 60 Moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).  
|  
51
- 50 Serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).  
|  
41
- 40 Major impairment in several areas, such as work or school, family relations (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).  
|  
31
- 30 Inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).  
|  
21
- 20 Occasionally fails to maintain minimal personal hygiene; unable to function independently.  
|  
11
- 10 Persistent inability to maintain minimal personal hygiene. Unable to function without harming self or others or without considerable external support (e.g., nursing care and supervision).  
|  
1
- 0 Inadequate information.

NOTES \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** The rating of overall psychological functioning on a scale of 0–100 was operationalized by Luborsky in the Health-Sickness Rating Scale. (Luborsky L: "Clinicians' Judgments of Mental Health." *Archives of General Psychiatry* 7:407–417, 1962). Spitzer and colleagues developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS) (Endicott J, Spitzer RL, Fleiss JL, et al.: "The Global Assessment Scale: A Procedure for Measuring Overall Severity of Psychiatric Disturbance." *Archives of General Psychiatry* 33:766–771, 1976). The SOFAS is derived from the GAS and its development is described in Goldman HH, Skodol AE, Lave TR: "Revising Axis V for DSM-IV: A Review of Measures of Social Functioning." *American Journal of Psychiatry* 149:1148–1156, 1992.

Copyright © 2008 American Psychiatric Publishing, Inc. All Rights Reserved.

Highest Score in past year OR score at baseline / last assessment			<b>SCORE A</b>	
Current Score			<b>SCORE B</b>	
Difference between score A & score B			<b>SCORE C</b>	
Percentage calculation	<b>SCORE C</b>	<b>x 100 ÷</b>	<b>SCORE A</b>	<b>= %</b>

Outcome

Please tick

<b>30% drop in SOFAS score from premorbid level, sustained for a month, occurred within past 12 months</b>	
<b>Chronic Low Function CRITERIA = SOFAS score of 50 or below maintained for 12 months or longer</b>	

## 8: INCLUSION CRITERIA

### INTAKE CRITERIA CHECKLIST

#### **Group 1: ARMS Vulnerability Group**

*This criterion identifies young people at risk of psychosis due to the combination of a trait risk factor and a significant deterioration in mental state and/or functioning*

	YES	NO
<ul style="list-style-type: none"> <li>• <b>Family history of psychosis</b> in first degree relative <b>OR Schizotypal Personality Disorder</b> in identified patient</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>30% drop in SOFAS</b> score from premorbid level, sustained for a month, occurred within past 12 months <b>OR SOFAS score of 50 or less</b> for past 12 months or longer</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CRITERION MET FOR GROUP 1 – Vulnerability Group</b>	<input type="checkbox"/>	<input type="checkbox"/>

#### **Group 2: ARMS Attenuated Psychosis Group (2a OR 2b)**

*This criterion identifies young people at risk of psychosis due to a subthreshold psychotic syndrome. That is, they have symptoms which do not reach threshold levels for psychosis due to subthreshold intensity (the symptoms are not severe enough) or they have psychotic symptoms but at a subthreshold frequency (the symptoms do not occur often enough).*

	YES	NO
<b>2a) Subthreshold intensity:</b>		
<ul style="list-style-type: none"> <li>• <b>Global Rating Scale Score of 3-5</b> on <i>Unusual Thought Content</i> subscale, <b>3-5</b> on <i>Non-Bizarre Ideas</i> subscale, <b>3-4</b> on <i>Perceptual Abnormalities</i> subscale, <b>or 4-5</b> on <i>Disorganised Speech</i> subscales of the CAARMS</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>Frequency Scale Score of 3-6</b> on <i>Unusual Thought Content</i>, <i>Non-Bizarre Ideas</i>, <i>Perceptual Abnormalities</i> <b>or</b> <i>Disorganised Speech</i> subscales of the CAARMS...</li> <li>• ...for <b>at least a week</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2b) Subthreshold frequency:</b>		
<ul style="list-style-type: none"> <li>• <b>Global Rating Scale Score of 6</b> on <i>Unusual Thought Content</i>, <b>6</b> on <i>Non-Bizarre Ideas</i>, <b>5-6</b> on <i>Perceptual Abnormalities</i> <b>or</b> <b>6</b> on <i>Disorganised Speech</i> subscales of the CAARMS</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>Frequency Scale Score of 3</b> on <i>Unusual Thought Content</i>, <i>Non-Bizarre Ideas</i>, <i>Perceptual Abnormalities</i> <b>or</b> <i>Disorganised Speech</i> subscales of the CAARMS</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS (for both Group 2 categories)</b>		
<ul style="list-style-type: none"> <li>• <b>Symptoms present in past year</b></li> <li style="padding-left: 20px;"><b>PLUS (for both Group 2 categories)</b></li> <li>• <b>30% drop in SOFAS</b> score from premorbid level, sustained for a month, occurred within past 12 months <b>OR SOFAS score of 50 or less</b> for past 12 months or longer</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CRITERION MET FOR GROUP 2 – Attenuated Psychosis Group</b>	<input type="checkbox"/>	<input type="checkbox"/>

#### **Group 3: ARMS BLIPS Group**

*This criterion identifies young people at risk of psychosis due to a recent history of frank psychotic symptoms that resolved spontaneously (without antipsychotic medication) within one week.*

	YES	NO
<ul style="list-style-type: none"> <li>• <b>Global Rating Scale Score of 6</b> on <i>Unusual Thought Content</i> subscale, <b>6</b> on <i>Non-Bizarre Ideas</i>, <b>5 or 6</b> on <i>Perceptual Abnormalities</i> subscale <b>or 6</b> on <i>Disorganised Speech</i> subscales of the CAARMS</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>Frequency Scale Score of 4-6</b> on <i>Unusual Thought Content</i>, <i>Non-Bizarre Ideas</i>, <i>Perceptual Abnormalities</i> <b>or</b> <i>Disorganised Speech</i> subscales</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>Each episode of symptoms is present for less than one week</b> and symptoms spontaneously remit on every occasion.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>Symptoms occurred during last year</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>30% drop in SOFAS</b> score from premorbid level, sustained for a month, occurred within past 12 months <b>OR SOFAS score of 50 or less</b> for past 12 months or longer</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CRITERION MET FOR GROUP 3 – BLIPS Group</b>	<input type="checkbox"/>	<input type="checkbox"/>

## 9: PSYCHOSIS THRESHOLD /ANTI-PSYCHOTIC TREATMENT THRESHOLD

	YES	NO
<ul style="list-style-type: none"> <li>• <b>Severity Scale Score of 6</b> on <i>Unusual Thought Content</i> subscale, <b>6</b> on <i>Non-Bizarre Ideas</i>, <b>5 or 6</b> on <i>Perceptual Abnormalities</i> subscale <b>and/or 6</b> on <i>Disorganised Speech</i> subscales of the CAARMS</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• <b>Frequency Scale Score of greater than or equal to 4</b> on <i>Unusual Thought Content</i>, <i>Non-Bizarre Ideas</i>, <i>Perceptual Abnormalities</i> <b>and/or</b> <i>Disorganised Speech</i> subscales</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLUS</b>		
<ul style="list-style-type: none"> <li>• Symptoms present for <b>longer than one week</b></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PSYCHOSIS THRESHOLD CRITERION MET</b>	<input type="checkbox"/>	<input type="checkbox"/>