Mini-SIPS

Abbreviated Clinical Structured Interview for DSM-5 Attenuated Psychosis Syndrome

Patient ID _____ Interviewer ID _____ Date _____

DSM-5 Attenuated Psychosis Syndrome (APS) is conceptualized as a symptomatic syndrome that also connotes risk for future fully psychotic illness. An APS diagnosis is *only relevant if the individual has never previously been fully psychotic*. Attenuated psychotic symptoms are psychotic-like but below the threshold of a full psychotic disorder (i.e., symptoms are less severe and more transient, and insight is relatively maintained). To qualify for an APS diagnosis, at least one attenuated psychotic symptom must be present, occurring on average at least once per week, with an onset or worsening in the past year. Further, the symptom must be sufficiently distressing and disabling to warrant clinical attention and must not be better accounted for by another psychiatric diagnosis.

Step-by-Step Directions:

1. Please introduce the Mini-SIPS, explaining that you must ask everyone the same questions and that they will be able to relate to some questions more than others. Be clear that there are no right or wrong answers as we all have different experiences.
2. Begin the interview with a general overview of the individual's background and history. If a parent or other informant is available, obtain their permission and that of the patient to do the general overview together. Fill in the following information as needed based on the information that is missing from the intake.

- Pregnancy/delivery history
- Developmental milestones
- Medical Illness History
- History of hospitalizations – both psychiatric and medical
- History of operations
- History of head injuries
- History of seizures or other neurological disorders
- History of psychiatric treatment and diagnosis
- History of medications – prescribed, OTC, and supplements
- History of substance experimentation/use/abuse
- History of trauma
- Educational/Occupational history including social

After you obtain this general information proceed with the specific queries (page 2). These queries should be done with the patient only. Write the answers after the questions and also, when the patient endorses the query, record responses to the follow-up questions.

3. Determine presence/absence in the past month of **three classes of symptom** (Queries, page 2). Ask the patient each query question. Be sure to ask about each *type* of symptom from each class (e.g., for delusions, ask about unusual thoughts, suspiciousness, *and* grandiosity). If multiple types of symptoms in this class are present, use the *most severe* one for steps 4-5. For each symptom on page 2 that is endorsed, follow-up by obtaining specifiers and qualifiers on the *nature, quality, frequency and time course* of the symptom and the degree to which the patient is convinced that the symptom is *imaginary or real*, whether the symptom *bothers* the patient in any way, and whether it *affects* their thinking and feeling about themselves, their social relations, or their behavior.
4. Determine whether each symptom is currently (over the last month) or previously has been in the psychotic severity range by comparing the information developed above to the symptom anchors (Ratings, page 3). *Severity ratings are based **primarily** on the symptom-specific content of the anchors* on page 3 but **also** take into account distress and interference with functioning associated with the symptom. The general range of distress and interference for all symptoms is shown *immediately below*.

Range	**Normal Range**	**APS Range**	**Psychotic Range**
Distress	May be puzzling but are not distressing. Noticed but ignorable.	Concerning, unwilled, distracting, distressing, not easily ignored. May become anticipated.	May cause severe distress.
Interference	Thinking, feeling, or social relations may be altered but not impaired. Behavior is not affected.	Thinking, feeling, social relations, and behavior may be affected.	May interfere persistently with thinking, feeling, or social relations and with behavior.

5. Determine whether each symptom is currently (over the last month) in the APS severity range by comparing the information developed above to the symptom anchors. *Ratings are based* **primarily** *on the symptom-specific content of the anchors by the checkboxes* on page 3 but **also** take into account distress and interference with functioning as shown *immediately above*.
6. Determine whether each symptom in the APS severity range symptom currently occurs on average at least once per week, has begun or worsened in the past year, and is distressing and disabling at least to some degree.
7. Then also determine whether each remaining symptom in the APS range that also meet the criteria in Step 4 above are clearly better accounted for by another diagnosis. Note: Patients frequently meet criteria for DSM-5 APS and for other DSM-5 diagnoses comorbidly. However, if all APS Range symptoms are typically characteristic of another DSM-5 disorder then they are considered clearly better-accounted-for by that disorder and an APS DSM-5 diagnosis is not given. Examples include an unrealistic fear of dying during a panic attack in panic disorder and an unrealistic belief in personal failure in major depression. In cases where it is not clear whether or not the comorbid diagnosis accounts for the APS-like symptom, an APS comorbid diagnosis *is* given.
8. Based on the steps above, determine whether the patient meets criteria for psychosis and DSM-5 APS (Diagnosis, page 4).

DELUSION-LIKE SYMPTOMS (DEL)

1. Do you ever get confused whether something you have experienced is real or imaginary?
2. Do familiar people or surroundings ever feel strange, confusing or unreal?
3. Have you ever felt that you are not in control of your own ideas or thoughts?
4. Have you ever felt that your ability to think has changed in any way?
5. Do you ever feel that thoughts are put into your head or taken away? That some person or force is interfering with your thinking?
6. Do you ever feel as if your thoughts are being said out loud so that other people can hear them?
7. Do you ever think you can read other people's minds or that they can read your mind?
8. Do you ever feel that the radio, TV, computer, cell phone or other device is communicating directly to you?
9. Do you ever think you can predict the future?
10. Do you ever feel that people around you are thinking about you in a negative way?
11. Have you ever found yourself feeling mistrustful or suspicious of other people?
12. Do you ever feel like you are being singled out or watched?
13. Do you ever feel that people might be intending to harm you?
14. Do you feel that you have special gifts, talents or powers?
15. Do people tell you that your plans or goals are unrealistic? If so, what are those plans or goals?
16. Do you ever think of yourself as a famous or person or believe that you have a relationship with a famous person or with God?

HALLUCINATION-LIKE SYMPTOMS (HAL)

1. Do your ears ever play tricks on you or do you ever hear sounds like banging, clicking, hissing, ringing in your ears, footsteps or your name being called?
2. Do you ever hear a voice that others don't seem to hear?
3. Do you ever see things like flashes, flames, vague figures, shadows or movement out of the corner of your eye?
4. Do you ever see things that others can't or don't seem to see?
5. Have you ever noticed any bodily sensations or do you smell or taste things that others don't notice?

DISORGANIZED COMMUNICATION (DIS)

1. Do people ever tell you that they can't understand you when you speak?
2. Do you ever have trouble getting your point across like rambling or going off track?
3. Do you ever completely lose your train of thought?

DELUSION-LIKE SYMPTOMS (DEL) including UNUSUAL THOUGHT CONTENT (perplexity, first rank *mental* events, overvalued beliefs, nihilism, ideas of reference) SUSPICIOUSNESS (guarded, mistrustful, hypervigilant, perceives danger or hostile intentions) GRANDIOSITY (unrealistic sense of superiority, notions of being gifted, influential or special).	**Normal Range** ☐ May be beyond those expected for the average person but within cultural norms. May defend beliefs.	**APS Range** ☐ Exceed cultural norms. Come from within or from an outside source, may seem imaginary or seem real. Skepticism generated by self or others.	**Psychotic Range** ☐ Feel completely real and distinct from the person's own experiences. Qualifies as delusional conviction: skepticism cannot be induced, at least intermittently.

1. Are DEL CURRENTLY in the APS Range? ☐ Yes ☐ No **4. Do DEL bother the patient?** ☐ Yes ☐ No
2. Do DEL CURRENTLY occur ≥1x/week? ☐ Yes ☐ No **5. Do DEL influence the patient's functioning?** ☐ Yes ☐ No
3. Have DEL worsened in the past year? ☐ Yes ☐ No **6. Are DEL NOT due to another disorder?** ☐ Yes ☐ No

INCLUDING DSM-5 APS DX: Are ALL 6 YES boxes checked immediately above? ☐ Yes ☐ No
If Yes, the patient has a symptom that may qualify for an APS diagnosis (page 4).

HALLUCINATION-LIKE SYMPTOMS (HAL) (unusual *sensory* events, including) AUDITORY (hears murmurs, rumbling, voices) VISUAL (sees shadows, trails, movement, illusions, figures) OTHER (olfactory, gustatory, tactile)	**Normal Range** ☐ May have minor perceptual sensitivity changes or momentary ambiguities or distortions. May be beyond those expected for the average person but within cultural norms. May defend experiences.	**APS Range** ☐ Exceed cultural norms. Formed or unformed perceptual abnormalities that seem imaginary or seem real. Skepticism generated by self or others.	**Psychotic Range** ☐ Formed perceptual abnormalities perceived as completely real and distinct from the person's own experiences. Qualifies as hallucinations: skepticism cannot be induced, at least intermittently.

1. Are HAL CURRENTLY in the APS Range? ☐ Yes ☐ No **4. Do HAL bother the patient?** ☐ Yes ☐ No
2. Do HAL CURRENTLY occur ≥1x/week? ☐ Yes ☐ No **5. Do HAL influence the patient's functioning?** ☐ Yes ☐ No
3. Have HAL worsened in the past year? ☐ Yes ☐ No **6. Are HAL NOT due to another disorder?** ☐ Yes ☐ No

INCLUDING DSM-5 APS DX: Are ALL 6 YES boxes checked immediately above? ☐ Yes ☐ No
If Yes, the patient has a symptom that may qualify for an APS diagnosis (page 4).

DISORGANIZED COMMUNICATION (DIS) ODD SPEECH (overelaborate, stereotyped, metaphorical, vague) UNFOCUSED SPEECH (confused, muddled, too fast/too slow, wrong words, irrelevant context, off track) MEANDERING SPEECH (circumstantial, tangential)	**Normal Range** ☐ Speech may be slightly vague, muddled, overelaborate or stereotyped. May or may not be observed. Does not go off track or need to be redirected.	**APS Range** ☐ Observed speech with incorrect words, circumstantial, or tangential. May have some loosening of associations or blocking. Redirects on own or with prompts or structuring.	**Psychotic Range** ☐ Persistently loose, irrelevant, or blocked and unintelligible speech when under minimal pressure or when communication is complex. Qualifies as derailment: not responsive to structuring, at least intermittently.

1. Are DIS CURRENTLY in the APS Range? ☐ Yes ☐ No **4. Do DIS bother the patient?** ☐ Yes ☐ No
2. Do DIS CURRENTLY occur ≥1x/week? ☐ Yes ☐ No **5. Do DIS influence the patient's functioning?** ☐ Yes ☐ No
3. Have DIS worsened in the past year? ☐ Yes ☐ No **6. Are DIS NOT due to another disorder?** ☐ Yes ☐ No

INCLUDING DSM-5 APS DX: Are ALL 6 YES boxes checked immediately above? ☐ Yes ☐ No
If Yes, the patient has a symptom that may qualify for an APS diagnosis (page 4).

INCLUDING/EXCLUDING FRANK PSYCHOSIS DIAGNOSIS:

Have any of the three symptoms EVER been in the psychotic range per page 3? ☐ **YES** ☐ **NO**

If YES, are the psychotic symptom(s) seriously disorganizing or dangerous, or have they EVER been? ☐ **YES** ☐ **NO**

If YES, the patient qualifies for a frank psychosis diagnosis and MUST NOT receive an APS diagnosis.

If NO to above, did the symptom(s) EVER occur in the psychotic range for at least one hour per day at an average frequency of four days per week over one month? ☐ **YES** ☐ **NO**

If YES, the patient qualifies for a frank psychosis diagnosis and MUST NOT receive an APS diagnosis.

If NO, please continue to the next section.

Note 1: The Mini-SIPS determines whether patients qualify for a frank psychosis diagnosis, but the determination of which frank psychosis diagnosis should be given must be based on additional information.

Note 2: Patients whose symptoms currently or ever rate in the psychotic symptom range but who do not qualify for a frank psychosis diagnosis are permitted to receive an APS diagnosis if the criteria below are met.

INCLUDING/EXCLUDING APS DIAGNOSIS:

Complete only of the patient does NOT qualify for a frank psychosis diagnosis as above.

Does the patient have one or more symptoms that may qualify for an APS diagnosis (from page 3)? ☐ **YES** ☐ **NO**

If YES and does NOT qualify for a psychosis diagnosis, the patient qualifies for an APS diagnosis.

If the patient qualifies for an APS diagnosis, what date did the APS begin? _____

If the patient does NOT qualify for an APS diagnosis, what is the reason (check one)?

☐ **Psychotic**

☐ **All symptoms are insufficiently severe, frequent, worsening, distressing, or affecting of function.**

☐ **One or more symptoms are sufficiently severe, frequent, worsening, distressing, and affecting of function, but all are better accounted for by another DSM-5 disorder. Which disorder(s)** (check all that apply)**?**

☐ N/A ☐ major depression ☐ bipolar ☐ panic disorder ☐ OCD ☐ Other

Use the remaining space for notes and explanations:

Name of Interviewer _____ **Signature of Interviewer** _____ **Date** _____