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COMMENTARY

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The Positive SYmptoms and Diagnostic Criteria for the CAARMS Harmonized with the SIPS semi-structured interview (PSYCHS): An important first step—Move on!

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Indicated prevention of psychosis has become an important area of psychosis research, and ultra-high risk (UHR) criteria for identifying impending risk of psychosis are the most widely used, but vary considerably between assessment instruments and, in some cases, versions of the same instrument (Schultze-Lutter et al., 2013). The Structured Interview for Psychosis-Risk Syndromes (SIPS; McGlashan et al., 2010) and the Comprehensive Assessment of At-Risk Mental States (CAARMS; Yung et al., 2015) are the most used UHR assessments and generate comparable conversion-to-psychosis rates (Schultze-Lutter et al., 2015)—albeit in different populations due to differences in UHR ascertainment (Addington et al., 2024). Thus, to identify the whole spectrum of UHR presentation, merging both into the *Positive SYmptoms and Diagnostic Criteria for the CAARMS Harmonized with the SIPS semi-structured interview* (PSYCHS; Woods et al., 2024) with focus on UHR-relevant sections is certainly a laudable endeavour.

The first version of PSYCHS and its theoretical background is now presented and introduces several positive features (Woods et al., 2024). Among them are the rating of (attenuated) hallucinations in separate items according to the sensory modality in which they occur, and the dropping of functional decline as an obligate (CAARMS) requirement for rating symptomatic UHR criteria, which is in line with European recommendations (Schultze-Lutter et al., 2015). Furthermore, with respect to defining conversion, it is good that, in line with the SIPS, a psychotic level of hallucinations is restricted to a clearly psychotic severity rating of 6 (i.e., psychotic and very severe), particularly as hallucinatory experiences may be less relevant to the conversion/diagnosis of psychoses, especially in children and adolescents (Driver et al., 2020; Jimeno et al., 2022).

However, this first version of PSYCHS has not yet been evaluated and only a brief preview of future evaluations is provided (Woods et al., 2024). As for psychometrics, hopefully this will go beyond the outlined focus on interrater reliability and predictive validity. Because PSYCHS evaluation again appears to be based on two or more verbatim surveys and semistructured follow-up questions rather than thorough psychopathological definitions of the symptoms underlying each syndromal item rating, PSYCHS, like SIPS and CAARMS before it, misses the opportunity to improve psychopathological quality by providing thorough psychopathological definitions (Schultze-Lutter et al., 2018). Furthermore, the focus on predefined questions makes PSYCHS a (semi)standardized instrument that, for the dependency on the wording of these questions, requires thorough psychometric investigation of the validity of these questions on single item level. The missed chance to well align item definitions of PSYCHS with descriptive psychopathology also shows in the assignment of the 15 PSYCHS items to bizarre and non-bizarre thought contents of CAARMS. Whether or not a thought content is bizarre in the sense of being completely impossible or implausible commonly depends on the actual content (Cermolacce et al., 2010) rather than on the general topic of a symptom so that, for example, paranoid, somatic and grandiose ideas can be either bizarre (e.g., if involving alien forces, ideas of lacking all organs, or possessing supernatural powers) or non-bizarre (if, e.g., involving an intelligence service, ideas of being invested by parasites, or possessing extraordinary talents). Thus, most delusional

items cannot be defined as non-bizarre or bizarre ideas per se. This is also true for the many more delusional contents that are not rated in a single item but as Unusual Thoughts and Experiences, irrespective of whether they are actually bizarre (such as nihilistic ideas) or not (such as non-paranoid impoverishment ideas).

The new severity classification anchor points follow a formalized stepwise procedure that is based primarily on the phenomenological description and the level of conviction (ideas), externalization (perceptual abnormalities) and self-correction (disorganized communication); only when these do not match are distress and interference with thinking, feelings, or behaviour considered. Since the behavioural, emotional, and cognitive response to (attenuated) delusions or hallucinations may well reflect a person's likely conviction, it is unfortunate that this is rated second only to the self-reported conviction, which could be downplayed in terms of double bookkeeping (Stephensen et al., 2023).

As regards the UHR criteria, it is unfortunate that the criterion based on trait vulnerability and functional impairment was maintained as an UHR criterion despite its reported limited psychosis-predictive ability (Fusar-Poli et al., 2016; Schultze-Lutter et al., 2015). Rather, genetic risk should have been used as a pre-test risk moderator, as previously suggested (Schultze-Lutter et al., 2015). Regarding conversion criteria, the allowance of the frequency requirements for a conversion into a wide range of psychotic disorders is certainly a positive change compared to SIPS criteria. Yet, the alternative conversion requirement of 'imminently dangerous, physically or to personal dignity or to social/family networks' which is already met when 'a person's dignity and reputation are threatened by psychotic behaviour' will often undermine the frequency requirement, as UHR symptoms have already been reported to be associated with (self-)stigma and discrimination (Anglin et al., 2014; Pyle et al., 2015; Yang et al., 2015, 2019) and, consequently, are not only associated with threat but already with initial impairment of patients' dignity and discrimination.

In summary, although the theory-driven harmonization was done with great care by experts for both instruments, it would have been desirable to base the new instrument on evidence and to involve experts in psychometrics and test theory from the beginning. In addition, open questions and differences in UHR criteria should have been resolved before PSYCHS was submitted, based on a comparative longitudinal study and agreement on the main objectives, that is, predicting conversion to psychosis or identifying treatment needs. As it is, future revisions and related revisions of existing instruments will result in more and more different versions of SIPS, CAARMS, and now PSYCHS being used and circulated. This could have been prevented if the authors had decided to drop SIPS and CAARMS and agree on the sole use of PSYCHS. This would indeed have been a sustainable harmonization. It is therefore to be hoped that this project will not remain a paper tiger, but that PSYCHS will become a powerful tool for detecting imminent psychosis risk.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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