

## Field Testing Attenuated Psychosis Syndrome Criteria

TO THE EDITOR: Attenuated psychotic symptoms that manifest before the first psychotic episode of schizophrenia are an important and challenging subject in the field of psychosis. In a commentary in the May 2011 edition of the *Journal*, Dr. William Carpenter and Dr. Jim van Os discussed whether or not attenuated psychosis syndrome should be a DSM-5 diagnosis (1). At issue is that the proposed diagnosis has been made only in research settings attracting ill individuals at rates disproportionate to the overall population; it is not clear whether field testing outside these settings would result in the same conversion rates.

At Parnassia Psychiatric Institute in The Hague, we recently completed a multicenter study on the implementation of a screening method for at-risk mental states in all consecutive help-seeking patients accessing community mental health services for nonpsychotic mental disorders. After screening with the Prodromal Questionnaire (2), we used the Comprehensive Assessment of At-Risk Mental States (3), a high-reliability instrument, to assess at-risk mental states.

Of 3,671 consecutive patients, we identified 52 (1.4%) with psychotic symptoms and 147 (4.0%) with at-risk mental states in whom the nontrained community mental health caretakers managing their care recognized neither psychotic states nor attenuated psychotic symptoms. Thus, these patients went undetected by the community caregivers who should in fact be among the important referrers to specialized clinical research settings. In short, these patients are missed in the traditional referral process.

On the other hand, our screening detected patients who later developed other severe psychopathology. This suggests that the at-risk group may develop multiple severe illnesses besides psychotic disorders, and it offered us the opportunity to destigmatize mental illness for them. We tell our at-risk patients that they rightly sought help because of a risk for developing severe mental illness in the future. We never mention psychosis because we have found the at-risk group to be very sensitive to the notion of psychotic syndromes. In therapy we explain how dopamine sensitization affects perception, cognitive biases, and affect, and we find that patients are less distressed by their symptoms after receiving this information.

In the future, we should develop reliable screening and detection methods with greater sensitivity and specificity in order to detect at-risk mental state populations with higher true incidences of severe illness. We recommend the non-stigmatizing name “pluripotent dopamine sensitization risk syndrome.”

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## Response to Rietdijk et al. Letter

TO THE EDITOR: Rietdijk and colleagues provide an interesting perspective. In relation to the DSM-5 work on attenuated psychosis syndrome, there is no doubt that this is an important clinical problem associated with hope for better outcomes with earlier intervention, but whether to add attenuated psychosis syndrome as a new class is far from settled. The field trials are designed to determine the reliability of diagnosis outside the expert centers, and attenuated psychosis syndrome is a disorder or clinical syndrome for which the only question of false positives is the reliability and validity of case ascertainment. Transition to a psychotic syndrome is one of many possible outcomes, and failure to make this transition is not a false positive for attenuated psychosis syndrome. Attenuated psychosis syndrome is not defined as a risk state for primary prevention but as a disorder in which secondary prevention of a psychosis is a therapeutic aim.

An illness does not have to be severe to merit clinical attention, and stigma occurs for many reasons in people whose behavior deviates from peer norms, but the diagnostic term should be selected with care. Immediate problems with “pluripotent dopamine sensitization risk syndrome” are that attenuated psychosis syndrome is a disorder by definition, not a risk state, and that dopamine sensitization may be involved in a number of disorders associated with psychosis, but its role in attenuated psychosis syndrome is not known.

In any case, if the results of the DSM-5 field trials support reliable application in nonexpert settings, our work group will have an interesting debate as to the placement in text or appendix and what name is best for the syndrome.

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## Epistemological Tension in the Future of Personality Disorder Diagnosis

TO THE EDITOR: In August 2011, the DSM-5 Personality and Personality Disorders Work Group posted an update presenting a hybrid dimensional-categorical model that attempts to

embrace cutting-edge personality science while increasing clinical applicability and utility. These two aims pull in somewhat different directions, with personality science roughly represented by the dimensional component of the proposed model and clinical application and utility roughly represented by the categorical side. Pending field testing, this hybrid model may represent the future of personality disorder diagnosis. If so, it will not only transform DSM, but it will also reveal a deep epistemological tension in the diagnosis of personality pathology.

Bruner (1) suggested that there are two fundamentally distinct modes of human thought. He labels one the “paradigmatic mode,” which is essentially the mode of science. Paradigmatic approaches are concerned with the construction of rational arguments, striving toward an idealized system of description and categorization. Bruner labels the other approach the “narrative mode,” which is concerned with the meaning humans ascribe to events. Narrative approaches capture the dynamic ways in which we attempt to understand our experiences, structuring them into storied arcs that enable us to hold onto the often elusive and fluid past. Bruner is careful to explain that neither mode of thought is to be privileged; the two are complimentary and one cannot be reduced to the other.

Proponents of a dimensional approach to the future of personality disorder diagnosis cite the impressive accumulation of sophisticated research modeling the underlying structure of personality and its pathological variants. It is hard to deny the resounding clarity with which the scientific data point toward a dimensional system. Yet it is just as hard to deny the accumulated experience of practitioners who have equally clear conceptions of the nature of disordered personality. In the daily practice of clinicians, patients are not living clusters of dimensional traits; they are discrete beings who suffer in categorically different ways. We simply cannot declare either position “correct,” for they must be judged using fundamentally different rules. Proponents of dimensional diagnoses are “correct” from paradigmatic perspectives—the science points unequivocally toward trait-like spectra of personality pathology. Proponents of categorical diagnoses are “correct” from narrative perspectives—comments on the proposed DSM-5 revisions from just about everyone except personality researchers advocate the importance of retaining demarcated types of personality disorders. The two sides appeal to distinct epistemologies in making their claims.

My goal is not to weigh in on which approach ought ultimately to be adopted in DSM-5. Indeed, as the current proposal makes clear, a hybrid model may ultimately succeed, satisfying everyone (and likely no one completely). Instead, I am suggesting that the debate ahead is not best understood as ideological, but epistemological. The question is not whose ideas are better, but how to grapple with competing standards of proof. The way forward is for advocates on each side to retain their core beliefs while effectively and cooperatively translating them across the epistemological divide.

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## Response to Adler Letter

TO THE EDITOR: Dr. Adler's letter presents an interesting and useful way of framing the debates on scientific validity versus clinical utility that occur within the personality disorder field (and, needless to say, within the work group itself). In looking at the Merriam-Webster dictionary definition of “epistemology,” I am struck with the final phrase: “the nature and grounds of knowledge, especially with reference to its limits and validity.” Unfortunately, it is this last part of the definition that is too infrequently acknowledged in the debates and that makes them sometimes appear more ideological than scientific. Although I think that we would all benefit from a greater degree of self-reflection and skepticism about our own deeply held convictions, the hope is that the debates (and the resulting hybrid model) will move the personality disorder field forward.

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## An Early Study of an Intervention With Children of Psychotic Mothers

TO THE EDITOR: It may interest readers of the article by Wickramaratne et al. (1) on the children of depressed mothers that a study of a similar population with similar goals was conducted four decades ago. The Intensive Nursing Aftercare Project (2), in which we participated, recruited 50 psychotic mothers with children age 5 or younger who were matched with neighborhood comparison subjects. Based on a random selection, half of the psychotic mothers were offered a weekly 1-hour visit by specially trained psychiatric nurses, and the other half were offered a monthly brief visit. The children were evaluated as they entered the study and 2 years later at the end of the intervention.

We found that there was very little difference between the weekly (intensive) treatment group and the monthly (minimal) treatment group, but there were several problems with the study. First, the treatment that the mothers received was highly psychoanalytically influenced, and medication for depression was not adequate at that time. Second, diagnosis of the mothers' mental illness was clinical and not up to current standards. Finally, a major ethical problem arose when the monthly treatment group required help, and we felt obligated to offer it.

The random treatment group assignment is a study design that was advanced for its time. In addition, other findings included the attentional difficulties of the children of mothers with schizophrenia (3) and the fact that some of these children functioned at an unusually high level (4). We also found