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## **Supplementary Material**

**Article Title:** Cross-Cutting Symptom Domains Predict Functioning in Psychotic Disorders

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**Supplementary Table 1.***Association of Negative & Cross-Cutting Symptoms with Functioning<sup>a</sup>*

	$\beta$	Std. Error	95% CI	p-value	
<b>Model 1</b>					
<i>Intercept</i>	1.26	0.20	[0.86, 1.65]		
Age	0.10	0.06	[-0.02, 0.22]	0.091	
Gender	-0.17	0.12	[-0.4, 0.06]	0.154	
Psychosis	0.19	0.06	[0.07, 0.31]	0.003	*
Negative Sx	0.11	0.06	[-0.02, 0.23]	0.094	
<b>Model 2</b>					
<i>Intercept</i>	1.08	0.15	[0.79, 1.36]		
Age	0.11	0.06	[0, 0.22]	0.050	†
Gender	-0.08	0.09	[-0.26, 0.1]	0.395	
Internalizing	0.31	0.05	[0.21, 0.41]	0.000	*
Substance Use	0.09	0.04	[0, 0.17]	0.049	*
Psychosis	0.05	0.05	[-0.05, 0.14]	0.314	
Negative Sx	0.05	0.05	[-0.04, 0.15]	0.275	
Psy x Int	0.07	0.04	[-0.01, 0.16]	0.103	
Psy x Sub	-0.03	0.04	[-0.11, 0.06]	0.510	
Sub x Int	0.09	0.04	[0.01, 0.16]	0.021	*
<sup>a</sup> Symptom domains are Level 1 Cross-Cutting Measures at Time 1. Predicted functioning levels are WHO-DAS-II self-ratings at Time 1. Model 1, $R^2 = .17$ ; Model 2, $R^2 = .44$ .					
† The result is marginally significant: $0.05 \geq p \leq 0.08$ ; * $p < 0.05$ ; ** $p < 0.001$					
Abbreviations. Int = internalizing; Psy = Psychosis; Sub = Substance Use.					

**Supplementary Table 2.***Concurrent Association Between Level 1 Cross-cutting Measures and Functioning Domains<sup>a</sup>*

	<b><u>WHO-DAS II Subscales</u></b>					
	Communication	Mobility	Self-Care	Interpersonal	Life Activities	Participation in Society
<b><u>Model 1</u></b>						
<i>Intercept</i>	1.19(.20)	.94(.21)	.76(.23)	1.28(.26)	1.42(.33)	1.33(.24)
Age	.08(.06), p=.22	<b>.16(.07), p=.01</b>	.07(.07), p=.34	.03(.06), p=.70	.14(.08), p=.10	.07(.07), p=.35
Gender	-.17(.12), p=.15	-.14(.13), p=.26	-.15(.13), p=.27	-.12(.15), p=.42	-.22(.18), p=.24	-.04(.14), p=.80
Psy	<b>.23(.06), p&lt;.001</b>	<b>.15(.07), p=.02</b>	.13(.07), p=.05	<b>.23(.07), p&lt;.001</b>	<b>.21(.09), p=.03</b>	<b>.32(.07), p&lt;.001</b>
<b><u>Model 2</u></b>						
<i>Intercept</i>	1.59(.26)	1.16(.27), p<.001	.85(.27)	1.35(.27)	1.32(.27)	1.52(.26)
Age	.10(.06), p=.11	<b>.17(.07), p=.01</b>	.08(.07), p=.24	.05(.06), p=.41	.15(.08), p=.07	.09(.07), p=.18
Gender	-.11(.1), p=.25	-.10(.12), p=.39	-.10(.11), p=.37	-.06(.13), p=.64	-.15(.16), p=.35	.02(.12), p=.85
Int	<b>.33(.05), p&lt;.001</b>	<b>.17(.06), p=.01</b>	<b>.23(.07), p&lt;.001</b>	<b>.29(.07), p&lt;.001</b>	<b>.37(.09), p&lt;.001</b>	<b>.39(.07), p&lt;.001</b>
Sub	.04(.05), p=.38	.05(.06), p=.48	<b>.12(.05), p=.02</b>	<b>.18(.07), p=.01</b>	.15(.08), p=.07	.04(.06), p=.43
Psy	.08(.06), p=.16	.07(.07), p=.28	-.02(.06), p=.79	.06(.07), p=.36	.02(.08), p=.84	<b>.14(.07), p=.04</b>
Psy x Int	.03(.05), p=.51	.04(.06), p=.46	.10(.06), p=.13	.03(.06), p=.59	.03(.08), p=.69	.05(.05), p=.4
Psy x Sub	-.06(.06), p=.29	-.06(.06), p=.25	.05(.06), p=.35	.04(.06), p=.54	-.05(.09), p=.57	-.05(.07), p=.49
Sub x Int	.08(.04), p=.05	<b>.11(.05), p=.02</b>	.05(.05), p=.34	<b>.13(.05), p=.02</b>	.06(.08), p=.43	.08(.05), p=.16
<b><u>R<sup>2</sup></u></b>						
Model 1	0.14	0.10	0.05	0.08	0.08	0.17
Model 2	0.39	0.21	0.22	0.30	0.25	0.42

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“Symptom domains at Time 1 and WHO-DAS-II client-rated disability measure subscales at Time 1 are included in the models. Values listed before parentheses are standardized ( $\beta$ ) estimates of each indicator; standard error is in parentheses. Boldface text indicates significant values ( $p < .05$ ).

*Abbreviations:* Int = Internalizing; Psy = Psychosis; Sub = Substance Use.

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**Supplementary Table 3.***Cross-Cutting Symptoms Prospectively Predict Change in Functioning<sup>a</sup>*

	$\beta$	Std. Error	95% CI	p-value
<b>Model 1</b>				
<i>Intercept</i>	.11	.20	[-.29, .50]	
Age	.09	.05	[-.01, .19]	.076 †
Gender	.00	.09	[-.17, .16]	.979
Days Between Visits	.00	.00	[-.01, .01]	.623
WHO-DAS-II Baseline	.68	.09	[.50, .86]	< .001 *
Psychosis	.05	.05	[-.04, .14]	.261
<b>Model 2</b>				
<i>Intercept</i>	.15	.20	[-.24, .55]	
Age	.10	.05	[.00, .19]	.053 †
Gender	-.01	.08	[-.17, .16]	.953
Days Between Visits	.00	.00	[-.01, .01]	.481
WHO-DAS-II Baseline	.64	.10	[.44, .84]	< .001 *
Internalizing	.11	.06	[-.01, .23]	.069 †
Substance Use	-.03	.04	[-.10, .05]	.501
Psychosis	.03	.04	[-.05, .12]	.449
Psy x Int	-.05	.06	[-.16, .06]	.361
Psy x Sub	.00	.04	[-.08, .08]	.985
Sub x Int	-.02	.04	[-.10, .07]	.679

<sup>a</sup> Symptom domains are Level 1 Cross-Cutting Measures at Time 1. Predicted real-world functioning is WHO-DAS-II self-ratings at Time 3. After correction for baseline functioning levels (WHO-DAS-II at Time 1), the effect of internalizing was at the threshold of significance. Model 1,  $R^2 = .57$ ; Model 2,  $R^2 = .60$ .

† The result is marginally significant:  $0.05 \geq p \leq 0.08$ ; \* $p < 0.05$ ; \*\* $p < 0.001$

Abbreviations. Int = Internalizing; Psy = Psychosis; Sub = Substance Use.