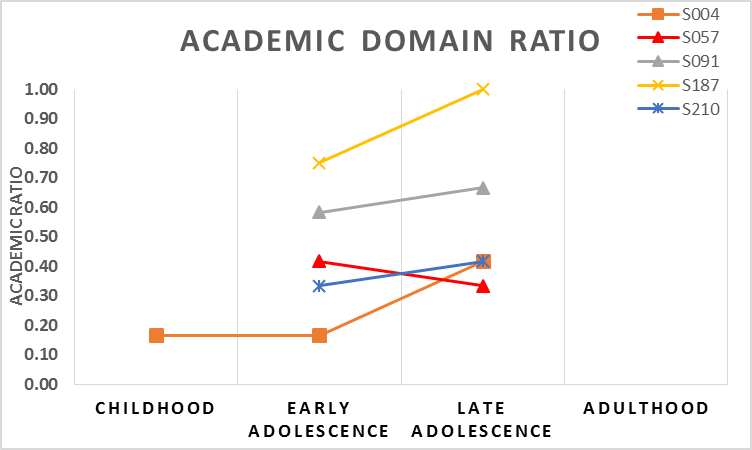
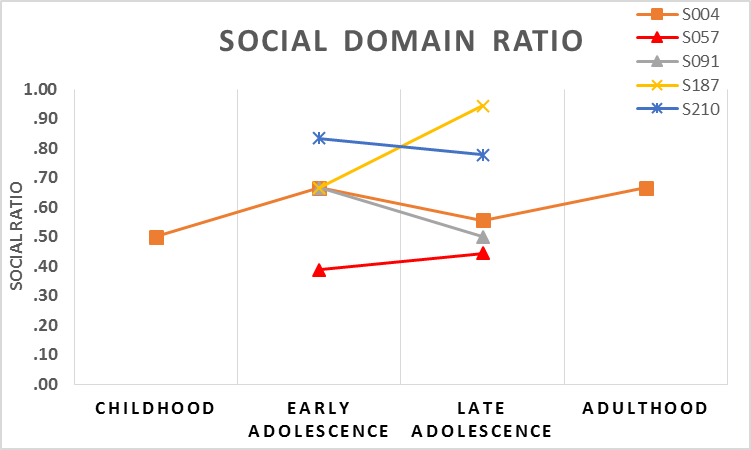
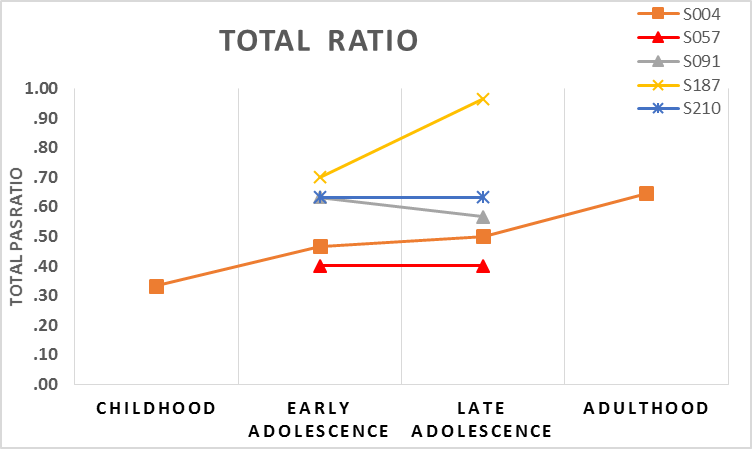
**Supplementary Materials**

**Figure S.1.** Individual trajectories for 22q11DS individuals who have prodromal/overt psychosis at baseline. S210 and S187 converted to schizophrenia. S004 remained prodromal but was maintained on medications and was functioning well at Time 4. S091 was symptom free at the time of the most recent evaluation but was taking an antipsychotic medication (risperidone) at that time. S057 was not experiencing any prodromal symptoms at the most recent assessment, and was not on antipsychotic medication.



**Supplementary Methods**

*PAS Scores and subsequent overt psychosis in 22q11DS*

Mirroring the analyses conducted on the PAS scores and subsequent (prodromal) psychosis (including participants with both significant prodromal symptoms and overt psychosis), we conducted univariate logistic regressions with independent variable *PAS ratio* (social, academic, or total at each developmental level) and the dependent variable *Overt Psychosis.* Stepwise, multivariate logistic regression (with independent variables the PAS total, social, and academic domain ratios across childhood, early or late adolescence), and dependent variable *Overt Psychosis* was conducted in order to assess which variable may be the best predictor of overt psychosis. The association between PAS developmental trajectory (chronically poor, good, vs. deteriorating trajectory) and Overt Psychosiswas evaluated with a Pearson chi-square test.

**Supplementary Results**

*PAS Scores and subsequent overt psychosis in 22q11DS*

*PAS Scores.* Childhood total and childhood academic domain scores were significant predictors of overt psychosis (supplementary Table S.1). Stepwise, multivariate logistic regression (with independent variables the PAS scores across the childhood, early and late adolescence periods, and dependent variable Overt Psychosis outcome) did not show significance for any of the independent variables (*p* > .05).

*PAS Trajectories.* The three PAS groups (chronically poor, good, vs. deteriorating) did not differ significantly in the rate of subsequent overt psychosis (Supplementary Table S.2). The number of participants in the overt psychosis group was too low to conduct ROC analyses, paralleling the ROC analysis conducted for the (prodromal) psychosis participants versus 22q11DS individuals without (prodromal) psychosis.

**Table S.1.** Univariate Logistic Regressions of PAS Scores Predictive of Overt Psychosis

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Domain Ratio | Developmental Period | *B* | *SE* | Wald | *p* |
|
| Total | Childhood | 7.664 | 3.581 | 4.582 | ***0.032*** |
|  | Early Adolescence | 3.300 | 3.152 | 1.096 | 0.295 |
|  | Late Adolescence | -1.334 | 4.505 | 0.088 | 0.767 |
| Social | Childhood | 5.904 | 3.042 | 3.768 | 0.052 |
|  | Early Adolescence | 2.330 | 2.467 | 0.892 | 0.345 |
|  | Late Adolescence | -4.059 | 4.080 | 0.990 | 0.320 |
| Academic | Childhood | 7.198 | 3.479 | 4.282 | ***0.039*** |
|  | Early Adolescence | 2.309 | 2.822 | 0.670 | 0.413 |
|  | Late Adolescence | 4.021 | 3.407 | 1.393 | 0.238 |

**Table S.2.** *Overt psychosis in the PAS trajectory groups*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Prodromal/Overt Psychosis | | |
| No | Yes | Total | |
| Chronically poor PAS |  | 29 | 4 | 33 | |
| Deteriorating PAS |  | 6 | 0 | 6 | |
| Good PAS |  | 31 | 0 | 31 | |
| Total | | 66 | 4 | 70 | |

*Note:* Pearson χ2 = 4.757, *df* = 2, *p* = .093.

**Table S.3.** *Correlations between childhood and early adolescence PAS scores within each group of participants*

|  |  |  |  |
| --- | --- | --- | --- |
|  | PAS Scores | | |
|  | Total | Social | Academic |
| 22q11DS | 0.670\*\* | 0.628\*\* | 0.575\*\* |
| Controls | 0.725\*\* | 0.733\*\* | 0.627\*\* |
| Siblings | 0.713\*\* | 0.630\*\* | 0.688\*\* |

\*\**p* < .01.

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