

SCALE FOR THE ASSESSMENT OF
POSITIVE SYMPTOMS OF
COCAINE INDUCED PSYCHOSIS
(SAPS-CIP)

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MODIFIED FOR ASSESSMENT OF
COCAINE-INDUCED PSYCHOTIC SYMPTOMS,
FROM THE SCALE FOR ASSESSMENT OF POSITIVE SYMPTOMS (of schizophrenia),
By Nancy Andreasen, M.D., Ph.D., University of Iowa, 1984

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Subject ID _____ Date ___/___/___ Interviewer ID _____ Interview # 1 or 2
 Alternate ID _____

HALLUCINATIONS

Hallucinations are false perceptions occurring in the absence of an identifiable external stimulus (e.g., hearing voices when no sounds are there to be interpreted as voices). They may be experienced in any of the sensory modalities, including hearing, touch, taste, smell, and vision. True hallucinations should be distinguished from illusions (which involve a misperception of an external stimulus), hypnogogic and hypnopompic experiences (which occur when the subject is falling asleep or waking up), or normal thought processes that are exceptionally vivid. If the hallucinations have a religious quality, then they should be judged within the context of what is normal for the subject's social and cultural background. The subject should always be requested to describe the hallucination in detail.

HALLUCINATION ANCHOR CODES

0 = None

1 = Questionable: When using cocaine, the subject has an unusual sensory experience, but questions whether or not it might have a real physical basis (e.g., subject hears a voice, but it may have been someone passing on the street - subject cannot decide if it was a real stimulus or not.)

2 = Mild: When using cocaine, the subject has a sensory experience that, in retrospect, definitely did not have a real physical basis (e.g., subject hears the police at the door, but no police were present at that time.) Subject does not act on the hallucination.

3 = Moderate: The subject has regular and definite hallucinations when using cocaine. Subject can describe clearly and in detail what was seen, heard, etc. Subject may act in some way relating to these events (e.g., subject hears police radios outside, so he gets up every so often to check the windows and doors.)

4 = Marked: The subject has regular and clear hallucinations when using cocaine, and regularly or specifically acts on them (e.g., subject describes hearing an animal trying to push down his door. The subject reports being frightened and says "I called for help figuring if I was with someone else he (the animal) wouldn't attack.") A feature that distinguishes moderate from marked is the directness with which the subject responds behaviorally to the hallucination—thus, in the example given in #3, the subject may occasionally check the windows because of feeling anxious or fearful about hearing police radios, but may not be responding directly to a specific hallucination. In the example involving fear of the animal, the subject is emitting a specific behavioral response (calling for help) to a hallucination (the sound at the door). In essence, he is "talking back" to the "sound" of the animal. During the interview, ask follow-up questions to clarify distinctions such as these.

5 = Severe: The subject's response to cocaine-induced hallucinations is extreme and may put him or someone else at risk of harm (e.g., the subject sees police in the trees around his house, so he barricades his door, arms himself with a rifle, and shouts warnings out his windows.)

Preliminary Question for Hallucination Section

When you have used cocaine, have you ever heard, seen, felt, smelled, or tasted anything unusual, weird, or frightening? Please describe these things to me in as much detail as you can remember.

Interviewer: Begin Narrative in separate file. Continue narrative with each positive answer.

Interviewer: Code the following items according to subject narrative. Circle a code from 0-5 for severity as appropriate using anchors described above. For each item, circle the letter indicating the subject's reported certainty of that type of hallucination:

N = Does Not Apply
B = Borderline ("I thought maybe")
D = Definite ("I heard, saw, etc.")

I. AUDITORY = 0 1 2 3 4 5

The subject reports hearing voices, noises, or sounds. The voices may be male or female, familiar or unfamiliar, critical or complimentary.

When you have used cocaine, have you ever heard, or thought you heard, something that wasn't really there? Have you ever heard... and found out that there was no one there to make the sound?

- 1. Footsteps N B D
- 2. Knocking at the door N B D
- 3. Phone ringing N B D
- 4. Police Radios N B D
- 5. People talking to subject N B D
Specify - What said _____
- 6. People talking to each other N B D
Specify - What said _____
- 7. Other N B D
Specify - What heard _____

II. VISUAL = 0 1 2 3 4 5

The subject sees shapes or people that are not actually present. Hypnagogic and hypnopompic visual hallucinations should be excluded.

When you have used cocaine, have you ever seen, or thought you saw something, that wasn't actually there? Have you ever seen... and there really wasn't actually anything there?

- 1. Bugs/insects N B D
- 2. Animals N B D
- 3. Shadows of people N B D
- 4. People N B D
- 5. Lights/Colors (Police car lights, etc.) N B D
Specify - What was it _____
- 6. Parts of people (shoes under door, etc) N B D
Specify - What parts and where _____
- 7. Other N B D
Specify - What saw _____

III. SOMATIC/TACTILE = 0 1 2 3 4 5

Subject reports peculiar physical sensations in/on the body. These include burning, tingling, the feeling of bugs crawling or biting, and the perception that the body has changed size or shape.

When you have used cocaine, have you ever felt anything unusual on your body or on your skin? Have you ever felt...?

1. Burning N B D
Specify where _____
2. Change in size/shape/look of body part N B D
Specify - which part and what changed _____
3. Crawling/Biting N B D
Specify where _____
4. Tingling N B D
Specify where _____
5. Other N B D
Specify what and where _____

IV. OLFACTORY = 0 1 2 3 4 5

Subject reports unusual smells or tastes. This belief should be scored here if the subject can actually smell the odor himself, but should be scored under delusions if he believes that only others can smell the odor.

When you have used cocaine, have you ever had the experience of smelling something that did not have an obvious source? For example, have you ever smelled garbage when there was no garbage anywhere near you, or have you ever smelled perfume when there was no one in the room who might be wearing it. Did other people smell it also?

1. Odors around self N B D
Specify - Pleasant or unpleasant _____
2. Odors around others N B D
Specify - Pleasant or unpleasant _____
3. Taste in mouth N B D
Specify - Pleasant or unpleasant _____
4. Other N B D
Specify - What and pleasant or unpleasant _____

Global Rating of Severity of Hallucinations: 0 1 2 3 4 5

This rating should take into consideration the number, duration, and severity of the hallucinations. It should be based on the extent of the subject's preoccupation with the hallucinations, his degree of conviction about the hallucinations, and the effect of the hallucinations on his actions. Also consider the extent to which the hallucinations might be considered bizarre or unusual.

DELUSIONS

Delusions are false beliefs that cannot be explained on the basis of the patient's cultural background. These beliefs may be fixed as being true in the subject's mind, or the subject may question these beliefs or doubt them. The patient's behavior may or may not be influenced by his delusions. The rating of severity of individual delusions, and the global rating of severity of delusional thinking during cocaine intoxication should take into account the extent to which the subject doubts the delusions, the extent to which the beliefs deviate from those that normal people of the subject's cultural background might have, the persistence of the delusions (e.g., can friends talk the subject out of fearful thoughts?), their complexity, and the extent to which the subject acts on them. Ask the subject to state what he thought at the time he was using. Thus, a statement such as, "I felt paranoid" does not convey content of thought. Ask the subject to elaborate. Follow-up questions might be, "What did you say to yourself when you felt that way?" or "What were you thinking that made you feel that way?"

DELUSION ANCHOR CODES

0 = None

1 = Questionable: The subject reports paranoid, fearful or unusual thoughts, but cannot state with certainty that cocaine use is actually causing them. It may also be unclear whether the experiences represent reasonable responses to the actual danger of the situation. For example, believing one is going to be arrested when one is carrying cocaine, and a police cruiser comes into view, may not be delusional. However, if the subject reports that he tends to have more frequent or intense fearful thoughts in response to such situations when he is actually intoxicated on cocaine suggests some level of cocaine-induced enhancement of fearful thinking.

2 = Mild: While unusual thoughts, ideas, or feelings may have some relationship to real dangers, the subject is certain that such thoughts or feelings are more intense, more bothersome, or more frequent because of actual cocaine ingestion, and are out of proportion to the level of danger during the episode of cocaine use. Thus, if a subject reports persecutory ideas, such as thinking that the police are on their way to arrest him because he is using drugs, his fears may be partially justified, especially if he has been arrested before. However, if the subject states that he did not think about being arrested until after he had used, this strongly suggests a drug-induced effect. Further questions should be directed at establishing the relationship of his thoughts and feelings to (1) cocaine use, and (2) external factors. For example, a subject who thinks more about the danger of arrest after using cocaine in a private setting, than during his purchase of the drug, while not intoxicated, in a public place, would be rated as delusional - the danger of discovery or arrest is greater in the public setting, but the subject's thoughts about arrest are more intense in the private setting. The mild rating is applied when the subject has delusional thoughts, but does not act on them.

3 = Moderate: While intoxicated on cocaine, the subject has unusual thoughts that are delusional as assessed by the anchors in 2. Delusions in this category may be more complex than mild ones: e.g., the subject believes the police are on their way, and in fact have climbed the tree outside his window to look in on him. In addition, the subject responds behaviorally in specific ways to his thoughts.

4 = Marked: The distinction between moderate and marked is made based on the pervasiveness of the thoughts, and on the level of behavioral response to the delusional thoughts. The reliability of the subject's delusional thoughts is another index of severity. Thus, a subject who sometimes has delusional thoughts after using cocaine, and sometimes responds to such thoughts behaviorally, but at other times can use cocaine with no, or with only questionable or mild delusional reactions would be rated moderate. The marked rating would be given to the subject who has definite, pervasive delusional thoughts that he responds to behaviorally on most occasions of use. The behavioral responses are not dramatic or dangerous.

5 = Severe: Cocaine-induced delusional thoughts are intense and pervasive, and associated behavioral responses are dramatic or dangerous (e.g., the subject has attacked people he believed were intending to harm him), or if the response are less serious, they occur virtually every time the subject uses.

Preliminary Question for Delusion Section

When you have used cocaine, have you ever had unusual, weird, or frightening thoughts? Please describe these thoughts to me in as much detail as you can remember.

Interviewer: Continue Narrative in separate file.

Interviewer: Code the following items according to subject narratives. Circle a code from 0-5 for severity as appropriate using anchors described above. For each item, circle the letter indicating the subject's reported certainty of that type of delusion:

N = Does Not Apply

B = Borderline ("I thought maybe")

D = Definite ("I was certain")

I. PERSECUTORY = 0 1 2 3 4 5

Subject believes he is being conspired against or persecuted in some way. Persecutory delusions can be relatively isolated or fragmented, or they may be quite complex and well formed. The ratings of severity should be based on the complexity of the delusions and level to which the subject reacts to the beliefs.

When you have used cocaine, have you ever had the feeling that someone or something was going to hurt you or was going to "get" you somehow, but when you came down from the cocaine, you realized that you had made a big deal out of nothing? Have you ever had the feeling that...?

- 1. Police are after subject N B D
- 2. Someone is going to harm subject N B D
- 3. People do not like subject N B D
- 4. People are going to steal subject's drugs N B D
- 5. People/agencies are plotting against subject N B D
- 6. Other N B D

Specify other types, and unusual or complex delusional persecutory thinking:

II. JEALOUSY = 0 1 2 3 4 5

Subject believes that his/her mate is having an affair, or that another person wishes to have an affair with the subject's mate. This delusion may also apply to persons with whom the subject has no relationship, but whom he/she feels "belongs" to him/her in some way. For example, a female subject reports believing that her friend is trying to steal the affections of the local handyman, whom the subject thinks has a crush on her.

When you are using cocaine, do you become extremely jealous, much more so than you would normally be?

- 1. Jealousy – degree to which held: N B D

Specify jealousy of whom/what: _____

III. **SIN OR GUILT** = 0 1 2 3 4 5

The subject believes that he has committed some terrible sin or done something unforgivable. This belief should be scored here only if it involves an unrealistic or excessive belief. Feelings of guilt about drug use, or the effects of the subjects drug use on family/friends should not be considered unrealistic or delusional.

When you have used cocaine, have you ever had the feeling that you had done something terrible for which you should be punished? Or have you ever felt guilty about something that you hadn't actually done?

1. Delusions of Sin N B D
Specify ideas of sin _____

2. Excessive Guilt N B D
Specify guilt about what: _____

IV. **GRANDIOSE** = 0 1 2 3 4 5

The subject believes he has special powers or abilities. For example, he may think he can do something dangerous and not be injured (i.e. safely jump out of a 4th story window.) Or, he may believe he is someone quite special or famous, and that other people want to steal his unique ideas.

When you are using cocaine, do you ever feel like you have special powers or abilities – powers or abilities that you would never think you have when you are not using? When you are using, do you ever think that you are a very special or important person in some way – different from your normal self?

1. Special powers: N B D
Specify: _____

2. Special/important person: N B D
Specify: _____

V. **RELIGIOUS** = 0 1 2 3 4 5

Subject becomes preoccupied with false beliefs of a religious nature. These beliefs may involve conventional religions, or entirely new religious systems. Religious delusions may be combined with other types of delusions such as grandiose (believes himself to be an important religious figure,) delusions of sin or guilt, delusions of being controlled, persecutory (believes himself to be the subject of a religious group's ill intentions,) or delusions of reference (subject believes certain religious references are aimed solely at him - e.g., passages in the bible.) When these combinations occur, all should be rated.

When you are using cocaine, do you ever have any special religious thoughts? These ideas would be more intense and different from those thoughts about religion that you might have when you are not high.

1. Traditional religious system N B D
2. New system N B D

Specify unusual and complex religious delusions: _____

VI. SOMATIC = 0 1 2 3 4 5

Subject believes that somehow his body is diseased, abnormal, or changed. Sometimes somatic delusions are accompanied by tactile or other hallucinations, and when this occurs, both should be rated.

When you have used cocaine, have you ever had the feeling that something is wrong with your body, even if you cannot see anything wrong with it? Do you ever believe that you have cancer, or something else very wrong with you, but when you come down, you know that you are fine?

1. Diseased N B D
2. Abnormal N B D
3. Changed N B D
4. Other N B D

Specify details of any coded positive above: _____

VII. IDEAS AND DELUSIONS OF REFERENCE = 0 1 2 3 4 5

The subject believes that insignificant remarks, statements, or events refer especially to him or have some special meaning for him. In the case of ideas of reference, the subject is suspicious, but recognizes his idea is erroneous. When the subject actually believes that the statements or events refer to him, then this is considered a delusion of reference. These ideas can be considered by the subject to be positive, negative, or neutral.

When you are high on cocaine, does it ever seem like insignificant things mean something very important to you? For example, if you see a pencil on the table, would you believe that someone had put it there just so you would see it?

1. Ideas of reference N B D

Specify positive, negative, or neutral, and give details _____

2. Delusions of reference N B D

Specify positive, negative, or neutral, and give details _____

VIII. DELUSIONS OF BEING CONTROLLED = 0 1 2 3 4 5

The subject has an experience that his thoughts, feelings, or actions are being controlled by a force other than his own will. Experience should only be coded positive if it is not a feeling that subject's family, friends, or society are forcing their will or ideas upon him. Subject must describe that his body has been occupied by an outside force that is making him feel, move, or act a particular way. May be combined with other types of delusions or hallucinations.

When you are using cocaine, does it ever seem like someone or something outside of your body can control you, even if you don't want it to? Can something/someone control your thoughts or actions?

1. Something inside subject's body N B D

Specify what and why: _____

2. Something outside subject's body N B D

Specify what and why _____

3. Other - Specify N B D

IX. DELUSIONS OF THOUGHT = 0 1 2 3 4 5

The subject believes that people can read his mind, or put thoughts into his head. Delusions of mind reading are beliefs without precept. That is, the subject believes people can know what he is thinking, but he does not believe that his thoughts can be heard out loud. Conversely, with thought broadcasting, the subject believes that people can actually hear out loud what he has been thinking. With thought insertion and thought withdrawal, the subject believes that thoughts are physically put into or taken out of his head by some outside force.

When you use cocaine, does it ever seem like other people can read your mind. Have you ever had the experience that your thoughts were being broadcast out like so that other people can hear them? Has anyone ever put thoughts into your head, or taken them out without you being able to stop them?

1. Delusions of Mind Reading N B D

2. Thought Broadcasting N B D

3. Thought Insertion N B D

4. Thought Withdrawal N B D

Specify unusual or complex delusions of thought: _____

Global Rating of Severity of Delusions = 0 1 2 3 4 5

This rating should take into account the severity and complexity of individual delusions, the subject's reaction to the delusions, the degree to which the delusions are bizarre or unusual, and the pervasiveness of delusions. The last term refers to the degree to which delusional thoughts infiltrate a person's thoughts and behaviors. Another way of thinking about pervasiveness is to ask oneself, "To what degree do delusional thoughts dominate the subject's experience (and possibly, behavior) while he is using cocaine?" Note that in the global rating, it is possible for the rating to be higher than any individual score. Thus, if a subject rated 2s and 3s on several kinds of delusions, but your global impression was that these delusions formed a very large portion of the person's overall experience of cocaine intoxication nearly every time he used, a rating of 4 might be appropriate. It is also possible for the global rating to be less than the highest individual score, if for example, severe episodes of delusional thought (and possibly, behavioral reactions to these) occurred on one or more occasions while the subject used cocaine, but these delusions were not pervasive.

COCAINE-ASSOCIATED BEHAVIORS

The subject's behaviors while using cocaine are unusual, fantastic, or bizarre. Social and cultural norms must be considered in making ratings. As always, detailed examples should be elicited and noted. Some of these behaviors may be the result of hallucinations or delusions that the subject is experiencing while under the influence of cocaine, while other behaviors may be the result of physiological effects of cocaine.

BEHAVIOR ANCHOR CODES

0 = None

1 = Questionable: The subject reports infrequent episodes of behavior that are unusual for him around the times when he is using cocaine. These episodes may or may not be directly related to his cocaine use - he is not certain. Examples of such questionable behaviors include increased motor activity, increased speech, mild withdrawal from social settings, etc.

2 = Mild: The subject has had definite episodes unusual behavior while using cocaine. These behaviors can be directly attributed to cocaine use, but are not especially unusual or bizarre. For example, the subject gets up every so often to check the windows to see if anyone is looking in on him, or the subject goes into his room and locks the door for a period of time while using. Other behaviors, such as repetitive motor activities, are minimal and do not interfere.

3 = Moderate: The moderate rating should be applied when mild conditions are met, but the subject's actions are more clearly unusual or compulsive than those of the average person. Repetitive behaviors may be more pronounced, and reactions to hallucinations and delusions are clear and directed. These episodes occur regularly when the subject uses cocaine.

4 = Marked: This rating should be applied when the behaviors exhibited by the subject while under the influence of cocaine are quite bizarre or fantastic. For example, the subject spends much time searching the area for cocaine he might have missed (a behavior commonly referred to as "geeking"), the subject locks himself in a closet to keep himself safe from those who may want to hurt him or steal his drugs, or the subject talks aloud to voices only he can hear. These behaviors occur frequently with use, and last longer than those considered under the moderate rating. They do not involve harm to self or others.

5 = Severe: This rating should be applied to those behaviors which are 1) clearly outside the norm for most people, 2) are bizarre and fantastic, and 3) involve harm to self or others. For example, the subject runs into the street firing a gun at random, and yelling "You won't get any of my coke! Get away from me!" Such behaviors may occur with most occasions of use, or the subject has avoided use on one or more occasions because of his fear of repeating this uncontrolled behavior.

PRE USE PHYSICAL SYMPTOMS ANCHOR CODES

Preliminary Question for Cocaine -Associated Behaviors

While using cocaine, have you ever noticed that you have done certain things that you would not normally do? At the time you were using, these behaviors might have seemed ok, but now, in retrospect, these things seem strange, weird, or frightening. Please describe these behaviors to me I as much detail as you can remember.

Interviewer: Continue Narrative

Interviewer: Code the following items according to subject narrative. Circle a code from 0-5 for severity as appropriate using anchors described above. For each item, circle the letter indicating the subject's reported occurrence of that type of behavior:

N = Does Not Apply

B = Borderline (I once/sometimes did...)

D = Definite (I always do...)

I. AGGRESSIVE AND AGITATED BEHAVIOR = 0 1 2 3 4 5

The subject may behave in an aggressive or agitated manner - often quite unpredictably. He may argue with family, acquaintances, or strangers. He may brandish or use a weapon, or he may attack people or other living things, or he may perform otherwise violent acts.

When you are using cocaine, do you become overly aggressive or agitated. Do you start fights or arguments with friends or with other people? Is this behavior normal for you?

1. Arguing N B D
Specify with whom and about what: _____

2. Yelling N B D
Specify at whom and about what: _____

3. Using weapon N B D
Specify what and how used: _____

4. Physical assault N B D
Specify against whom/what: _____

5. Other N B D
Specify _____

II. REPETITIVE OR STEREOTYPED BEHAVIOR = 0 1 2 3 4 5

The subject may engage in a set of repetitive actions or rituals. These actions may involve drug use specifically, or they may be more general. For example, "geeking" is a behavior seen in cocaine users where the individual engages in compulsive foraging for remnants of cocaine in the vicinity of where it was used. Also, subjects may develop a ritual while using that they perform over and over again. Or, subjects may exhibit repetitive finger tapping, picking or tugging at hair or clothing, humming, snorting, etc.

When you are using cocaine, is there anything that you do a lot? Do you have things that you will do over and over again? Do you have the feeling that you have to do certain things, like getting up to check the windows or the door locks. Do you look in the mirror for a long period of time? How much time do you spend doing these things? Does it ever seem to you that there is cocaine scattered around, or do you look everywhere to make sure there is no more?

1. Compulsive foraging N B D
Specify details _____

2. Repetitive movements/actions N B D
Specify _____

3. Ritualistic activities N B D
Specify _____

4. Other N B D
Specify _____

III. UNUSUAL SOCIAL OR SEXUAL BEHAVIOR = 0 1 2 3 4 5

The subject may do things that are considered inappropriate according to usual social norms. This includes such activities as talking to oneself (or to invisible others), exhibiting outwardly sexual behavior in a setting where the individual would not normally engage in such activities, conversing with strangers, etc. These behaviors should be judged according to what is normal and customary for the subject to exhibit. For example, if the subject says that he danced nude in front of a crowd of people while he was high, this might be considered unusual. However, if he continued on to say that he regularly works as a stripper in a nightclub, this would not be considered unusual or bizarre behavior for this individual.

When you are using cocaine, do you behave the same way that you normally do. Are you quieter than usual, or more talkative than usual? Do you have the same desire for sex when you are using that you have when you are not using?

1. Social changes N B D
Specify _____

2. Sexual differences N B D
Specify _____

IV. PREPARATORY BEHAVIORS = 0 1 2 3 4 5

Ask subject what he/she does to prepare for using cocaine. Ask where he/she uses, how sets up, what clothes (i.e. does subject change clothes), any little rituals, locking doors/windows, etc.

What kinds of things do you do when you are getting ready to use cocaine? Dou you...?

- | | | |
|-----------------------------|-----|----|
| 1. Change Clothes | Yes | No |
| 2. Lock Doors/Cover Windows | Yes | No |
| 3. Prepare use area | Yes | No |
| 4. Other – Specify | Yes | No |

If yes, specify _____

Global Rating of Severity of Behaviors = 0 1 2 3 4 5

This rating should take into consideration the frequency of the behaviors, the degree to which the behaviors deviate from those that most normal people exhibit, and the degree to which the behaviors endanger the subject or others.

PHYSICAL SYMPTOMS PRIOR TO USE = 0 1 2 3 4 5

Interviewer asks about subject's physical symptoms just prior to using cocaine. Does subject need to use the bathroom, do they get shaky or nervous, etc.?

Just before you use cocaine, how does your body feel. Do you get an upset stomach. Do you have to use the bathroom – have a bowel movement? When does this happen – when you get the money to buy it, when you have it in your hand, just before you actually use it, etc.?

- | | | | | |
|--------------------|-------|-----------|--------|-----------|
| 1. Stomach upset | Never | Sometimes | Always | When_____ |
| 2. Bowel movement | Never | Sometimes | Always | When_____ |
| 3. Sweating | Never | Sometimes | Always | When_____ |
| 4. Shaking/Nervous | Never | Sometimes | Always | When_____ |
| 5. Other – Specify | Never | Sometimes | Always | When_____ |
-

Interviewer Notes: Use this space to provide comments about ratings, unusual hallucinations, delusions, or behaviors not covered by the questions provided, and subject behavior during interview.

End of SAPS