



**ALL Safety concerns; use crisis resources & consult with TiPS**

The family has behavioral concerns about the child AND child reports auditory or visual hallucinations ("see or hear things that are not there")?

Are there new onset medical or neurological symptoms (headaches, changes in weight, motor, sensory symptoms, vision changes, seizures)?  
Is there evidence for a possible genetic or congenital condition?

YES

NO

Refer to neurology and/or genetics for further workup including brain MRI and EEG.

Is the child distressed due to the hallucinations OR are there changes in speech or behaviors or baseline functioning?

YES

NO

Are there concerns for developmental delays or autism spectrum disorder? \*\*

- speech delay
- social problems
- repetitive behaviors
- restricted interests
- poor eye contact

Are there mood changes AND/OR anxiety symptoms? \*\*

- irritability
- tearfulness
- fear of being away from parents
- fear of new situations
- GI symptoms
- aches and pains

NO

YES

NO

YES

NO

Are the child's perceptual experiences associated with any of the following?

- Religious, cultural, or spiritual factors
- An imaginary friend
- Only when falling asleep or waking up

YES

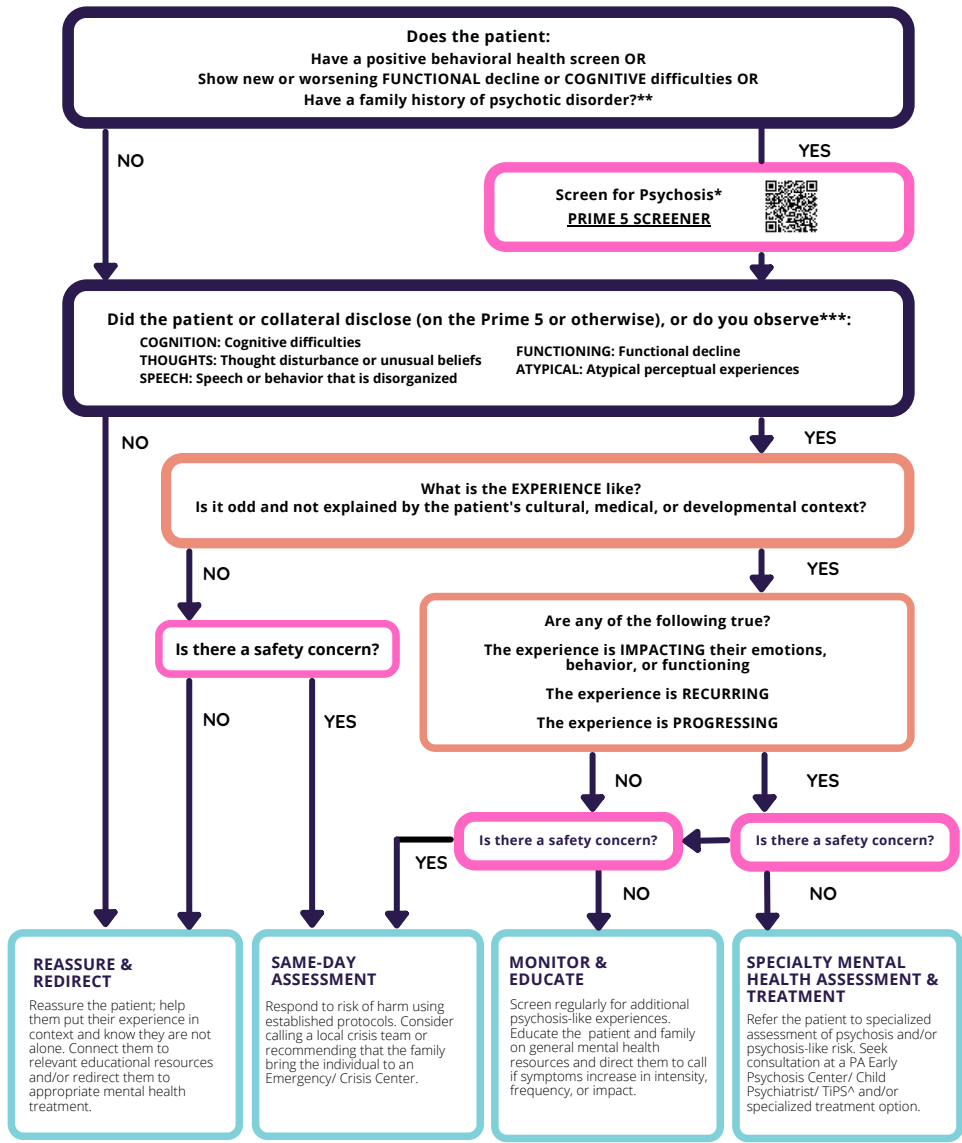
Consult with TiPS\* and/or Refer to Child Psychiatry\*\*

Reassure the family as these are likely normal developmental phenomena. Reassess regularly.



\*Telephonic Psychiatric Consultation Service Program (TiPS) website: [www.dhs.pa.gov/providers/Providers/Pages/TiPS.aspx](http://www.dhs.pa.gov/providers/Providers/Pages/TiPS.aspx)

\*\*Psychotic disorders, like schizophrenia, are very rare in children under 10. The path to diagnosing can be long and challenging, in part because other conditions, such as autism, mood disorders, trauma or anxiety, can have similar symptoms.



**\* AGE CONSIDERATION:** Early psychosis screening is recommended for 11-35 year olds; outside this range new-onset primary psychotic disorders are rare and different assessment approaches and referrals may be needed.

**\*\* FAMILY HISTORY:** Patients with a first/second degree relative with a psychotic disorder should receive REGULAR SCREENING for psychosis-like symptoms regardless of mental health status. Use the "MONITOR & EDUCATE" path in the absence of other psychosis risk indicators.

**\*\*\* FUNCTIONING:** Marked decline in performance at school/work and/or typical activities, withdrawal, changes in sleep patterns.

**ATYPICAL:** Seeing things not there: e.g., shadows, flashes, figures, people, or animals. Hearing things others do not: e.g., clicking, banging, wind, mumbling, or voices. Seeing or hearing everyday experiences as unfamiliar, distorted, or exaggerated.

**COGNITION:** Memory, attention, organization, processing speed. Understanding abstract concepts, social cues, complex ideas.

**THOUGHTS:** Unwarranted suspiciousness about friends, family or strangers. Unfounded concern something is wrong with their bodies. Thinking that their body or mind has been altered by an external force. Believing others can read their mind or control their thoughts.

**SPEECH:** Trouble putting thoughts into words. Speaking in jumbled or hard to follow sentences. Dressing inappropriately for the weather or behaving oddly.

**^Telephonic Psychiatric Consultation Service Program (TIPS):**  
[www.dhs.pa.gov/providers/Providers/Pages/TIPS.aspx](http://www.dhs.pa.gov/providers/Providers/Pages/TIPS.aspx)





This supplemental handout is intended to support the use of the HeadsUp Early Psychosis Screening Flowcharts. It expands upon assessment criteria and definitions, and provides question examples for physicians and clinicians to ask during the assessment.

## Features that Distinguish Subthreshold from Threshold Positive Symptoms\*

- **Description (the 5 W's)**
- **Degree of conviction/meaning**
- **Degree of distress/bother**
- **Degree of interference with life (acting on, talking about, impairment from)**
- **Frequency, Duration, Preoccupation ("amount" of)**
- **Change over time (watch for re-occurrence!)**

## Follow-up Probing – Getting the Description with the 5 W's: What, Who, When, Where & Why?

**What** (usually the starting point to confirm the basic-is the person talking about an experience that could be a symptom)

- Tell me about that.
- In what way?
- What do you mean?
- What is that like for you?
- What happens?
- What did you notice? How did you know?

### Establishing parameters & context is important

- **Who?**
  - Do you know who?
- **When?**
  - Did it start? Is this a change from how you used to be?
  - How often does it happen?
  - How much of the day?
  - How long does it last?
  - What is the longest time it lasted?
- **Where?**
  - Does it happen
  - Anywhere else?
  - At other places?
- **Why?**
  - Does this happen?
  - How do you explain it?

## Interviewing for Psychosis – Establishing the Threshold

### Degree of conviction/meaning (delusions and hallucinations have compelling sense of reality)

- Do you think this is real? How convinced are you/how real does it seem on a scale of 0-100, where 100 is 100% convinced it is real, 0 is not at all convinced?
- How do you explain it?
- Do you ever think it could just be your imagination?
- For perceptual experiences: Can you hear/see it as clearly as you can hear/see me? Can you make out what it is? Are you awake at the time?

### Degree of interference with life (acting on, talking about, impairment from)

- Do you ever act on this thought/experience?
- Does having this thought/experience ever cause you to do anything differently?
- Does this bother you?
- How much does it bother you, on a scale of 0-10 where 0 is 'no bother', and 10 is 'extremely serious bother'?

## Interviewing for Psychosis: "Reality" Checks

### External corroboration – from a collateral, but also through probing:

#### Delusions

- **General:** Have you talked to anyone about this? What did they say? Do other people notice this?
- **Somatic:** Have you talked to a doctor about this? What did they say?
- **Persecutory:** "bullying" at school: Did you talk to a teacher/principal about this? What did they say? Did the person get in any kind of trouble for it?
- **Persecutory:** wary of surroundings/safety: Do you think you need to be more alert/aware than others of your (age/sex/race)? Do you know other kids your age?
- **Religious:** Were you raised with these beliefs? Do you believe them more strongly than others (family/members of religious org) of your faith? (or Are others as devout as you?)
- **Grandiose:** Have you received any awards or special recognition for this? Are there other people out there as good as you in this?

#### Hallucinations

- Is anyone else around when you hear (see, etc) it?
- If so, do they hear it too? If not, have you told others about it? Who did you tell? What did they say?
- Do you hear/see it now?
- Auditory visual – (e.g., ringing in ears, "floaters" in vision) – did you talk to a doctor?

**No one question/answer will nail it - looking for indicators of significance. Note that if current/past substance use – relationship of symptom to use should also be asked – Did this happen when you were not (high/drank)?**

**Please note:** these are indicators of significance, please consider the context in which these symptoms occur and [refer for additional assessment](#) as needed

# PRIME SCREEN-REVISED-5

to be administered by the provider

The following questions ask about your personal experiences. We ask about your sensory, psychological, emotional, and social experiences. Some of these questions may seem to relate directly to your experiences and others may not. Based on your experiences **within the past year**, please tell me how much you **agree or disagree** with the following statements. Please listen to each question carefully and tell me the answer that best describes your experiences.\*

		Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
<b>1</b>	I think that I have felt that there are odd or unusual things going on that I can't explain.	6	5	4	3	2	1	0
<b>2</b>	I have had the experience of doing something differently because of my superstitions.	6	5	4	3	2	1	0
<b>3</b>	I think that I may get confused at times whether something I experience or perceive may be real or may be just part of my imagination or dreams.	6	5	4	3	2	1	0
<b>4</b>	I think I might feel like my mind is "playing tricks" on me.	6	5	4	3	2	1	0
<b>5</b>	I think that I may hear my own thoughts being said out loud.	6	5	4	3	2	1	0

\*Note: Individuals can be shown a copy of this scale to assist in responding:

Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

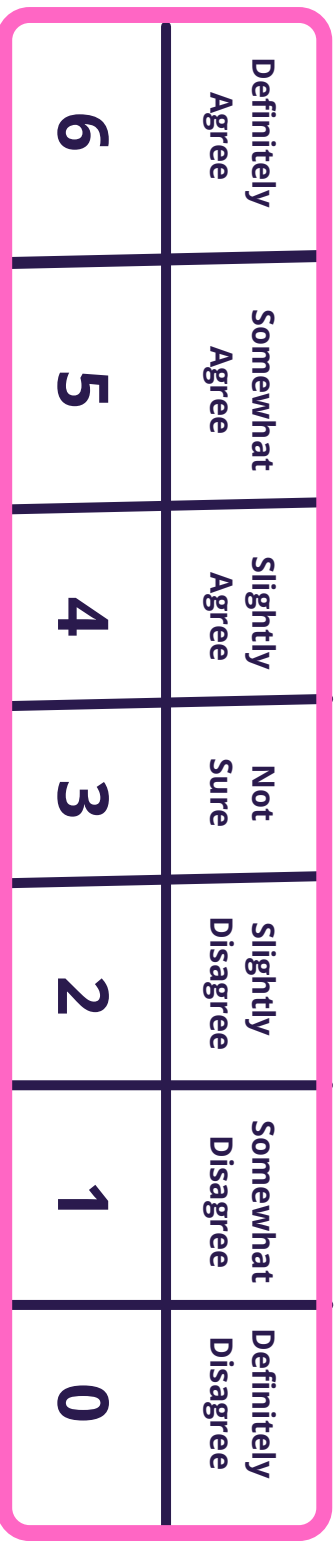
There are **2 ways** to score the PRIME-5. Either way suggests a fuller evaluation for subthreshold or threshold psychosis symptoms should be considered:

**1) Sum of the 5 items.** To score, sum items 1-5 to obtain a total. Find the individual's age, then look at their PRIME-5 Score. A person scoring at or above the PRIME-5 score has endorsed a level of symptoms that is 2 standard deviations higher than the mean of others his/her/their age.

Age	11	12	13	14	15	16	17	18	19	20	21+
PRIME-5 Score	19	18	17	16	15	15	15	15	13	15	13

OR

**2) Traditional Criteria.**  $\geq$ One item rated 6 (Definitely Agree) OR  $\geq$ three items rated 5 (Somewhat Agree) is considered significant (i.e., warranting consideration of fuller evaluation).



Definitely Agree	Somewhat Agree	Slightly Agree	Not Sure	Slightly Disagree	Somewhat Disagree	Definitely Disagree
6	5	4	3	2	1	0

