**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.**

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**FLOWCHART FOR EARLY PSYCHOSIS SCREENING FOR COMMUNITY MENTAL HEALTH PROVIDERS**

**AGES 10 & UNDER**

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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
  - Refer to neurology and/or genetics for further workup including brain MRI and EEG.
- No
  - Is the child distressed due to the hallucinations OR are there changes in speech or behaviors or baseline functioning?
    - Yes
      - Consult with TiPS* and/or Refer to Child Psychiatry**
    - No
      - Are there concerns for developmental delays or autism spectrum disorder? **
        - Yes
          - 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
            - Reassure the family as these are likely normal developmental phenomena. Reassess regularly.
          - No
            - NO
        - No
          - Are there mood changes AND/OR anxiety symptoms?***
            - Yes
              - Reassure the family as these are likely normal developmental phenomena. Reassess regularly.
            - No
              - NO
    - NO
      - Are there mood changes AND/OR anxiety symptoms?***
        - Yes
          - irritable
          - tearfulness
          - NO
        - No
          - NO
      - NO
      - NO

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

**Consult with TiPS* and/or Refer to Child Psychiatry**
**FLOWCHART FOR EARLY PSYCHOSIS SCREENING FOR COMMUNITY MENTAL HEALTH PROVIDERS**

**Does the patient:**
- Have a positive behavioral health screen OR
- Show new or worsening FUNCTIONAL decline or COGNITIVE difficulties OR
- Have a family history of psychotic disorder??

**Yes:**

Screen for Psychosis*
**PRIME 5 SCREENER**

**Did the patient or collateral disclose (on the Prime 5 or otherwise), or do you observe***:
- COGNITION: Cognitive difficulties
- THOUGHTS: Thought disturbance or unusual beliefs
- SPEECH: Speech or behavior that is disorganized
- FUNCTIONING: Functional decline
- ATYPICAL: Atypical perceptual experiences

**No:**

**What is the EXPERIENCE like?**
Is it odd and not explained by the patient’s cultural, medical, or developmental context?

**Yes:**

**What is the EXPERIENCE like?**
Is it odd and not explained by the patient’s cultural, medical, or developmental context?

**Is there a safety concern?**

**Yes:**

**YES**

**MONITOR & EDUCATE**
Screen regularly for additional psychosis-like experiences.
Educate the patient and family on general mental health resources and direct them to call if symptoms increase in intensity, frequency, or impact.

**YES**

**SPECIALTY MENTAL HEALTH ASSESSMENT & TREATMENT**
Refer the patient to specialized assessment of psychosis and/or psychosis-like risk. Seek consultation at a PA Early Psychosis Center/ Child Psychiatrist/ TiPS® and/or specialized treatment option.

**NO**

**SAME-DAY ASSESSMENT**
Respond to risk of harm using established protocols. Consider calling a local crisis team or recommending that the family bring the individual to an Emergency/ Crisis Center.

**REASSURE & REDIRECT**
Reassure the patient; help them put their experience in context and know they are not alone. Connect them to relevant educational resources and/or redirect them to appropriate mental health treatment.

**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.

**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.

*Adapted with permission from psychosisscreening.org

HeadsUp-pa.org

HeadsUp-pa.org

HeadsUp-pa.org

HeadsUp-pa.org
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?

**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?

Establishing parameters & context is important

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’?

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/drunken)?

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

<table>
<thead>
<tr>
<th></th>
<th>Definitely Agree</th>
<th>Somewhat Agree</th>
<th>Slightly Agree</th>
<th>Not Sure</th>
<th>Slightly Disagree</th>
<th>Somewhat Disagree</th>
<th>Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I think that I have felt that there are odd or unusual things going on that I can't explain.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>I have had the experience of doing something differently because of my superstitions.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>I think I might feel like my mind is &quot;playing tricks&quot; on me.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>I think that I may hear my own thoughts being said out loud.</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
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<tr>
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<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Age</th>
<th>PRIME-5 Score</th>
</tr>
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<tbody>
<tr>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>12</td>
<td>18</td>
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<td>13</td>
<td>17</td>
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<td>19</td>
<td>13</td>
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<tr>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>21+</td>
<td>13</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>Agree</td>
</tr>
</tbody>
</table>

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Somewhat
Disagree
Definitely
Disagree