



Does the student report, or do you (or others) notice, experiences of psychosis, such as:

- **Hallucinations** - changes in perception; hearing, seeing, feeling, or smelling things that others don't
- **Unusual or delusional thinking** - persistent beliefs not shared by others
- **Social withdrawal** - pulling away in social situations, seeming uneasy with others, or making comments indicating suspiciousness about others' intentions
- **Cognitive disorganization** - changes in speech and/or writing (illogical or non-sensical; more difficulty than usual following conversations; changes in the amount, tone, rate, pitch, or rhythm of speech)

OR

Have a family history of psychotic disorder, such as schizophrenia, or experience visions, hear voices, or have beliefs that seem strange or unreal?***

NO

YES

Screen for Psychosis*
PRIME 5 SCREENER



Is the EXPERIENCE odd and not explained, to your knowledge,
by the student's cultural, medical, or developmental context?

NO

YES

Is there a safety concern?

Are any of the following true?

- The experience is **IMPACTING** their emotions, behavior, or functioning
- The experience is **RECURRING**
- The experience is **PROGRESSING**

NO

YES

NO

YES

Is there a safety concern?

Is there a safety concern?

YES

NO

NO

REASSURE & REDIRECT

Reassure the student; 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.

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.

MONITOR & EDUCATE

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

SPECIALTY MENTAL HEALTH ASSESSMENT & TREATMENT

Refer the student 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. Consider school-based accommodations. ***

***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 mental health status. Use the "MONITOR & EDUCATE" path in the absence of other psychosis risk indicators.

*****ACCOMMODATIONS:** Students experiencing psychosis may benefit from additional accommodations in the school setting.

IDEA and IEP & 504: The Individuals with Disabilities Education Act (IDEA) ensures students experiencing mental health symptoms, including psychosis, receive education specific to their individual needs. Students may be eligible for an Individualized Educational Program (IEP) if symptoms interfere with educational progress and they require support beyond the expected classroom experience. For students experiencing psychosis, an IEP is often implemented when symptoms, such as suspiciousness or hallucinations, interfere with or are worsened by regular classroom situations. Students with milder or infrequent psychosis symptoms who do not require an IEP may be eligible for a 504 Plan, which allows for accommodations to achieve mainstream academic requirements.

RTI (Response to Intervention): Often utilized when a student experiences a sudden decline in their ability to participate in usual school activities. These plans can be implemented quickly and can be used in conjunction with a referral for more thorough evaluation.

Transitions from Hospital to School Plan: School staff should work as a team with the student, family, and mental health providers to develop a transitional plan for the student's return to school after receiving care in an inpatient hospital setting. This is best begun as soon as the student's absence is noted, to facilitate a seamless transition back to school.

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



PRIME SCREEN-REVISED-5

to be administered by school/university mental health or medical staff

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
1	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
2	I have had the experience of doing something differently because of my superstitions.	6	5	4	3	2	1	0
3	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
4	I think I might feel like my mind is "playing tricks" on me.	6	5	4	3	2	1	0
5	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
6	5	4	3	2	1	0

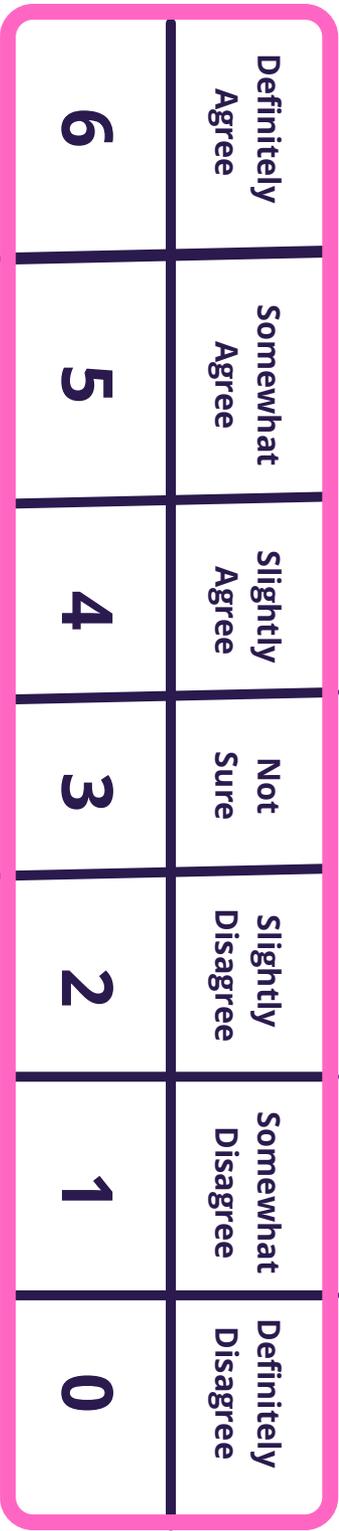
There are **2 ways** to score the PRIME-5. Either way suggests a fuller evaluation for subthreshold or threshold psychosis symptoms should be considered:

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





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