

# Understanding Early Psychosis: A Practical Guide to Clinical Care

## Part 1: How to Identify Psychosis

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**EPI-NC**  
Early Psychosis Interventions  
of North Carolina



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# Disclosures

Drs. Katie Boyle and Christina Cruz do not have conflicts of interest with the materials presented today.

# Learning Objectives

1. Describe the different diagnoses where psychosis may occur.
2. Understand the diagnostic criteria for meeting full psychosis.
3. List the screening tools for identifying psychosis.
4. Describe the components for specialty care in early psychosis.

# Understanding Psychosis

# What is Psychosis?

Psychosis is not a diagnosis.

It is a set of experiences that makes it difficult for the person to differentiate what is real and what is not real. It can feel like your mind is playing tricks on you.

The experiences include hallucinations (seeing, hearing, or feeling things that are not there), delusions (false beliefs), and disorganized thinking and/or behavior.

# Examples of Psychosis

## **Changes to thinking and beliefs:**

- Worried that people are out to harm you
- Believing you have new, special powers
- Believing an outside force is controlling your thoughts and/or actions

## **New sensory experiences:**

- Hearing voices or noises that others cannot hear
- Seeing images or figures that others cannot see

## **Difficulty with communication and/or behavior:**

- More difficulty sharing your thoughts.
- People telling you they are having trouble understanding you or that what you are saying or doing does not make sense.

# What Causes Psychosis?

- There are many reasons someone can experience psychosis:
  - medical causes, psychiatric causes, substance use, etc.
- It is important for someone to be evaluated by a medical professional when there is concern for psychosis.
- Identifying the cause of psychosis is vital to ensuring prompt and appropriate treatment is initiated.
- In today's presentation, we will focus on the psychiatric causes of psychosis.

# How Common is Psychosis?

- It is estimated that 1.5–3.5% of people will meet the criteria for a psychotic disorder in their lifetime.<sup>1</sup>
- Psychotic-like experiences are common in the child and adolescent population
  - A systematic review by Kelleher and colleagues in 2012 found:<sup>2</sup>
    - Children aged 9–12:
      - 9%–35% reported psychotic like experiences with a median prevalence of 17%
    - Adolescents aged 13–18
      - 5%–11% with a median of 7.5%



# Psychiatric Differential Diagnosis

## Disorders with Full Psychosis

### Primary psychotic disorders

- Schizophrenia
- Schizoaffective disorder

### Primary Mood Disorders

- MDD with psychosis
- Bipolar I with psychosis

## Disorders with Psychotic-Like or Attenuated Psychosis

- PTSD
- OCD
- Anxiety Disorders
- Personality Disorders
- ASD
- Substance use

# What is Attenuated Psychosis?

- Prior to onset of full psychosis, there is often a period of less intense, more transient symptoms. This is called attenuated psychosis.
- Experiencing attenuated symptoms can be distressing and have an impact on functioning and do benefit from mental health treatment.
- Having attenuated psychosis puts you at higher risk of developing schizophrenia vs someone who does not have attenuated symptoms.
- However, most people with attenuated symptoms DO NOT go on to develop schizophrenia<sup>3</sup>
  - Only about 1 in 4

# Attenuated Psychosis Syndrome

- New diagnosis added to DSM-5-TR, conditions for further study.
- Symptoms are considered below threshold – ie less severe, more transient, and insight is relatively maintained
- Only relevant if the person has never had a full episode of psychosis

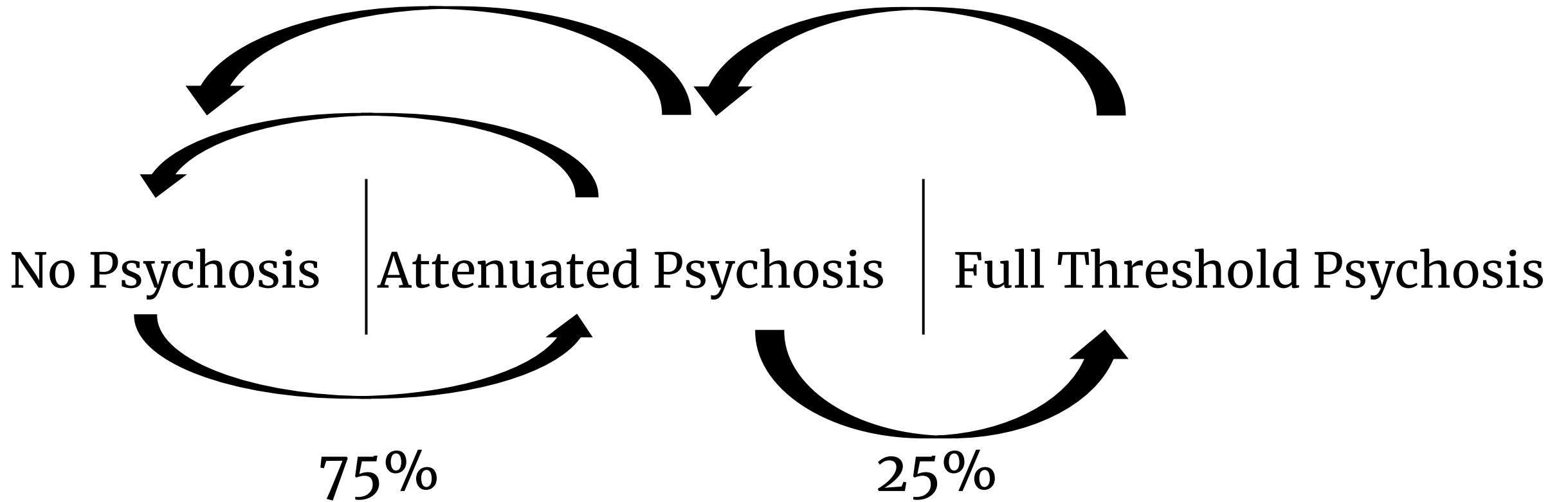
## Proposed Diagnostic Criteria:

- A. At least one is present and is of “sufficient severity or frequency to warrant clinical attention”:
  1. Attenuated Delusions
  2. Attenuated Hallucinations
  3. Attenuated Disorganized Speech
- B. Must be present at least once per week for the past month
- C. Begun or worsened in past year
- D. Symptoms are sufficiently distressing and disabling
- E. Not better explained by another mental disorder
- F. Criteria for any psychotic disorder have never been met

# Attenuated vs Full Psychosis

- One of the most crucial differences between attenuated level symptoms and full threshold psychosis is the level of insight.
- Individuals with attenuated level symptoms will still have awareness that their experiences are not real.
- The attenuated experiences can still be distressing and disabling (as required by the DSM-TR criteria) but do not reach the level of severity nor lack of insight that the full threshold of psychosis defines.

# Psychosis on a Spectrum



# Who Should be Screening for Psychosis?

- Everyone! All clinicians should be monitoring for symptoms of psychosis.
- Often, during early stages, psychosis can mimic more common things like depression and anxiety.
- Psychosis can be easy to miss as the prevalence is low...but catching symptoms early and decreasing the duration of untreated psychosis is correlated with better long-term outcomes. <sup>5</sup>

# Screening for Psychosis

# To Review:

- Psychosis on its own is **not** a diagnosis and not all people who experience psychosis have a diagnosis of schizophrenia.
- There is a range of severity of psychosis from more mild, less persistent (attenuated) to more severe with full conviction (full psychosis).
- Someone does not meet criteria for a primary psychotic disorder until they've experienced a full episode of psychosis.



# Why Screen for Psychosis

- Early identification of psychosis associated with a primary psychotic disorder leading to prompt engagement in treatment can lead to better long-term outcomes. <sup>5</sup>
- Symptoms of psychosis are typically treatable and can be well managed. A psychotic disorder diagnosis does not necessarily lead to chronic illness and disability.
- Suicide risk is high in this patient population.

# When to Screen for Psychosis

- Psychiatric causes for psychosis tend to develop in adolescence and early adulthood
- Early signs of psychosis can sometimes be misinterpreted as depression, anxiety, or normal adolescent behavior - so we must be vigilant!
- Early signs of someone experiencing psychosis can be non-specific and difficult to identify. This may include changes to mood and behavior like withdrawing from friends and family. You may notice somebody not performing as well at school or work

# How to Screen For Psychosis

- Several tools exist as an initial screen for psychosis.
  - For example: PQ-16, PQ-B, and the Prime Screen - Revised-5
- These are **not** diagnostic tools and positive responses should be followed-up with additional questions to clarify the responses as to not over diagnose or pathologize responses.

# Prime Screen – Revised -5

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

		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
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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).

# What To Do With a Positive Screen?

If a screen is positive and/or clinical concern is high for psychosis, consider the following:

- Assess for safety. If there are any urgent concerns for safety, recommend same day evaluation and treatment via crisis center or emergency room
- Utilize a clinical diagnostic tool, like the Mini-SIPS, to better differentiate if symptoms are attenuated or meet criteria for full psychosis
- If meeting criteria for full psychosis, consider referral to a specialized mental health treatment. This could be a **coordinated specialty care** clinic if you have this in your area.

# Clinical Pathways Guide for Patients Aged 15–30

## Safety Concerns?

No matter the diagnosis, acute safety concerns like suicidal ideation require a same day assessment: consider **mobile crisis**, **referral to emergency room**, or **call 988** for local resources

Recommend consultation with a mental health clinician when concerned for psychosis. See NNCPPAP for a psychiatry consultation resource for health care providers [nncppap.org/map](http://nncppap.org/map)

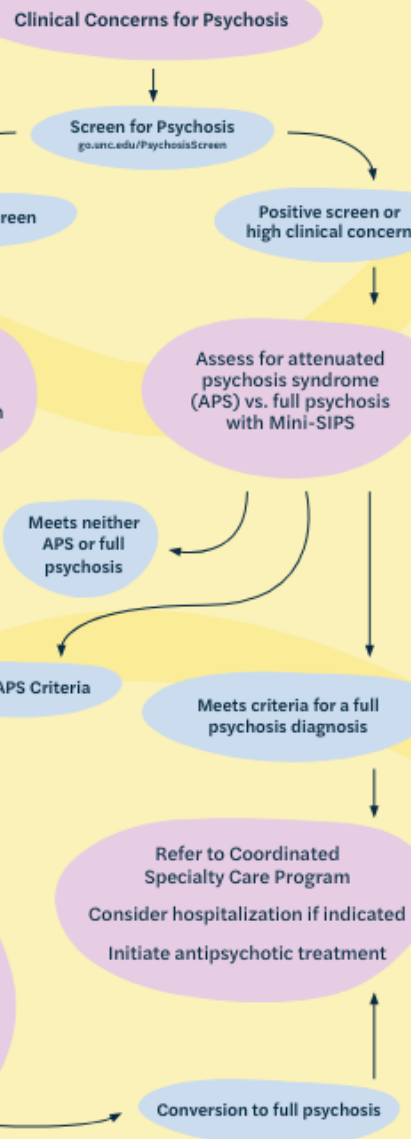
Medical work-up is indicated. See here for guidance: [psychosisscreening.org/medical-workup-considerations.html](http://psychosisscreening.org/medical-workup-considerations.html)

Contact E-PROMPT for training and mentoring on how to deliver early psychosis care: [go.unc.edu/E-Prompt](http://go.unc.edu/E-Prompt)

Recommend conservative approach, and do not start targeted anti-psychotic medication for attenuated symptoms

Focus treatment on co-occurring symptoms (mood, anxiety, trauma)

Monitor for potential conversion to full psychosis



Visit our website for links to screening tools, clinical decision tools, and other resources:

<https://www.med.unc.edu/psych/epi-nc/scope-nc/>

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The University of North Carolina at Chapel Hill

# What is Coordinated Specialty Care

# Overview

- Coordinated Specialty Care (CSC) is an evidenced based treatment model for early psychosis
- It is a multidisciplinary team approach including medical management, individual therapy, family education and support, supported employment and education services, and peer support services.
- The CSC model is recovery oriented and uses a shared decision-making approach to care with a primary goal of full remission of symptoms as well as a meaningful functional recovery.



# History

- In 2009, the RAISE (Recovery After an Initial Schizophrenia Episode) study was launched by the NIMH to explore the implementation of coordinated specialty care programs in the United States.
- Results of the study showed statistically significant improvement in outcomes for patients engaged in CSC vs care as usual
- They also found that the benefits from CSC was greater for those with a shorter duration of untreated psychosis – highlighting the importance of early identification. <sup>5</sup>

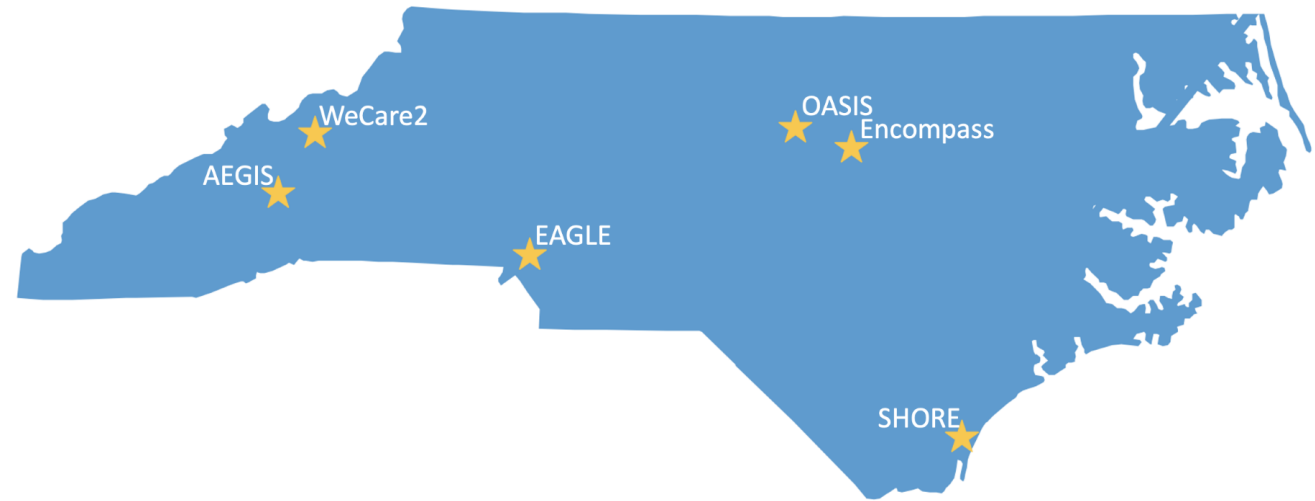
# Eligibility Criteria for CSC

Can vary by specific program:

- 15–30 years old
- Diagnosis of a schizophrenia spectrum disorder within the last 3 years
- No history of significant intellectual disability or neurodevelopmental disorder

# Coordinated Specialty Care in North Carolina

- Currently six active programs across the state.
- For more information on location, contact, and referral



<https://www.med.unc.edu/psych/epi-nc/clinic-locations/>

**Specialized services are available in North Carolina for adolescents and young adults (ages 15-30) with a recent onset of psychosis (with the past 3 years).**

**These services improve outcomes & reduce hospitalizations. The majority of clients return to school and/or work!\***

**Evidenced-Based Specialty Care Services Include:**

- Medication management
- Individual therapy
- Family support
- Supported education and employment
- Peer support
- Digital interventions
- Health & wellness support

**Early Psychosis Clinic Locations**

Asheville, NC: AEGIS  
Burnsville, NC: WeCare2  
Charlotte, NC: Eagle  
Chapel Hill, NC: OASIS  
Raleigh, NC: Encompass  
Wilmington, NC: SHORE



For more information or to make a referral:  
<https://go.unc.edu/NCFEPclinics>

# What if No CSC is Available?

- We recognize that the current CSC clinics only serve a minority of first episode psychosis patients in our state.
- Consider contacting E-PROMPT for education and resource mentoring on early psychosis care.

# E-PROMPT

## Early Psychosis Resources: One-on-One Mentoring and Professional Training

- What is E-PROMPT?
  - A free education and mentoring resource available to any clinician in North Carolina interested in early psychosis care education.
- How does E-PROMPT work?
  - Submit a question via the online submission form
  - An expert will respond within 3-5 business days with education and resources
  - You may also be prompted to sign up for virtual office hours for more extended conversation and mentoring depending on the question.



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# E-PROMPT

## Early Psychosis Resources: One-on-One Mentoring and Professional Training

- What can I ask?
  - Anything related to caring for the early psychosis population! Examples are:
    - What is coordinated specialty care and how do I refer?
    - Guidance on the medical work-up for early psychosis
    - Information on the differential diagnoses of causes of early psychosis
    - Guidance on recommended screening and monitoring tools
    - Guidance on therapy resources for early psychosis
- Can I discuss a specific case with E-PROMPT?
  - E-PROMPT cannot accept HIPAA protected information or comment directly on patient care.
  - E-PROMPT is not a consult service.
  - Instead, callers can learn through discussing how one would work-up and treat theoretical cases reflective of their real-world experiences



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# E-PROMPT

Early Psychosis Resources: One-on-One  
Mentoring and Professional Training

**Ready to ask a question?** Visit  
<https://go.unc.edu/E-PROMPTQS>  
Or scan this QR code



**For more information,** visit our  
website:  
[go.unc.edu/E-Prompt](https://go.unc.edu/E-Prompt)



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# Psychiatric Care for Attenuated Versus Full Psychosis

# Attenuated Psychosis Treatment is Different from Full Psychosis Treatment

- Recall that attenuated psychosis is a period of intense but typically shorter-lived psychotic symptoms
  - **Only 25% with attenuated psychosis go onto develop schizophrenia**
- Most attenuated symptoms are part of other psychiatric diagnoses, not schizophrenia
- Thus, treatment for attenuated symptoms should be focused on the treatment for the other diagnoses that are present
- As most attenuated psychosis does NOT lead to schizophrenia, attenuated psychosis will typically NOT improve because of antipsychotics
  - Most attenuated psychosis psychopathology is different from full psychosis psychopathology
  - The antipsychotic mechanism of action is fine-tuned to target full psychosis psychopathology
  - Using antipsychotics to treat attenuated psychosis exposes the patient to a risk of diabetes and movement disorders while likely not benefiting from the medication
  - High risk, low benefit, if any

# Do Not Use Antipsychotics to Treat Attenuated Psychosis

- We cannot accurately predict who will convert from attenuated to full psychosis
  - Thus, most who receive antipsychotics with attenuated psychosis have only increased risk of metabolic syndrome and movement disorders while they are less likely to benefit from these meds (high risk, low benefit if any)
- Initiating antipsychotics for attenuated psychosis is not recommended as a first line treatment and has not been shown to prevent conversion to full psychosis
- Thus, antipsychotics, the treatment for schizophrenia, are appropriate treatment when a person has transitioned to full psychosis
- CBT and psychosocial interventions have been shown to improve attenuated symptoms, with high benefit and low risk ratio
- Do not treat attenuated psychosis with an antipsychotic since it is unlikely to develop into schizophrenia

# Example Attenuated Psychosis Treatment

- A patient is experiencing psychotic symptoms. The patient continues to have insight into the psychotic symptoms that they may not be real. The patient has this psychosis in the setting of trauma.
- What is the diagnosis?
  - PTSD
- What kind of psychosis does the patient have?
  - Attenuated psychosis
- What is the treatment?
  - Use an SSRI & CBT/other therapy, first line treatments, for the primary diagnosis, PTSD
  - Since the psychotic symptoms are part of PTSD, both the attenuated symptoms and the PTSD symptoms should respond to first line treatments for PTSD
  - Antipsychotic medications are not first line for PTSD, including PTSD with psychosis
- **Since the attenuated symptoms are more likely related to PTSD than a budding schizophrenia diagnosis, the first line treatment for PTSD should be the evidence-based first line treatment for PTSD**

# A Special Note on Psychoeducation on Attenuated Symptoms

- Individuals with attenuated symptoms require sensitive psychoeducation about their symptoms
  - Recall that only 25% convert to full psychosis
- Full psychosis can be scary for patients and families, and it can be stigmatizing
- Thus, psychoeducation and careful diagnostic assessments are necessary to distinguish attenuated from full psychosis
  - A misdiagnosis may lead to undue harm to the patient
- Further, recommended measures include screening for and discouraging use of substances
  - Marijuana use, in particular, can increase the risk of converting attenuated psychosis into full psychosis<sup>8</sup>

# Use Antipsychotics for Full Psychosis

- Antipsychotic medication should primarily only be used for full psychosis, which is the transition to schizophrenia or a similar primary psychotic disorder
- Antipsychotic use in full psychosis is necessary to best treat severe symptoms; taking on the risk of side effects is necessary
  - Antipsychotic medications often can lead to metabolic syndrome (weight gain and diabetes), a life-long, life—shortening illness
    - These risks even occur with the smallest of doses (such as 0.25mg of Risperidone or 1mg of Aripiprazole)

# Summary

- Psychosis is not a diagnosis and can be present in a wide variety of psychiatric disorders
- Everyone should be screening for signs of psychosis as early detection leads to better outcomes
- Differentiating between attenuated level psychosis and full psychosis is very important
- Specialized treatment (CSC) is available in NC
- Antipsychotics should typically be reserved for people with full symptoms of psychosis

# In Our Next Talk

We will discuss how to initiate care for recent onset psychosis:

- The differential diagnosis of psychotic symptoms and practice using the Mini-SIPS
- The medical work-up and presentation of psychotic symptoms
- Important components to treatment for recent onset psychosis
- Considerations for initiating medication treatment for recent onset psychosis including:
  - Informed consent best practices
  - Guide to initiating antipsychotic medication and what to know about these medications
  - Antipsychotic side effect monitoring and management



# Looking for More Information?

**Ready to ask a question?** Visit  
<https://go.unc.edu/EPROMPTQS>  
Or scan this QR code



**For more information,** visit our  
website:  
[go.unc.edu/E-Prompt](https://go.unc.edu/E-Prompt)



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Or email us at: [scopenc@med.unc.edu](mailto:scopenc@med.unc.edu)

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