INTRODUCTION

- Psychosis is defined by symptoms such as delusions, hallucinations, and disorganized thinking, speech, or behavior.
- Psychosis-risk screeners and interviews assess risk symptoms to identify individuals who may develop psychosis.
- Previous research suggests that participant responses on self-report screeners correlate highly, but not perfectly, with clinician-administered interviews.
- It is important that screeners are as effective as possible to facilitate early intervention, which is associated with better treatment response.
- Although screeners are useful and valid tools for assessing psychosis-risk, studies show that they can be hampered by false-positive responses.
- ‘Mismatches,’ when an individual’s response on a questionnaire differs from clinical interview, could provide important clues towards understanding false-positive responses.
- Psychosis-risk symptoms occur in the general population, but are reported at a higher frequency in younger ages, making age a potentially relevant contributor to mismatch.
- This study examined mismatches in three overlapping questions between the commonly used screening tool (PRIME Screen) and the gold standard clinician administered risk interview (Structured Interview for Psychosis Risk Syndromes, “SIPS”).
- In an attempt to identify potential mechanisms for mismatches, we examined the role of age in predicting mismatches for these three questions.

METHODS

- Participants were interviewed and screened via:
  - Structured Interview for Psychosis Risk Syndromes (SIPS)3
  - PRIME Screen5
- We examined similar items across the PRIME Screen and the SIPS interview and then compared whether participants were more likely to report mismatched or conflicting information based on age.
- Analysis:
  - 2 x 2 tables illustrate match between interview and screener
  - T-tests were calculated to assess whether age varied significantly by match status.

DISCUSSION

- Overall mismatch response frequencies for all three items ranged from 18.6 to 29.2%.
- Younger aged participants were more likely to inconsistently report experiences of “hearing their own thoughts being spoken out loud” (Q11; χ2(1) = 21.11, p < .037).
- Possible reasons for mismatches:
  - Participants might misunderstand questions on the screener that are clarified when asked by the interviewer.
  - This may reflect a developmental-based process for item 11, as those who matched tended to be older than those who did not.
- It is important that screeners are as effective as possible to facilitate early intervention efforts.
- Future studies could:
  - Review additional screeners beyond the Prime Screen
  - Qualitatively interview participants about mismatches to gain better insight into reasons for discrepant responses.
  - Review additional variables for relation to mismatch such as gender and risk status.

REFERENCES


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