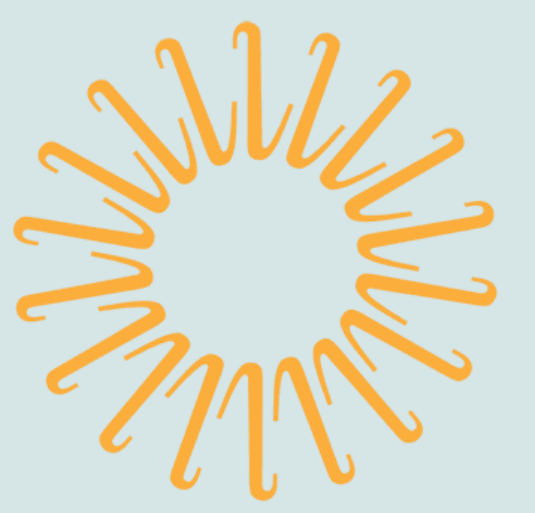


# Psychosis-risk Screening in a Juvenile Justice Setting: Efforts to Enhance Early Identification Among High-risk Adolescents

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## BACKGROUND

- Among individuals with psychosis, a substantial proportion report experiencing clinically significant positive psychosis-spectrum (PS) symptoms (e.g., hallucinations or delusions) prior to age 18.
- Adolescence may be a critical period to screen for PS experiences and employ secondary prevention efforts.
- An estimated 3% of adolescents in the juvenile justice system (JJS) have a psychotic illness, and it can be reasonably assumed that many more experience subthreshold PS symptoms that may be indicative of risk for future psychosis.
- Efforts to screen for PS experiences may be important for justice-involved youth to promote linkage to appropriate care.
- This study explores the occurrence of PS symptoms within a JJS setting and examines the performance of two screening measures in identifying those who meet criteria for a PS condition.

## METHODS

### Participants

This sample included teens ( $n = 187$ ) screened for mental health concerns upon intake to the RI Family Court.

### Measures

- Massachusetts Youth Screening Inventory- 2 (MAYSI-2), a mental health inventory designed for the JJS, was used to screen for *thought disturbance* (TD; 5 items, yes/no)
- Prodromal Questionnaire- Brief (PQ-B) was used to screen for PS experiences (21 items rated from 0 [absent] to 5 [strongly agree that this is distressing or impairing])
- Structured Interview for Psychosis-risk Syndromes (SIPS) assessed PS symptoms and diagnoses

### Analyses

TD and PQ-B scores were explored in relation to PS symptoms and diagnoses. Receiver operating characteristic (ROC) curve analyses examined the accuracy of each screening tool in identifying teens with PS conditions.

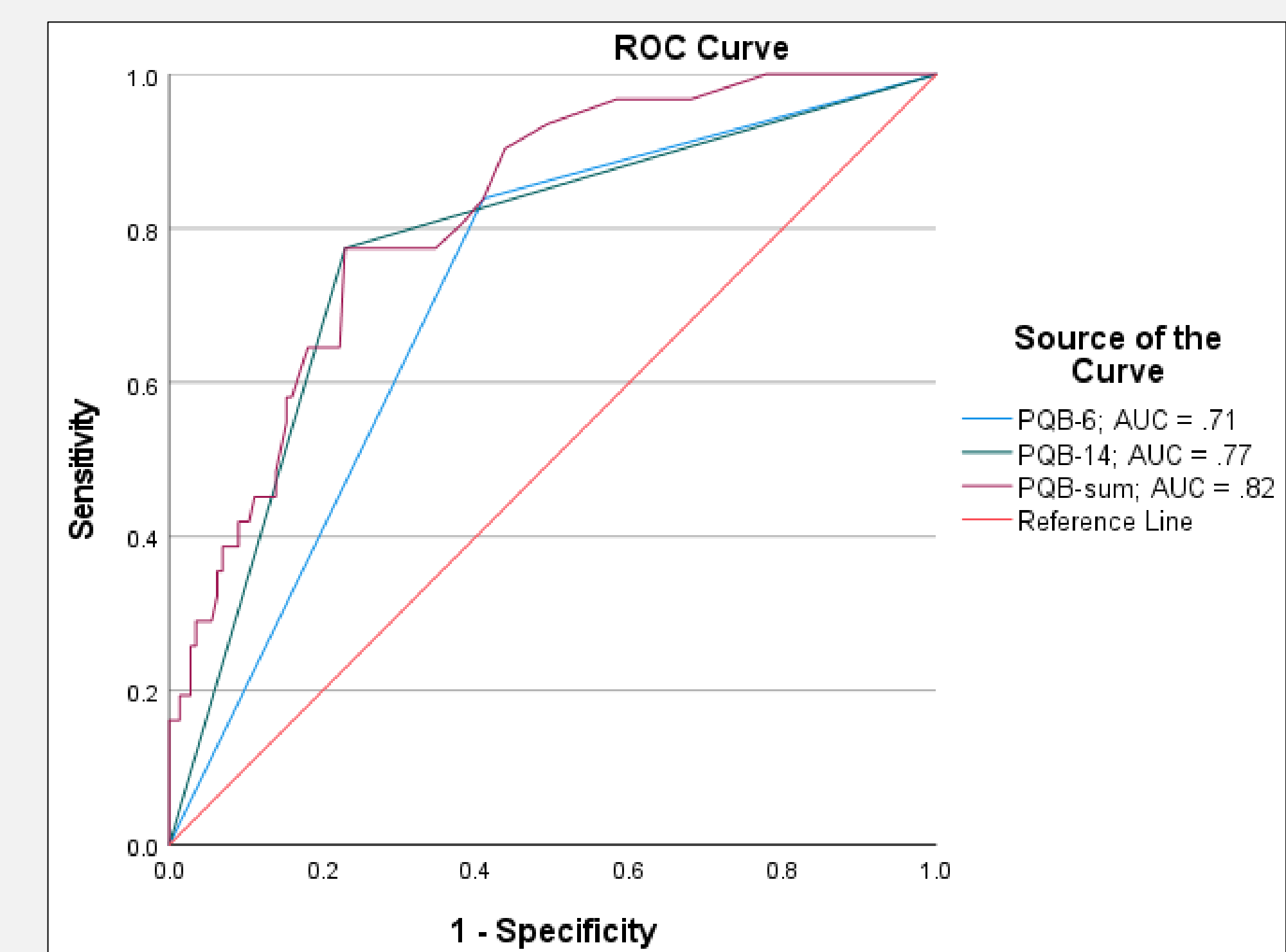
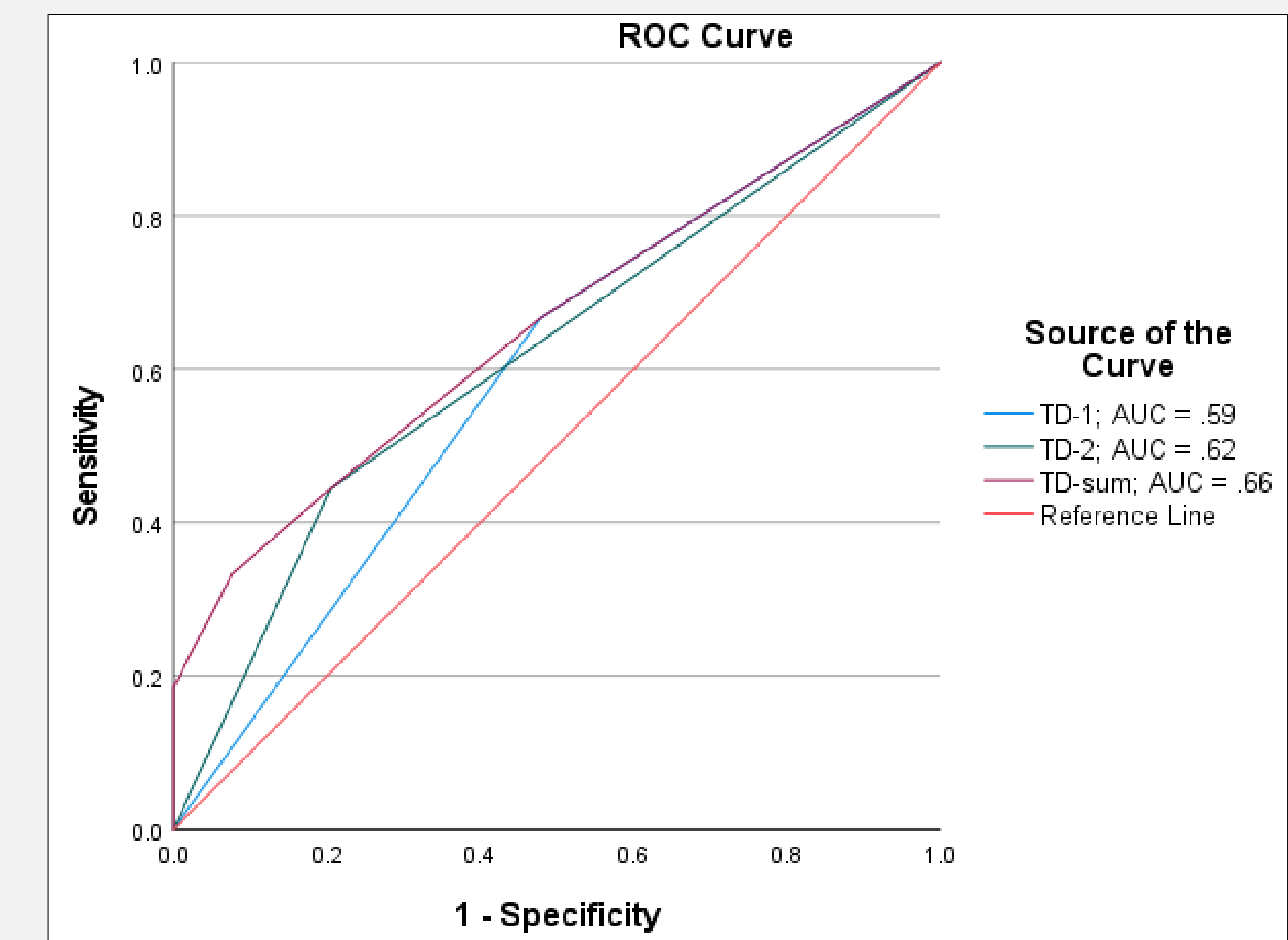
## RESULTS

Screening for psychosis-spectrum symptoms in the juvenile justice system is warranted, and both the Prodromal Questionnaire-Brief and the MAYSI-2 Thought Disturbance scale are viable tools for identifying youth who meet criteria for psychosis-spectrum conditions.

Measure	Threshold	Sensitivity	Specificity	PPV	NPV	Accuracy
PQ-B	Author cutoff ( $\geq 6$ )	0.84	0.59	0.31	0.94	0.63
	Optimized cutoff ( $\geq 14$ )	0.77	0.77	0.42	0.94	0.77
MAYSI-2 TD	Caution cutoff ( $=1$ ) [optimized]	0.67	0.52	0.24	0.87	0.55
	Warning cutoff ( $\geq 2$ )	0.44	0.79	0.33	0.86	0.73

NPV- negative predictive value; PPV- positive predictive value; PQ-B- Prodromal Questionnaire- Brief; TD - Thought Disturbance.

- 177 youth had SIPS data (mean age = 14.76; 57.8% male; 36.2% Hispanic/Latino)
- 17.5% ( $n = 31$ ) met SIPS criteria for a PS diagnosis (a clinical high-risk syndrome or full-threshold psychosis)
- **Correlations**
  - TD and PS diagnosis:  $r = .31, p < .001$
  - PQ-B and PS diagnosis:  $r = .46, p < .001$
  - PQ-B and TD:  $r = .56, p < .001$
- All 21 PQ-B items and 2 of 5 TD items (those probing hallucinations) were positively correlated with PS diagnosis



## CONCLUSIONS

- Both screening tools performed adequately to identify adolescents in this JJS setting who met criteria for a PS diagnosis.
- On the MAYSI-2, the hallucination items may be particularly important for PS screening.
- Overall, results suggest that screening for PS symptoms in the JJS is warranted, and follow-up assessment may facilitate early identification of youth experiencing clinically significant PS symptoms.