

EASA Screener Checklist

(Provide consultation/psychoeducation as appropriate throughout- examples: family guidelines, diagnostic/illness education, resource/crisis system education, what to expect next).

- 1- Thank the counselor for the call, and record contact information (who is calling, how to reach them, name and d.o.b. of person being referred if available)
- 2- *If the person isn't sure about making a referral:* provide consultation/problem solving; document for data as if it is a referral.
- 3- *If making a referral,* ask the referent to share what they can about this person; follow up with family as needed to fill in gap.
 - i. Their current situation- key supporters, school/work participation,
 - ii. Changes or symptoms that have been observed, when they began, how they progressed, impact, any safety concerns
 1. Any indicators of suicidality, aggression, substance use
 2. Any precipitating events (accidents, illness, trauma, etc.)
 - iii. Medical information: head injury, other physical symptoms
 - iv. Any current or prior known treatment
 - v. Cultural context (country of origin, language, belief systems)
 - vi. The person's and family members' knowledge of the referral and receptivity/concerns
 - vii. The individual's and family's explanation for what is happening?
- 4- If safety concerns are identified, make a plan with the referent
- 5- Ask the referent to stay in touch with the person
- 6- *If description is not consistent with psychosis,* talk through appropriate care
- 7- *If description is consistent with psychosis,* begin strengths exploration to help make a plan for how to engage
 - a. Explore resources/interests/strengths
 - i. Who do they trust who might introduce the program? Where do they feel most comfortable?
 - ii. What's going well for this person- where are they engaged? What are they concerned about? What is motivating to them?
 - iii. Schedule in-person follow-up/engagement with the person as soon as possible.
- 8- From first call, identify and make a plan for mitigating risk factors
 - a. Make sure they have 24 hour crisis response number
 - b. Identify risk factors, support needs and follow up (family conflict/psychoed needs)
- 9- Complete SIPS if clear psychosis is not present but lower-level symptoms suggest a possible schizophrenia prodrome.
- 10- Complete referral data form (can integrate into your screening instrument)
- 11- Follow-up/review with family as needed.
- 12- Initiate assessment process once the person is accepted into the program.
- 13- Assessment is considered an ongoing process and function within EASA. Once accepted into the program there is not an expectation that they will be discharged /transitioned early unless the services being provided are inappropriate to their clinical need, regardless of diagnostic clarification.