

Conduct an assessment of a young person aged 12-25 with an Ultra-High Risk (UHR) for psychosis presentation using a structured, validated clinical instrument.

Area of practice	Youth Psychiatry	EPA identification	ST3-YP-AOP-EPA10	
Stage of training	Stage 3 – Advanced	Version	V1.0 EC Approved 01.07.2025	
<p>The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.</p>				
Title	Conduct an assessment of a young person aged 12-25 with an Ultra-High Risk (UHR) for psychosis presentation using a structured, validated clinical instrument.			
Description Maximum 150 words	<p>The trainee will be able to assess young people (12-25) with a first presentation of an Ultra High Risk for psychosis, using a structured approach to assessment, to assist differentiation between UHR and First Episode of Psychosis. This includes:</p> <ul style="list-style-type: none"> • Comprehensive assessment and consideration of differential diagnoses • Awareness of the UHR concept, and its strengths and weaknesses • Engagement and provision of psychoeducation to the young person around the assessment and implications thereof • Understanding of the differences in approaches to treatment for UHR and FEP • Recommendation of psychological and/or pharmacological treatment as appropriate • Appropriate follow-up. 			
Fellowship competencies	ME	1, 2, 3, 4, 5, 6, 7, 8	HA	1, 2
	COM	1, 2	SCH	2
	COL	1, 2, 3	PROF	1, 2
	MAN	2		

Knowledge, skills and attitude required

The following lists are neither exhaustive nor proscriptive.

Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

Ability to apply an adequate knowledge base

- Demonstrate knowledge of evidence-based interventions in young people with a first presentation of a UHR state, including their long-term effectiveness.
- Integrate knowledge from the scientific literature regarding young people with a first presentation of a UHR state into clinical work.
- Demonstrate understanding and knowledge about transition to psychosis and other outcomes, the significance of the duration of untreated psychosis, engagement and barriers to care.

Skills

- Conduct a comprehensive clinical assessment, including using a structured interview, for example, the CAARMS (Comprehensive Assessment of At Risk Mental States), or SIPS (Structured Interview for Prodromal Syndromes), with appropriate training in the use of the instrument.
- Integrate the information collected and develop a competent formulation, identifying gaps in the available information.
- Develop and defend an appropriate differential diagnosis, acknowledging the degree of uncertainty that may be present in the first presentation of a mental disorder.
- Gather collateral information from family/carers or other appropriate sources, with due regard to privacy considerations.
- Plan and implement appropriate investigations to clarify the diagnosis.
- Provide explanation and education to young people with a first presentation of a UHR state and their family/carers regarding the differential diagnosis and treatment options.

	<ul style="list-style-type: none"> • Develop skills and strategies to engage young people with a UHR state and their families/carers in ongoing care. • Develop a plan consistent with recovery framework principles in collaboration with the young person and their family/carers. <p>Attitude</p> <ul style="list-style-type: none"> • Appreciate the ethical issues in the assessment and treatment of people with a first presentation of a UHR state, and the range of possible longer-term outcomes. • Respect the young person’s goals for their care.
Assessment method	Progressively assessed during individual or clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Completion of at least 3 assessments using validated clinical instruments • Mini-Clinical Evaluation Exercise. • Observed Clinical Activity (OCA). • Direct Observation of Procedural Skills (DOPS).
References	<p>Mapping the Onset of Psychosis: The Comprehensive Assessment of At-Risk Mental States. Yung, A. R., Yung, A. R., Pan Yuen, H., Mcgorry, P. D., Phillips, L. J., Kelly, D., ... Buckby, J. (2005). Australian & New Zealand Journal of Psychiatry, 39(11–12), 964–971.</p> <p>Prodromal assessment with the Structured Interview for Prodromal Syndromes and the Scale of Prodromal Symptoms: predictive validity, interrater reliability, and training to reliability. Miller TJ, McGlashan TH, Rosen J, Cadenhead K, Ventura J, McFarlane W, et al. Schizophrenia Bulletin. 2003;29(4):703-15</p>

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar