

Thank you for your interest in the PRiSM™ (Psychopathology Refracted into Seven Modalities) screening instrument. This instrument is a clinically-derived psychometric tool designed to capture psychopathology in seven functional domains. It consists of 31 clinician-scored items across the following domains: disturbances of reality testing; disturbances of memory, calculation, planning, or attention; disturbances of self-integration; disturbances of mood quality, regulation, or stability; disturbances of behavioral self-regulation; disturbances of thought process, organization, or flow; and disturbances of interpersonal relations.

It is important to note that PRiSM™ is not aimed at yielding a specific DSM diagnosis, though it may prove useful as a pre-diagnostic guide to broad types of psychopathology. As PRISM™ has not yet been field-tested and validated in clinical populations, there are no precise, quantitative data that can be applied to scoring. Results should be considered within the context of a comprehensive diagnostic evaluation.

Scoring instructions can be found below the scale. Clinicians are advised to apply Occam's Razor by diagnosing the fewest conditions needed to explain the clinical picture. Every effort should be made to decide if the *highest scoring domain* points to a *single domain of psychopathology* that can adequately explain dysfunctional symptoms in *lower-scoring* domains.

PRiSM™ is free to use and disseminate, with proper attribution.

PRiSM

Psychopathology Refracted into Seven Modalities

In each section, check the box or boxes that best apply, and circle the number reflecting severity. Base your responses on the patient's psychiatric history, mental status exam, and your evaluation of the specific areas of concern. Within each subsection (domain), indicate the total score.

1 = minimal/rare 2 = mild/occasional 3 = moderate/often 4 = severe/frequent (circle number)

Disturbances of Reality Perception | Domain total:

1. Reports/exhibits fixed, clearly false beliefs, such as paranoid, persecutory, or somatic delusions, that are not adequately explained by cultural, religious, ethnic, or social media influences ☐ 1 2 3 4
 2. Reports/exhibits auditory, visual, tactile, or other hallucinations, not clearly due to drug or substance use nor due to known medical/neurological condition ☐ 1 2 3 4
 3. Reports/exhibits re-experiencing of traumatic events ("as if it was happening right now") ☐ 1 2 3 4
 4. Reports/exhibits feeling like the world or self is not real or "like being in a dream" ☐ 1 2 3 4
 5. Reports/exhibits periods lasting hours or a few days of being out of touch with reality, based on self/other observations ☐ 1 2 3 4
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Disturbances of Memory, Calculation, Planning, or Attention | Domain total:

6. Reports/exhibits difficulties recalling recent events, such as breakfast items consumed that day ☐ 1 2 3 4
 7. Reports/exhibits difficulties balancing checkbook, figuring out simple percentages, paying bills, etc. ☐ 1 2 3 4
 8. Reports/exhibits difficulties organizing daily activities, planning shopping, packing for trips, etc. ☐ 1 2 3 4
 9. Reports/exhibits problems keeping track of what was just said, organizing thoughts, focusing on a task, maintaining train of thought, etc. ☐ 1 2 3 4
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Disturbances of Self-Integration | Domain total:

10. Reports/exhibits feeling, when under stress, like they are in a "fog" or a "haze" or that things around them have changed in size or shape ☐ 1 2 3 4
11. Reports/exhibits feeling, when under stress, like their body or a part of it was somehow changed or not real ☐ 1 2 3 4
12. Reports/exhibits frequent memory gaps or history of brief blackouts during which they are unable to recall what has happened ☐ 1 2 3 4
13. Reports/exhibits feeling detached from their body or as if they are watching themselves from the outside ☐ 1 2 3 4

Disturbances of Mood Quality, Regulation, or Stability | Domain total:

14. Reports/exhibits distinct episodes lasting 2 days or longer of markedly anxious, depressed, or elevated mood, or of severe mood swings ☐ 1 2 3 4

15. Reports/exhibits distinct episodes of feeling markedly slowed down in thinking and movement ☐ 1 2 3 4

16. Reports/exhibits distinct episodes of feeling markedly “sped up” in thinking and movement ☐ 1 2 3 4

17. Reports/exhibits distinct periods of losing all or most interest in pleasurable life activities ☐ 1 2 3 4

18. Reports/exhibits distinct periods of significant increase or decrease in sleep, appetite, or weight ☐ 1 2 3 4

Disturbances of Behavioral Self-Regulation | Domain total:

19. Reports/exhibits repetitive acts that they are driven to perform to alleviate anxiety or prevent a dreaded outcome ☐ 1 2 3 4

20. Reports/exhibits continued use of a drug or drugs despite clear negative life consequences ☐ 1 2 3 4

21. Reports/exhibits a history of self-injurious behavior, such as cutting, burning, or other potentially dangerous actions ☐ 1 2 3 4

22. Reports/exhibits a history of violent or criminal behavior ☐ 1 2 3 4

Disturbances of Thought Process, Organization, and Flow | Domain total:

23. Reports/exhibits disruption in the ability to form and communicate thoughts clearly ☐ 1 2 3 4

24. Reports/exhibits an abrupt interruption or cessation of thoughts, resulting in a temporary inability to communicate ☐ 1 2 3 4

25. Reports/exhibits a tendency to meander away from a given topic and jump to other topics with or without returning to the original topic ☐ 1 2 3 4

26. Reports/exhibits recurrent and persistent thoughts, urges, or impulses that are experienced as intrusive and unwanted ☐ 1 2 3 4

Disturbances of Interpersonal Relations | Domain total:

27. Reports/exhibits a tendency to see self and others as being either “all good” or “all bad” at different points in time, with a limited ability to integrate these perceptions to see things in “shades of grey” ☐ 1 2 3 4

28. Reports/exhibits significant changes in mood and functioning related directly and predictably to ups and downs in relationships ☐ 1 2 3 4

29. Reports/exhibits a history of aggressive, exploitative, or vindictive behavior in the context of relationships ☐ 1 2 3 4

30. Reports/exhibits periods of significant social withdrawal or decreased motivation/desire to socialize ☐ 1 2 3 4

31. Reports/exhibits intense fears of abandonment ☐ 1 2 3 4

Scoring and Interpretation of PRiSM™

PRiSM™ is not aimed at yielding a specific DSM diagnosis; however, it may be useful in identifying broad types of psychopathology and guiding clinicians in a general direction.

Clinicians are advised to apply Occam's Razor by diagnosing the fewest conditions needed to explain the clinical picture. For example, if the patient's highest score is in the domain of disturbed interpersonal relations, could a single personality disorder adequately explain disturbances of mood quality, regulation, or stability, or of self-regulation, such as self-injury and substance abuse? This could be the case with, for instance, borderline personality disorder.

Below is a list of diagnostic categories that may be associated with high scores in each domain.

Disturbances of Reality Perception: Psychotic disorders, such as schizophrenia or schizoaffective disorder; dissociative disorders; posttraumatic stress disorder

Disturbances of Memory, Calculation, Planning, or Attention: Neurocognitive disorders, such as Alzheimer's disease; neurodevelopmental disorders; neurological disease

Disturbances of Self-Integration: Dissociative disorders; personality disorders

Disturbances of Mood Quality, Regulation, or Stability: Mood disorders, such as bipolar affective disorder or major depressive disorder; borderline personality disorder

Disturbances of Behavioral Self-Regulation: Obsessive-compulsive disorders; impulse-control disorders; substance use disorders; personality disorders

Disturbances of Thought Process, Organization, and Flow: Psychotic disorders, such as schizophrenia or schizoaffective disorder; obsessive-compulsive disorders

Disturbances of Interpersonal Relations: Personality disorders