

THE PSYCHOSIS CONTINUUM

The psychosis continuum is a model that views psychotic experiences as existing along a spectrum from mild, common perceptual changes to severe, impairing symptoms seen in clinical psychotic disorders. Rather than being strictly "present" or "absent," psychotic-like experiences vary in frequency, intensity, and impact on daily functioning.



Key Stages of the Continuum

Early Stage, Clinical High Risk (CHR)

- More frequent and intense unusual beliefs or perceptual disturbances
- Growing sense that others intend harm
- Noticeable deterioration in functioning (school/work/social)
- Still retains partial insight
- Increased risk for developing a psychotic disorder, but not inevitable

First-Episode Psychosis (FEP)

- Clear delusions (fixed false beliefs)
- Hallucinations (auditory, visual, tactile)
- Disorganized thinking or speech
- Significant functional impairment
- May require urgent evaluation and coordinated specialty care

Attenuated / Subthreshold

Symptoms

- Unusual thoughts that feel odd but are recognizable as irrational
- Mildly distorted perceptions
- Momentary paranoia or suspiciousness
- Early functional changes (withdrawal, decline in concentration)
- Often associated with stress, trauma, or sleep disruption

Chronic or Recurrent Psychosis

- Symptoms persist beyond the first episode
- Variable trajectory:
- Full remission
- Partial remission with relapse cycles
- Persistent symptoms with ongoing functional challenges
- Functional recovery possible with early and sustained treatment

Get Started



Call or book consultation **888-710-PAND**

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Have your loved one complete an assessment screen (Scan the QR Code)

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What You May Notice

Positive Symptoms

- Hallucinations
- Delusions
- Disorganized thinking

Negative Symptoms

- Reduced motivation (avolition)
- Flat affect
- Social withdrawal
- Reduced speech (alogia)

Cognitive Symptoms

- Attention difficulties
- Slowed processing
- Memory disruptions
- Executive functioning challenges

Risk & Protective Factors

Risk Factors

- Family history of psychotic disorders
- Childhood trauma or adversity
- Substance use (especially cannabis)
- Social isolation
- Sleep deprivation
- Neurodevelopmental conditions

Protective Factors

- Strong social supports
- Early intervention
- Stress management skills
- Substance avoidance
- Access to therapy/psychiatric care

Clinical Intervention & Hope

- Early detection greatly improves outcomes.
- Interventions may include CBT, family support, medication, and coordinated specialty services.
- Many people on the continuum never progress to psychotic disorders.
- A spectrum-based view reduces stigma and encourages help-seeking.

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