
INTERCEPT Clinic

Department of Psychiatry

Strong Ties Community Support Program

2613 West Henrietta Rd., Suite E, Rochester, NY, 14623

Website: www.urmc.rochester.edu/locations/intercept



Referral Guide for Providers

INTERCEPT (**INTER**ventions for **C**hanges in **E**motions, **P**erceptions and **T**hinking) is an early intervention program for young people at clinical high risk for psychosis. The clinic aims to prevent the onset of full psychosis.

This referral guide contains the following:

- 1) Frequently Asked Questions
- 2) Pre-Screening Checklist Tool for Providers – Is my patient an appropriate referral?
- 3) Referral Options

To consult our team about the clinic:
HIPPA-compliant Phonenumber: 585-276-9270
Email: trisha_kilbourn@urmc.rochester.edu

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Frequently Asking Questions

What is clinical high risk for psychosis or “CHR”?

CHR (clinical high risk) refers to early warning signs or symptoms that people may experience before the start of serious and persistent mental disorders like schizophrenia (i.e., “prodromal symptoms”).

What can INTERCEPT do for people with CHR?

The clinic aims to prevent the onset of full psychosis. Individuals referred will be formally assessed for CHR by trained mental health specialists. Patients who meet CHR criteria will be enrolled in the clinic and can receive case management, in-person or online therapy, medication (if needed), healthy lifestyle goal setting and support, and other evidence-based interventions.

How do I know if my patient is an appropriate referral for INTERCEPT?

All referrals receive a comprehensive assessment by our team to determine if the patient meets CHR criteria. Providers are not expected to know if their patient meets CHR criteria at the time of referral. To assist providers in their decisions to refer their patient, we have developed a **pre-screening checklist tool** (attached) to help providers review the most common early warning signs of CHR status and clinic exclusion criteria with their patient.

Please indicate to us in your referral if you wish to receive a letter describing the assessment outcome.

What is important to convey to your patient before discussing referral to INTERCEPT?

Even if your patient is experiencing early warning signs of psychosis, it does not mean that they have or will later have schizophrenia. Many of these warning signs are related to other things, such as depression, anxiety, trauma, physical illness or injuries, or frequent drug and alcohol use. These experiences are more common than many people think, and for some, they go away on their own. However, if your patient is experiencing any of the early warning signs, it is important that they talk to a mental-health professional at INTERCEPT. The earlier that these signs are assessed and, if necessary, addressed, the better the outcomes.

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Pre-Screening Checklist for Provider Referrals

To assist providers in their decisions to refer their patient, we have developed a pre-screening checklist tool below to help providers review the most common early warning signs of CHR status and clinic exclusion criteria with their patient.

<input checked="" type="checkbox"/>	CHR Early Warning Signs *Patients enrolled in INTERCEPT often meet any one of the following:
	Do you have beliefs that seem odd to others?
	Have you ever felt that someone was playing with your mind? <i>e.g., feel as if your thoughts are strange or might not be your own.</i>
	Do you have worries that people may be out to get you or harm you?
	Do you feel like you have special gifts or talents that no one else has?
	Do you hear odd noises or voices mumbling that others may not hear? <i>OR</i> See things that others may not see?
	Do you have confusion about what is real or what is imaginary?
	Exclusion Criteria *Meeting any one of the following would render patient <i>not</i> suitable for a psychosis prevention clinic like INTERCEPT:
	Have one or more of the experiences (endorsed above) occurred: - > one hour per day, <i>and</i> - > 4 days per week, on average, <i>and</i> - Over a period of one month?
	Are you over the age of 28?
	Have you <u>ever</u> in your lifetime received a diagnosis of a full psychotic disorder or mood disorder with psychotic features? <i>e.g., brief psychotic disorder, schizophreniform disorder, schizoaffective disorder, schizophrenia, bipolar disorder with psychotic features, major depression with psychotic features</i>
	Have you been diagnosed with an intellectual disability?
	Have you ever experienced over 5 concussions or a traumatic brain injury?

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Referral Options

For Provider Initiated Referral:

1. Please obtain verbal consent to provide patient information to INTERCEPT Clinic Coordinator, Trisha Kilbourn, LCSW.
2. Complete our online, HIPPA-compliant referral form on our website.

Scan for website:



For Self-Referral:

1. Visit INTERCEPT Clinic website for more information about services.
2. Call or leave voice message for Clinical Coordinator, Trisha Kilbourn, LCSW, through HIPPA-compliant Phonenumber: 585-276-9270.

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