

EDUCATION, SPECIAL EDUCATION, AND ACCOMMODATIONS FOR STUDENTS WITH PSYCHOSIS: WORKING WITH YOUTH, FAMILIES, TEACHERS, AND SCHOOLS

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LEARNING OBJECTIVES, DR. SCHIFFMAN

As a result of this presentation, participants will be able to:

1. Describe federal laws that can be used to support students with psychosis
 2. Identify the differences and components of IEP and 504 Plans and possible relevant accommodations
 3. Generate a list of actions that can be taken to support students with psychosis in schools
 4. Develop the tools required for an individualized strategy towards collaboration with schools and families
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OUTLINE

- Brief overview of psychosis in youth
- Supported Education & Employment
- Importance and Potential of Schools
- 504s and IEPs
- Ways we can help



OUTLINE



**MS. SMITH,
JANE AND
THOMAS**

DURATION OF UNTREATED PSYCHOSIS



JANE



THOMAS

Onset of Risk

Onset of Psychosis

Start of Treatment

Pre-Risk

In School

Psychosis

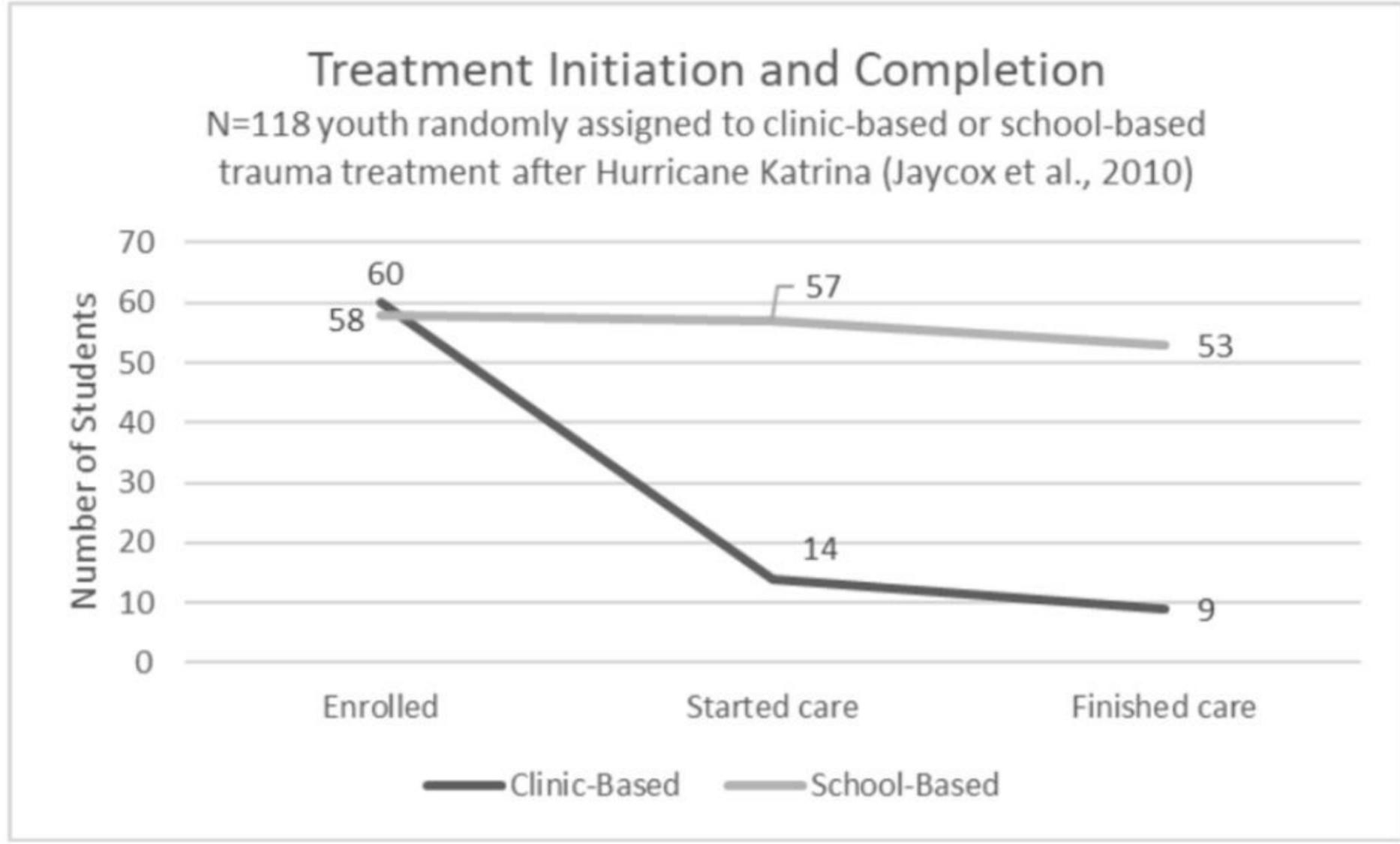
Lasts ~2 years

DUP

DU Illness

WHY MENTAL HEALTH TREATMENT IN SCHOOLS?

Youth are **6 times more likely** to complete mental health treatment in schools than in community settings.



WHO EXPERIENCES PSYCHOSIS SYMPTOMS

Onset generally occurs between the ages of 15-25¹



¹Schultz, North, & Shields, 2007

PSYCHOSIS IN SCHOOLS

Nearly all youth at risk are in school.

87% of surveyed school providers reported involvement with a youth with suspected risk or early psychosis ¹

¹ Kline et al., 2018

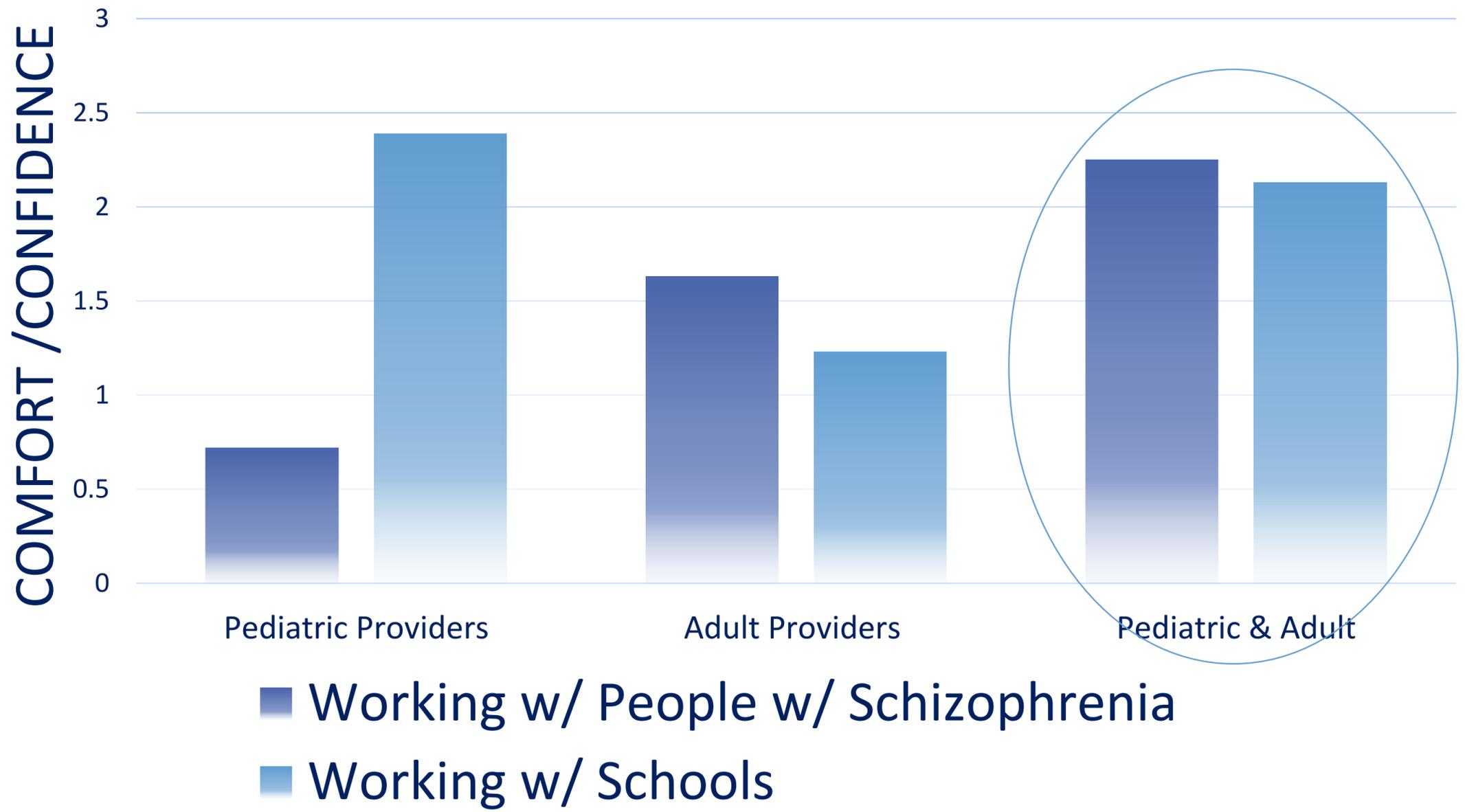
PSYCHOSIS IN SCHOOLS

- Can be challenging to engage schools
 - Trust, consent/assent, bureaucracy, FERPA, stigma, follow-up w/ parents, teacher schedules
- Attention to psychosis is limited¹

¹ Kline et al., 2018;

INTERVENTION IN SCHOOLS

Transition Aged Youth-trained clinicians are crucial to our workforce



PROVIDER & SYSTEM CONSIDERATIONS



Public MH systems often split
around time of risk



Youth-focused MH staff
tend to be under-trained in
schizophrenia related
disorders

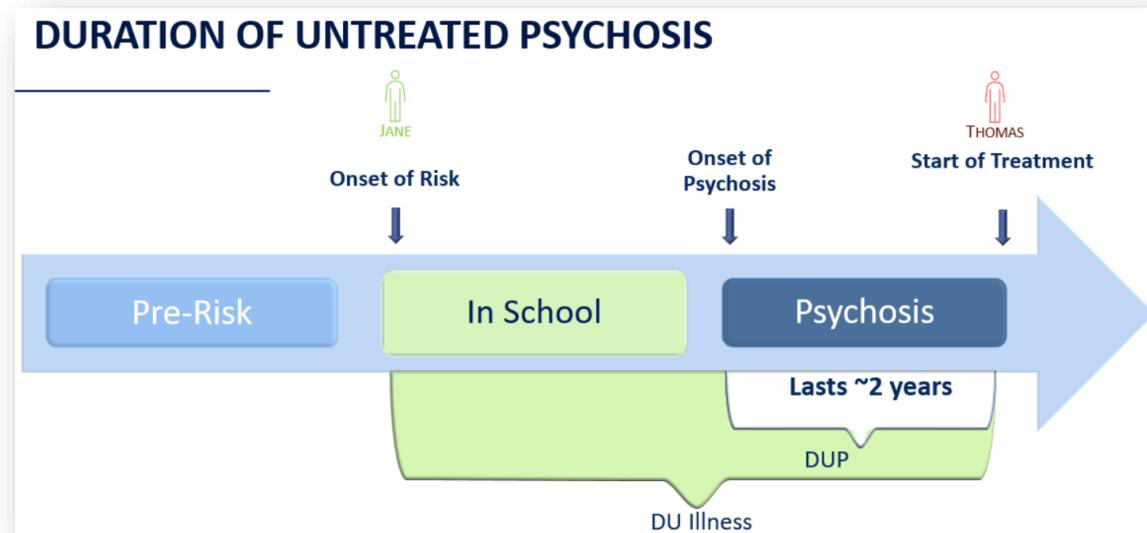
Adult-focused MH staff tend
to be under-trained in
working with families &
youth

These factors could lead to longer
Duration of Untreated Psychosis

PSYCHOEDUCATION IN SCHOOLS

Schools can be a part of the solution

- TIPS program in schools + public marketing campaign reduced DUP to 5 weeks (vs. 15 weeks). Norway/Denmark¹
- Familiarity with psychosis risk increases confidence and screening³



PSYCHOSIS IN SCHOOLS

- Can be challenging to engage schools
 - Trust, consent/assent, bureaucracy, FERPA, stigma, follow-up w/ parents, teacher schedules
- Attention to psychosis is limited¹
- Screening and referral is possible²

¹ Kline et al., 2018; ² Early Identification of Psychosis in Schools, *Handbook of School Mental Health: Research, Training, Practice & Policy*, Kline et al., 2014

SCREENING & IDENTIFICATION IN SCHOOLS: TEACHERS

- Teachers can help predict who is at risk
 - Differentiation between groups



SCREENING IN SCHOOLS - CONSIDERATIONS

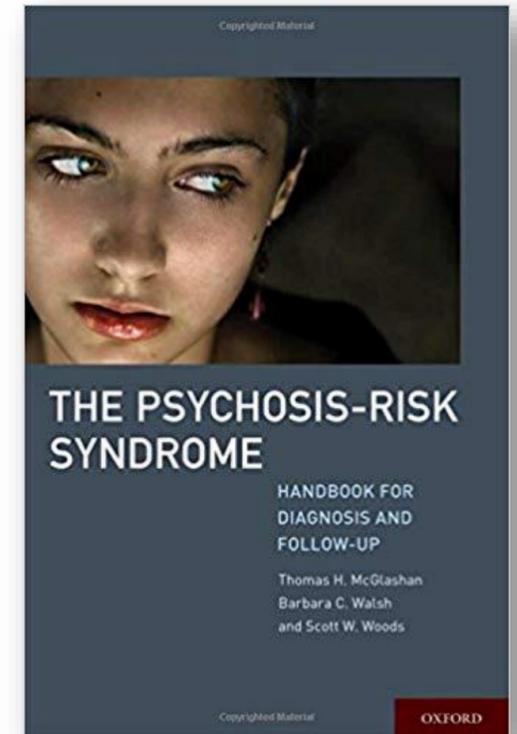
Implementing psychosis screeners in schools:

- Who is screening?
 - Teachers, administrative staff, counselors?
- Budgetary concerns
 - Cost of security for paper forms, cost of electronic devices for screening
- Attendance
 - Students in school are functioning well enough to be in school
- Universal or indicated screening?
- What screening tool?

ASSESSMENT TOOLS

- PRIME Screen, Revised
- Prodromal Questionnaire - Brief (PQ-B)
- EPS26 from Telesage
- The Behavior Assessment System for Children (BASC-3)
 - Thompson et al., 2013, 2015; Nugent et al., 2013
- CBCL and YSR
- Two Item Screen – Phalen et al., 2018

- Structured Interview for Psychosis-risk Symptoms (SIPS)



SCREENING CAN BE VERY GOOD

- Can help find people not in services
- Reduce Duration of Untreated Psychosis
- Can increase efficiency/accuracy of assessments
- Can monitor
- Assessment is treatment

- But there are a few cautions...

SCREENING IN SCHOOLS

Youth self-report more Clinical High Risk symptoms

	N	Age Cut-offs	Optimal Cut	Sensitivity	Specificity
Younger Age	43	12-13.99	5	.76	.45
Middle Age	45	14-15.99	3	.81	.79
Higher Age	46	16-23	1	.70	.61

SCREENING BY RACE

Mindful of important differences across groups

Simple effects of Prime Screen predicting psychosis risk, by race				
	$b (s_b)$	Wald χ^2	p	Exp(B)
Black	0.13 (0.11)	1.43	.23	1.14
White	0.58 (0.19)	9.16	.00	1.78

The broader issue of false positives

SCREENING IN SCHOOLS

Very short screening in school settings

Answering “yes” to either question → presence of psychosis/CHR status
(n = 471)

	Sensitivity	Specificity
<ul style="list-style-type: none">• Do you ever hear the voice of someone talking that other people cannot hear?• Have you ever felt that someone was playing with your mind?	71%	91%

SUPPORTED EDUCATION

Comparing Case Management, Supported Employment, and Supported Education

	Case Management	Supported Employment	Supported Education
Similarities	All consumers are eligible.	All consumers are eligible.	All consumers are eligible.
	Staff must have interviewing skills, goals setting, advocacy, compassion, hope.	Staff must have interviewing skills, goals setting, advocacy, compassion, hope.	Staff must have interviewing skills, goals setting, advocacy, compassion, hope.
	Staff partners with consumers to help them achieve their goals.	Staff partners with consumers to help them achieve their goals.	Staff partners with consumers to help them achieve their goals.
Differences	Staff coordinates, manages, and accounts for services.	Staff provides employment services.	Staff provides education services.
	Staff must have broad social service background, coordination, advocacy and linking skills, knowledge of community resources.	Staff must know world of work, job development, job coaching, employment accommodations, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI).	Staff must know education system, financial aid, personal support, academic accommodations.

SUPPORTED EDUCATION: 8 PRINCIPLES

1. Access to education with positive forward progress
2. If a student wants to go to school, they should get these services
3. Early is better
4. Educational support integrated with MH c
5. Not time limited
6. Client driven
7. Strengths-based
8. The role of student is meaningful



SUPPORTED EDUCATION: IDENTIFYING STRENGTHS AND CHALLENGES

Examples of Strengths and Potential Problems

Academic

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Concentration | <input type="checkbox"/> | Motivated |
| <input type="checkbox"/> | Study skills | <input type="checkbox"/> | Inspires others |
| <input type="checkbox"/> | Meeting deadlines | <input type="checkbox"/> | Asking questions in class |
| <input type="checkbox"/> | Time management | <input type="checkbox"/> | Answering questions in class |
| <input type="checkbox"/> | Getting to class on time | <input type="checkbox"/> | Taking notes |
| <input type="checkbox"/> | Stamina | <input type="checkbox"/> | Getting along with instructors |
| <input type="checkbox"/> | Parking | <input type="checkbox"/> | Clarifying assignments |
| <input type="checkbox"/> | Oral reports | <input type="checkbox"/> | Completing reading assignments |
| <input type="checkbox"/> | Taking tests | <input type="checkbox"/> | Completing homework |
| <input type="checkbox"/> | Exam preparation | <input type="checkbox"/> | Memorizing |
| <input type="checkbox"/> | Writing papers | <input type="checkbox"/> | Reading comprehension |
| <input type="checkbox"/> | Self advocacy | <input type="checkbox"/> | Listening |
| <input type="checkbox"/> | Attention span | <input type="checkbox"/> | Remembering instructions |
| | | <input type="checkbox"/> | Other _____ |

Coping issues

- | | | | |
|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | General anxiety | <input type="checkbox"/> | Medication management |
| <input type="checkbox"/> | Restlessness | <input type="checkbox"/> | Symptom management |
| <input type="checkbox"/> | Easily overwhelmed | <input type="checkbox"/> | Sleep patterns |
| <input type="checkbox"/> | Life style | <input type="checkbox"/> | Stress management |
| <input type="checkbox"/> | Food management | <input type="checkbox"/> | Physical health |
| <input type="checkbox"/> | Making friends | <input type="checkbox"/> | Energetic |
| <input type="checkbox"/> | Racing thoughts | <input type="checkbox"/> | Unexpected changes |
| <input type="checkbox"/> | Easily distracted | <input type="checkbox"/> | Perfectionism |
| | | <input type="checkbox"/> | Other _____ |

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma11-4654-trainingfrontlinestaff-sed.pdf

SUPPORTED EDUCATION

Present Situation

What are the main reasons you enrolled in the Supported Education program?

- Career or educational exploration
- Help with applying for financial aid
- Help with enrolling in school
- Help with requesting academic accommodations
- Help with study skills
- Help with test-taking strategies
- Help through tutoring
- Improve math skills
- Improve writing skills
- Interest in attending preparatory classes
- Gain familiarity with college environment
- Other. Please list: _____

Interest Inventory

Name _____

Today's date ____/____/____

Please check the following areas that you do or have interest in learning more about:

A		F	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Candle making	<input type="checkbox"/> First aid	
<input type="checkbox"/> Acting	<input type="checkbox"/> Candy making	<input type="checkbox"/> Flexibility conditioning	
<input type="checkbox"/> Acupressure	<input type="checkbox"/> Career planning	<input type="checkbox"/> Floral entrepreneurship	
<input type="checkbox"/> Aerobic kickboxing	<input type="checkbox"/> Career/life planning	<input type="checkbox"/> Flowerbed design	
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Cell and molecular biology	<input type="checkbox"/> Fly fishing	
<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Fossils	
<input type="checkbox"/> Algebra	<input type="checkbox"/> Chemistry	<input type="checkbox"/> French	
<input type="checkbox"/> Anatomy	<input type="checkbox"/> Chemistry in society	<input type="checkbox"/> Fused glass	
<input type="checkbox"/> Anthropology	<input type="checkbox"/> Children's literature	G	
<input type="checkbox"/> Appalachian clogging	<input type="checkbox"/> Chinese	<input type="checkbox"/> Garment design	
<input type="checkbox"/> Apparel construction	<input type="checkbox"/> Circuit training	<input type="checkbox"/> GED	
<input type="checkbox"/> Archaeology	<input type="checkbox"/> Civil engineer	<input type="checkbox"/> Gemstones	
<input type="checkbox"/> Architecture	<input type="checkbox"/> Clay	<input type="checkbox"/> Geology	
<input type="checkbox"/> Art	<input type="checkbox"/> Color design	<input type="checkbox"/> Glass painting	
<input type="checkbox"/> Art history	<input type="checkbox"/> Comedy	<input type="checkbox"/> Golf	
<input type="checkbox"/> Astronomy	<input type="checkbox"/> Computer introduction	<input type="checkbox"/> Guitar	
<input type="checkbox"/> Automotive tech	<input type="checkbox"/> Computer spreadsheets	H	
B		<input type="checkbox"/> Health career exploration	
<input type="checkbox"/> Ballroom dance	<input type="checkbox"/> Concrete	<input type="checkbox"/> Health screening	
<input type="checkbox"/> Barn dancing	<input type="checkbox"/> Construction methods	<input type="checkbox"/> Heating	
<input type="checkbox"/> Basket weaving	<input type="checkbox"/> Consumer as providers	<input type="checkbox"/> History	
<input type="checkbox"/> Basketball	<input type="checkbox"/> Cooking	<input type="checkbox"/> Hockey	
<input type="checkbox"/> Beading	<input type="checkbox"/> Country western dancing	<input type="checkbox"/> Holiday crafts	
<input type="checkbox"/> Beekeeping	<input type="checkbox"/> Country swing dance	<input type="checkbox"/> Home economics	
<input type="checkbox"/> Bicycle maintenance	<input type="checkbox"/> CPR	<input type="checkbox"/> Home maintenance	
<input type="checkbox"/> Biology	<input type="checkbox"/> Creative writing	<input type="checkbox"/> Homeownership	
<input type="checkbox"/> Botany	<input type="checkbox"/> Crime prevention	<input type="checkbox"/> Homeopathy	
<input type="checkbox"/> Bowling	<input type="checkbox"/> Criminal justice	<input type="checkbox"/> Horses	
D		<input type="checkbox"/> Horticulture	
<input type="checkbox"/> Bread making	<input type="checkbox"/> Databases	<input type="checkbox"/> Hospitality	
<input type="checkbox"/> Breathing exercises	<input type="checkbox"/> Dental hygiene	<input type="checkbox"/> Houseplant care	
<input type="checkbox"/> Breathing	<input type="checkbox"/> Dentistry	<input type="checkbox"/> Human relations	
<input type="checkbox"/> Bridge	<input type="checkbox"/> Dental materials		

SUPPORTED EDUCATION

13. What types of challenges or barriers have you faced in the past or do you think may happen in the future as you return to school? (For example, *I had a hard time talking to instructors. My medication makes me tired. I don't know how to use the computer. I had a hard time getting along with some other students. I feel uncomfortable because of my age.*) What barriers do you want to address as priorities?

14. List some ideas that might help you overcome barriers to being in school.

15. What has helped you in the past?

16. What might help you in the future?

17. What time of the day do you feel best?

18. What do you typically do during this time of day?

19. Who can support your desire to continue your education? (For example, *my friend, Julian; Melanie and Scott at the CRO; my case manager Alice; Don from church might tutor me; my cousin Pablo always wants to help me out.*)

20. Would you be interested in developing a recovery plan specifically focused for Supported Education?

- Yes
- No

21. How will you mark your progress along the way as you move toward your educational goals? (For example, *I will track my grade point average. I can ask for instructor feedback every month. I will talk to my Supported Education coach to brainstorm and problem-solve, etc.*)

22. How will you celebrate when you reach your short-term action steps toward your long-term educational goal? (For example, *Every Saturday morning, I will meet Pam for coffee and conversation at Java Perks to celebrate that I have successfully attended all my classes for the week. After I finish my mid-terms, I will call Julian to go to the movies with me.*)

<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

SUPPORTED EDUCATION

Barriers to Education Checksheet

The following list includes common themes that serve as barriers for individuals to return or sustain their educational involvement. Use this checklist as a starting point to assess and strategize options for overcoming educational barriers.

Check the barriers that apply to you.

- Transportation. (For example, I don't have a car, and don't know how to take a bus.)
- Past failures and negative education experiences. (For example, I don't do well taking tests.)
- Side effects from medication. (For example, my meds make it hard to concentrate in class.)
- Symptoms. (For example, depression gets in the way of doing anything.)
- Academic learning skills. (For example, I'm not up to date on computers skills that I know I need for classes.)
- Fears of the unknown. (For example, when I was in college before, I didn't have a disability; what if I get sick?)
- Lack of support. (For example, I don't understand the college catalog and course requirements; I need help.)
- Funding. (For example, I need a work-study option; I don't have money to go to school.)
- Low self-esteem. (For example, I'm used to hearing how sick I am and wonder what I can really do.)
- Need accommodations. (For example, regular classes go too fast. I need someone in class who will help me out, keep me up to date and up to speed with what's going on.)
- Stigma. (For example, no one in school is as old as I am. What if someone finds out I'm a consumer?)
- Physical disability. (For example, I have a brain injury and am wheelchair-bound; it's hard to keep up.)
- Other commitments. (For example, I am in Alcoholics Anonymous (AA) right now and that takes a lot of time.)
- Don't want to commit time because of unknown results. (For example, I might have a crisis and have to go to the hospital; what if I can't finish a degree.)

<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>

SUPPORTED EDUCATION: TENETS & SKILLS

Tenet: All students can learn new skills through teaching or observation.

Skills:

- Developing skill lessons
- Helping students practice new skills
- Monitoring new behavior
- Reinforcing new behaviors
- Modeling appropriate behavior
- Developing next steps
- Summarizing

Tenet: Students need a range of support and resources that continues as long as they are needed.

Skills:

- Assessing skill, support and resource needs
- Determining when a student needs support rather than a skill
- Determining the nature of support or the kind of resource wanted
- Identifying the resources available to the student
- Connecting rather than referring the student to a resource
- Following up to determine if the support or resource is right for the student

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma11-4654-trainingfrontlinestaff-sed.pdf

SCHOOL JARGON

Jargon you hear in schools and what you think it means

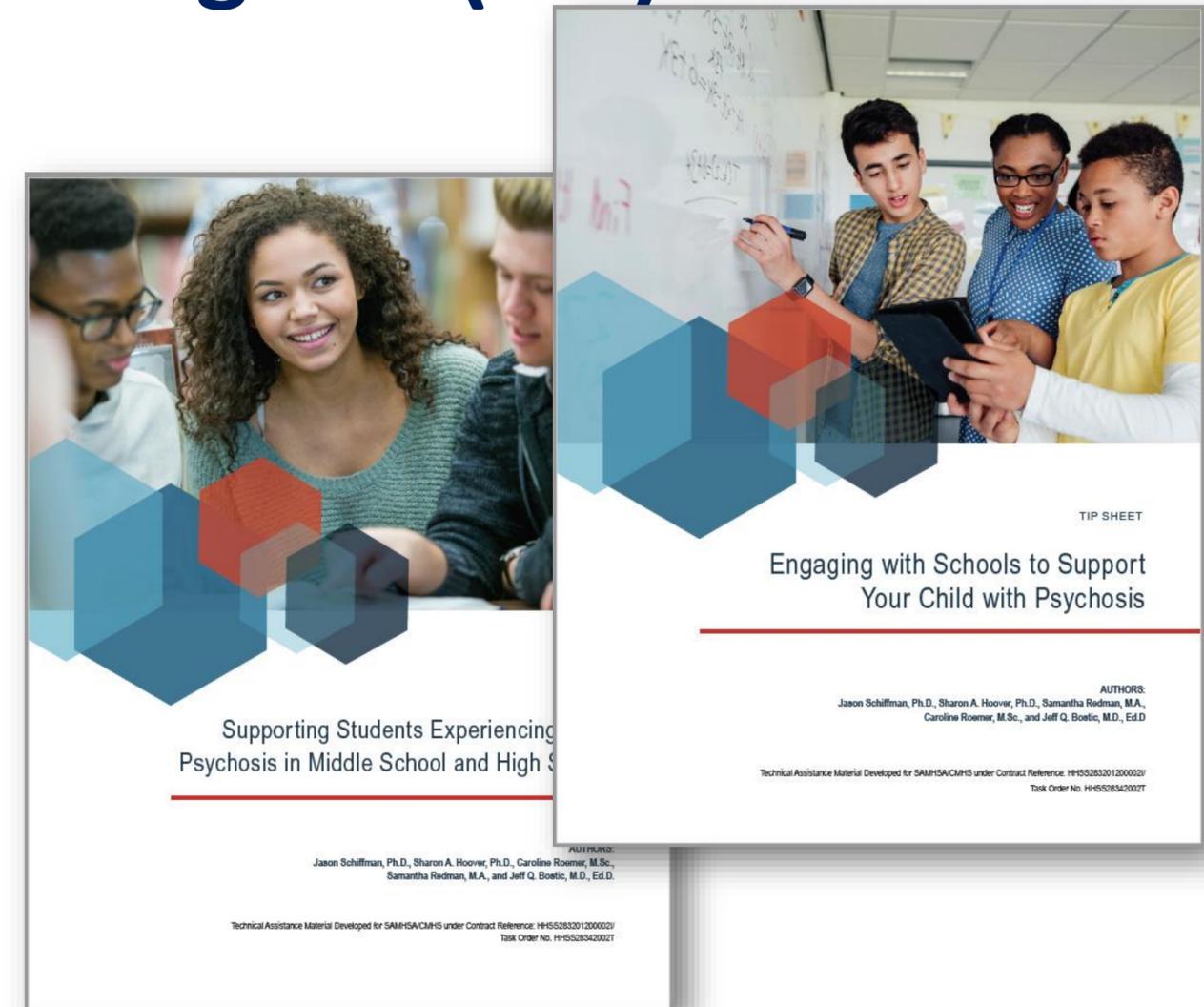


EDUCATIONAL ACCOMMODATIONS

- Students with or at clinical high risk for psychosis may be eligible for an **Individualized Education Program (IEP)**
- **504 Plan** also an option
- **Accommodations**
 - NASMHPD/SAMHSA

Engaging with Schools to Support Your Child with Psychosis, Schiffman J, Hoover S, Roemer C, Redman S, Bostic J 2018

Supporting Students Experiencing Early Psychosis in Middle School & High School, Schiffman J, Hoover S, Roemer C, Redman S, Bostic J 2018



INDIVIDUALIZED EDUCATION PROGRAM AND 504 PLAN

- Both can help
- IEP's are more stringent
- Accommodations (available in both) are most helpful

IEPs

and

504s

Eligibility

- **1 of 13 conditions**
- **“Emotional disturbance” can include psychosis**
- **Must impact academic achievement**

- **Interfering disability**
- ***Any* disability**

IEPs

and

504s

What it Does

- **Individualized specialized instruction**

- **Doesn't generally require specialized instruction**
- **Accommodations**
- **Education alongside their peers**

IEPs

and

504s

Applicable Law

- **Special Education Law
(Individuals with Disabilities
Education Act (IDEA))**

- **Civil Rights Law
(Rehabilitation Act of 1973)**

IEPs

and

504s

Evaluation Stipulations

- **Families can ask for independent evaluation**

- **Doesn't allow families to ask for independent evaluation**

IEPs

and

504s

Team Composition

- **Strict legal requirements**

- The child's parent or caregiver
- At least one of the child's general education teachers
- At least one special education teacher
- School psychologist or other specialist who can interpret evaluation results
- A district representative with authority over special education services

- **Team who understands the youth**

- **Could include**

- The child's parent or caregiver
- General and special education teachers
- The school principal

IEPs

and

504s

What's in It

- The child's present levels of academic and functional performance
- Annual education goals for the child and how the school will track them
- The services the child will get
- The timing of services
- Any accommodations—changes to the child's learning environment
- Any modifications—changes to what the child is expected to learn or know
- How the child will participate in standardized tests
- How the child will be included in general education classes and school activities

- A 504 plan generally includes the following:
- Specific , supports, or services for the child/Accommodations
- Names of who will provide each service
- Name of the person responsible for ensuring the plan is implemented

Some Possible Interventions and Accommodations



Accommodations

Accommodations that might help a student with psychosis



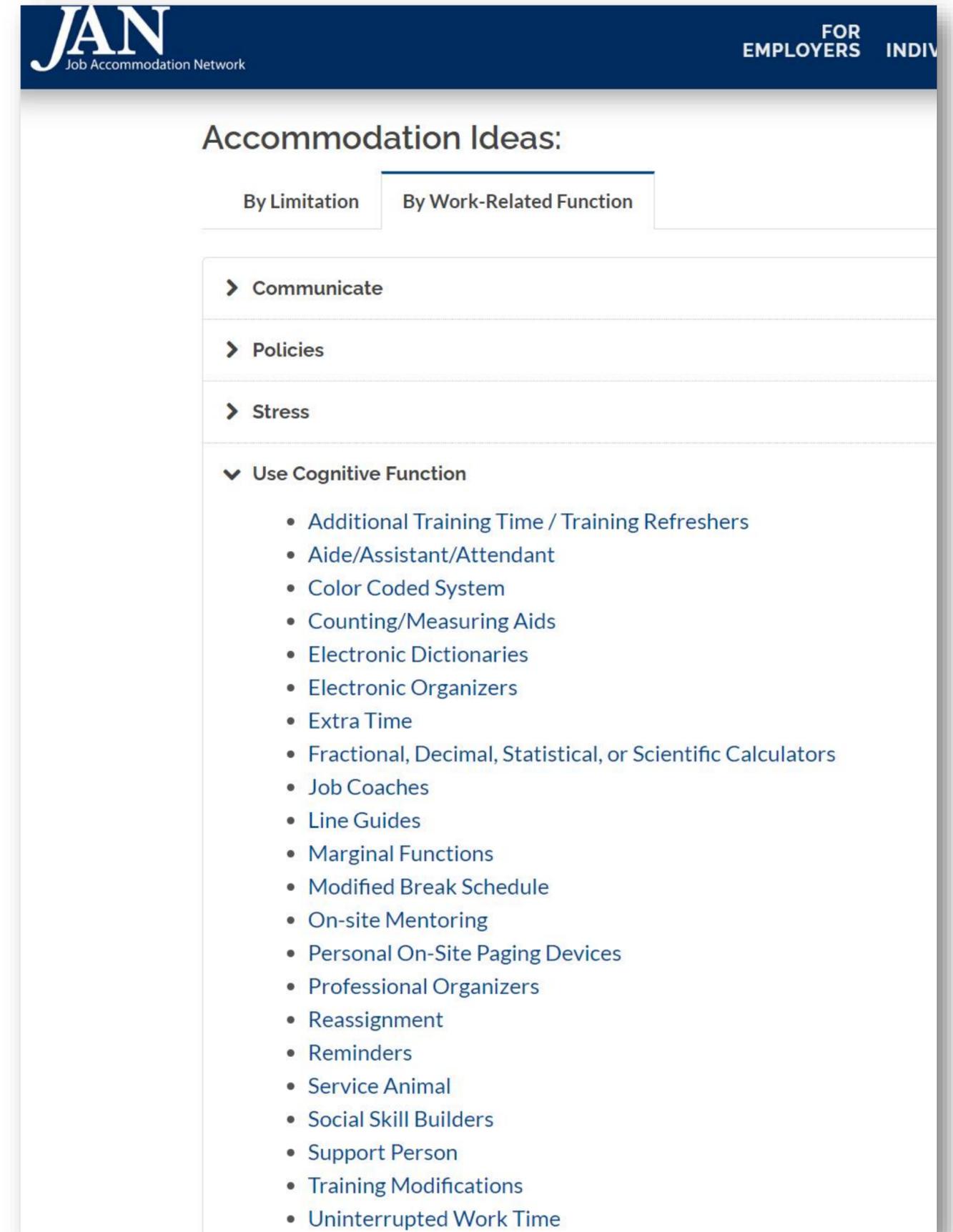
SUPPORTED ED ACCOMMODATION

Academic Problems and Accommodations

Problem	Accommodation
■ Concentration	■ Tape recorder
■ Note taking	■ Tape recorder, note taker
■ Test anxiety	■ Individually proctored test in a quiet location, ■ Extra time to complete test
■ Unable to express thoughts	■ Change test format on essay tests
■ Easily distracted	■ Tape record class, books on tape
■ Performance anxiety	■ Written assignments rather than spoken
■ Anniversary dates that cause problems	■ Flexible time for assignments, ■ Assignments given in advance
■ Short attention span	■ Tape recorder, books on tape
■ Extreme restlessness	■ Leaving class for breaks
■ Anxiety about parking	■ Special parking permit
■ Dry mouth	■ Having beverages in class

JOB ACCOMMODATION NETWORK

A good place to scour for ideas



The screenshot shows the JAN Job Accommodation Network website. The header includes the JAN logo and the text "FOR EMPLOYERS INDIV". The main content area is titled "Accommodation Ideas:" and has two tabs: "By Limitation" and "By Work-Related Function". The "By Work-Related Function" tab is selected. Below the tabs, there is a list of categories with expandable arrows: "Communicate", "Policies", "Stress", and "Use Cognitive Function". The "Use Cognitive Function" category is expanded, showing a list of 25 specific accommodation ideas.

JAN
Job Accommodation Network

FOR EMPLOYERS INDIV

Accommodation Ideas:

By Limitation | By Work-Related Function

- Communicate
- Policies
- Stress
- ▼ Use Cognitive Function
 - Additional Training Time / Training Refreshers
 - Aide/Assistant/Attendant
 - Color Coded System
 - Counting/Measuring Aids
 - Electronic Dictionaries
 - Electronic Organizers
 - Extra Time
 - Fractional, Decimal, Statistical, or Scientific Calculators
 - Job Coaches
 - Line Guides
 - Marginal Functions
 - Modified Break Schedule
 - On-site Mentoring
 - Personal On-Site Paging Devices
 - Professional Organizers
 - Reassignment
 - Reminders
 - Service Animal
 - Social Skill Builders
 - Support Person
 - Training Modifications
 - Uninterrupted Work Time

ACCOMMODATION CENTRAL

Another good place to scour for ideas

The screenshot shows the Accommodation Central website interface. At the top, there is a navigation bar with the logo 'ACCOMMODATION central' and links for 'ACCOMMODATIONS', 'LEARNING LIBRARY', and 'COMMUNITY'. A search bar contains the text 'Search Accommodations' and a dropdown menu is set to 'Entire Site'. Below the search bar, there are two filter tabs: 'ACADEMIC NEED' and 'FUNCTIONAL NEED', with the latter being selected. Under the 'FUNCTIONAL NEED' tab, several checkboxes are visible: 'Attention', 'Fine Motor', 'Organization/Planning', 'Sensory', 'Significant Cognitive Disability', 'Focus' (which is checked), and 'Behavior'. Below these filters, there is a 'Focus | reset filters' link and a 'Find accommodations' button. The main content area is titled 'Search Results' and indicates '31 results matching your search'. Six result cards are displayed in a grid:

- Amplification Devices**: Amplification of speech for students with hearing or focus difficulties. Includes a heart icon.
- Chunking**: Breaking assignments or text into chunks.
- Sketchbook**: Used for drawing and/or taking notes as a non-distracting, appropriate way to reduce anxiety in the classroom.
- Preferential Seating**: Seating a student in a location that is most beneficial for their learning.
- Individualized Structured Reminders**: Providing structured reminders to keep a student on task. Includes a heart icon.
- Peer Tutoring**: Using peers as co-teachers.

When being creative...

Individualize

Teachers, nurses,
counselors, admin,
coaches

Mindful of stigma

Be proactive with
schools

Follow the lead of
your client/family

Recovery should be
the expectation

SCHOOLS PREPARE YOUTH FOR LIFE

- Work skills
- Peer skills
- Independence

- Support a “Well” Lifestyle
 - Sleep, activity, food
 - Predictable environment
 - Respect cultural differences (religion, meaning of symptoms, etc.)



TIPS FOR WORKING WITH TEACHERS

- Psychoeducation
- Safety
 - Bullying
 - Suicidality
 - 66% for current ideation, 18% lifetime attempt
- Stigma reduction
 - Not likely violent
 - All more similar than different

Early Identification of Psychosis in Schools, *Handbook of School Mental Health: Research, Training, Practice & Policy*, Kline et al., 2014; ¹Taylor et al., 2015

JANE -17-YEAR-OLD JUNIOR



- She has recently started experiencing early signs of psychosis, such as hearing mumbled conversations when no one was around and having beliefs that she could predict the future. She began acting in accordance with her predictions and was becoming preoccupied with them at the expense of her social relationships. Seeing groups of other kids triggered her to hear the mumbled conversations, which she tended to interpret as the other students perhaps plotting against her. Ms. Smith called my team for an evaluation. After a thorough diagnostic interview, we determined that Jane was at risk for psychosis based on attenuated symptoms, along with a family history and functional decline. We also learned about many of Jane's strengths, including a strong group of friends who were sticking by her despite her recent challenges, solid pre-symptom functioning, a mom who would do anything for her, and an engaged school with teachers, counselors, and administrators who cared. Jane was struggling academically but wasn't failing, and teachers and Ms. Smith wanted her to remain in her current classes.
- Question 1: Given that last statement, IEP or 504?

JANE -17-YEAR-OLD JUNIOR: ACCOMMODATIONS

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- The team agreed that a 504 would be better for Jane. With respect to how Jane was doing in class, her teachers described her as anxious, and Jane said it was difficult for her to concentrate in class. She was turning in work late and not finishing assignments in class. Academically, many of the accommodations that seemed best for Jane seemed good for any student, regardless of diagnosis, who had similar problems.
- Question 2: What accommodations might you recommend?



JANE -17-YEAR-OLD JUNIOR: ACCOMMODATIONS

1. **Extended time on exams:** Alleviates the stress and anxiety that often come with time constraints
2. **Preferential seating:** Quiet and less stimulating area of the classroom to help with concentration and minimize distractions
3. **Note-taking assistance:** Jane was given access to audio recordings of lectures to help focus and better retain on their own terms.
4. **Flexibility in attendance and assignments:** Schizophrenia can be unpredictable, and Jane benefited from accommodations such as excused absences, extended deadlines, and alternative assignments to manage her symptoms and cope with fluctuations in mental health.
5. **Access to mental health services:** Therapy to help manage symptoms and cope with challenges.
6. **Alternative exam formats:** Alternative exam formats were helpful. For example, Jane did better with multiple-choice questions than traditional essay-style exams.



JANE -17-YEAR-OLD JUNIOR: THERAPY



- She has recently started experiencing early signs of psychosis, such as hearing mumbled conversations when no one was around and having beliefs that she could predict the future. She began acting in accordance with her predictions and was becoming preoccupied with them at the expense of her social relationships. Seeing groups of other kids triggered her to hear the mumbled conversations, which she tended to interpret as the other students perhaps plotting against her. Ms. Smith called my team for an evaluation. After a thorough diagnostic interview, we determined that Jane was at risk for psychosis based on attenuated symptoms, along with a family history and functional decline. We also learned about many of Jane's strengths, including a strong group of friends who were sticking by her despite her recent challenges, solid pre-symptom functioning, a mom who would do anything for her, and an engaged school with teachers, counselors, and administrators who cared. Jane was struggling academically but wasn't failing, and teachers and Ms. Smith wanted her to remain in her current classes.
- The team agreed that a 504 would be better for Jane. With respect to how Jane was doing in class, her teachers described her as anxious and Jane said it was difficult for her to concentrate in class. She was turning in work late and not finishing assignments in class. Academically, many of the accommodations that seemed best for Jane seemed good for any student, regardless of diagnosis, who had similar problems.
- She was worried that her classmates were possibly plotting against her, making group projects particularly challenging. She also began spending more and more time thinking about her ability to predict the future
- Question 3: What therapy strategies might be worth considering to target these concerns?

JANE -17-YEAR-OLD JUNIOR: THERAPY

1. Social skills
2. Peer-to-Peer mentorship
3. Stigma reduction for the school
4. Socratic conversations about friends... evidence for/against
5. Alternative Explanations
6. Experiment/Hypothesis Testing for future predicting
7. Medication consultation



JANE -17-YEAR-OLD JUNIOR: PROFESSIONALS



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- She was worried that her classmates were possibly plotting against her, making group projects particularly challenging. She also began spending more and more time thinking about her ability to predict the future
- Some of the professionals on the team didn't subscribe to our clinical formulation. One mental health professional contended that the problem was autism. One teacher was afraid that her unusual behaviors (spontaneous grimacing) portended violence. Another teacher said she needed to "suck it up." Her coach was confused, and her nurse was demanding pharmacological care.
- Question 4: How would you work with these and related differences of opinion?

JANE -17-YEAR-OLD JUNIOR: PROFESSIONALS



1. General Psychoeducation: More similar than different
2. Psychoeducation: Differences between autism and psychosis
3. Psychoeducation: Risk factors for violence/Stigma reduction
4. Medication consultation with recs
5. What else?

JANE -17-YEAR-OLD JUNIOR: MOM



- She has recently started experiencing early signs of psychosis, such as hearing mumbled conversations when no one was around and having beliefs that she could predict the future. She began acting in accordance with her predictions and was becoming preoccupied with them at the expense of her social relationships. Seeing groups of other kids triggered her to hear the mumbled conversations, which she tended to interpret as the other students perhaps plotting against her. Ms. Smith called my team for an evaluation. After a thorough diagnostic interview, we determined that Jane was at risk for psychosis based on attenuated symptoms, along with a family history and functional decline. We also learned about many of Jane's strengths, including a strong group of friends who were sticking by her despite her recent challenges, solid pre-symptom functioning, a mom who would do anything for her, and an engaged school with teachers, counselors, and administrators who cared. Jane was struggling academically but wasn't failing, and teachers and Ms. Smith wanted her to remain in her current classes.
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- She was worried that her classmates were possibly plotting against her, making group projects particularly challenging. She also began spending more and more time thinking about her ability to predict the future
- Some of the professionals on the team didn't subscribe to our clinical formulation. One mental health professional contended that the problem was autism. One teacher was afraid that her unusual behaviors (spontaneous grimacing) portended violence.
- Mom was extremely worried and expressing her concerns for Jane's well-being in very overt ways (hovering, possible overinvolvement, critical comments).
- Question 5: What ways could we best support Ms. Smith?

JANE -17-YEAR-OLD JUNIOR: MOM

1. Respite
2. Support Group (NAMI)
3. Therapy
4. Psychoeducation
5. Financial Support/Practical Assistance
6. Advocacy
7. Commitment to excellent communication



DURATION OF UNTREATED PSYCHOSIS



JANE



THOMAS

Onset of Risk

Onset of Psychosis

Start of Treatment

Pre-Risk

In School

Psychosis

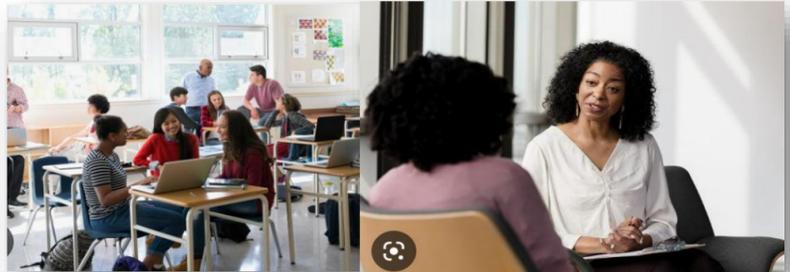
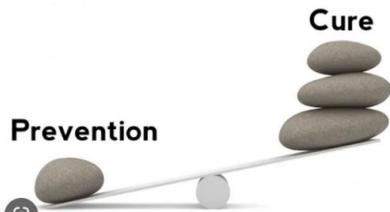
Lasts ~2 years

DUP

DU Illness

SUPPORTED EDUCATION: 8 PRINCIPLES

1. Access to education with positive forward progress
2. If a student wants to go to school, they should get these services
3. Early is better
4. Educational support integrated with MH care
5. Not time limited
6. Client driven
7. Strengths-based
8. The role of student is meaningful



SELECT REFERENCES

- Collins, A., & Holmshaw, J. (2008). Early detection: a survey of secondary school teachers' knowledge about psychosis. *Early intervention in psychiatry*, 2(2), 90-97.
- Joa, I., Johannessen, J. O., Auestad, B., Friis, S., McGlashan, T., Melle, I., ... & Larsen, T. K. (2008). The key to reducing duration of untreated first psychosis: information campaigns. *Schizophrenia bulletin*, 34(3), 466-472.
- Karcher, N., Klaunig, M., Elsayedc, N., Taylor, R., Jay, S., Herting, M., & Schiffman, J. (in press). Understanding Associations between Ethno-racial Categories, Experiences of Discrimination, and Psychotic-like Experiences in Middle Childhood. *Journal of the American Academy of Child and Adolescent Psychiatry*
- Kline, E. R., Chokran, C., Rodenhiser-Hill, J., Seidman, L. J., & Woodberry, K. A. (2019). Psychosis screening practices in schools: A survey of school-based mental health providers. *Early intervention in psychiatry*, 13(4), 818-822.
- Kline, E., Denenny, D., Reeves, G., & Schiffman, J. (2014). Early identification of psychosis in schools. In *Handbook of school mental health* (pp. 323-338). Springer, Boston, MA.
- Meyer, M. S., Rosenthal, A., Bolden, K. A., Loewy, R. L., Savill, M., Shim, R., ... & Niendam, T. A. (2020). Psychosis screening in schools: Considerations and implementation strategies. *Early Intervention in Psychiatry*, 14(1), 130-136.
- Millman, Z. B., Rakhshan Rouhakhtar, P. J., DeVlyder, J. E., Smith, M. E., Phalen, P. L., Woods, S. W., ... & Schiffman, J. (2019). Evidence for differential predictive performance of the prime screen between black and white help-seeking youths. *Psychiatric Services*, 70(10), 907-914.
- Nugent, K. L., Kline, E., Thompson, E., Reeves, G., & Schiffman, J. (2013). Assessing psychotic-like symptoms using the BASC-2: Adolescent, parent and teacher agreement. *Early intervention in psychiatry*, 7(4), 431-436.
- Phalen, P. L., Rouhakhtar, P. R., Millman, Z. B., Thompson, E., DeVlyder, J., Mittal, V., ... & Schiffman, J. (2018). Validity of a two-item screen for early psychosis. *Psychiatry research*, 270, 861-868.
- Rouhakhtar, P. R., Pitts, S. C., Millman, Z. B., Andorko, N. D., Redman, S., Wilson, C., ... & Schiffman, J. (2019). The impact of age on the validity of psychosis-risk screening in a sample of help-seeking youth. *Psychiatry research*, 274, 30-35.
- Schiffman, J., Hoover, S., Redman, S., Roemer, C., & Bostic, J. Q. (2018). Engaging with schools to support your child with psychosis. *Alexandria, VA: National Association of State Mental Health Program Directors*.
- Schiffman, J., Hoover, S., Roemer, C., Redman, S., & Bostic, J. (2018). Supporting students experiencing early psychosis in middle school and high school. *Alexandria, VA: National Association of State Mental Health Program Directors*.
- Schultz, S. H., North, S. W., & Shields, C. G. (2007). Schizophrenia: a review. *American family physician*, 75(12), 1821-1829.
- Taylor, P. J., Hutton, P., & Wood, L. (2015). Are people at risk of psychosis also at risk of suicide and self-harm? A systematic review and meta-analysis. *Psychological Medicine*, 45(5), 911-926.
- Thompson, E. C., Andorko, N. D., Rakhshan Rouhakhtar, P., Millman, Z. B., Sagun, K., Han, S., ... & Schiffman, J. (2020). Psychosis-spectrum screening and assessment within a college counseling center: A pilot study exploring feasibility and clinical need. *Journal of College Student Psychotherapy*, 1-22.
- Thompson, E., Kline, E., Ellman, L. M., Mittal, V., Reeves, G. M., & Schiffman, J. (2015). Emotional and behavioral symptomatology reported by help-seeking youth at clinical high-risk for psychosis. *Schizophrenia research*, 162(1-3), 79-85.
- Thompson, E., Kline, E., Reeves, G., Pitts, S. C., & Schiffman, J. (2013). Identifying youth at risk for psychosis using the Behavior Assessment System for Children. *Schizophrenia research*, 151(1-3), 238-244.
- Tsuji, T., Kline, E., Sorensen, H. J., Mortensen, E. L., Michelsen, N. M., Ekstrom, M., ... & Schiffman, J. (2013). Premorbid teacher-rated social functioning predicts adult schizophrenia-spectrum disorder: a high-risk prospective investigation. *Schizophrenia research*, 151(1-3), 270-273.

<https://store.samhsa.gov/product/Supported-Education-Evidence-Based-Practices-EBP-KIT/SMA11-4654>