

Southwest FEP Conference Evaluation Report

Overview. The Southwest First Episode Psychosis Conference brought together early psychosis mental health providers for a three-day training event in August 2020. The conference was initially planned as an in-person regional event, but was converted into a virtual conference as a result of the Covid-19 pandemic. The planning committee for the conference was made up of early psychosis providers from across the five-state region, including Arkansas, New Mexico, Oklahoma, Louisiana, and Texas.

Characteristics of Conference Attendees. With the shift to a virtual conference, registration was opened to all interested participants and attendance was free. There were 1,625 registrants to the conference and 976 unique individuals attended the event. Participants were predominantly female (79.5%), with 16.4 percent identifying as male, 0.3 percent as transgender, 0.5 percent identified as none of the options, and 3.2 percent did not respond. The majority of participants identified as White (64.1%), followed by Hispanic/Latinx (18.1%), Black (15.2%), Asian (4.0%), American Indian (2.7%), and Native Hawaiian or Pacific Islander (0.5%).

Conference attendees reflected a national audience, with 43 states or U.S territories represented. The largest proportion of attendees were present from Texas (35.8%), New Mexico (7.5%), and Louisiana (6.7%), representing three of the five states within U.S. Region 6, which is served by the South Southwest Mental Health Technology Transfer Center. Figure 1 illustrates the zip code of participants' work location.

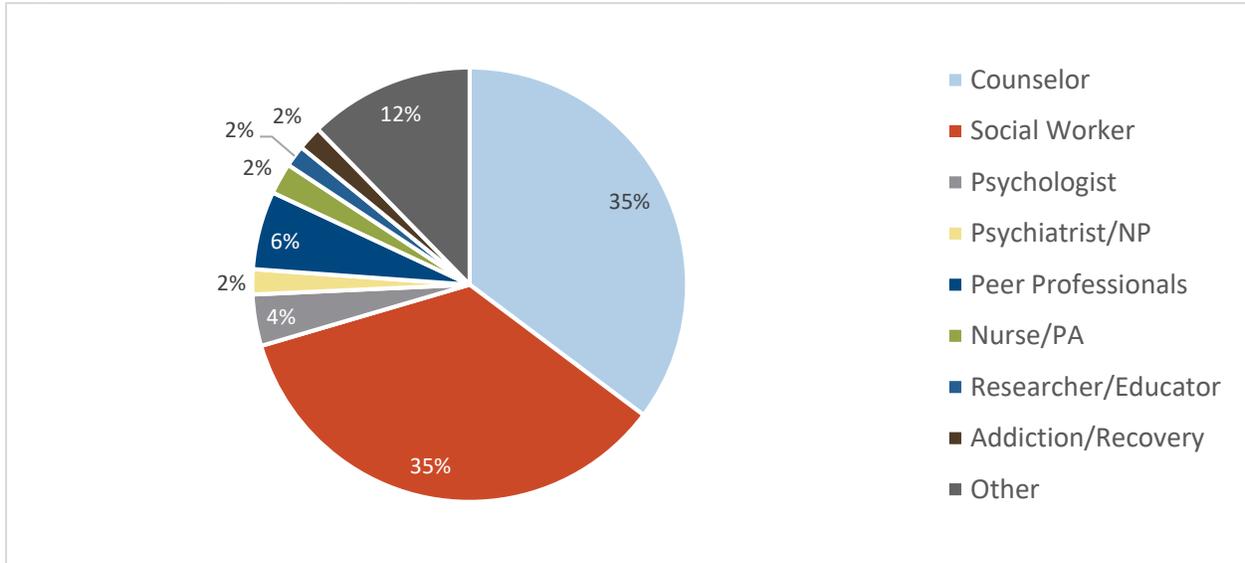
Figure 1. *Work Location of Conference Participants*



There were a variety of professionals represented in the attendees. The majority of participants identified as a counselor (35.2%) or social worker (35.2%), followed by

other (12.3%) and peer professionals (5.8%). The breakdown of professional roles is illustrated in Figure 2.

Figure 2. *Primary Roles of Conference Participants*



The primary setting in which participants were employed was a mental health organization (61.3%). All other settings were less frequent, with other representing 7.0 percent, community health representing 5.7 percent, and criminal justice representing 4.2 percent.

Satisfaction with Conference Events. Participants were asked to complete a brief survey at the end of each presentation. Surveys were not completed for the two networking events. Satisfaction with each session is presented in Table 1. Participants reported the greatest satisfaction with the two Recovery-Oriented Cognitive Therapy Sessions and the Family and Youth Panel.

Table 1. *Participants' Overall Satisfaction with the Quality of the Session*

Session Title	Attendees	Very Satisfied	Satisfied	Neutral or Dissatisfied
Embracing Lived Experience and Evidence	703	52.2%	41.1%	6.7%
Future Directions for Coordinated Specialty Care	623	64.8%	30.1%	5.1%
Building a Learning System of Care: Using Data	225	52.2%	43.4%	4.4%
Recovery Oriented Cognitive Therapy for Distressing Hallucinations	467	83.6%	15.4%	0.9%

Clinical High Risk for Psychosis	645	62.5%	32.7%	4.8%
Early Psychosis Intervention in Louisiana	558	59.2%	36.1%	4.7%
Youth and Family Panel	546	75.4%	23.9%	0.7%
Recovery Oriented Cognitive Therapy: Motivation & Engagement	617	82.0%	17.0%	1.0%
Closing	407	70.9%	23.8%	5.3%

Post Conference Survey. A web-based survey reflecting participant perspectives of the full conference experience was distributed by email in the week following the event. One-hundred and twelve participants responded. When asked if the event met their professional development needs, 66.4 percent strongly agreed and 31.9 percent agreed. Participants were asked about their preferences for a platform for a similar event after concerns related to the pandemic end. Participants did not agree on a preferred platform, with 36.6 percent opting for a hybrid in-person and streaming conference, 32.1 percent choosing an in-person format, and 21.4 percent preferring a virtual platform.

Participants were asked to identify the information or experience that they found most useful in the conference. Responses ($n=101$) were analyzed into key themes for reporting. Each of the themes is illustrated by a few quotes that reflect that theme.

A. **General Experience.** Some respondents reflected general enjoyment of the conference and information shared (29 out of 101; 28.7%).

- *Really liked the whole conference. The variety was great and they hit on a lot of topics.*
- *I enjoyed the energy of the presenters.*
- *All of it. I am new to this dx [diagnosis] and motivated to learn.*

B. **Recovery-Oriented Cognitive Therapy.** A significant proportion of participants reflected that information on Recovery-Oriented Cognitive Therapy and practical strategies for addressing distressing hallucinations or motivational challenges was beneficial (32 of 101; 31.7%).

- *The presentations on CTR by Dr. Brinen*
- *More about cognitive therapy and how to engage people without “over goaling” them.*
- *That medication is not the only treatment for psychosis, and that scheduling and keeping busy can be an effective deterrent.*

- C. Understanding Lived Experience.** Another substantial proportion of respondents indicated that the panel of family and young adults with lived experience was impactful (21 of 101; 20.8%).
- *Three specific things stayed with me. 1. Lived Experiences (voices of clients) are important to research and care...*
 - *I loved hearing the experts speak. But I was also fascinated and got so much from listening to those with lived experience.*
 - *Hearing persons served share their experience- very powerful!*
- D. Importance of Peer Role.** Some respondents indicated hearing about the importance of the peer role on the early psychosis team was meaningful (9 of 101; 8.9%).
- *How important Peer services are and how much Peers are involved.*
 - *Learning about the experiences from the peer specialists.*
 - *The information that was most helpful was gaining different ideas on how agencies have incorporated Peer support workers into their agencies.*
- E. Networking with Others.** Several respondents shared the value of networking and sharing ideas with providers in other regions of the country (9 out of 101; 8.9%).
- *I enjoyed hearing about programming around the country. I was pleasantly surprised at the ability to have breakout sessions and virtually talk to others.*
 - *Hearing from actual programs providing innovative interventions*
 - *Working as a team, connecting with other clinicians*
- F. New Ways of Thinking about Psychosis Care.** Some respondents reflected that the conference provided a new perspective on psychosis care and the future of early intervention (7 out of 101; 6.9%).
- *Paradigm shift in thinking about psychoses to more of a strengths-based instead of deficit-based thinking.*
 - *Meeting patients where they are.*
 - *The evolution of care over time; gaps remaining*
- G. Chronic High Risk for Psychosis.** Some participants identified information about screening for chronic high risk and practices that aim to prevent psychosis as the most useful information (5 out of 101; 5.0%).
- *The information that I found most helpful was learning about the different screening and assessment tools. I work in a program that is not specific to those that have experienced psychosis. Rather, I work with youth that have severe emotional needs. As such, psychosis is not a definitive, but rather a possibility.*

Being able to screen and assess clients accurately is important for them, their families, and other service providers.

- *Also info on early screening for psychosis (prodromal)*