



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Evidence-Based Early Psychosis Identification and Treatment

Joseph S. DeLuca, M.A.  
Clinical Psychology Trainee ('20)  
University of Maryland School of Medicine

**June 23, 2020**



# Housekeeping: Functions

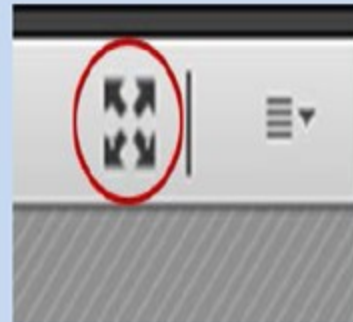
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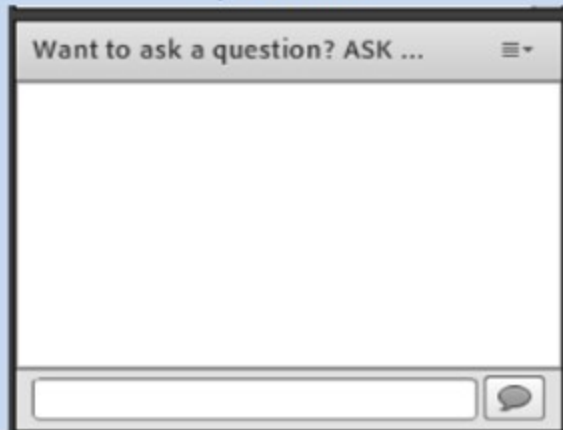


# Housekeeping: Communication

## Q&A and Technical Issues

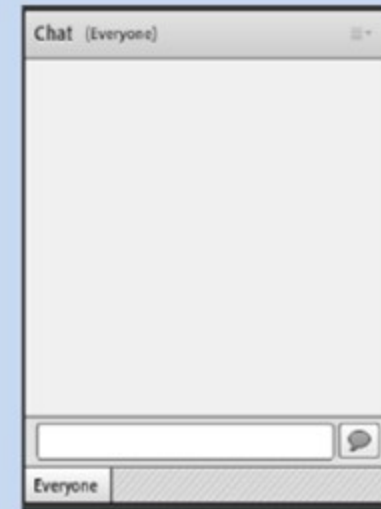
If you have questions for either the presenters or our Technical Support Staff, enter them in the Q&A box.

Our support staff will assist you with your technical issues, and our moderator will present as many questions as possible to the presenter.

A screenshot of a Q&A interface. At the top, it says "Want to ask a question? ASK ..." followed by a dropdown arrow. Below this is a large, empty text input area. At the bottom right of the input area is a speech bubble icon. At the bottom left, there is a smaller text input field and another speech bubble icon.

## Chat with us!

If you have general comments, please post them in the participant chat box.

A screenshot of a chat interface. The title bar says "Chat (Everyone)". The main area is a large, empty text input field. At the bottom right is a speech bubble icon. At the bottom left, there is a smaller text input field and another speech bubble icon.

# MHTTC Network

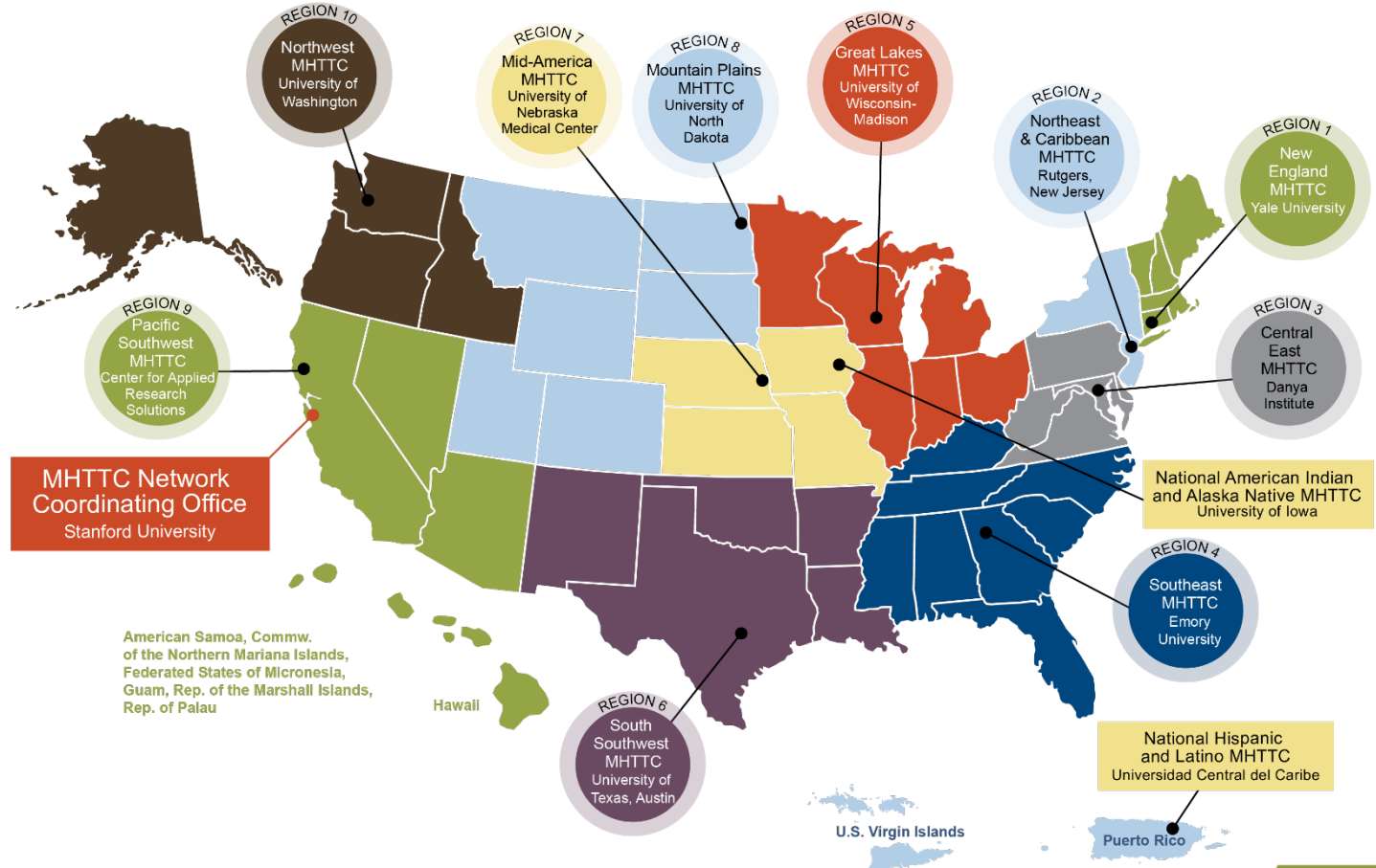


MHTTC

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MHTTC Network



Central East (HHS Region 3)

MHTTC

# MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.



# Central East MHTTC Goals

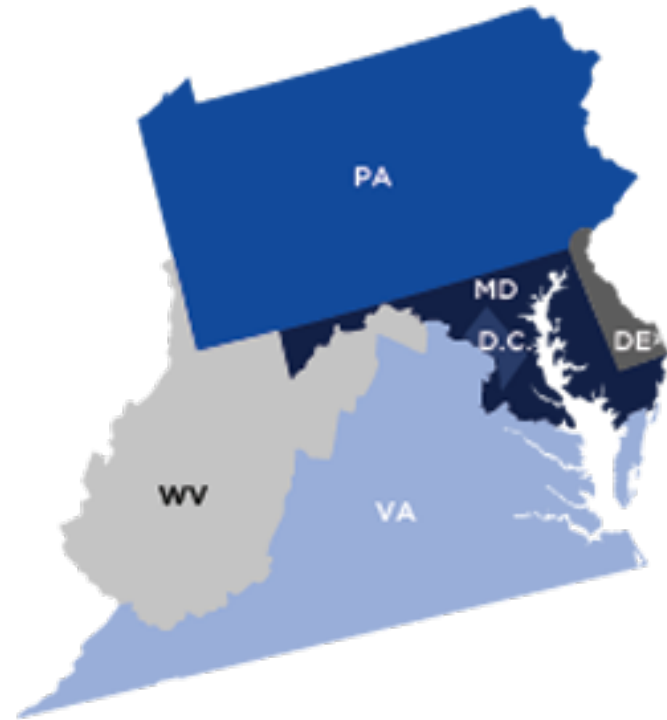
## Funded by SAMHSA to:

- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

# Central East Region

## HHS REGION 3

Delaware  
District of Columbia  
Maryland  
Pennsylvania  
Virginia  
West Virginia





# Agenda

1. Review the spectrum of psychosis and differentiate *psychosis-risk* and *first-episode psychosis*
2. Review the evidence supporting early psychosis care, and state/federal implementation efforts
3. Describe the components of evidence-based early psychosis assessment and treatment
4. Highlight target issues/special populations
5. Summary and Q&A



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# Psychosis: Big Picture

- Approximately 1%-3% develop a psychotic disorder in their lifetime
  - 100,000 adolescents and young adults develop a first episode of psychosis each year
- Estimated economic burden of \$156 billion in the US
- Significant individual impact (earlier mortality, lower QoL)
- Although there are negative outcomes associated with psychosis, it is important to note that many individuals who experience psychosis can lead full and successful lives
  - Additionally, many individuals who experience psychosis report positive changes afterwards (e.g., personal strength; spiritual growth)

# “Psychosis”



# What Matters Most: Young People in Recovery

Four of Us

# Psychosis Symptoms

- Two types of psychotic symptoms (DSM-5 'Criterion A')

1

2

**Positive symptoms**  
(Behavioral excess)

**Negative symptoms**  
(Behavioral deficits)



- Hallucinations
- Delusions
- Disorganized speech
- Disorganized/catatonic behavior

# Positive Symptoms

## **Delusions:** false and fixed beliefs

- “I think people are talking about me”
- “Someone is following me”
- “People are talking about me to plot against me”
- “Aliens are sending me messages through the TV”

## **Hallucinations:** perception/sensory abnormalities

- Auditory, visual, or tactile
- Auditory or “hearing voices” is most common

# Positive Symptoms

**Disorganized speech**: difficult to follow

- Disjointed monologues
- Idiosyncratic use of words

**Disorganized behavior**: unpredictability/agitation

- Dressing in unusual manner
- Unpredictable emotional response

**Disorganized movement**: unusual movements



• **Goal-directed behavior**  
• **Functioning**



# Negative Symptoms

1

**Positive symptoms**  
(Behavioral excess)

2

**Negative symptoms**  
(Behavioral deficits)



- Social withdrawal
- Decreased motivation
- Decreased activity
- Limited facial expression

# Symptoms on a Spectrum

## Hallucinations: Perceptual/Sensory Abnormalities

Seeing indistinct shadows or flashing lights.

Seeing a person hovering outside the 2<sup>nd</sup> floor window.

## Delusions: False and Fixed Beliefs/Suspiciousness

He goes to the park and feels like people are staring.

He refuses to go outside because he is convinced his neighbor is plotting to kill him.

# “Early Psychosis”

- Refers to the first signs and experiences of psychosis
- Broad term that covers many symptoms and experiences
- Most often, these symptoms and experiences evolve and may gradually worsen

**Hallucinations:** Seeing, hearing, feeling, or tasting things that other people don't

**Feeling overwhelmed by sensory information:** Lights seem too bright, noises too loud

**Difficulty filtering stimulation from the environment**

**Delusions:** False personal beliefs based on incorrect inferences about reality which are inconsistent with culture and previous beliefs, and which are firmly sustained in spite of evidence or proof to the contrary

**Confused thinking or speech**

**Difficulty doing ordinary things:** often includes problems with memory, attention, putting thoughts together

[What Is Psychosis?](#)

[NIMH Fact Sheet: First Episode Psychosis](#)

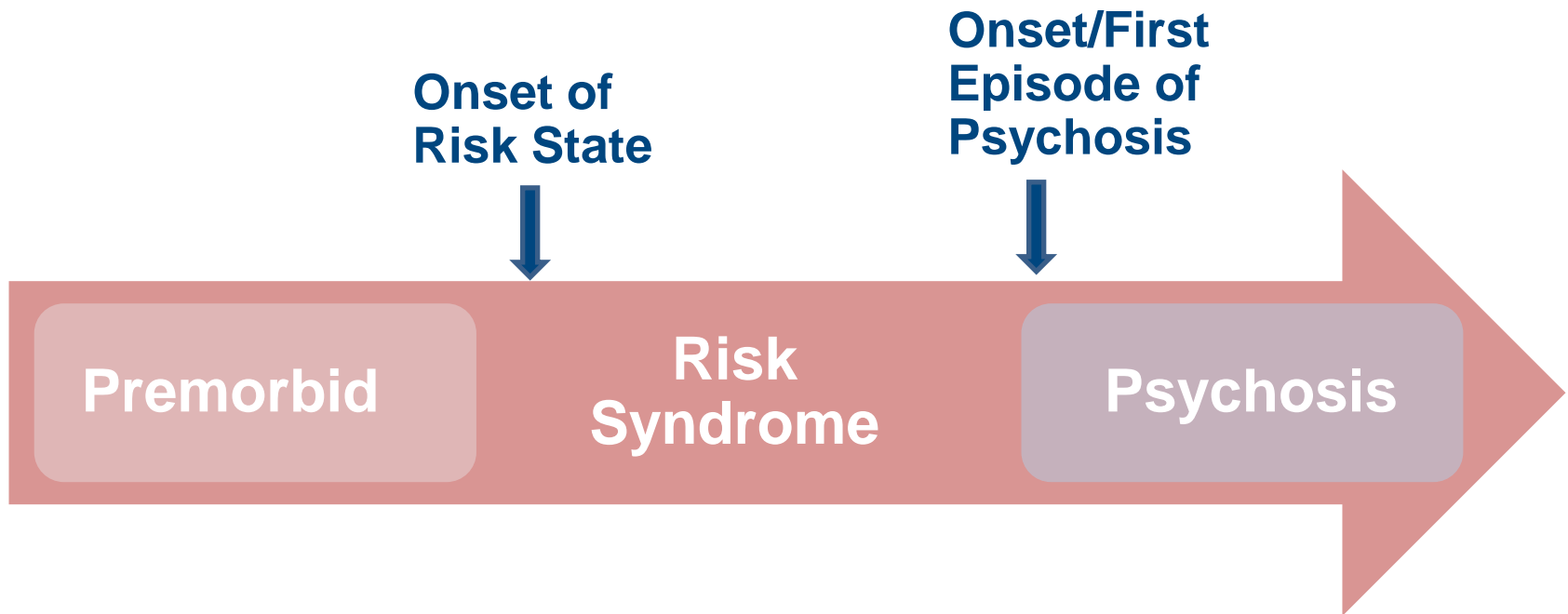
[Stanford University School of Medicine-  
PEPPNET: Early Psychosis](#)

# Who experiences early psychosis?

- Onset generally occurs between the ages of 15-25
- Onset may begin in adolescence and continue into young adulthood
- Occurs slightly more in males than females



# ***Psychosis-Risk v. First-Episode***



# How do we recognize *Psychosis-Risk*?

- Many early warning signs:
  - Feeling “something’s not quite right”
  - Jumbled thoughts and confusion
  - Trouble speaking clearly
  - Unnecessary fear
  - Declining interest in people, activities, and self-care
  - Comments from others
  - Deterioration in functioning
    - Work / School / Hygiene

**But these concerns are non-specific**

# Psychosis-Risk v. First Episode

## Conditions are often differentiated by:

1. Intensity and severity of symptoms
2. Degree of conviction
3. Doubt, question and insight

## Examples:

- *“I’m pretty sure the man in the black suit is following me, but that doesn’t make any sense, right?”*
- *“I think I hear footsteps at night, but no one else does. I don’t see anything when I go and check, so I don’t know.”*



# Psychosis-Risk

- A substantial minority (22%) of individuals determined to be at *psychosis-risk* develop a psychotic disorder within three years
- Often comorbid psychological and behavioral challenges such as depression, anxiety, impaired social and role functioning, and a history of trauma

JAMA Psychiatry | Review

## Prevention of Psychosis

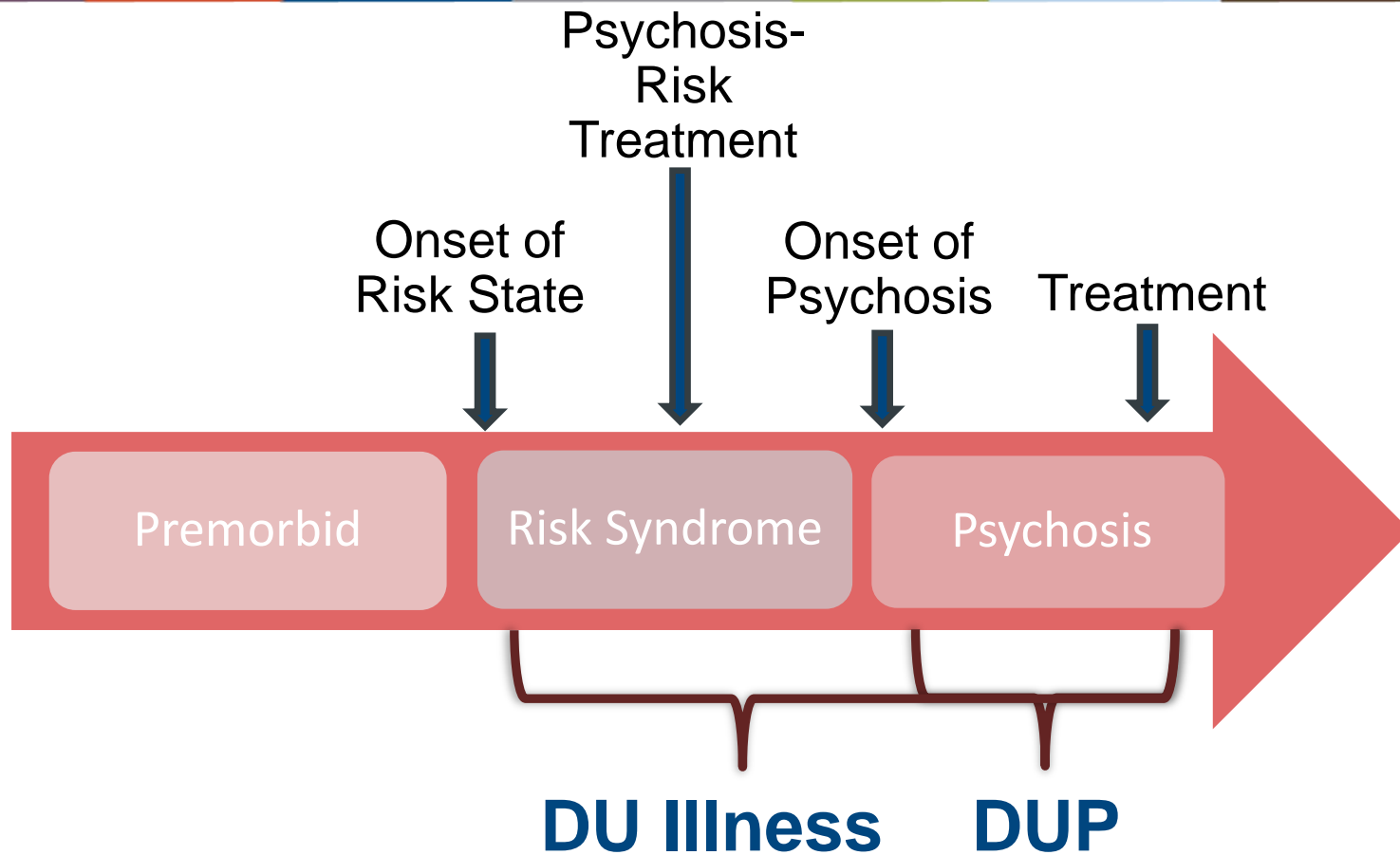
### Advances in Detection, Prognosis, and Intervention

Paolo Fusar-Poli, MD, PhD; Gonzalo Salazar de Pablo, MD; Christoph U. Correll, MD; Andreas Meyer-Lindenberg, MD, PhD; Mark J. Millan, PhD; Stefan Borgwardt, MD, PhD; Silvana Galderisi, MD, PhD; Andreas Bechdolf, MD, PhD; Andrea Pfennig, MD, PhD; Lars Vedel Kessing, MD, DMSc; Therese van Amelsvoort, MD, PhD; Dorien H. Nieman, PhD; Katharina Domschke, MD, PhD; Marie-Odile Krebs, MD, PhD; Nikolaos Koutsouleris, MD; Philip McGuire, MD, PhD; Kim Q. Do, PhD; Celso Arango, MD, PhD

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# Duration of Untreated Psychosis (DUP)



*Lasts on average over 1-2 years*

# Shorter DUP is good

- ✓ Better long-term outcomes
- ✓ Less need for intensive services
- ✓ Less negative symptoms
- ✓ Less social impairment
- ✓ Less occupational impairment
- ✓ Less neuropsychological deficits
- ✓ Less psychological distress
- ✓ Less costs/burdens to the system

# Psychosis-Risk State/Federal Efforts

NAPLS

- North American Prodrome Longitudinal Study (NAPLS) consortium (funded by NIMH since 2003)
  - Goals: improve the ability to identify youth at-risk for psychosis and better understand the mechanisms of emerging SMI
  - [Background](#)
- “Community Programs for Outreach and Intervention with Youth and Young Adults at Clinical High Risk for Psychosis” (SAMHSA funded 20+ programs in 2018)
  - Goals: identify youth/young adults and provide EBT to prevent the onset of psychosis or lessen the severity of psychotic disorder
  - [Grant Announcement](#)
    - [Strive for Wellness Mental Health Clinic](#)

# First-Episode Psychosis: NIMH RAISE

In 2008, NIMH launched the *Recovery After an Initial Schizophrenia Episode (RAISE)* project – began with two studies examining ways to implement *first-episode psychosis* early intervention services.

## What is RAISE?

### FACT SHEET: First Episode Psychosis

#### Facts About Psychosis

- ☐ The word *psychosis* is used to describe conditions that affect the mind when there has been some loss of contact with reality.
- ☐ Psychosis often begins when a person is in his or her late teens to mid-twenties.
- ☐ Psychosis can be a symptom of a mental illness or a physical condition.
- ☐ Psychosis can be caused by some medications, alcohol or drug abuse.
- ☐ Three out of 100 people will experience psychosis at some time in their lives.
- ☐ About 100,000 adolescents and young adults in the US experience first episode psychosis each year.
- ☐ Psychosis can include hallucinations (seeing, hearing, smelling, tasting or feeling something that is not real).
- ☐ Psychosis can include paranoia or delusions (believing in something that is not real even when presented with facts).
- ☐ Psychosis can include disordered thoughts and speech.
- ☐ Psychosis affects people from all walks of life.

**MYTH:** A person with psychotic symptoms is dangerous.

**FACT:** People experiencing psychosis may behave strangely, they may hear voices, or see things that don't exist. They may be frightened and confused or withdrawn. However, it is more likely that these people will harm themselves than someone else. It is important to help a person with psychotic symptoms get treatment as quickly as possible.

#### Treatment

- ☐ Psychosis can be treated and early treatment increases the chance of a successful recovery.
- ☐ Studies have shown that it is common for a person to have psychotic symptoms for more than a year before receiving treatment. Reducing this *duration of untreated psychosis* is important because early treatment often means a better recovery.
- ☐ Research supports a variety of treatments for first episode psychosis, especially coordinated specialty care (CSC). CSC involves the following components:
  - ☐ *Individual or group psychotherapy* is typically based on cognitive behavior therapy (CBT) principles. CBT helps people solve their current problems. The CBT therapist helps the patient learn how to identify distorted or unhelpful thinking patterns, recognize and change inaccurate beliefs, relate to others in more positive ways, and change problematic behaviors.

## Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes From the NIMH RAISE Early Treatment Program

John M. Kane, M.D., Delbert G. Robinson, M.D., Nina R. Schooler, Ph.D., Kim T. Mueser, Ph.D., David L. Penn, Ph.D., Robert A. Rosenheck, M.D., Jean Addington, Ph.D., Mary F. Brunette, M.D., Christoph U. Correll, M.D., Sue E. Estroff, Ph.D., Patricia Marcy, B.S.N., James Robinson, M.Ed., Piper S. Meyer-Kalos, Ph.D., L.P., Jennifer D. Gottlieb, Ph.D., Shirley M. Glynn, Ph.D., David W. Lynde, M.S.W., Ronny Pipes, M.A., L.P.C.-S., Benji T. Kurian, M.D., M.P.H., Alexander L. Miller, M.D., Susan T. Azrin, Ph.D., Amy B. Goldstein, Ph.D., Joanne B. Severe, M.S., Haiqun Lin, M.D., Ph.D., Kyaw J. Sint, M.P.H., Majnu John, Ph.D., Robert K. Heinssen, Ph.D., A.B.P.P.

**Objective:** The primary aim of this study was to compare the impact of NAVIGATE, a comprehensive, multidisciplinary, team-based treatment approach for first-episode psychosis designed for implementation in the U.S. health care system, with community care on quality of life.

**Method:** Thirty-four clinics in 21 states were randomly assigned to NAVIGATE or community care. Diagnosis, duration of untreated psychosis, and clinical outcomes were assessed via live, two-way video by remote, centralized raters masked to study design and treatment. Participants (mean age, 23) with schizophrenia and related disorders and  $\leq 6$  months of antipsychotic treatment ( $N=404$ ) were enrolled and followed for  $\geq 2$  years. The primary outcome was the total score of the Heinrichs-Carpenter Quality of Life Scale, a measure that includes sense of purpose, motivation, emotional and social interactions, role functioning, and engagement in regular activities.

**Results:** The 223 recipients of NAVIGATE remained in treatment longer, experienced greater improvement in quality of life and psychopathology, and experienced greater involvement in work and school compared with 181 participants in community care. The median duration of untreated psychosis was 74 weeks. NAVIGATE participants with duration of untreated psychosis of  $< 74$  weeks had greater improvement in quality of life and psychopathology compared with those with longer duration of untreated psychosis and those in community care. Rates of hospitalization were relatively low compared with other first-episode psychosis clinical trials and did not differ between groups.


**Conclusions:** Comprehensive care for first-episode psychosis can be implemented in U.S. community clinics and improves functional and clinical outcomes. Effects are more pronounced for those with shorter duration of untreated psychosis.

*AJP in Advance (doi: 10.1176/appi.ajp.2015.15050632)*



# Coordinated Specialty Care (CSC)

- **Consolidated Appropriations Act (January 2014, H.R. 3547, 113<sup>th</sup> Congress)**
  - **Increased Community Mental Health Block Grant (CMHBG) program by \$24.8M**
  - **Funds allocated for first episode psychosis (FEP) programs**
  - **NIMH worked with SAMHSA to develop roadmap defining Evidence-based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care.**
- [Coordinated Specialty Care for First Episode Psychosis Resources](#)



**Coordinated Specialty Care Fact Sheet & Checklist**

Coordinated specialty care (CSC) is a general term used to describe recovery-oriented treatment programs for people with first episode psychosis (FEP). CSC uses a team of health professionals and specialists who work with the client to create a personal treatment plan based on the client's life goals and preferences.

The team offers recovery-oriented psychotherapy, medication management geared to individuals with FEP, case management, employment and education support, and family education and support. The client and the team work together to make treatment decisions, involving family members as much as possible.

Compared to typical care for FEP, CSC has been shown to be more effective at reducing symptoms, improving quality of life and increasing involvement in work or school. There are many different programs that can be considered coordinated specialty care. In the United States, examples of CSC programs include (but are not limited to) NAVIGATE, the Connection Program, OnTrackNY, the Specialized Treatment Early in Psychosis (STEP) program, and the Early Assessment and Support Alliance (EASA). For help finding a CSC program in your area, visit the Patients and Families section of the RAISE webpage: <http://www.nimh.nih.gov/raise>.

**RAISE**  
Recovery After an Initial Schizophrenia Episode  
A Research Project of the NIMH

**CSC Checklist**

If you are interested in a CSC program, talk with the program's service providers and ask if they offer the following components of coordinated specialty care:

- ☐ A treatment program that uses a team-based approach
- ☐ Treatment planning that involves the client in all treatment decisions, and family members when possible
- ☐ A treatment team that provides the following services:
  - ☐ Case management
  - ☐ Recovery-oriented psychotherapy
  - ☐ Medication management geared to individuals with FEP
  - ☐ Supported employment and education
  - ☐ Coordination with primary care services
  - ☐ Family education and support

NIH National Institute of Mental Health  
NIMH Publication No. CM 14-4334

# Comparison of Early Intervention Services vs Treatment as Usual for Early-Phase Psychosis

## A Systematic Review, Meta-analysis, and Meta-regression

Christoph U. Correll, MD; Britta Galling, MD; Aditya Pawar, MD; Anastasia Krivko, MD; Chiara Bonetto, MD;  
Mirella Ruggeri, MD; Thomas J. Craig, PhD; Merete Nordentoft, MD; Vinod H. Srihari, MD; Sinan Guloksuz, MD;  
Christy L. M. Hui, PhD; Eric Y. H. Chen, MD; Marcelo Valencia, PhD; Francisco Juarez, PhD;  
Delbert G. Robinson, MD; Nina R. Schooler, PhD; Mary F. Brunette, MD; Kim T. Mueser, PhD;  
Robert A. Rosenheck, MD; Patricia Marcy, BSN; Jean Addington, PhD; Sue E. Estroff, PhD;  
James Robinson, MEd; David Penn, PhD; Joanne B. Severe, MS; John M. Kane, MD

- **Across 10 randomized clinical trials among 2176 patients, early intervention services (EIS) were associated with better outcomes (v. TAU)**
  - **Treatment discontinuation**
  - **Psychiatric hospitalization**
  - **School/work involvement**
  - **Positive and negative symptom severity**
- **Superiority of EIS evident at 6, 9 to 12, and 18 to 24 months of treatment (except for general symptom severity and depressive symptom severity at 18-24 months)**

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# Treatment Components

- **Specialized Treatment**

- [IEPA](#)
- [National Early Psychosis Directory](#)

- **Multidisciplinary Treatment**

- Comprehensive assessment
- Psychotherapy
- Pharmacotherapy
- Family education/support
- Case management
- Supported education/employment

- **Core Functions/Processes**

- Individualized
- Team based approach
- Specialized training
- Client and family engagement
- Mobile outreach and Crisis intervention services
- Shared decision-making
- Community outreach

Curr Treat Options Psych (2019) 6:1–16  
DOI 10.1007/s40501-019-0164-6

Schizophrenia and Other Psychotic Disorders (J Csernansky, Section Editor)

## Multidisciplinary Treatment for Individuals at Clinical High Risk of Developing Psychosis

*Jean Addington, PhD<sup>1,2,\*</sup>*

*Daniel J. Devoe, BA, MSc<sup>1,2</sup>*

*Olga Santesteban-Echamri, PhD<sup>1,2</sup>*

RAISE  
Recovery After an Initial  
Schizophrenia Episode

### Evidence-Based Treatments for First Episode **P**schosis: Components of Coordinated Specialty Care

[Robert K. Heinszen, Ph.D., ABPP](#)

Director, Division of Services and Intervention Research  
National Institute of Mental Health  
Room 7164, Mail Stop 9635  
6001 Executive Blvd.  
Bethesda, MD 20892-9635

[Amy B. Goldstein, Ph.D.](#)

Associate Director of Prevention Research, and  
Chief, Child and Adolescent Preventive Intervention Program  
National Institute of Mental Health  
301-496-7227

[Susan T. Azrin, Ph.D.](#)

Chief, Primary Care Research Program  
NIMH Division of Services and Intervention Research  
301-443-3267

April 14, 2014

# Psychosis-Risk Assessment



Schizophrenia Research

Volume 158, Issues 1–3, September 2014, Pages 11–18



## Psychosis risk screening: A systematic review

Emily Kline, Jason Schiffman  

Show more 

<https://doi.org/10.1016/j.schres.2014.06.036>

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# Psychosis-Risk Assessment

- Screeners (two that are commonly used):
  - **Prime-Revised with Distress** (12 items)
    - [PRIME Psychosis Prodrome Research Center](#)
  - **Prodromal Questionnaire** (e.g., PQ-16)
    - [Psychosis Screening in Primary Care](#)
- Structured Interviews
  - **Structured Interview of Psychosis-Risk Syndromes** (SIPS; ~1-2hrs)
    - [SIPS Training](#)
    - “**Mini SIPS**” in development (~15-20 mins)

# Example: Prime Screen – Revised with Distress

<b><u>Within the past year:</u></b>		Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
<b>1. I think that I have felt that there are odd or unusual things going on that I can't explain.</b>		0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>2. I think that I might be able to predict the future.</b>		0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.</b>		0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>4. I have had the experience of doing something differently because of my superstitions.</b>		0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6



# Prime Screen (cont.)

Consider only the first question of each item set for scoring purposes

	Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
<u>Within the past year:</u>							
1. I think that I have felt that there are odd or unusual things going on that I can't explain.	0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5

OR

Count only "5" or "6" ratings when scoring

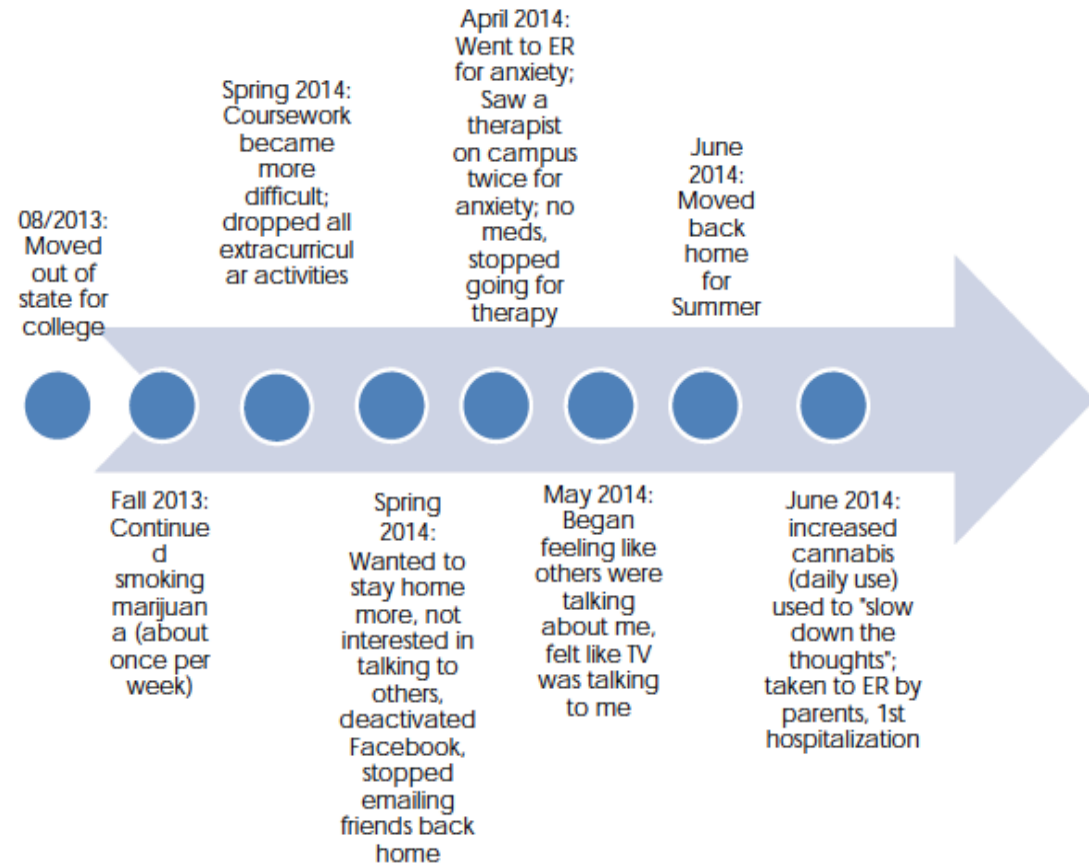
Use this distress/impairment question for clinical purposes only

# Follow-up Questions/Caveats

- Is it your own voice or thoughts, like talking to yourself?
- Was there someone in another room?
- Was the TV on?
- What did you think it was?
- Was it your imagination or real?
- Did you think it was real at the time?
- What happens before they occur?
- Did they occur when you were awake, asleep, falling asleep?
- Do other people in your family or your friends have similar experiences? (Cultural considerations)
  - See Millman et al. (2019) and Rakhshan Rouhakhtar et al. (2019a, 2019b)

# Psychosis Assessment

- Timeline Assessment
- Positive and Negative Syndrome Scale  
(Kay, Opler & Fiszbein, 1987)
- Structured Clinical Interview for DSM-5  
(First et al., 2016)



Credit: Dr. Iruma Bello

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# Target Issues/Special Populations

- **Telehealth and COVID-19** (e.g., DeLuca et al., 2020; Lal et al., 2019)
- **Trauma** (e.g., Mueser et al., 2010)
- **Suicide** (e.g., Chan et al., 2018)
- **Ethnic/Racial Minorities and Cultural Factors** (e.g., Deriu et al., 2018; DeVyder et al., 2017; Oluwoye et al., 2018; Rakhshan-Rouhakhtar et al., 2019b)
- **Stigma** (e.g., Colizzi et al., 2020; Mueser et al., 2020; Yanos et al., 2015)
- **Justice System Involved** (e.g., Pope et al., 2017)



INFORMATION BRIEF



First-Episode Psychosis:  
Considerations for the  
Criminal Justice System

Authors: Leah G. Pope & Stephanie Pottinger, Vera Institute of Justice

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# Summary

- Psychosis exists on a spectrum
- Early psychosis treatment works
- Recovery is possible
- Early identification is key
- Practice cultural humility

# References and Thanks

**References** are available in the “Documents to Download” box under the slide presentation. Click the name of the file, then choose “download files” at the bottom of the box.

## **Special thanks:**

Niki Andorko, M.A.; Melanie Bennett, Ph.D.; Doha Chibani, LCSW-C; Sammi Jay, B.S.; Maryland EIP team; Jason Schiffman, Ph.D.; Strive for Wellness team; Pamela Rakhshan Rouhakhtar, M.A.; Steve Smith, Ph.D. Michelle West, Ph.D.



# Questions



# Evaluation

## [Evaluation Link](#)

Once you complete the evaluation, you will be directed to the resource page and certificate request form.

# Appreciation



# Contact Us



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[Central East MHTTC website](#)

[Oscar Morgan](#), Project Director

[Danya Institute website](#)

[Email](#)

240-645-1145

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