

# Welcome!



MHTTC

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



**Early Psychosis 101:  
Basics for Supporting Students**  
*A 3-Part Introductory Series*



**Early Psychosis 101:  
Basics for Supporting Students**  
*A 3-Part Introductory Series*

October 18, November 1 & November 15 @ 12-1pm PT

**Session 1: Recognizing and Responding to  
Signs of Risk for Psychosis in Students**

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- **Participants are muted** with video off.
- This **webinar is being recorded!**
- **Session slides, recording, and certificates of attendance** will be sent to you within a week.
- Take note of the Zoom toolbox at the bottom of your screen:
  - Use the Chat Box to share comments / if you have tech issues
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  - Use the Q&A Box for any content-related questions for our panelists
  - Click the “CC” icon if you’d like to enable captions
- We are **not able to offer CEUs** for this session.

# About the MHTTC Network

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field.

Through our MHTTC School Mental Health Initiative, we bring awareness, disseminate information and provide technical assistance and training on the implementation of mental health services in schools and school systems.

Learn more at <https://mhttcnetwork.org/>

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At the time of this presentation, Dr. Miriam E. Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services (DHHS) and the Administrator of SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of DHHS or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

# About the Psychosis Risk and Early Psychosis Program Network (PEPPNET)

- **Training and TA Workgroup** – Coordinating CSC and CHR training efforts nationally
- **Adolescent and Psychosis Workgroup** – Expanding early detection and intervention for adolescents at clinical high risk or with a first episode in secondary school or other early intervention settings.
- **Finance Workgroup** – Developing national models of reimbursement for CSC services across public and private systems

Visit our website: <http://med.stanford.edu/peppnet>

Join the PEPPNET Listserv and learn more about our work:  
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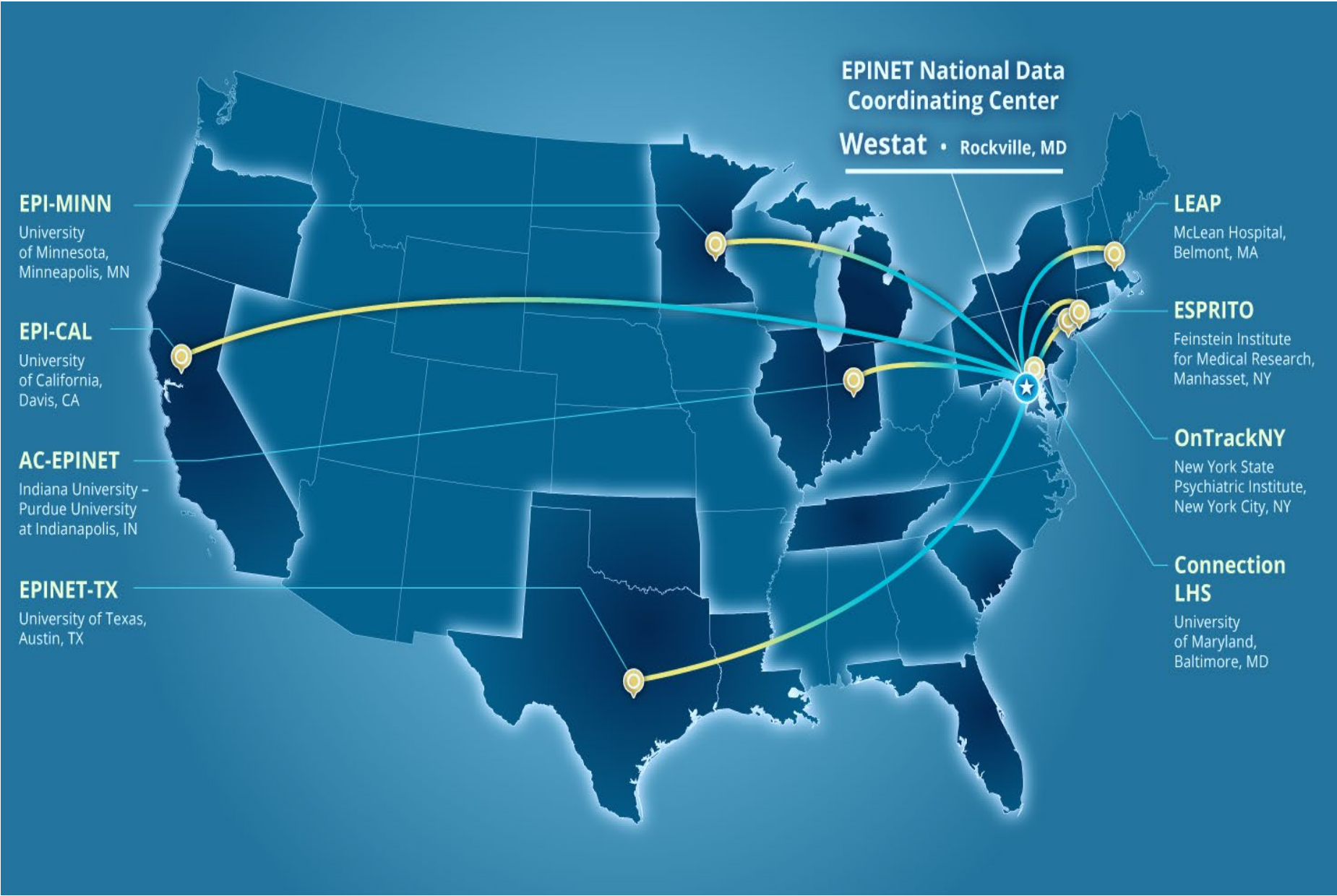
**Why is this work important?**

# Early Intervention for Psychosis Expansion in the US

- Growth and investment in services in the past 10 years
  - 10% Mental Health Block grant for each state
  - Mental Health Block Grant COVID relief supplement \$82.5 Million 2021
  - Development of Coordinated Specialty Care (CSC) services across the United States
- New National TTA Center for Early Serious Mental Illness developed through SAMHSA



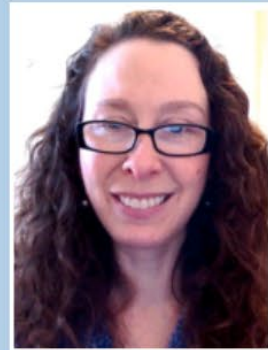




# Welcome today's speakers!

## Early Psychosis 101: Basics for Supporting Students *Session 1*

Oct  
18



**Michelle  
Friedman-Yakoobian**



**Vera A.  
Muñiz-Saurré**

# RECOGNIZING AND RESPONDING TO SIGNS OF RISK FOR PSYCHOSIS IN STUDENTS



Beth Israel Deaconess  
Medical Center

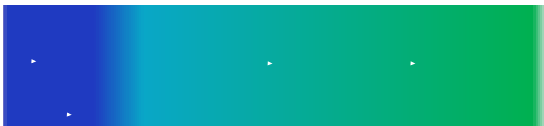


HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

Michelle Friedman-Yakoobian, PhD  
Vera Muñiz-Saurré, MPH

Response to Risk Research

[www.responsetorisk.org](http://www.responsetorisk.org)



# AGENDA

## Introduction

- Importance of your role

## Recognizing signs of risk

- Case example
- Prevalence
- Intervention and treatment
- Early signs of risk

## How to support students at risk

- Talking with students and families

## TAKE HOME POINTS

- Psychosis is treatable, especially when symptoms are recognized early.
- Psychosis is more common than might think.
- Psychosis is on a continuum and we're all on it.
- You might be the first person to recognize signs of risk.
- Early symptoms are often easy to dismiss.

SCHOOL

COLLEGE

WORK

FAMILY

FRIENDS

HIGH SCHOOL STUDENT LIFE



# THE IMPORTANCE OF YOUR ROLE

---

Time spent with students

---

May be the first point of contact with mental health system

---

Understanding the context of the academic/social environment



# RECOGNIZING SIGNS OF EARLY PSYCHOSIS



# CASE EXAMPLE: JESS



Jess\* - 16-year-old nonbinary student

Within 6 months, grades went from A's to D's, stopped attending extracurriculars

Sometimes hears whispers no one else can and has seen moving shadows.

Wears headphones constantly to help manage discomfort with being in large groups.

Reports feeling uncomfortable in crowds due to fear of people knowing their thoughts

\* Composite case example to protect confidentiality



***CHAT WATERFALL  
- TYPE IN CHAT  
AND HIT ENTER  
ON COUNT OF 3:***

What could be going on with Jess?

What typically happens at your school when a student discloses concerns like this?

# PSYCHOSIS IS NOT A DIAGNOSIS

Psychosis is a set of symptoms referring to a **loss of contact with consensus reality** or **difficulty telling what is real from what is not.**

***Consensus Reality***: The culturally agreed-upon concepts of reality in a group of people based upon their common experiences

A person may experience psychosis in the context of drug use, medical issues such as seizures or sleep deprivation, or a mental health problem such as schizophrenia, bipolar disorder, or depression.

# CHALLENGES ASSOCIATED WITH PSYCHOSIS:



## Trouble with thinking

Confusion about what's real and imaginary  
Feeling suspicious/ paranoid  
New trouble organizing speech



## Trouble with perception

Hearing noises/ whispers others can't  
Seeing shadows/ figures  
Puzzling changes in hearing/ vision or other perception



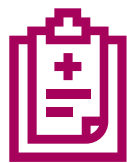
## Trouble with motivation

Diminished drive to socialize or do schoolwork  
Feels like mind is going blank



## Cognitive challenges

New difficulty with attention, processing speed, organization



Noticeable,  
Not bothersome

**Normative, non-clinical experiences**

- Reality testing intact
- "I think my classmates don't like me and talk about me."

Bothersome,  
Affects daily life

**Clinical High Risk**

- Able to induce doubt
- "My teacher might be reading my mind and recording me."

Significantly interferes  
with daily life

**Full Psychosis**

- 100% Conviction
- "There are spies in my school who are stealing my thoughts and putting them on the Darknet."

# CONTINUUM OF PSYCHOSIS EXPERIENCE

# Psychosis and Psychotic-Like Symptoms are More Prevalent than you Might Think

Total Population: 100%

Have Psychotic-like  
Experiences: 17%

Clinical High Risk:  
7.7%

Psychotic  
Disorder: 3%

>1000 people per year in MA have a first psychosis episode

>2000 experience signs of clinical high risk

**PSYCHOSIS IS  
TREATABLE.  
EARLY INTERVENTION  
CAN HELP.**



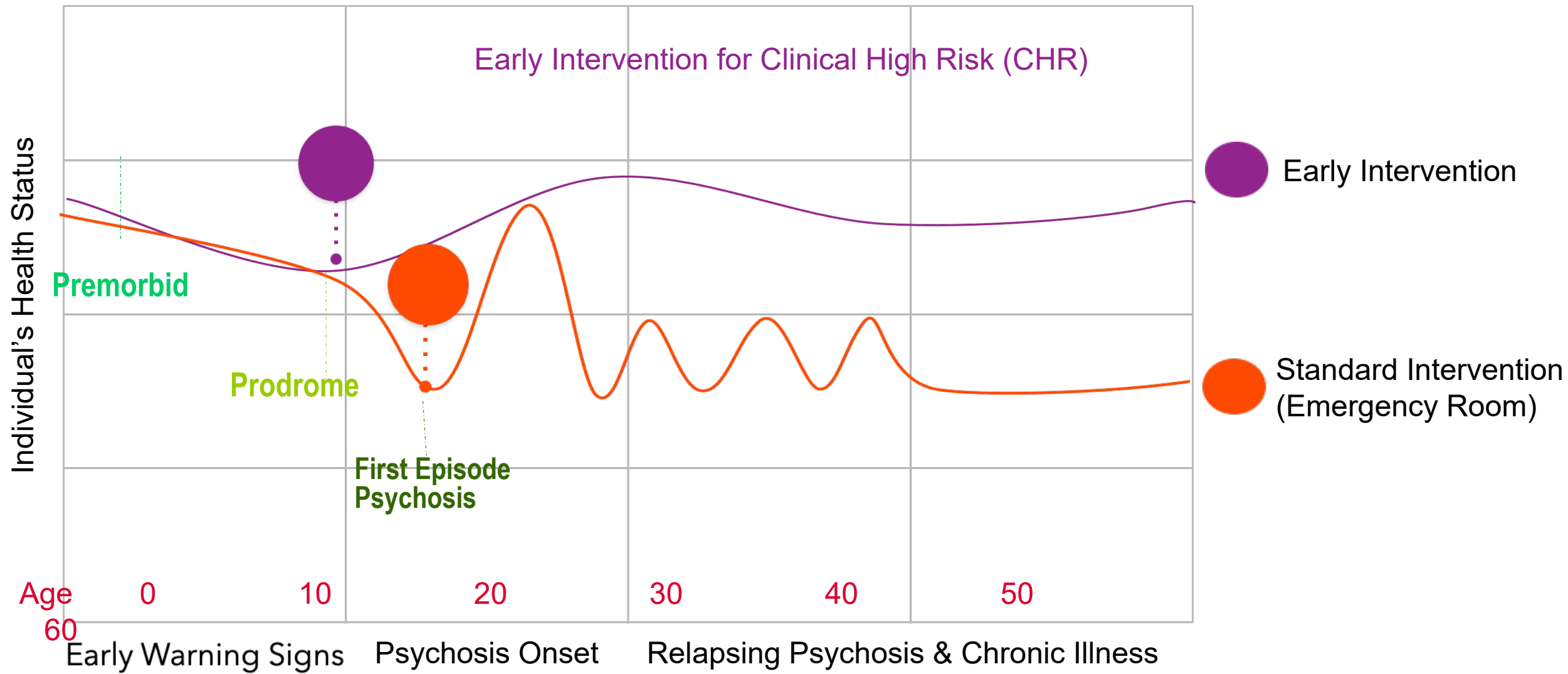
**EARLY  
INTERVENTION  
IS POSSIBLE  
AND CAN  
PROMOTE  
RECOVERY AND  
PREVENT  
DISABILITY.**

1/2 of all adult disorders start by  
age 14

75% start by age 24

Often begin with mild, *easy-to-*  
*dismiss* symptoms

Early treatment is effective for  
youth at risk for psychosis



**THE GOAL OF EARLY INTERVENTION**

# TREATMENT DELAYS

- Average adolescent experiences psychosis for **18.7 months** before treatment; WHO recommends <90 days
- **60%** of psychotic disorders are diagnosed in crisis settings like an inpatient unit or Emergency Department
- Delays lead to poorer outcomes
  - Functional and cognitive impairments
  - Increased risk of suicide
  - Loss in social/role functioning

You may be the first person to see warning signs. Recovery is likely with timely help.

Stigma

Little contact with  
the medical system

History of  
racism/oppression  
by medical providers

Clinician reluctance/  
lack of comfort with  
assessing for  
psychosis.

Hard to recognize  
what is real and  
what is not

Others?

# BARRIERS TO TREATMENT

# A NEURODIVERGENT PERSPECTIVE



# A NEURODIVERGENT PERSPECTIVE



**EARLY INTERVENTION:  
RECOGNIZING AND  
RESPONDING TO **CLINICAL**  
**HIGH RISK** FOR  
PSYCHOSIS**

**IDENTIFYING  
AND  
RESPONDING  
TO EARLY  
SIGNS OF  
CLINICAL  
HIGH RISK  
FOR  
PSYCHOSIS**

Most people who develop psychosis experience other mental health concerns earlier in life.

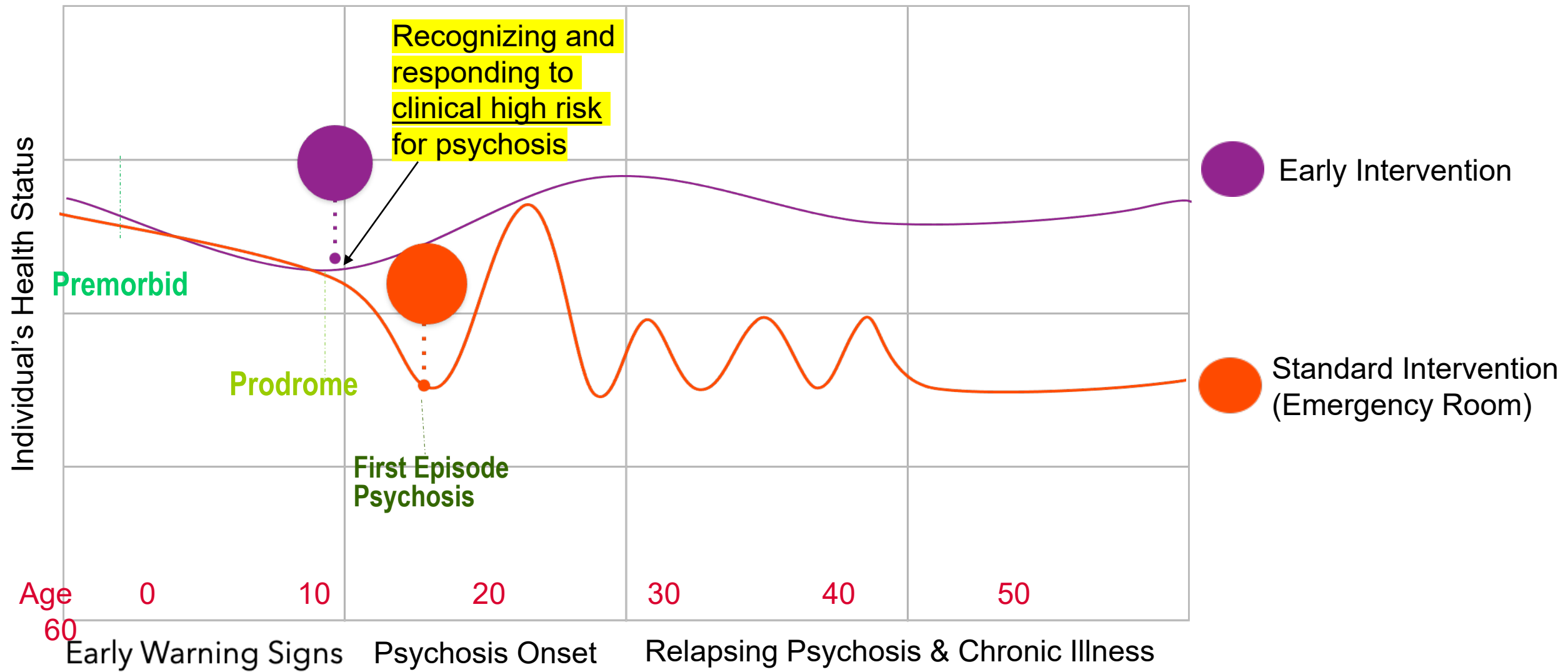
Changes in mood/ thinking/ perceptions

When followed by psychosis this period is known as the prodrome to psychosis

Signs of clinical high risk for psychosis can be reliably identified and increasing research supports effectiveness of early treatment.

*Structured Interview for Psychosis Risk Syndromes:*  
About 10-25% will develop psychotic disorder in next 2-3 years.





**EARLY DETECTION AND RESPONSE  
TO SIGN OF CLINICAL HIGH RISK  
FOR PSYCHOSIS**

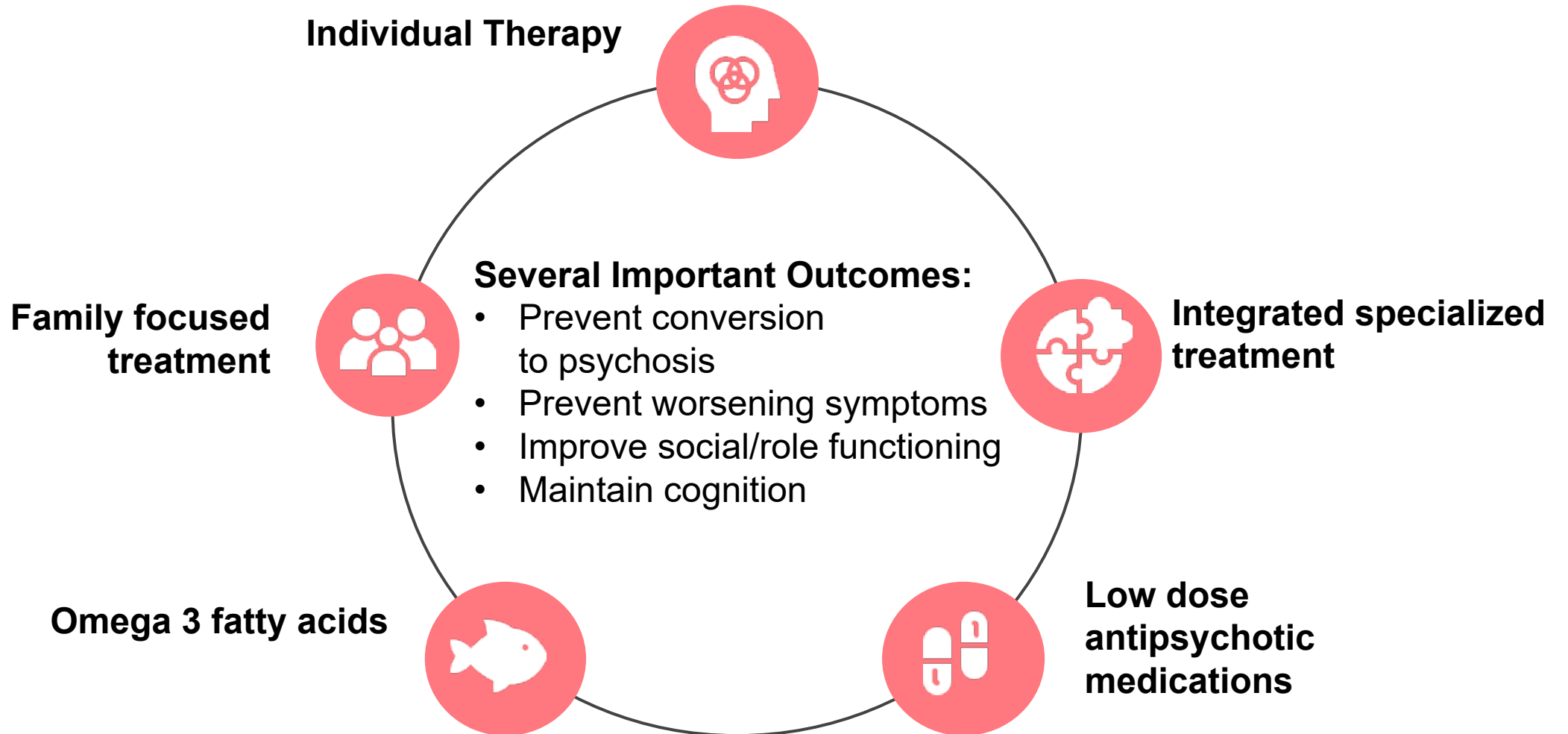
# SPECTRUM OF SYMPTOMS: CLINICAL EXAMPLES

Symptom	Minimally (normative range)	Clinical Risk Level	Psychotic Level
<b>Unusual Ideas/ Beliefs</b>	Feels like something has changed or is different that they cannot explain.	Makes connection between unrelated events, becoming preoccupied with daydreams, wonders if people might be able to read their mind.	Believes with certainty that the television is communicating to them.
<b>Suspiciousness/ Paranoia</b>	Is somewhat guarded with peers	Suspect that others “have it in” for them.	Is fully convinced that professors and students are conspiring against them.
<b>Perceptual Abnormalities</b>	Occasionally hears someone call their name. It is not bothersome.	At least once per week, sees vague figures out of the corner of their eyes or hears a voice they know is not real.	Hears a clear voice they are convinced is a powerful deity that has the ability to control their actions and the future.
<b>Disorganized Communication</b>	Speaks in a clear manner but sometimes uses words that are out of context or do not fit with the topic at hand.	Goes off track when speaking, jumps to different topics, tells irrelevant stories, but responds to structured interview.	Has unintelligible speech and is not responsive to redirection by the speaker.

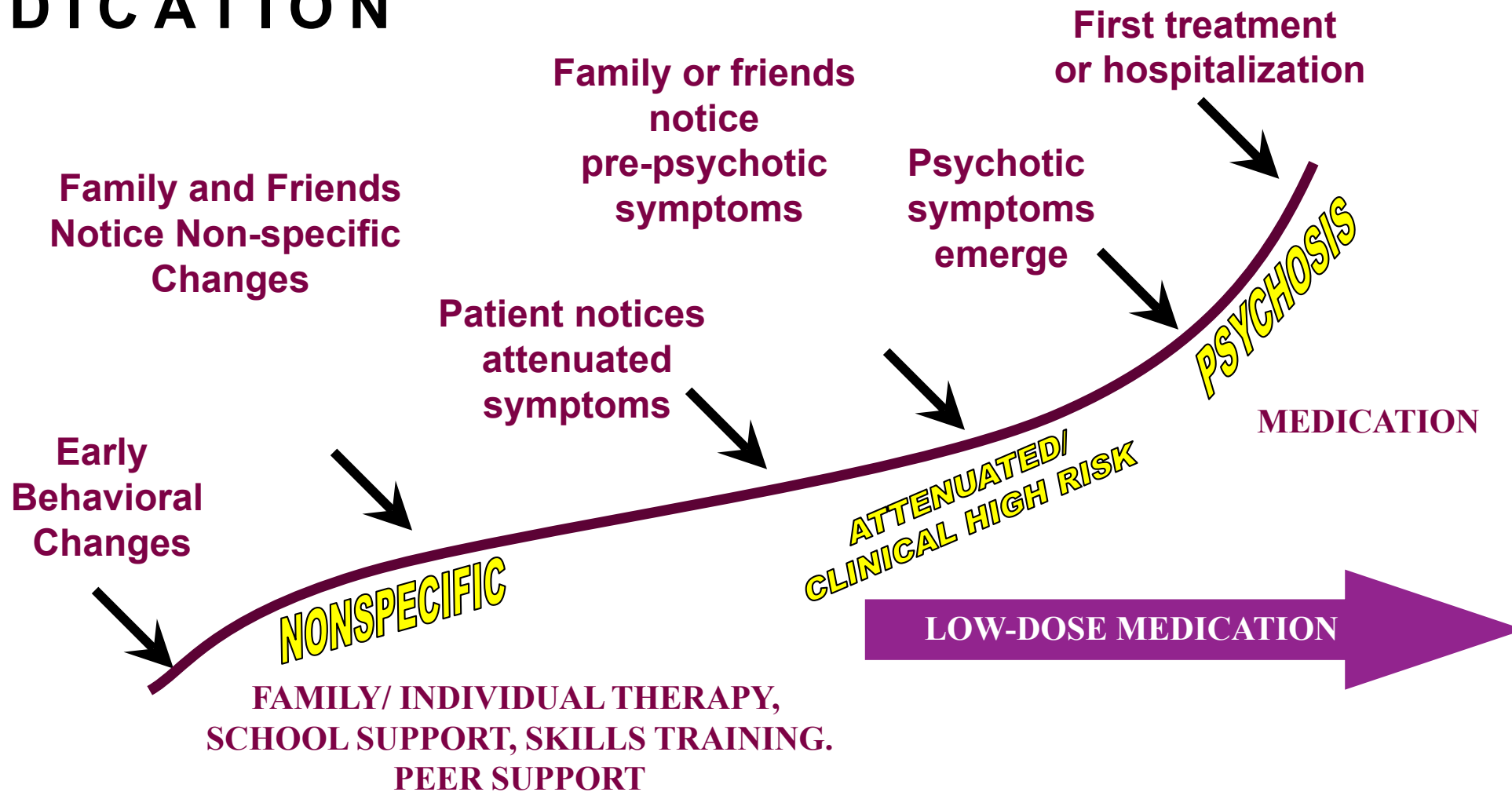
<b>Attenuated positive symptoms</b>	<ul style="list-style-type: none"> <li>• Mild/ attenuated psychotic-like sx</li> <li>• Occur <math>\geq</math> once per week,</li> <li>• Began/ worsened in past year</li> </ul>	<p>Maria has been hearing whispers that she knows no one else can hear. She is worried she is losing her mind.</p>
<b>Brief Intermittent Psychosis</b>	<ul style="list-style-type: none"> <li>• Psychotic sx starting w/in 3 months</li> <li>• Brief (&lt; 1 hour/ day, 4 days per week)</li> <li>• Not seriously disorganizing/ dangerous</li> </ul>	<p>Since August, Kris has found themselves believing with 100% conviction that Terry Crews is talking directly to them when they watch America's Got Talent. Afterwards, they are doubtful.</p>
<b>Genetic Risk and Deterioration</b>	<ul style="list-style-type: none"> <li>• 1° degree relative with psychotic disorder or schizotypal PD</li> <li>• Sharp decline &gt;30% GAF</li> <li>• May be no psychotic-like sx</li> </ul>	<p>Manny's mother has schizophrenia. Last year he was an B student and basketball player. This year, he quit the team, stopped going to school, and began cutting.</p>

## STRUCTURED INTERVIEW FOR PSYCHOSIS RISK SYNDROMES

# Preliminary Evidence for Treating Clinical High Risk for Psychosis



# EARLY IDENTIFICATION AND TREATMENT CAN REDUCE NEED FOR MEDICATION





YOU CAN TALK WITH KIDS  
ABOUT PSYCHOSIS AND  
HELP BY RECOGNIZING  
EARLY SIGNS.

Drop in grades or work performance

Trouble concentrating

Decline in self-care

Social withdrawal

Unusual/Intense Ideas

Suspiciousness

New sensitivity to sights or sounds/ mistaking noises for voices

Having strange feelings or no feelings at all

Feeling like your mind is "playing tricks on you"

You have a close relative with mental illness or psychosis

SIGNS OF POSSIBLE CLINICAL RISK FOR PSYCHOSIS  
(NEW OR WORSENING)

# HOW TO ASK ABOUT POSSIBLE PSYCHOSIS RISK SYMPTOMS:

Do you ever feel that your mind is playing tricks on you?

Are you ever confused about whether something you experienced is real or imaginary?

Have you ever felt that you are not in control of your own ideas or thoughts?

Do you find that you're more sensitive to sounds? Or hear things other people don't hear?

Are you more sensitive to light? Do you ever see flashes, flames, vague figures or shadows out of the corner of your eyes?

Are you having more trouble understanding what people are saying? Or getting your point across?



# FOLLOW UP QUESTIONS

“I think my house is inhabited by spirits.”

- Tell me more about that.
- What do you make of it?
- How often are you having that thought?
- When did it start?
- Do you ever do anything differently as a result of that thought?
- How certain are you about that thought, from 0 to 100?
- Is there any other explanation? Any chance this is not really happening?
- Do other people in your family/ culture believe this too?

# NEXT SESSION

11/1/23:

*Hope, Healing and Homework:*

Empowering Educators in Screening for  
Psychosis and Navigating Students' Return  
to School After Psychosis



# HOW TO RESPOND WHEN YOU SEE SIGNS OF RISK

With hope.

"Thank you for trusting me with this."

"There is help for this."

"This is more common than you think."

"Early intervention makes a difference."

# TAKE HOME POINTS

- Psychosis is treatable, especially when symptoms are recognized early.
- Psychosis is more common than might think.
- Psychosis is on a continuum and we're all on it.
- You might be the first person to recognize signs of risk.
- Early symptoms are often easy to dismiss.

QUESTIONS?



# Join us again on November 1!



## Early Psychosis 101: Basics for Supporting Students

*A 3-Part Introductory Series*

October 18, November 1 & November 15 @ 12-1pm PT

## Session 2: Empowering Educators in Screening for Psychosis and Navigating School Supports for Students with Psychosis

# Please complete our quick evaluation!

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Please take a moment to complete a brief survey about today's training.



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