

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 2: Hope, Healing and Homework:
Empowering Educators in Screening for Psychosis and
Navigating School Supports for Students with Psychosis**

A few reminders...

- **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 your comments throughout the session. If your comments are for all to see, check the chat box drop down menu and make sure your chat response is going to “everyone” and not just the hosts/panelists.
 - Use the **Q&A Box** for any content-related questions for our panelists; we’re keeping track of those so we can respond to them during the Q&A portion of our session today.
 - 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/>

Disclaimer

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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:
<http://med.stanford.edu/peppnet/contact>



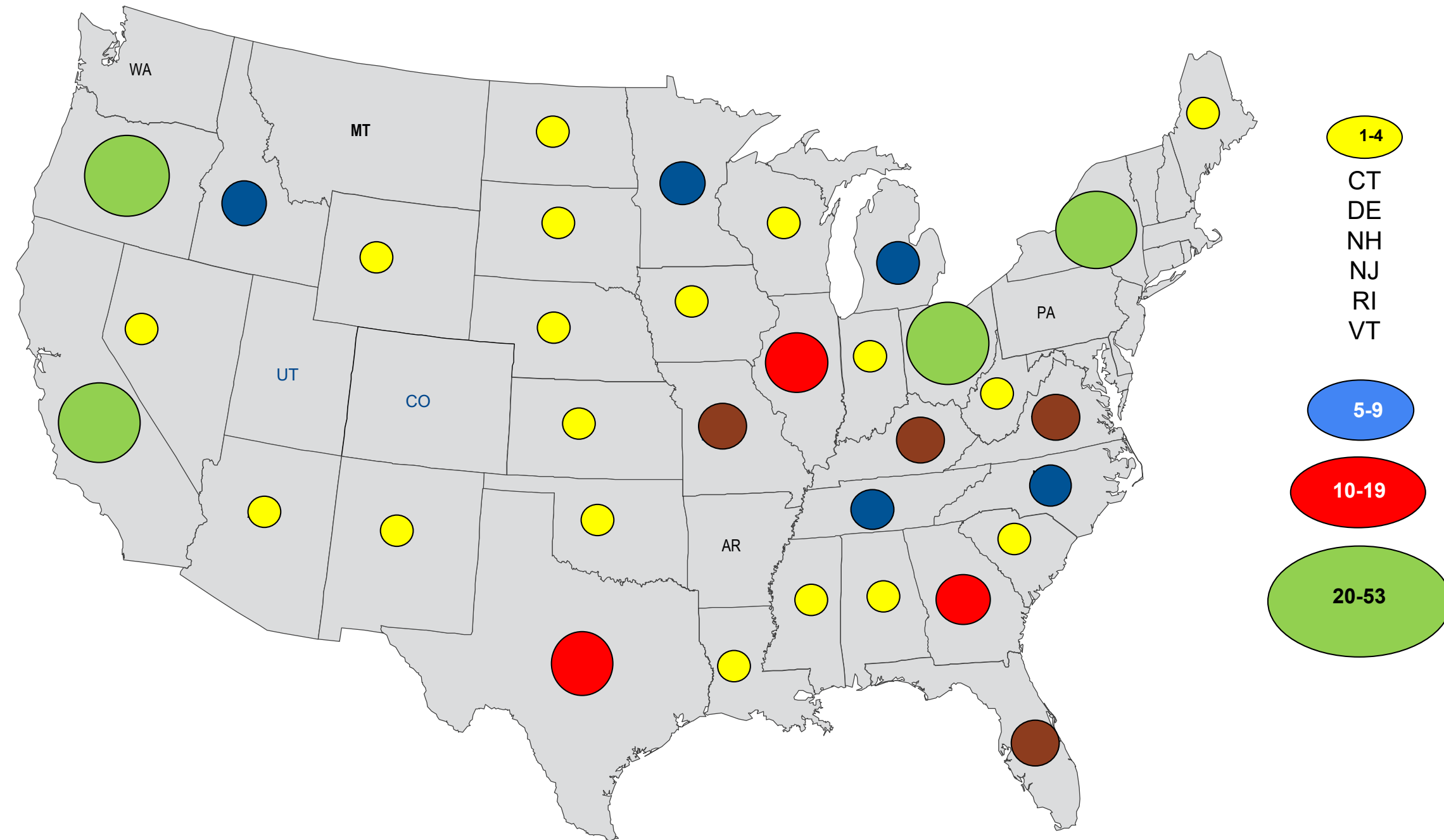
Why is this work important?

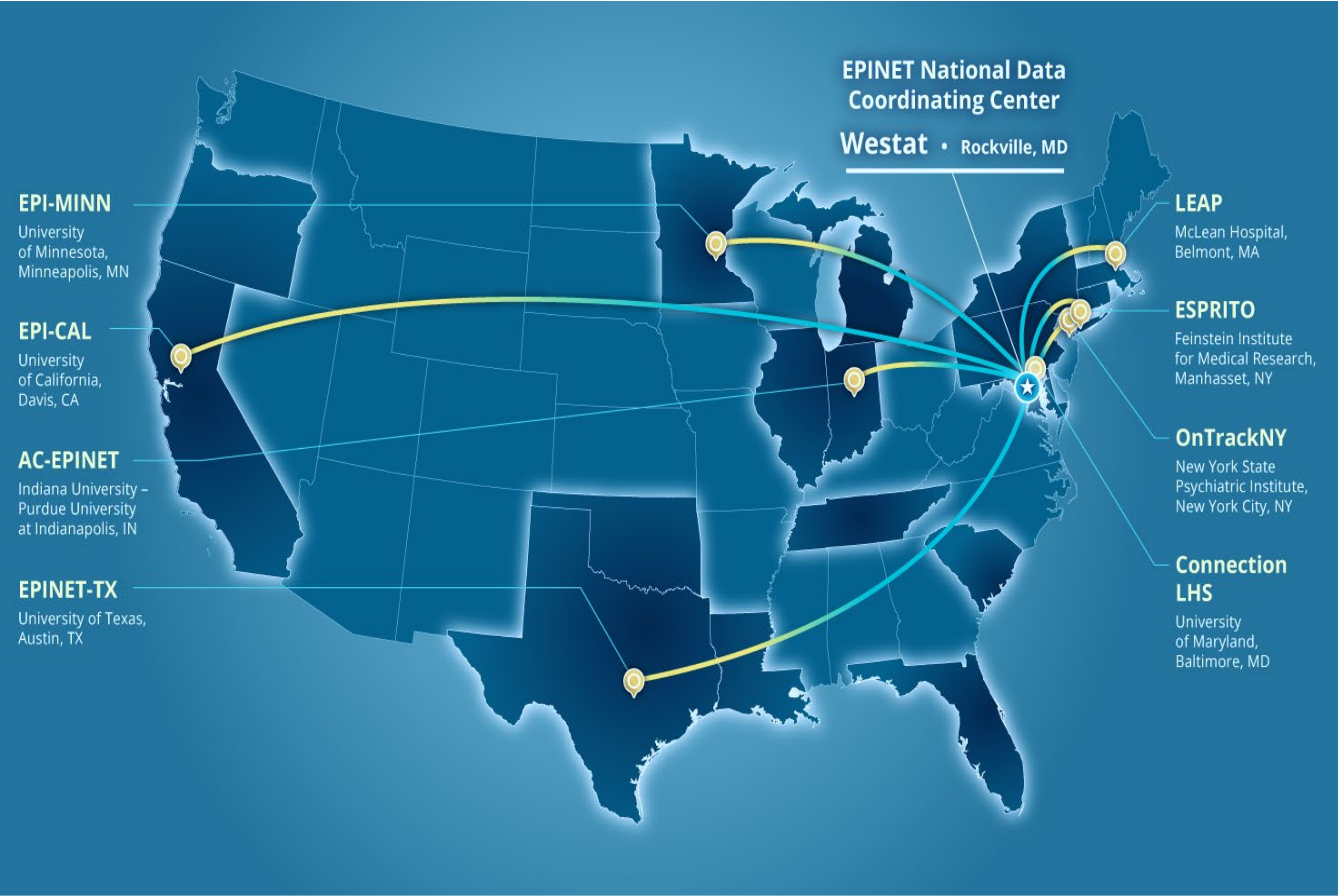
Early Intervention for Psychosis Expansion in the US

- 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

US Early Psychosis Programs in 2020

340 Programs





Welcome today's speakers!

Early Psychosis 101: Basics for Supporting Students *Session 2*

Nov
1

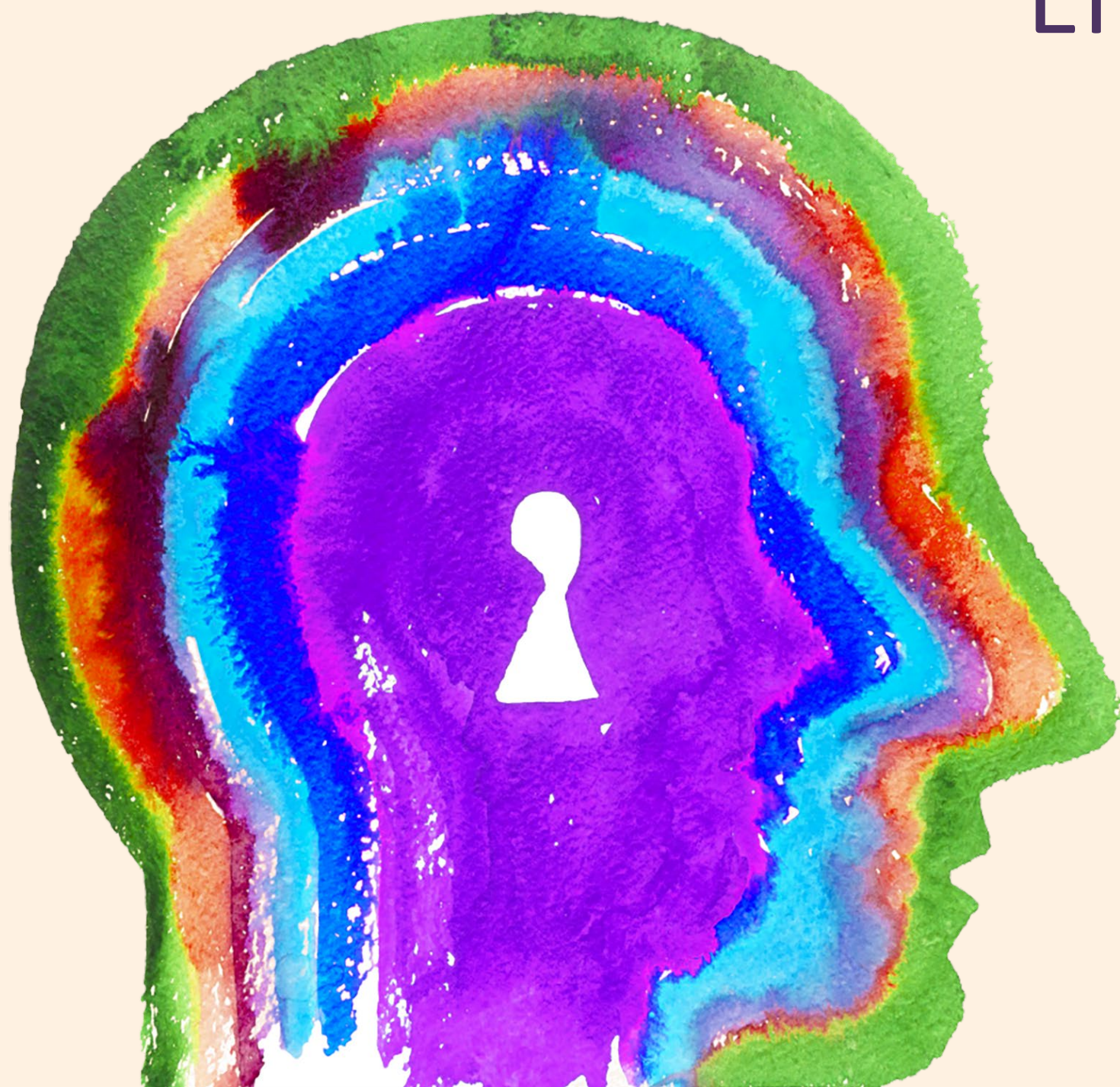


Apurva Bhatt



Jason Schiffman

Hope, Healing and Homework: Empowering Educators in Screening for Psychosis and Navigating School Supports for Students with Psychosis



Jason Schiffman, PhD

Professor of Psychological Science
Director of Clinical Training
University of California, Irvine


Apurva Bhatt, MD

Clinical Assistant Professor
Stanford University School of Medicine




LEARNING OBJECTIVES

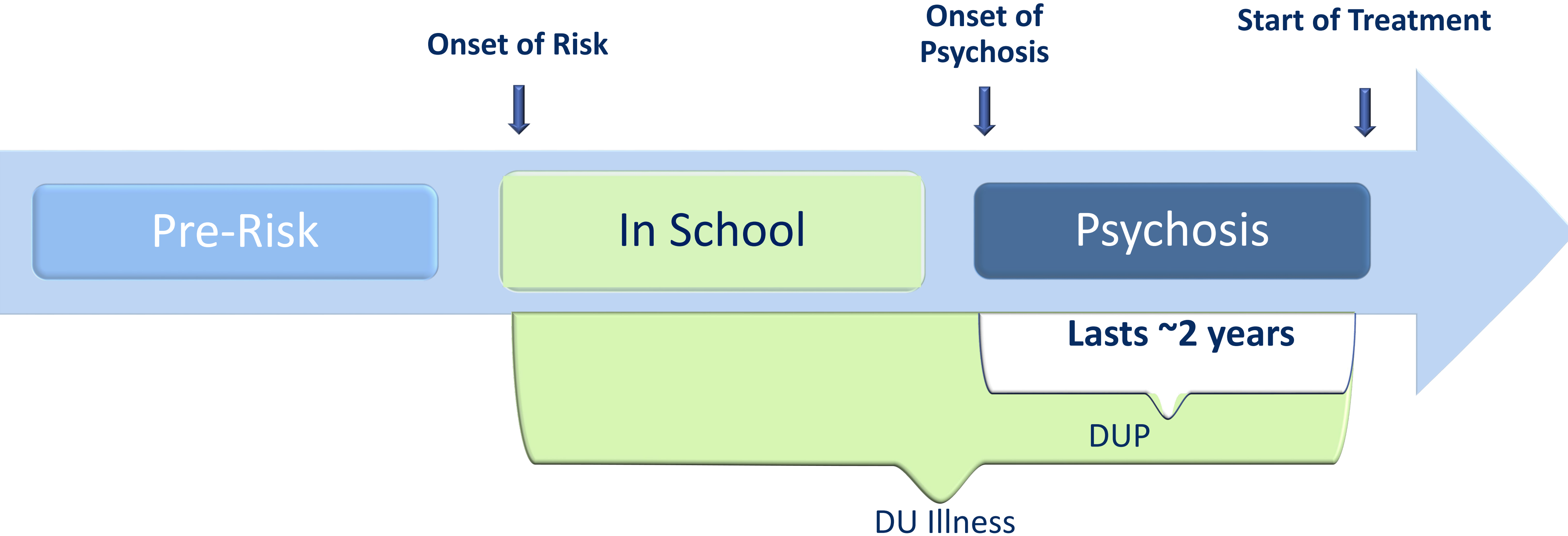
As a result of this presentation, participants will be able to:

- Describe why schools are so important in early psychosis work
 - Identify methods of screening for psychosis in schools
 - Discuss strategies for approaching disclosure and actions that can be taken to support students with/at risk for psychosis in elementary, middle and high school
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PSYCHOSIS

- A severe mental disorder in which contact with reality is lost or distorted
 - Psychosis is characterized as disruptions to a person's thoughts and perceptions that make it difficult for them to recognize what is real and what isn't. -NAMI
- 

DURATION OF UNTREATED PSYCHOSIS



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 psychosis¹

But...

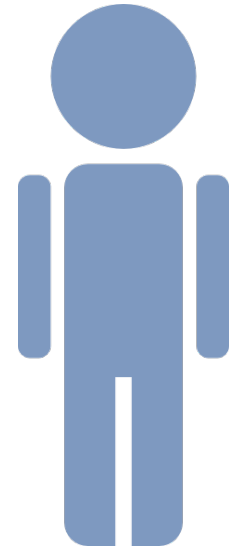
¹ Kline et al., 2018

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

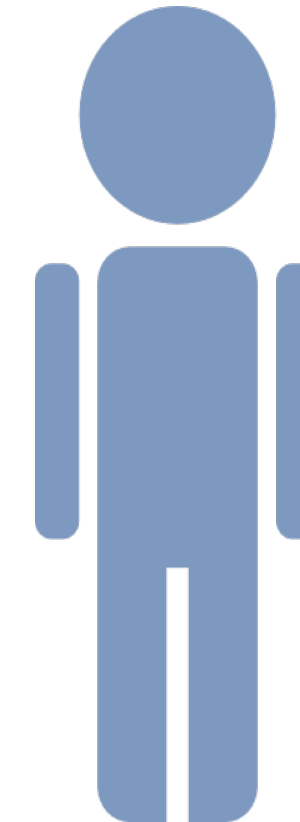
¹ Kline et al., 2018;

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



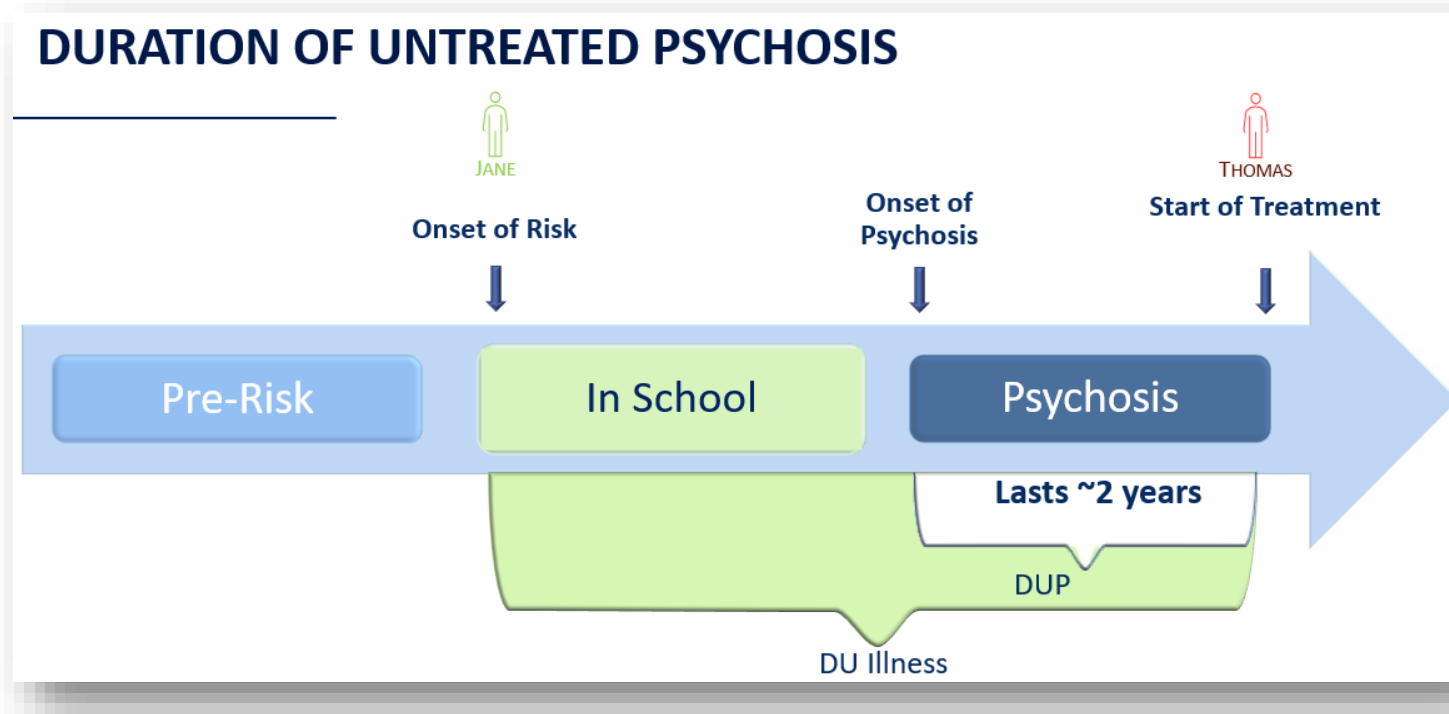
Adult-focused MH staff
tend to be under-trained
in working with families &
youth

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

UNUSUAL THOUGHT CONTENT

Candace reports a new and very intense interest in New Age philosophies over the past few months that has really consumed her. Since opening her mind to this way of thinking, she has noticed increasingly more coincidences/signs...She frequently sees her lucky number eight and takes this to be a sign that she is on the right path, moving in the right direction. Often times, she will change her schedule and follow where the number 8 seems to be taking her. She also reports that over the past six months when she is meditating she will sometimes sense a “presence”, which she thinks could be her spirit guide, although she wonders about this, as the presence can feel dark. Although these things have been on her mind a lot, she told you she’s just not sure what’s going on and that it might all be in her head

UNUSUAL THOUGHT CONTENT: EXPERIENCE

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UNUSUAL THOUGHT CONTENT: INTENSE/DISTRESS/CHANGE

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UNUSUAL THOUGHT CONTENT: NEW

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SCREENING & IDENTIFICATION IN SCHOOLS: TEACHERS

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



SCREENING IN SCHOOLS - CONSIDERATIONS

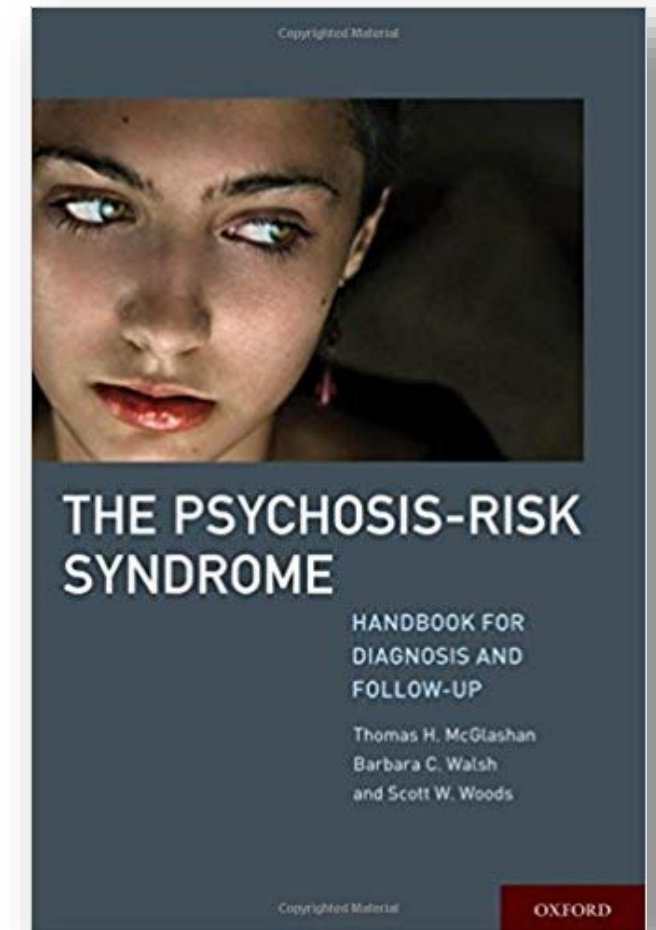
Implementing psychosis screeners in schools:

- 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 x^2	p	Exp(B)
Black	0.13 (0.11)	1.43	.23	1.14
White	0.58 (0.19)	9.16	.00	1.78

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%

SCREENING CAN BE VERY GOOD

- Have a conversation...

VIGNETTE

- Mrs. Teek, an 8th grade English teacher has noticed that one of her students, Shivam, has been having declining grades.
- He was previously a straight A student and had many friends. Aspired to become an electrical engineer like his father.
- She notices he's been withdrawn, and his hygiene has been declining. He also stopped turning in homework consistently.
- He recently submitted an essay which was difficult to understand and contained themes of him being monitored by shadowy spirits.
- She has had these concerns for the past 2 months and is quite worried about him.

VIGNETTE

- Mrs. Teek collaborates with the school psychologist and Shivam's parents, on referral to child psychiatrist for evaluation.
- Shivam is diagnosed with Schizophrenia and started on medication.
- He joins a Coordinated Specialty Care (CSC) program, and parents sign up for Psychosis REACH training (<https://uwspiritlab.org/psychosis-reach-overview/>) to better support him at home
- His hygiene improves, but he continues to struggle with concentration and completing work. Grades are still poor, still struggling socially.
- Shivam and his parents are still developing their understanding of his diagnosis, and have not shared anything with the school yet.
- Supported education specialist in the CSC program offers to help

“Dropping in and out of your own life (for psychosis or treatment in a hospital) isn’t like getting off a train at one stop and later getting back on at another. Even if you can get back on (and the odds are not in your favor), you’re lonely there. The people you boarded with originally are far, far ahead of you, and now you’re stuck playing catch-up.”

-Elyn Saks

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 intervention is better
4. Educational support integrated with MH care
5. Not time limited
6. Client driven
7. Strengths-based, instilling hope
8. The role of student is meaningful

DISCLOSURE

- Individuals and their families often need support and time to achieve an understanding of the illness
- Challenges with disclosure may stem from stigma, cultural factors, intergenerational trauma, and other factors.
- Disclosure can sometimes improve relationships (help others understand what one is going through), provide context to school staff for missed school
- In the elementary/middle/high school setting, disclosure of diagnosis is often required for 504 plan or IEP.
- If a student discloses their diagnosis of psychosis to you, it's important to acknowledge, praise them, and offer support
- Student may need support in reconnecting with friends or family.
- Educators have a unique opportunity to assist with this

DISCLOSURE LEVELS

- Think about the purpose of disclosure- what do you hope to achieve?
- With who? What is the situation?
- **Low level: involves telling things about yourself that are not highly personal.**
 - “I missed some school because I was going through kind of a rough period, but things are going much better now. I appreciate your interest and don't want to talk about it right now.”
- **A moderate or high level of disclosure involves telling more personal things about yourself:**
 - “When I was going through that rough time, I was very confused about things and felt like I wasn't safe. I even did some things that don't make sense now, like staying in my room all the time to feel safer.”
- Keep in mind that most people gradually increase their level of disclosure as they spend more time with each other and are more confident that they understand and accept each other.

EDUCATIONAL RIGHTS FOR CHILDREN WITH PSYCHOSIS IN PUBLIC SCHOOLS

- Two federal laws guarantee a free appropriate public education (FAPE) and provide services or accommodations to eligible students with disabilities in the USA
 - Section 504 of the Rehabilitation Act of 1973 (Section 504)
 - Individuals with Disabilities Education Act (IDEA)
- Students with psychosis or at risk for psychosis (CHR) may be eligible for and benefit from IEP or 504 plans

SECTION 504

- Section 504 defines an individual with a disability as a person who:
 - Has a physical or mental impairment that substantially limits a major life activity
- **Evaluation**
 - does NOT include formal testing
 - Considers info from a variety of sources (doctor's notes, parent notes, test scores, observations)
 - A medical diagnosis is NOT required under Section 504
- Once a child has been deemed eligible for accommodations, a 504 plan is developed
- Parent participation is not an entitlement right (depends based on individual school district rules)

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

- To qualify for IDEA, a child must meet the criteria of at least 1 of 13 disability categories:
 - Intellectual disability
 - hearing impairment (including deafness)
 - speech or language impairment
 - visual impairment (including blindness)
 - serious emotional disturbance (referred to in this part as “emotional disturbance”)
 - an orthopedic impairment
 - Autism
 - traumatic brain injury
 - an Other health impairment (“OHI”)
 - a specific learning disability
 - deaf-blindness
 - multiple disabilities,
- and who, by reason thereof, needs special education and related services.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

- Evaluation: the school MUST have written authorization from a child's parent/guardian before they can evaluate the child
- Eligibility for IDEA must be determined by a qualified team of professionals, including:
 - Child's teacher(s)
 - School Psychologist
 - Principal
 - Parents
 - Other school personnel
- The team should use information from different sources (parents, doctor's notes, progress reports/notes from teachers, past academic records, test results including formalized assessments)
- No cost to parents for these evaluations

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

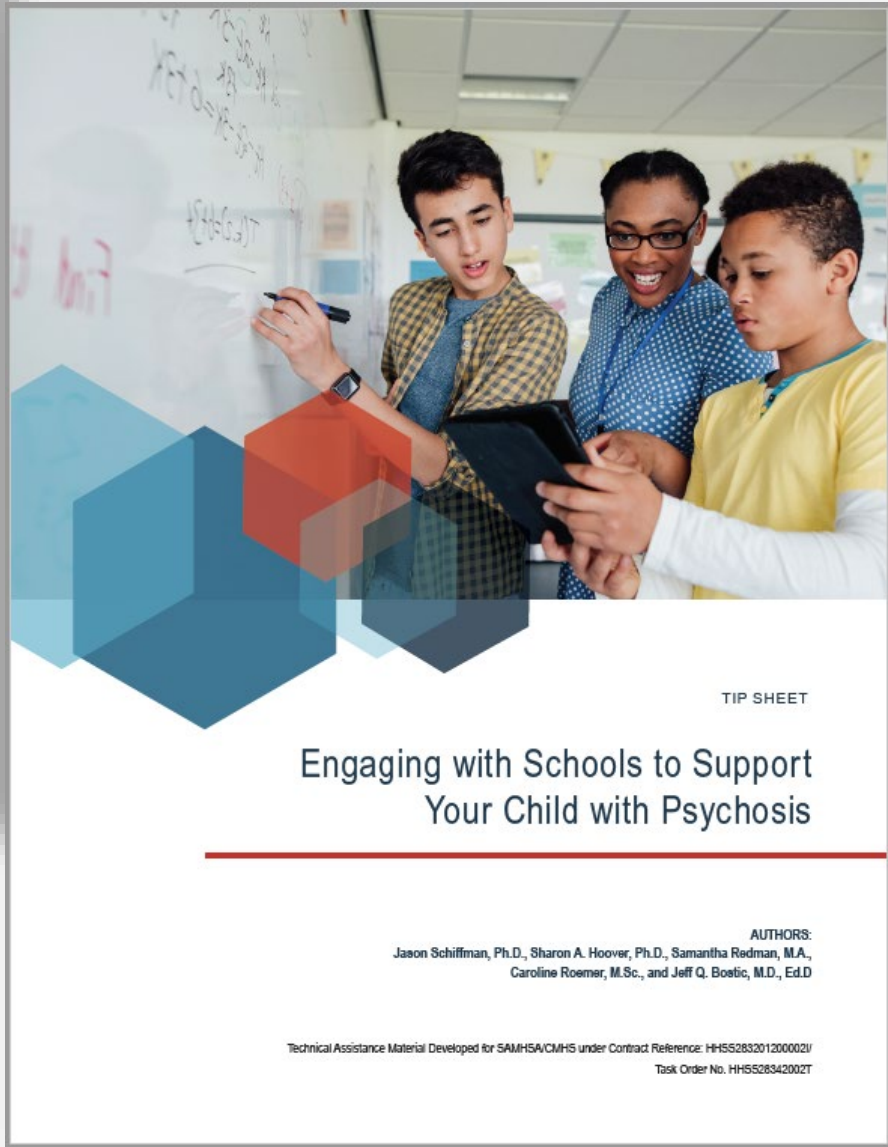
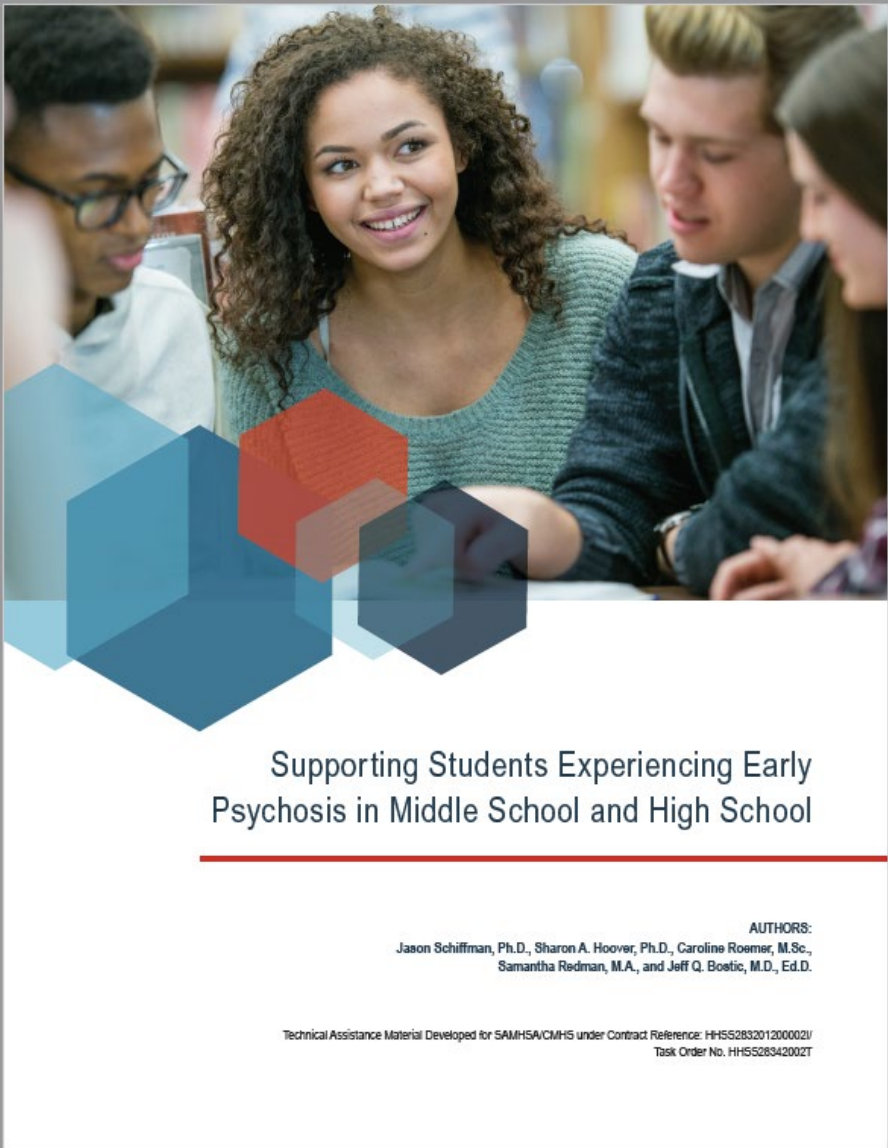
- When a child qualifies under IDEA, they receive an Individualized Education Program (IEP)
- Per IDEA, children with disabilities **MUST** be taught in the least restrictive environment
 - Regular classroom as much as possible with appropriate related services/aids
 - Removal from classroom should only occur when severity of the disability is such that even with services/aids, the child cannot learn
- Child is evaluated at least every 3 years
- Schools have access to federal funding for services for a child qualifying under IDEA
- Transition to adulthood/college planning (beginning ~age 16)

EDUCATIONAL ACCOMMODATIONS

- 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



COMMON EDUCATIONAL INTERVENTIONS FOR PSYCHOSIS ARE BASED ON INDIVIDUAL NEEDS AND MAY INCLUDE:

COMMON EDUCATIONAL INTERVENTIONS FOR PSYCHOSIS ARE BASED ON INDIVIDUAL NEEDS AND MAY INCLUDE:

- **School-based counseling:** Counselors work with students to address psychosis symptoms, review school-related stressors, work collaboratively on goals, and help with social well-being (e.g., social skills, reducing bullying). School-based counseling is usually provided to help the student access the school curriculum and engage meaningfully with peers at school, and is not a replacement for external specialized mental health treatment.
- **Medication accommodations:** School nurses can help students administer medication at school, and teachers can allow students to leave class to receive medication or address side-effects (e.g., thirst, hunger, fatigue, jitteriness).
- **Alternative environments in the school to decrease psychosis symptoms:** Quiet spaces to complete work or exams can be identified, both inside and outside (e.g., library or counselor's office) the classroom.
- **Alternative content and assignments:** If students are distressed by certain aspects of their lessons or curriculum, offering an alternative curriculum that will not trigger or worsen the distress may be appropriate.
- **Preferential seating:** Having the option of sitting away from distracting peers or noisy areas may help some student with intruding noises that may increase stress, psychosis symptoms, and inattention.
- **Extra time to complete exams:** Students with psychosis may be distracted by delusions or hallucinations, as well as the sedating effects of antipsychotic medications, so extra time can be appropriate.
- **Flexible deadlines on assignments:** Symptoms can ebb and flow, so extra time may need to be provided, particularly for complex or long-term projects.
- **Note-taking assistance:** Teachers or aides can provide class notes or record classes to help students stay focused on the relevant information, since psychosis symptoms may interfere with attention to the material presented by the teacher.
- **Alternatives for public speaking assignments:** Speaking in front of peers can exacerbate symptoms for some students with psychosis, so teachers can allow presentations in alternate formats (e.g., recorded or just for the teacher) that would be less stressful.
- **One-on-one educational aide:** Aides can shadow students to help them reach their academic goals and serve as a calming and trusted adult presence.
- **Extra assistance in organization:** School staff can help students organize homework, review assignment logs, and provide home-school communication sheets.
- **Help applying and enrolling in post-secondary school:** Counselors should help students reach their college goals (e.g. financial aid assistance, application guidance, etc.), regardless of disability.

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 tabs: 'ACADEMIC NEED' and 'FUNCTIONAL NEED', with the latter being selected. Underneath, there are several filter checkboxes: 'Attention', 'Fine Motor', 'Organization/Planning', 'Sensory', 'Significant Cognitive Disability', 'Focus' (which is checked), and 'Behavior'. A 'reset filters' link is next to the 'Focus' checkbox. A 'Find accommodations' button is located below the filters. The main content area is titled 'Search Results' and indicates '31 results matching your search'. There are six result cards 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.

VIGNETTE

- Shivam's parents disclose his new diagnosis to the school and he qualifies for an IEP. Testing showed significant difficulty in working memory, concentration
- Shivam slowly improves over the next 4 months
- Before starting 9th grade, high school met with the supported education specialist, parents and Shivam to collaborate on a plan for high school
- They agree to continue his IEP
- He does well in first semester with limited academic load (took regular classes instead of advanced classes), extra study periods, and other accommodations
- Joins school tennis team and makes a few close friends
- Graduates high school and goes on to pursue college, business/marketing major

“What I rather wish to say is that the humanity we all share is more important than the mental illness we may not. With proper treatment, someone who is mentally ill can lead a full and rich life. What makes life wonderful--good friends, a satisfying job, loving relationships--is just as valuable for those of us who struggle with schizophrenia as for anyone else.”

-Elyn Saks

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

Thank you!



Join us again on November 15!



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

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

Session 3: Transition to College for Youth with Psychosis

Please complete our quick evaluation!

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

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



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