

# Supporting Students Experiencing Early Psychosis in Middle School and High School

**Jason Schiffman, Ph.D.**

Professor and Director of Clinical Training, UMBC

**Sharon Hoover, Ph.D.**

Co-Director, Center for School Mental Health, UM SoM

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**SAMHSA**  
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Services Administration

# Disclaimer

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# Overview

- Context/Rationale
- Identifying students
- Accommodations
- Safety
- Partnerships
  - Best practices outside of school
- Questions



# Context

- Different stakeholders on this call
- Some with extensive experience in schools
  - Less with psychosis
- Others with extensive experience with early psychosis
  - Less with schools

# Recovery: The Expectation

- Coordinated Specialty Care (CSC)
- Early intervention -> Better outcomes
- Average age in adolescence
- Recovery isn't just possible; with early intervention, it's the expectation
- Schools are critical



# Two Types of Behaviors to Notice

1

**Positive symptoms**  
(Behavioral excess)



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

2

**Negative symptoms**  
(Behavioral deficits)

# 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)

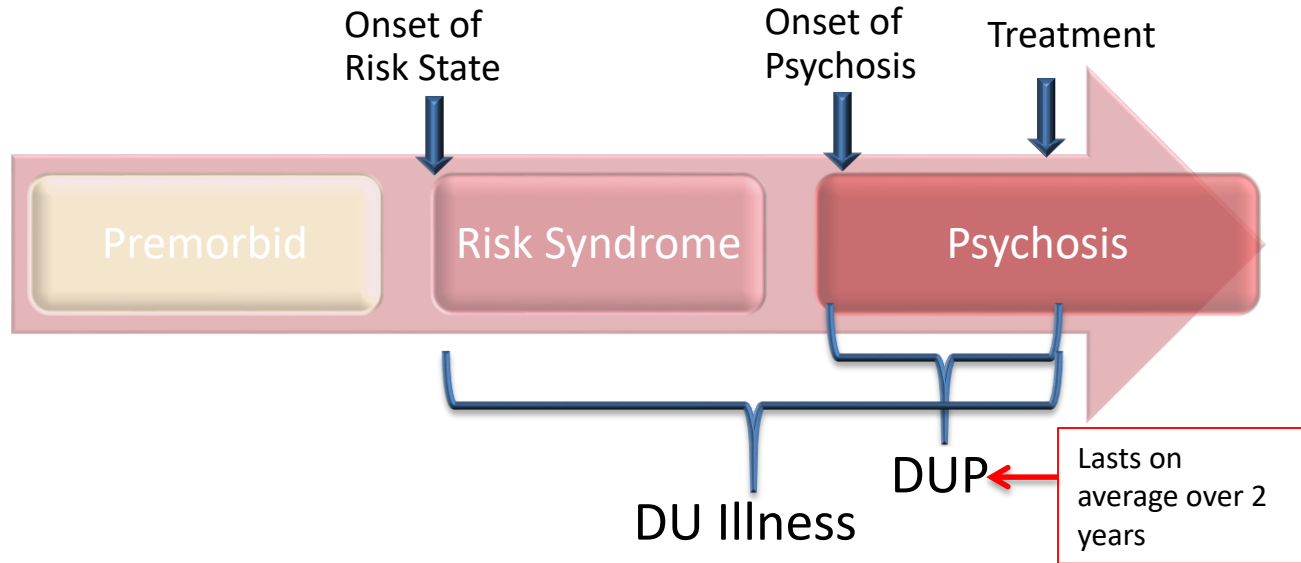


- Social withdrawal
- Decreased motivation
- Limited facial expression
- Decreased activity

# Simulated hallucinations

- Distractions
- Paranoia
- Commands
- Multiple voices
- Heightened perception of sounds

# Duration of Untreated Psychosis (DUP)



Marshall et al., 2005

# Longer DUP = Worse Outcomes

- More intensive services
- More negative symptoms
- More social impairment
- More occupational impairment
- More neuropsych deficits
- More psychological distress
- Likely increased costs/burdens to the system

# What Can Happen Without Early Intervention?

- Obstacles to enter system
  - Lack of motivation, Insurance
- Bad first experience with treatment
  - Police, High dose meds
- Miscommunication to families
  - Discouraging, Not fostering hope
- High level of discontinuity across treatment settings
  - Inconsistent care between hospital and step-down

# Factors Contributing to Long DUP

## Factors

## Solutions

Unfamiliar with psychosis



Education and training

Clients choosing not to disclose symptoms due to stigma



Creating inclusive climate

Clients and providers not knowing where to turn for help



Improving referral access and knowledge

Specialized services not integrated into the right settings



# Provider & System Considerations



Public MH systems often split  
around time of risk



Youth-focused MH staff  
tend to be under-trained in  
psychosis 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**

# When to Pay Attention?

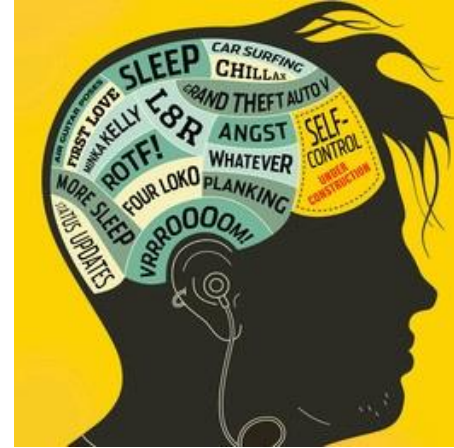
## Adolescence

- ~50% of people who develop psychosis as adults report they had psychosis-like symptoms in adolescence
- For those who develop psychosis, adolescence and young adulthood are critical periods
- Transition age is a time of:
  - Transforming parent-child relations & roles
    - » Possible increased conflict
  - Increased importance of peer relationships



# Adolescents Are in a Unique Developmental Stage

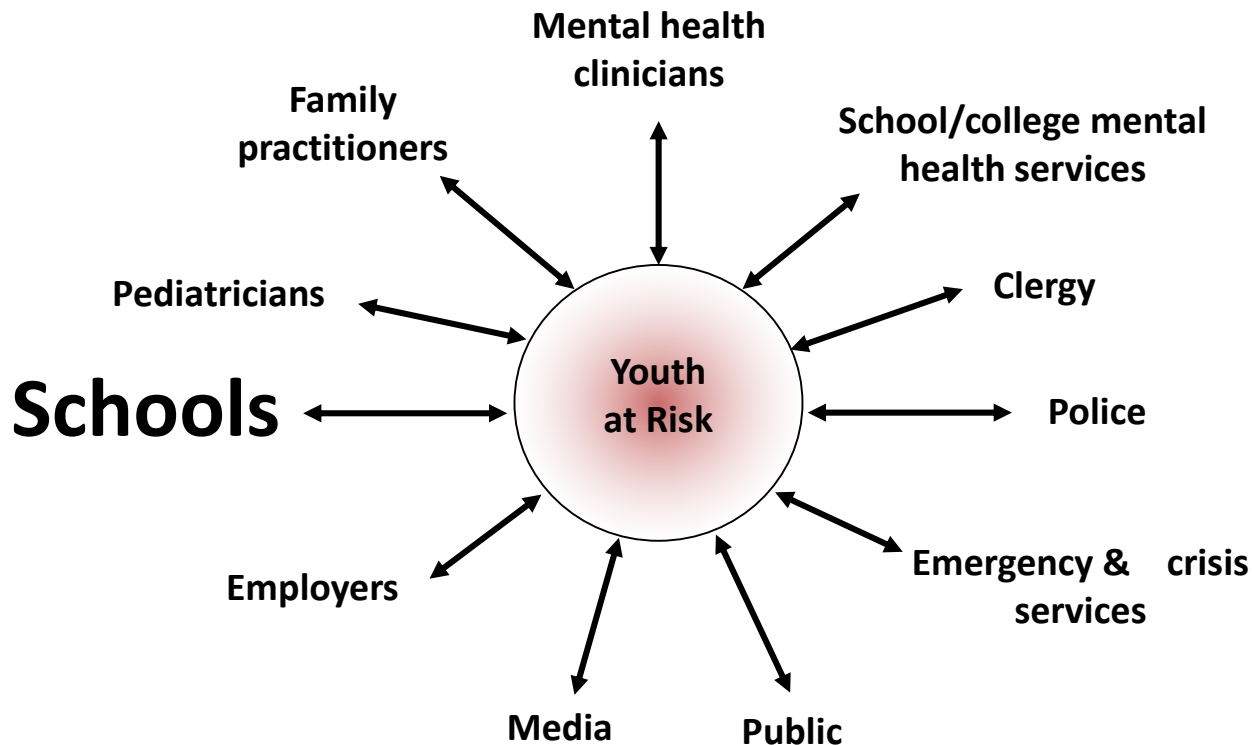
- Working to be independent
- Naturally question things
- Peer-identified; vulnerable to peer pressure
- Don't think they will be harmed by harmful things (increased risk taking)
- May have recently started making their own medical decisions (depending on their age)



# Shorter DUP = Better Outcomes

- Less need for intensive services
- Less negative symptoms
- Less social impairment
- Less occupational impairment
- Less neuropsych deficits
- Less psychological distress
- Less costs/burdens to the system

# Partners in Early Identification



McFarlane, 2013

# How Do We Recognize 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**



# How Do We Recognize Psychosis?

- Seeing, hearing, feeling, smelling, or tasting things
- Distracted at mild or nonexistent stimuli (e.g., being more sensitive to lights or sounds)
- Being overly mistrustful (e.g. constantly guarded, believing others are speaking about them behind their back when that does not appear the case)
- Preoccupation with unusual ideas (e.g., “I will get a deadly disease if I take a shower in the locker room.”)
- Often saying things that do not make sense (e.g. using incorrect words, excessive rambling; going on tangents and being hard to follow in a conversation)
- Believing he/she is exceptionally better than others without any evidence (e.g., “I have a super high intellect,” or grossly distorted perceptions of abilities – “I am a world-famous fashion designer.”)
- Feelings of derealization or that there is something “off” with others or the world
- Feeling as if they are not in control of their own thoughts
- Showing very inappropriate emotion (e.g., laughing at sad things)

# Unusual Thought Content

- Have you had the feeling that something odd is going on that you can't explain?
- Have you been confused at times whether something you experienced is real or imaginary?
- Do you ever feel like your thoughts are being said out loud so that other people can hear them?
- Do you ever feel the radio or TV is communicating directly to you?

# 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. She seems to have more to share, but no one has asked her more, and she hasn't shared anything else.

McGlashan, Walsh, & Woods, 2010

# Suspiciousness

- Do you ever feel that people around you are thinking about you in a negative way?
- Have you ever found yourself feeling mistrustful or suspicious of other people?
- Do you ever feel that you have to pay close attention to what's going on around you in order to feel safe?
- Do you ever feel like you are being singled out or watched?



# Suspiciousness

Felipe often feels that strangers think negatively of him and he is generally mistrustful. He describes being vigilant in public and worries about potential harm. He's not completely convinced, but he sometimes suspects that he is being targeted. He reports feeling like he is being watched, but he is not sure who would do this or why they would single him out.

McGlashan, Walsh, & Woods, 2010

# Distortions, Illusions, Hallucinations

- Are your thoughts so strong sometimes that you can almost hear them?
- Have you ever seen things that others don't see, and you find this distressing?
- Do you sometimes get distracted by distant sounds that you are not normally aware of?

# Perceptions

Gina reported that beginning three months ago she began to see wispy figures out of the corner of her eye, but when she would turn to look nothing would be there. She also reported that occasionally she sees someone sitting in the rocking chair in her room, and at the time it is happening the person appears very real to her. She additionally reported hearing sounds that no one else can hear like the door slamming or muffled conversations. She'll often look to see if someone could be making the sounds, but no one is ever around when she does. She reports that these incidents are distressing to her and do frighten her. She will often keep the light on to help with her fears.

# Accommodations

- Creativity
- Individualization of existing accommodations
- Attention to the details
- Partnership



# Accommodations

- Types of school supports:
  - Individualized Education Program (IEP)
  - 504 Plan
  - Response to Intervention (RtI) Plan
  - Transition Plan
- How can community providers and families inform and access school accommodations?

# Accommodations

- School-based counseling
- Medication accommodations
- Identifying triggers
- Alternative environments in the school
- Alternative content and assignments
- Preferential seating

# Accommodations

- Extra time and flexible deadlines
- Note-taking assistance
- Alternatives for public speaking assignments
- One-on-one educational aide
- Organization help
- Post-secondary goals

## Take home points...

1. Media portrayal provides a biased perspective
2. Most people with or at risk for psychosis are NOT violent
3. Self-harm and victimization are major concern
4. Treatment and engagement can help



# Facts about Violence

- The VAST MAJORITY of violent crimes are not committed by people with psychosis
- The VAST MAJORITY of people with psychosis do not commit violent crimes

# Youth & Violence

- Rates of violence among people with psychosis are only slightly higher than the general population, but MUCH lower than rates of violence among people who abuse substances and/or have a history of anger or violence

# Areas of concern

- Most violence is towards family members and occurs at home
- People with psychosis are *at risk for* being bullied, victimized, stigmatized, incarcerated, or homeless, and for having few and impaired relationships

**Treatment and engagement in the school helps with all of these concerns.**

# Safety: Engagement

- Ask about suicidal or homicidal thoughts
- Assess for prior history of violence
- Reduce access to means
- Engage partners...family and beyond
- Create a coordinated safety plan
- Have crisis line number available

# Partnering Across Providers/Family/Schools

- Teamwork is essential
- No one should be alone
- Best practices:  
Coordinated Specialty  
Care



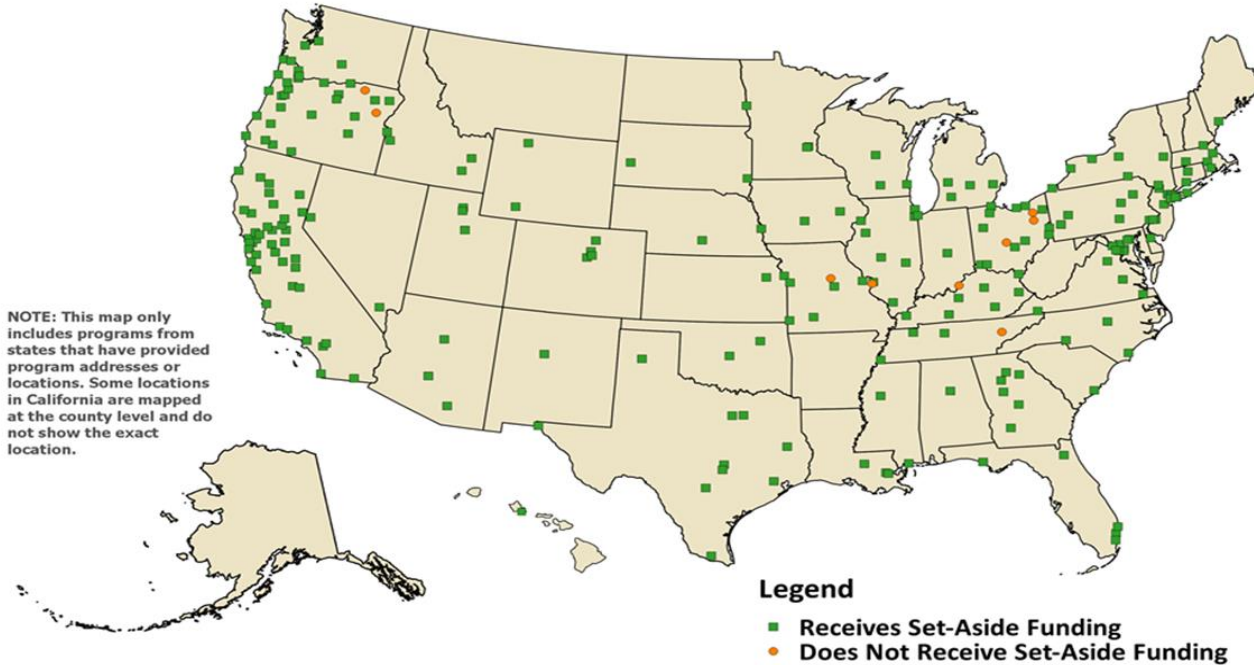
# Core Components of Coordinated Specialty Care

- Multidisciplinary team
- Small caseload
- Meets as a team
- Staffed with individuals with training and expertise in treating people with FEP
- Intake occurs promptly
- Uses shared decision making
- Provides recovery-focused treatment (often CBT for psychosis, Individual Resiliency Training)
- Uses personalized treatment plans
- Provides medication management
- Promotes skill building
- Works with families
- Provides supported employment/*supported education services*

Source: NIMH Recovery After Initial Schizophrenia Episode (RAISE) implementation manual  
([https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep\\_147096.pdf](https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf))

# First Episode Psychosis Programs - 2017

## First Episode Psychosis Treatment Programs



Aug. 2017

Source: NASMHPD Research Institute, Inc.

# Roles Within the Partnership

- Supported Employment and Education Specialist on every CSC Team
- School Leaders – Principals, Administrators
- Student Support Staff – school counselors, psychologists, social workers, nurses
- School-based community mental health clinicians
- Teachers, Coaches, and Other Staff



# Thank You

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Jason Schiffman: [schiffma@umbc.edu](mailto:schiffma@umbc.edu)

Sharon Hoover: [shoover@som.umaryland.edu](mailto:shoover@som.umaryland.edu)

 [@drsharonhoover](https://twitter.com/drsharonhoover)

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)