Youth at Clinical High Risk and Schools

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Disclosures

- National Institute of Mental Health (grants R01MH112612 and R34MH110506)
- Maryland Department of Health and Mental Hygiene, Behavioral Health Administration through the Center for Excellence on Early Intervention for Serious Mental Illness (OPASS# 14-13717G/M00B440024)
- Community Intervention for those at Clinical High Risk for Psychosis, SAMHSA, SM081092-01
- I provide trainings for SIPS certification and our stepped care Modular CBT for Youth at CHR
Outline

Why Schools
Barriers
Potential
Screening
Best Practices
Phases of Psychosis

Early identification & intervention

Duration of Untreated Psychosis

Onset of illness

First appropriate treatment

Decrease in functioning, beginning of mild but not yet psychotic symptoms.

Functioning

PREMORBID

RISK SYNDROME

PSYCHOSIS

Course of Illness
Phases of Psychosis

- **Premorbid Phase**: Decrease in functioning, beginning of mild but not yet psychotic symptoms.
- **Risk Syndrome**: Early identification & intervention
- **Psychosis**: Onset of illness, first appropriate treatment

Duration of Untreated Psychosis

Course of Illness
Who Experiences CHR Symptoms

- Onset generally occurs between the ages of 15-25\(^1\)

\(^1\)Schultz, North, & Shields, 2007
Psychosis Risk in Schools

- Nearly all youth at CHR are in school. Period.

87% of surveyed school providers reported involvement with a youth with suspected risk or early psychosis

1Kline et al., 2018;
Early Identification & Treatment

- Family practitioners
- Pediatrists
- Mental health clinicians
- School/college mental health services
- Clergy
- Police
- Emergency & crisis services
- Media
- Public
- Employers
- Schools
- Youth at Risk

McFarlane, 2013
Psychosis Risk in Schools

Can be challenging to engage schools
  Trust, consent/assent, beuracracy, FERPA,
  stigma, follow-up w/ parents, teacher schedules

Attention to psychosis is limited\(^1\)

Screening and referral is possible\(^2\)

\(^1\) Kline et al., 2018; \(^2\) Early Identification of Psychosis in Schools, *Handbook of School Mental Health: Research, Training, Practice & Policy*, Kline et al., 2014
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/Denmark\(^1\)
- Familiarity with psychosis risk increases confidence and screening\(^3\)

\(^1\) Joa et al., 2008, \(^2\) Collins et al., 2008, \(^3\) Kline et al., 2018
Screening & Identification in Schools

Teachers can help predict who is at risk
Tsuji et al., 2013
- Differentiation between groups, Cohen’s $d = 1.00$
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?

Meyer et al., 2019
Assessment Tools

PRIME Screen, Revised - Miller et al., 2004
Prodromal Questionnaire - Brief (PQ-B) - Lowey et al., 2005
  ▪ The Behavior Assessment System for Children (BASC-3) - Reynolds & Kamphaus
  ▪ Thompson et al., 2015
  ▪ Two Item Screen — Phalen et al., 2018

Structured Interview for Psychosis-risk Symptoms (SIPS)
  Barbara Walsh, Ryan Melton, and me
Screening in Colleges - Thompson et al. in prep

- 510 help-seeking college students completed PRIME
- 26.7% screened positive (136 students)
- 44 SIPS interviewed, 55.5% CHR+

<table>
<thead>
<tr>
<th>Performance of screening methods for predicting SIPS status (n=43)</th>
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<tbody>
<tr>
<td><strong>Specificity</strong></td>
</tr>
<tr>
<td>PRIME</td>
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### Youth self-report more CHR symptoms

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N</th>
<th>Age Cut-offs</th>
<th>Optimal Cut</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger Age</td>
<td>43</td>
<td>12-13.99</td>
<td>5</td>
<td>.76</td>
<td>.45</td>
</tr>
<tr>
<td>Middle Age</td>
<td>45</td>
<td>14-15.99</td>
<td>3</td>
<td>.81</td>
<td>.79</td>
</tr>
<tr>
<td>Higher Age</td>
<td>46</td>
<td>16-23</td>
<td>1</td>
<td>.70</td>
<td>.61</td>
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Mindful of cultural variance

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<tr>
<th>Simple effects of Prime Screen predicting CHR, by race</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Black</td>
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<tr>
<td>White</td>
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The broader issue of false positives
Screening in Schools - Phalen et al., 2018

Very short screening in school settings

<table>
<thead>
<tr>
<th>Answering “yes” to either question → presence of psychosis/CHR status (n = 471)</th>
<th>Sensitivity</th>
<th>Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Do you ever hear the voice of someone talking that other people cannot hear?</td>
<td>71%</td>
<td>91%</td>
</tr>
<tr>
<td>● Have you ever felt that someone was playing with your mind?</td>
<td></td>
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TAY trained clinicians are crucial to our workforce

![Bar Chart]

- Pediatric Providers
- Adult Providers
- Pediatric & Adult

- Working w/ People w/ Schizophrenia
- Working w/ Schools
Educational Accommodations

Students at CHR may be eligible for an Individualized Education Plan (IEP) or a 504 Plan as well. Accommodations from NASMHPD/SAMHSA are available.

Engaging with Schools to Support Your Child with Psychosis, Schiffman et al., 2018
Supporting Students Experiencing Early Psychosis in Middle School & High School, Schiffman et al., 2018

youthfirst
Tips for working with students & schools

- Supported education can improve academic performance
- Inclusive engagement
  - Teachers, nurses, counselors, admin, coaches
- Mindful of stigma

Be proactive with schools
Follow the lead of your client/family
Recovery should be the expectation
Tips for working with teachers

Psychoeducation
Safety
  Bullying
  Suicidality
    66% for current ideation, 18% lifetime attempt \(^1\)

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Early Identification of Psychosis in Schools, *Handbook of School Mental Health: Research, Training, Practice & Policy*, Kline et al., 2014; \(^1\) Taylor et al., 2015
Intervention in Schools

- Supported Education & Employment
  Core component of Coordinated Specialty Care (CSC)
  250+ CSC programs in US
  School-based clinicians can link family, school and clinical teams

1 Schiffman & Daleiden, 2006
Stepped Care: Modular CBT for Youth at CHR

Modular Cognitive Behavioral Therapy for Youth at Clinical High-Risk for Psychosis

Strive for Wellness Clinic Team
Clinical High Risk Intervention Pilots

https://www.samhsa.gov/grants/awards/SM-18-012
Schools and Clinical High Risk

Enthusiasm and hope are what make the difference – Brandon Staglin

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