

TEAM MANUAL



EASA Center for Excellence



Portland
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The information provided in this manual is intended as a guide for general educational and informational purposes only. It is not designed to replace professional standards, ethics, or clinical judgment for any profession. Any decisions made regarding diagnosis, treatment, and/or provision of care for any individual are the authority and responsibility of local community mental health center staff providing EASA services.



SECTION 1: ORIENTATION TO EASA



Welcome to EASA for Team Members

Welcome to EASA! We are glad to have you as a part of our team and would like to formally welcome you to the Early Assessment & Support Alliance (EASA). This manual is designed to give you the information that you need about EASA and introduce resources that will help you make a smooth transition into your new role. We hope you will find your new job as compelling, fun, and rewarding as we have found ours to be.

We appreciate your dedication to working with youth and young adults who are at risk for developing psychosis or those who have recently experienced a first episode of psychosis. The goal of EASA is to identify individuals at-risk for developing psychosis or those with early symptoms of psychosis as soon as possible in order to minimize the negative impact on their lives. EASA serves youth and young adults with early symptoms consistent with psychosis risk syndrome or schizophrenia spectrum disorder, bipolar disorder with psychosis, and related conditions. EASA programs have served over 2000 individuals and families since 2001 and currently serve over 500 individuals and families per year statewide. We educate and mobilize our communities to support the success of these young people. We have many young adult graduates and family members of graduates who have shared their experiences and are available as mentors and leaders. Be sure to read the sections in this manual on the Young Adult Leadership Council (YALC) and Family and Friends Leadership Council (FFLC).

History of EASA

Mid-Valley Behavioral Care Network (MVBCN) started the Early Assessment and Support Team (EAST) in 2001. MVBCN is an intergovernmental managed mental health care program started after the Oregon Health Plan. When EAST began, it consisted of Marion, Polk, Linn, Yamhill and Tillamook Counties. Oregon Health Authority (OHA) took responsibility in 2008 after the state legislature funded the beginning of statewide expansion and EAST became EASA, the Early Assessment and Support Alliance. EAST was originally based on the work of the Early Psychosis Prevention and Intervention Center (EPPIC) in Melbourne, Australia (now Orygen), and evolved to integrate additional evidence-based practices.

EASA is the first statewide effort in the United States to provide systematic early psychosis intervention for youth and young adults. EASA follows a common set of practices based on international and national research and an iterative process of feedback and program development. In 2014 Congress provided new funding for early psychosis intervention and required every state and territory to begin creating early psychosis programs. There are established EASA programs or programs being implemented in licensed public mental health centers serving each of Oregon's 36 counties, reaching nearly 100% of Oregon's population. The Oregon Health Authority (OHA), with support from the Oregon Legislature, is working to ensure that EASA is reaching everyone in the state. It is an exciting time to be a part of this work!

Follow the link to watch an interview with the founders of EASA:

<https://www.youtube.com/watch?v=LAIK7R5E6W4>



Overview of EASA Core Philosophies and Practices

EASA uses a transdisciplinary team approach. Collaboration and teamwork are at the core of EASA.

EASA teams provide rapid, effective support to young people at-risk for developing psychosis or those who are experiencing early symptoms of psychosis so that they may:

- ✓ Complete school and enter successful careers and adult roles; and
- ✓ Experience social support, health, and well-being

EASA provides evidence-based care, including:

- ✓ Comprehensive strengths-based assessment and treatment planning
- ✓ Family partnership and individual and family psychoeducation
- ✓ Evidence-based support for work, school, and career development
- ✓ Substance abuse services integrating motivational interviewing and a harm reduction approach
- ✓ Intensive coordination of care within the team and with community partners

EASA teams consist of different team members that may include a therapist, doctor, nurse, occupational therapist, peer support specialist, case manager, supported employment and education specialist, and/or housing specialist. The entire EASA team works with individuals and their family members to solve problems that will support the young person in achieving their goals. For example, if a young person wants to change their medications or move into an apartment on their own, everyone discusses these topics together to come up with a solution. EASA's philosophy is that everyone has important knowledge and skills, and that the best solutions come when everyone works together as a team. EASA team members use evidence-based approaches to care and provide intensive services and support. All EASA team members work collaboratively together to provide the most effective services for young people and their family and primary supports.

EASA genuinely believes that each person does well with the right supports and opportunities. EASA reinforces and builds on each individual and family's unique strengths, beliefs, perspectives, worldviews, and culture. EASA defines family and primary supports as any individuals that are important in a young person's life, for example, grandparents, siblings, aunts, uncles, cousins, clergy, coaches, teachers, healers, partners, friends, mentors, or roommates.

EASA provides evidence-based interventions through multiple disciplines, backgrounds, and perspectives. EASA uses a transdisciplinary team approach where all team members serve adolescents and young adults. EASA teams vary in size, and typically include social workers and/or counselors/case managers, a psychiatrist or psychiatric nurse practitioner, supported employment & education specialists, peer support specialists, and occupational therapists. There are some EASA teams where not



all of these disciplines are present. When this is true, EASA teams build on the knowledge and perspectives of those disciplines to incorporate them into treatment.

EASA encourages involvement of all family members and primary supports with permission of the young person. Family members and primary supports are essential



partners with the young person and the EASA team. Their knowledge and perspectives are an integral part of EASA services. When a young person does not give permission for involvement with their family members or primary supports EASA teams work with the young person to explore this area and problem-solve having their involvement, except in cases of abuse or neglect or where their involvement would be harmful to the young person. If a young person is unable to identify family members

or primary supports that they would like to involve, the EASA team explores with them possibilities of which people in their lives would be a good support for them.

EASA wants to understand how young people and their family members and primary supports make sense of their experiences so that we can work with everyone in a way that best meets their needs, values, and beliefs. We understand that young people can have different perspectives on their experiences than their parent(s), other members of their family or their friends. The EASA team works with everyone to come to a shared understanding that respects and incorporates all viewpoints.

EASA values feedback and participatory decision making. EASA teams create a deliberate culture of feedback through the use of feedback informed treatment tools. These tools are used to learn what EASA teams can do to better support young people and their families. Open communication and making decisions together as a team with young people and their family members are core to what EASA does.



EASA provides community education, early intervention, and outreach to engage young people and their families regardless of funding or other barriers and makes it as easy and comfortable as possible for people to engage. At EASA we do our best to respond to what everyone needs while at the same time honoring a young person's need to develop their own skills, knowledge, and beliefs. EASA team members go above and beyond to meet people where they are.



EASA supports young people and their family members in a holistic way. That means EASA team members work on the goals that matter most to the young person and their family members or primary supports, including medical needs, school, work, living situation, relationships, and other things that are important to them.

EASA values and transparency, which means that we want people to tell us what they really think and what they are really choosing. We encourage young people and their families be honest with each other and their EASA team members.



EASA follows harm reduction practices. EASA teams know that young people make many choices, some of which may get in the way of their recovery. EASA teams encourage young people to make healthy choices while continuing to engage them and their family members in services.

EASA values different perspectives and beliefs and know that each person carries their own truth. EASA understands that individuals and families care for each other and that conflict comes up. EASA actively works with individuals and families to come together and develop a shared understanding.

EASA is a network. There are EASA programs throughout Oregon and similar programs throughout the United States and in other parts of the world. If a young person moves, or family members live in different communities, EASA teams work to connect each person with a program and other resources close to where they live.

EASA is a transitional program but in it for the long-term. EASA typically works intensively with young people, their family members, and primary supports for two years, with a gradual transition into ongoing resources after graduation. EASA's local programs and leadership network work together to build long-term community. EASA strives to support our graduates and their family members through advocacy and opportunities for long-term involvement. This includes opportunities through EASA C4E, such as the Young Adult Leadership Council (YALC) or the Family and Friends Leadership Council (FFLC). EASA participates in system change efforts focused on creating a more responsive, effective system of care (**See section 3 on Transition for additional information**).



What EASA Participants, Graduates, and Family Members Say About EASA's Approach



Working with EASA has made me feel like **I am not alone** in my experience

- *EASA Participant*

They have somebody to help you with literally every aspect of your life.

- *EASA Participant*

We have needed many different services for our son since he was 3 years old and had to fight for everything for him. With EASA it's completely different—we kind of have the dream team!

- *EASA Parent*

The more you trust your team, the more help you can receive. Go to the family meetings, join organizations. As an EASA client I didn't participate in activities during the first year because I felt ashamed about my condition. When I finally started participating, a weight was lifted. I met people who had gone through psychosis, who understood my experiences. Nothing helped me more than being surrounded by people who understood. After some time, I didn't feel ashamed, but empowered to help other people.



- *EASA Graduate*

We've seen a dramatic improvement in our son since he joined EASA.

- *EASA Parent*

Multi-Family Group helped with the family piece—earlier on we focused a lot on problem-solving.

- *EASA Parent*

EASA's community helps people who've experienced psychosis understand a bigger concept of life outside their immediate selves. While in psychosis, the world can often revolve around ourselves, but the EASA community expands our perspective and allows us to empathize.

- *N., EASA Graduate*



The EASA Center for Excellence

The EASA Center for Excellence (EASA C4E) provides training, technical assistance, consultation, and support for program development and quality improvement for EASA programs statewide, as well as for national programs. The EASA Center for Excellence is a collaboration between Portland State University and Oregon Health & Science University through the OHSU-PSU School of Public Health. The Early Assessment and Support Alliance is sponsored by the Oregon Health Authority (OHA) through funding and other forms of program support. EASA C4E is located in downtown Portland, however C4E team members live in communities across the state. The EASA C4E exists to support you in your work and want to hear your questions, requests, observations, and suggestions.

Our Mission: The EASA Center for Excellence improves services for individuals with early psychosis and their families.

Our Vision: We envision a society—from the largest systems of care to individuals' unique support networks—that values the lived experience and perspectives of every person, and is able to mobilize quickly and effectively to meet the needs of young people who are experiencing mental health challenges, particularly those who are having symptoms of psychosis or who are at-risk for psychosis.

Our Values:

- **Diversity:** We celebrate diversity and honor the unique challenges that people face as well as the strengths and creativity they demonstrate in meeting those challenges
- **Experience:** We respect and listen to lived experience, acting upon what we learn
- **Evidence:** We examine, disseminate, and contribute to up-to-date, evidence-based data that informs policy and practice
- **Community:** We are sustained, informed and energized by and members of a community young people, families, friends, peer specialists, and others
- **Leadership:** We are excited to be part of a local, national, and international community that establishes, examines, and disseminates best practices for at-risk youth and those with first-episode and early psychosis
- **Teamwork:** We practice and collaborate utilizing a transdisciplinary approach



The EASA Center for Excellence:

- ✓ Brings people together to articulate and refine EASA's vision, priorities, goals, and core messages
- ✓ Iterative practice guidelines and fidelity reviews based on current knowledge and research
- ✓ Consultation and technical assistance to all EASA sites in Oregon, as well as some national sites
- ✓ Workforce development opportunities, including professional training, consultation, and credentialing
- ✓ Communications including statewide social marketing, website, and social media methods
- ✓ Data collection and reporting in support of policy makers, managers, and participatory research
- ✓ Ongoing collaboration with statewide, national, and international researchers and partners
- ✓ Focused support for service development and sustainability in Oregon and nationally
- ✓ Coordination of shared action planning

EASA Center for Excellence outcomes include:

- ✓ **Community:** Increased availability of early psychosis services; increased recognition of psychosis and related conditions; rapid, supportive response to adolescents and young adults when initial symptoms of psychosis develop
- ✓ **Program:** Implementation of practices that improve rapid access, reduction of barriers to care and provision of effective services
- ✓ **Clinical:** Clinicians develop and demonstrate the knowledge and skills needed to effectively assess, treat and support adolescents and young adults at-risk for developing psychosis or those experiencing early signs of psychosis
- ✓ **Individual/family response:** Individuals and families experience less trauma and are more supported and prepared from the onset of symptoms to succeed with developmental milestones (i.e. school completion, career, transition into adult relationships) and act as self-advocates. Participants transition successfully from initial identification to providing leadership and direction in addressing their own needs.



Meet the EASA Center for Excellence Team!



Tamara Sale, MA
Center Director

Ms. Sale has been responsible for the overall development and implementation of early psychosis services in Oregon for many years, and also currently consults with mental health professionals nationwide to help launch new programs similar to EASA.



Dr. Ryan Melton, PhD
Clinical Director

Dr. Melton oversees clinical training, certification and consultation for EASA clinicians across Oregon and contracted sites nationwide. He was part of the original design team for EASA in 2001 and the lead developer of the EASA Practice Guidelines. Specializing in assessment, he is a certified trainer for several disciplines of practice as well as a certified peer support specialist.



Katie Hayden-Lewis, PhD LPC
Rural Services Director

Dr. Hayden-Lewis' priority focus is supporting rural and frontier EASA programs with clinical and infrastructure adaptations designed to meet the needs of remote communities. Katie's primary research focus is in youth identity development post-psychosis with pursuits in trauma sensitive and transformative justice clinical practices in CHRp and FEP research and care.



Halley Knowles
Program Coordinator & Training Project Manager

Halley has been providing administration for EASA Center for Excellence since the program joined Portland State University in 2013. She is the organizational headquarters of many things EASA, including project management, trainings and events, communications and web development, staff certification, and liaising EASA C4E with Oregon EASA sites and national partners.



Megan Sage, MSW, LCSW
Senior Research Assistant

Megan provides clinical consultation, training, fidelity reviews, and program development for Oregon EASA programs and similar programs in several other states. Megan brings a focus on equity and culturally-informed interventions, with nearly a decade of experience providing services to EASA participants and families as a bilingual mental health consultant.



Dr. Craigan Usher, MD
Psychiatric Consultant

Dr. Usher is the associate training director for the OHSU Division of Child and Adolescent Psychiatry and was formerly a psychiatrist for Washington County EASA. Craigan continually pursues the links between the neuroscience of empathy and attachment and child psychiatric practice in his work.



**Julie Magers, CFSS**

Family Engagement & Support Specialist

Julie brings EASA Center for Excellence expertise in peer family support for families of youth and young adults living with complex mental health challenges. She has established and facilitates the EASA Family & Friends Leadership Council, which supports family involvement and informs EASA staff about potential improvements to consider based on family member's perspectives.

**Tania Kneuer, OT/L**

Occupational Therapy Consultant

Tania provides support as the Occupational Therapy lead for all Oregon EASA programs, including clinical support with professional and OT-specific program development. She assists various EASA sites with consultation and clinical training. Her passion is the incorporation of the occupational therapy perspective for transdisciplinary comprehensive care.

**Michelle Owens**

Young Adult Engagement Specialist

Michelle Owens works with the Young Adult Leadership Council to extend opportunities for youth voice and leadership in EASA programs. As a Peer Support Specialist herself, Michelle supports EASA Peer Support Specialists in their roles and the implementation of peer support across EASA sites.



EASA Website and Resources

We encourage you to become familiar with our website, www.easacommunity.org, where we have posted a variety of resources for you as an EASA team member, as well as resources that the young people and families that you work with can access. It is worthwhile to take time to explore the EASA website in its entirety. If you are just getting familiar with the website, we have highlighted some of the most useful resources for you as an EASA team member, and how to access them.

EASA follows a common set of practices based on national and international research and an iterative process of feedback and program development. Please take some time to read the EASA Practice Guidelines posted on our website (<http://www.easacommunity.org/PDF/EASA-practice-guidelines-2013.pdf>), as these outline the core practices of how EASA operates. The practice guidelines also contain the Fidelity Checklist (Appendix C) that outlines the scoring that is used during fidelity reviews completed with each EASA program.

We have a variety of training videos and materials on our website. We encourage all new EASA team members, including supervisors and managers, to attend an in-person EASA Introductory Training or to view the EASA Introductory Training webinar series as soon as possible (within 3 months) after they begin working as part of an EASA team: <http://www.easacommunity.org/resources-for-professionals.php>. This webinar series will orient you to the EASA model and philosophy, as well as give you information about specific tools to use with EASA participants and their families.



You can navigate to a [full list on the website](#) to find updated contact information for each EASA site which includes information about EASA team members. This is a great resource for getting to know the “who’s who” of EASA statewide. Click on the name of any EASA program on our website to see program and staff contact information, including referral and crisis numbers.

If you have a question or are curious about how other sites are implementing EASA services, feel free to send an email to your counterpart or another colleague in a different county. This list is also a great resource for information to connect EASA participants to another EASA team if they are planning to move to a different part of Oregon.

If you receive a referral inquiry from someone outside Oregon, or want to connect an EASA participant with services in another state, you can find programs like EASA all over the United States in the [National Early Psychosis Directory](#), which the EASA Center for Excellence updates in real-time.



EASA Center for Excellence Consultation

EASA C4E consultation calls, listservs, and in-person consultation meetings are a great way to learn from the amazing network around the state and get information about what is happening in the early psychosis field nationally and internationally. There are recurring monthly or bi-monthly phone discussions discussing different aspects of the EASA program and areas of EASA staff's work across all disciplines. See **Appendix A** for call-in instructions, the schedule, and group/area definitions to find out how to join. You can also view updates for the call(s) you participate in, and even copy them to your own Google Calendar, by visiting the [EASA Google Calendar](#) on the website.

EASA Certification Process

The EASA Center for Excellence has created an EASA certification process for all EASA staff. The purpose of certifying EASA staff is:

- ✓ To honor the work of all EASA team members
- ✓ To assure all EASA team members receive training and support on all the treatment modalities that have an evidence base to assist individuals at risk for developing psychosis or those with early symptoms of psychosis. These treatment modalities were identified by the EASA steering committee (made up of clinicians, administrators, EASA family members, and EASA participants) found essential in defining EASA work
- ✓ To establish a group of professionals certified by the EASA Center for Excellence that may provide EASA training, fidelity reviews, and consultation

The EASA Certification is not:

- ✗ A profession-based credential. The reason for this is to honor the transdisciplinary nature of the EASA program and to foster an understanding and respect for the work that all disciplines do within the program.

We have two levels of EASA Certification achievement – **Core** and **Advanced**.

All EASA team members—regardless of role—are required to attend the EASA Introductory Training early in their work with the program, and regardless of whether or not they intend to follow the Certification Process. If there is no in-person version of the EASA Introductory Training offered within 3 months of an EASA team member joining the team, or if traveling to the EASA Introductory Training in-person is not feasible, the EASA Introductory Training is available online on our website www.easacommunity.org on the Resources for Professionals page, under the Training Materials section. A Continuing Education Unit (CEU) certificate will be awarded to team members after completing each level, with the number of units equal to the number of hours spent in consultation. CEUs for training time are awarded separately at the trainings.

The Core level of certification must be met before the Advanced level of certification can be awarded. EASA team members who complete the both the Core and Advanced levels of certification are eligible to:



- ✓ Present EASA Center for Excellence (C4E) trainings (Intro, MFG, SCID, etc.)
- ✓ Conduct Fidelity Reviews at other sites
- ✓ Provide consultation, review, and feedback for other team member's work in the Certification Process
- ✓ Work with the EASA C4E in knowledge-based project capacities

Please see **Appendix B** for full descriptions and measurements of the Certification Process and contact the EASA Center for Excellence team with any questions or feedback.

EASA Data Collection

Each local EASA team collects data for research and evaluation by the EASA Center for Excellence in partnership with OHSU. EASA C4E records each referral and whether the individual is screened in or out. For each participant screened in, we track hospitalizations and quarterly outcomes throughout an individual's time in their EASA program. We also keep track of each EASA team's participation in Community Outreach efforts.

EASA Data Collection Schedule

	Months Reflected	DUE DATE
Quarter 1	January – March	April 10
Quarter 2	April – June	July 10
Quarter 3	July – September	October 10
Quarter 4	October – December	January 10

If you are identified as a “data person” for your EASA team, the process to gain database access is as follows:

- 1) Watch the **REDCap Data Orientation video** on the Resources for Professionals webpage under the “**Data Collection**” section
- 2) Have your EASA Supervisor email Halley at knowlesh@ohsu.edu to confirm that (a) you have watched the training video, (b) you are authorized for access, and (c) what type of access you need:
 - ✓ Data Entry Only
 - ✓ Data Export/Reporting Only
 - ✓ Data Entry AND Export/Reporting
- 3) Within 1-2 days you will have access to the REDCap Data system



EASA Infrastructure and System-Level Support

Early intervention services require significant commitment to systemic and practice improvements on a broad scale to prevent unnecessary trauma and disability among young people who are showing early symptoms consistent with psychosis risk syndrome or schizophrenia-related conditions.

EASA uses a population-based public health approach, which includes:

- ✓ Engaging a wide range of family, community, and system partners in rapid identification and effective support of youth at risk for developing psychosis or those experiencing early signs of psychosis
- ✓ Providing a network of skilled, specialty services to respond to youth and young adults at risk for developing psychosis or those who are experiencing their first episode of psychosis
- ✓ EASA leadership, administration, and providers committing themselves to a rigorous process of training, credentialing, and system improvement, as well as providing problem-solving support to remove barriers within and outside of the agency
- ✓ Providing early identification, outreach, rapid access, and targeted culturally appropriate services that empower young people and their families to pursue their goals, focus on developmental needs, and build on strengths
- ✓ Connection to 24/7 crisis coverage provided by EASA team members or crisis services outside the team with a strong linkage between early intervention services and the crisis system

In order to be a part of the EASA Network and access ongoing state-funded consultation, supervision and training support from the EASA Center for Excellence, there are several requirements that must be met, including:

- Understanding of the expectations of EASA and commitment from senior leadership, key local funders, and managed healthcare organizations to permanently integrate early psychosis intervention into its infrastructure as a public health approach
- A plan to provide access to the entire community regardless of insurance or ability to pay, including writing grants or developing other fundraising plans to supplement existing funds
- Specific staff must be assigned to the program at least half-time, with dedicated time set aside for early intervention activities. Full-time positions are ideal, although not always feasible in small programs in rural or frontier areas. All EASA team members must be supported by the agency to participate in training, supervision and credentialing specific to EASA.
- The program must contain the following elements as defined in EASA practice guidelines:
 - Criteria for access and transition following EASA minimum standards
 - Community education



- Rapid response
- Outreach and engagement
- Comprehensive developmentally appropriate and culturally-specific assessment and treatment
- Organization around EASA practice guidelines, including a transdisciplinary team, Individualized Placement and Support, and structured family psychoeducation
<http://www.easacommunity.org/PDF/EASA-practice-guidelines-2013.pdf>
- Data collection through REDCap system

The following services are available to all EASA sites:

- ✓ Phone and face-to-face consultation and statewide group training (via phone or web and in person)
- ✓ EASA materials development and support
- ✓ Site-specific training and on-site fidelity review
- ✓ Grant-writing support and other site-specific consultation (may require an additional investment of local resources if the state has not funded it specifically)
- ✓ Waivers and state-level policies associated with EASA will apply to local sites meeting the requirements for EASA

Please see EASA Practice Guideline 1.0 Systematic Infrastructure and Appendix A: Policy on Inclusion in the EASA Network <http://www.easacommunity.org/PDF/EASA-practice-guidelines-2013.pdf> for additional information.

The EASA Center for Excellence recognizes that EASA programs may be in varying stages of development and implementation, and will have different areas of focus and need depending on which stage they are in. Based on feedback about the need to move towards a more developmentally informed approach to fidelity implementation and the fidelity review process, the EASA Center for Excellence has created a benchmark-based fidelity tool. This tool is for EASA sites that are new or those that are in early stages of implementation and is used to help guide these sites in identifying which fidelity practice guidelines and specific associated targets within each guideline to focus on. The intent is not to replace the existing fidelity tool but rather to help organize and guide these sites into a systematic approach to successful implementation of the EASA fidelity model. The benchmark portion of the fidelity tool will also provide information about areas to focus quality improvement efforts that range from broader agency decisions to specific clinical interventions. Please go to our website or contact the EASA Center for Excellence team for information about the benchmark-based fidelity tool (www.easacommunity.org).



Supervision Specific to Early Psychosis

Another key component to successful early intervention service delivery is the provision of routine individual supervision specific to early psychosis for all EASA team members. This can be provided by from the EASA supervisor or another designated individual. It is recommended, and for some professions required, that supervision is provided to professionals by members of their own profession.

Regular supervision is an essential function for all early intervention team members and should include:

- ✓ A clear, mutually developed agenda that incorporates SMART goals (goals that are Specific, Measurable, Achievable, Realistic, and Time Limited)
- ✓ Professional skill development and support for complex situations that includes a strong focus on cultural humility
- ✓ Buffering, problem solving and advocating around the environment and organization
 - This includes areas such as productivity, human resources, schedule flexibility, coordination across supervisory and organizational functions, and helping to problem solve systemic barriers
- ✓ Incorporate a “culture of feedback” using feedback informed treatment tools

Supervisors should:

- ✓ Be trained in early psychosis intervention
- ✓ Participate in all team meetings
- ✓ Be intentional about purpose and goals of individual and group supervision sessions
- ✓ Include supervisees in planning for supervision sessions and ask them what they need most
- ✓ Focus on successes and building skills to address challenges

In addition to routine individual supervision, all EASA teams are encouraged to have routine, strengths-based group supervision where topics such as cultural humility, dual diagnosis assessment and treatment, and complex cases are discussed.

The EASA Center for Excellence offers a supervisor training, please see the EASA News & Events page for upcoming trainings (<http://www.easacommunity.org/easa-news-events.php>).



EASA's Culture of Feedback

EASA strongly encourages any informal or formal feedback about services. Participants and their family members are encouraged to ask questions, express concerns, and give ideas and feedback about the services they are receiving throughout their time in EASA, as well as after their young person graduates from EASA. This feedback can be given directly by talking to an EASA team member or supervisor, or through participation in routine focus groups and/ or surveys. EASA team members are encouraged to use structured feedback tools, such as the PCOMS (<http://www.whatispcoms.com>) or ACORN (<https://acorncollaboration.org>), routinely throughout treatment to gather information about how treatment is going and what can be improved upon. The EASA Center for Excellence offers a training on feedback informed treatment tools. Please see the EASA News & Events page on the EASA website for more information (<http://www.easacommunity.org/easa-news-events.php>).

In addition, EASA participants, family members, and graduates of EASA programs are encouraged to participate in EASA-specific hiring committees and agency decision-making committees and boards. They are also encouraged to give feedback on written materials, groups, and physical spaces where activities take place. The voices of EASA participants, family members, and graduates are incredibly valuable and hearing about their experiences will help in continuing to improve services.

Complaint/Grievance Process

EASA promotes a culture of feedback and encourages participants and family members to speak directly with EASA team members or the EASA supervisor if they have a concern. In addition, it is important to inform each participant and family member about their agency's complaint/grievance process so they know how where to go if they need additional support or problem-solving. For Oregon Health Plan and other state-funded services, individuals have the right to appeal a grievance to the state level. It is important to express to participants and family members from the beginning that a complaint will not be met with a negative impact on one's care. At EASA, we know that almost everything that has been achieved in the mental health system has happened because of advocacy by people who were affected. We believe that it is important for decision makers at all levels to receive information directly from the people the system serves; otherwise, it cannot possibly be responsive or helpful.



EASA Screening and Eligibility Criteria

EASA programs serve youth and young adults who are at risk for developing symptoms of psychosis (those who meet criteria for psychosis risk syndrome, also known as clinical high risk) and those who are meet criteria for schizophrenia spectrum disorders or bipolar disorder with psychosis.

The EASA screening process should:

- ✓ Facilitate rapid response with a strong connection to 24/7 crisis services
- ✓ Provide direct, flexible access to the team
- ✓ Focus on going to the person, listening, focusing on strengths & and being persistent in engaging
- ✓ Allow for problem solving and strategizing to engage youth and their family members, including having different team members (peer support, supported education and employment specialists, etc.) go with the EASA screener to facilitate engagement
- ✓ Focus on educating and partnering with family/referents and reaching out to family members who aren't present (except in cases of abuse)
- ✓ Be flexible in meeting with the young person and their family at the location of their choice
- ✓ Facilitate rapid access to psychiatry (within 1 week of acceptance into program)
- ✓ Provide support & help individual and family members connect to care if screened out

Provide follow up with referent in the form of a phone call as well as written documentation of outcome of screening that includes resources and information on crisis services (example of screen-out letter: <http://www.easacommunity.org/resources-for-professionals.php>)

Sample EASA referral packet for referents: <http://www.easacommunity.org/PDF/MarionReferralPacketUD.pdf>

Acceptance into the program is based on screening and assessment completed by an EASA screener. Youth and young adults meeting criteria for EASA under the psychosis risk syndrome criteria are assessed using the Structured Interview for Psychosis Risk Syndromes (SIPS) assessment tool. This specific, detailed instrument helps to determine if a young person has psychosis risk syndrome. The person completing the SIPS must be specifically trained to use the tool. Please see the EASA News & Events page on our website for information about upcoming SIPS trainings (<http://www.easacommunity.org/easa-news-events.php>). All EASA team members regardless of their role are encouraged to attend SIPS trainings to understand the tool and information regarding psychosis risk syndrome.



In order to meet criteria for EASA an individual must:

- Reside in appropriate geographic area
- Be within minimum age range of 15-25; can go as low as 12 or as high as 30
- The person has an IQ of 70 or above and/or is not eligible for intellectual disability services

Clinical High Risk: Meets criteria for one of the three progressive Psychosis Risk Syndromes based on SIPS assessment by trained SIPS interviewer

First episode psychosis: Diagnosis within past year that meets criteria for schizophrenia spectrum disorder or bipolar disorder with psychosis

Psychotic symptoms are not known to be caused by substance use, trauma, major depression or another medical condition.

If an individual is experiencing psychosis consistent with schizophrenia spectrum disorder or bipolar with psychosis they should be brought into the program immediately. However, diagnostic ambiguity is typical with this population. If it is clear that a young person is experiencing psychosis but the etiology is uncertain the EASA screener must use their best clinical judgment and make a rapid decision about accepting them into the program (See http://www.easacommunity.org/documents/p.853.2-easa_screen-assess_2.doc for a sample screening assessment). A more thorough assessment (such as use of the Structured Clinical Interview for the DSM-5) can be done after an individual is enrolled in the program (**See also: Assessment and Treatment Planning**).

Although EASA screeners make the determination as to whether or not an individual meets criteria for EASA, it is helpful to consult the EASA supervisor and other members of the team to get their perspective based on their expertise (for example, having the licensed medical provider or occupational therapist review records). In addition, there are designated screener's calls facilitated by EASA Center for Excellence staff that all EASA screeners should attend where referrals, eligibility information, and other aspects of screening are discussed (See the EASA News & Events Calendar for more information: <http://www.easacommunity.org/easa-news-events.php>). EASA Center for Excellence staff are also available to consult about referrals and screenings on an individual basis as needed.

Research indicates that individuals in the early stages of schizophrenia have high levels of acuity, involuntary treatment, suicidality, and legal involvement. Early intervention programs are designed to begin working with these individuals as soon as possible to prevent or mitigate negative functional and clinical outcomes.

If a young person appears to be at risk for developing psychosis and is experiencing symptoms that may meet criteria for psychosis risk syndrome, specific valid and reliable tools must be used to identify and diagnose.



Screening tools used with individuals at risk for developing psychosis are:

- ✓ PRIME Screening Tool:
 - Instructions: (<http://www.schizophrenia.com/sztest/primeearlypsychosdetails.htm>)
 - Tool: (<http://www.schizophrenia.com/sztest/primetest.pdf>)
- ✓ Prodromal Questionnaire Brief (PQ-B)¹⁸ can be used to determine whether to proceed with SIPS or SCID
 - Instructions: (http://www.easacommunity.org/PDF/PQ-B_InstructionsforOutreach.pdf)
 - Tool: http://www.easacommunity.org/documents/p.848.2-pq-b_12-08.doc
- ✓ Early Psychosis Screener: <https://telesage.com/eps/>

Assessment tool used by trained SIPS interviewers to assess individuals at risk for developing psychosis:

- ✓ Structured Interview for Psychosis Risk Syndrome (SIPS):
[http://www.easacommunity.org/PDF/SIPS_5-5_032514\[1\]%20correct.pdf](http://www.easacommunity.org/PDF/SIPS_5-5_032514[1]%20correct.pdf)
- ✓ Structured Interview for Psychosis Risk Syndrome (SIPS) Spanish Version:
<http://www.easacommunity.org/PDF/SIPS-4Espanol.pdf>



A referral to the EASA program can be made by anyone, including the young person themselves, their family member, or a community member. EASA team member(s) responsible for screening should communicate to all referents that they should continue to follow up with individuals referred during the screening process, and explain to the person referred that they have been referred for an assessment to determine whether the EASA program is a good fit for them. The EASA team may provide consultation or occasionally consider accepting

individuals by exception if they do not meet one of the guidelines below but appear to be appropriate for the program and are not receiving adequate services elsewhere.

It is important that all individuals and their family members and supports have information regarding crisis and after-hours services to access during the screening process. Let referents know that if an individual is presenting as an immediate danger to self or others they need to refer directly to the local crisis system, and the crisis system will refer to EASA when the crisis resolves.



SECTION 2: THE EASA SERVICE PERIOD



Overview of EASA Team Roles and Functioning

EASA teams use a transdisciplinary approach to care (**See also: Transdisciplinary Team Approach**). This means that all team members work closely together to provide intensive services based on the goals, strengths, and needs of the young person and their family. In the transdisciplinary process, each program participant's unique strengths and goals translate into interventions by specialists on the team. Team member contributions are equally valued, and the members of the team cross-train and coordinate their services closely. They may deliver interventions together, provide back-up for each other, and cross-over functions depending on the needs of the person and family.

All EASA team members attend weekly FACT meetings where all participants in the program are discussed with a focus on the goals, strengths, and needs of the participant and their family members. All members of the EASA team should serve youth and young adults over and under the age of 18. Caseloads should be limited to allow for flexibility in meeting the needs of the youth and young adults receiving services. This also means having dedicated time to go out into the community to meet with young people and their families in the setting that works best for them (their home, school, or another setting that they prefer).

EASA team members routinely sit in on psychiatric appointments with EASA participants and their family members (with participant permission). In addition, EASA team members are encouraged to see young people and their families together for appointments, in the office or in the community. For example, an EASA occupational therapist and an EASA supported employment and education specialist may meet with a young person and their teacher at their school to talk about accommodations that can be made to improve their ability to pay attention and complete work in the classroom. Being able to attend appointments together assists with coordination of services and ensures that the young person is receiving the best, most appropriate care. It is important for supervisors and managers to help EASA team members problem-solve potential agency barriers that could prevent more than one EASA team member from attending an appointment with a young person (for example, productivity or billing issues) and ensure that the team can function in a coordinated effort to engage the young person and their family members in care.



Therapist, counselor, case manager, clinician, or mental health consultant

The therapist is typically the person on the team who coordinates all aspects of care for EASA participants. The therapist completes the mental or behavioral health assessment and provides dual diagnosis treatment using a variety of strengths-based approaches and techniques, including cognitive behavioral therapy (CBT), motivational interviewing (MI), mindfulness, harm reduction, individual resiliency training (IRT), and individual and family psychoeducation. These approaches may be provided individually or in group settings. In some smaller EASA programs, the role of therapist may be combined with another role, such as Supported Education and Employment Specialist or skills trainer.



As is the case with all team members, the therapist uses a tailored, individualized transdisciplinary approach to help young people identify and meet their goals. They engage the young person and their family and learn about the young person's strengths and the strengths of their family and community. The therapist assists young people and their family members in achieving individual and family goals by:

- ✓ Providing comprehensive assessment and treatment, including risk and strengths assessment, individually and in groups
- ✓ Locating resources like housing, benefits, transportation, or support groups
- ✓ Connecting young people with other services both within EASA and in the community
- ✓ Working with young people and their family members to overcome challenges and build on strengths



Psychiatrist, nurse practitioner, or licensed medical provider

The psychiatrist or nurse practitioner is a licensed medical provider (LMP) who meets regularly with young people, their family members, and other supporters, including EASA team members (with permission). No EASA participant is required to take medication to be a part of the EASA program. However, even if a young person is not taking medication, they are encouraged to meet with the EASA licensed medical provider on a routine basis (weekly at first, and then at least monthly) to share information and talk about any healthcare needs or questions that may arise. As with other roles, the establishment of a positive relationship with the licensed medical provider early on in treatment is an important part of early intervention services.

The psychiatrist or nurse practitioner's job is to help a young person focus on wellness and recovery. They will explain any medical diagnoses and provide medical information to young people and their family members and supporters in order to help them make informed decisions. A psychiatrist or nurse practitioner can help a young person decide about medications and manage any medications they choose to take. They will help monitor a young person's overall health and coordinate needs with their primary care doctor. A licensed medical provider will answer questions and provide information to young people and their family members and supports (with permission), as well as:

- ✓ Provide educational information about symptoms, medication, and side effects
- ✓ Make recommendations about medications that may be helpful
- ✓ Work with the team to make a plan to help young people meet their healthcare goals
- ✓ Communicate medical information to other healthcare providers



Nurse

EASA nurses work to address the mental, physical, and overall health care needs of young people. The nurse provides in-depth information about health resources and



supports young people in developing and maintaining healthy habits. This information can be provided individually and/or in groups.

EASA nurses:

- ✓ Provide information regarding overall health, such as nutrition and exercise
- ✓ Help young people develop healthy sleep hygiene habits
- ✓ Provide education regarding sexual health
- ✓ Help manage other medical conditions a young person may have
- ✓ Assist with access to medications and pay attention to any side effects
- ✓ Provide more in-depth information about health resources related to a young person's interests and needs (for example, if a young person wants to stop using tobacco or become more physically active the nurse will provide support and education to help them achieve that goal)

If your EASA team does not have a registered nurse the EASA licensed medical provider and other team members assist young people with wellness and health habits.



Occupational therapist

Occupational therapists help young people build the skills and environment they need in order to succeed in work, school, and relationships. See the occupational therapy manual on our website for additional information about occupational therapy in early psychosis programs: <http://www.easacommunity.org/PDF/OT-Manual.pdf>.

Occupational therapists:

- ✓ Learn about the types of environments where young people do well through an individualized assessment of how they respond to different sensations and feelings
- ✓ Teach and help young people develop a deeper understanding of how to create long term changes with activities that might be causing problems (for example, helping establish a routine, finding activities they enjoy, strategies for mental flexibility when making decisions, developing healthy sleep habits)
- ✓ Come up with solutions that young people, their family, support system, teachers, and employers might use to make the environments young people spend time in be a better fit for their needs
- ✓ Help young people identify challenges in work, school, and relationships in order to build new strategies, patterns, and skills to manage those challenges

If your EASA team does not have an occupational therapist other team members work with young people to help them build these skills.



Skills trainer

Skills trainers help young people find and access resources and supports, as well as help them build and use skills that will help them reach their goals.



Skills trainers:

- ✓ Connect young people to a variety of resources, including housing, benefits, and health insurance
- ✓ Work with young people to help them learn and build on skills specific to their strengths, needs, and goals

If your EASA team does not have a skills trainer, other team members work with young people to help build these skills.



Peer support specialist

A peer support specialist is a person who has lived experience with mental health issues. They use this lived experience to help support young people and give them feedback and ideas from the perspective of someone who has been there.

Peer support specialists:

- ✓ Draw on their own lived experience to support young people in feeling less alone and more connected to others
- ✓ Provide hope and encouragement through their stories of lived experience to young people, their family members, and their support system (with permission)
- ✓ Encourage young people to advocate for their needs in a way that makes sense for them
- ✓ Support young people in getting involved in recreation or other activities in the community, including advocacy groups



Supported Employment and Education Specialist

The school or work specialist helps young people take direct action to achieve school and/or work goals. Some ways that the school or work specialist support young people:

- ✓ Help them reach high school, trade school, college, job, or career goals
- ✓ Help them navigate challenges in school and work that they might face on their way to reaching these goals
- ✓ Support young people in finding and keeping a job that is right for them, including connecting them to employers who are looking for someone with their skills and talents
- ✓ Help young people return to school or stay in school
- ✓ Help young people apply for work and education opportunities after they graduate high school or college



Educational Workshops



Educational workshops are typically offered for new EASA participants and family members several times a year, however some smaller EASA programs offer the information provided in the educational workshop on an individual basis if there are not enough participants and family members to hold a workshop. All EASA team members attend each educational workshop and they are typically held in the evenings or on the weekends to accommodate the schedules of participants and their

family members. Educational workshops typically last 4-6 hours and can be broken up into more than one session to accommodate the needs of participants and their family members.

EASA teams should provide transportation and/or bus tickets to participants and family members so that they can attend the Educational Workshop. The Educational Workshop should take into account different learning styles and the cultural and linguistic needs of attendees. This includes presenting information in a way that is youth-friendly and accessible.

The Educational Workshop should cover the following content areas, with the information presented by multiple team members based on their expertise:

- ✓ The conditions that EASA treats, including history and prevalence
- ✓ Symptoms and biology, psychology, and cultural aspects of the condition addressing needs of people attending (tailoring information to different conditions, such as bipolar with psychosis or clinical high risk)
- ✓ Diverse perspectives on mental health
- ✓ Typical adolescent and young adult development and how it looks different than symptoms
- ✓ Overview of treatment options (including medications and their side effects)
- ✓ Process of recovery
- ✓ Specific communication and coping skills
- ✓ Common family reactions, including grief cycle, conflict, and trauma
- ✓ EASA Family Guidelines (**See EASA Family Guidelines**)—hand out copies and discuss them
- ✓ Overview of EASA services, including information on the Participant and Family and Friends manuals and that program is time-limited
- ✓ Information about what to expect in Multi-Family Groups or Single-Family Sessions (**See Multi-Family Groups or Single-Family Sessions**)



Food and refreshments that meet the dietary and cultural needs of attendees should be provided at Educational Workshops. The workshop should be a relaxed space where people feel comfortable asking questions, and are encouraged to get to know EASA team members and other young people and family members in the program.

It is very helpful to have a panel of current participants, family members, and/or EASA graduates speak at the workshop about their experiences in EASA. It is important to work with these individuals ahead of time to help them prepare what they would like to share and to compensate them for their time by offering gift cards, etc. according to your agency's policies.

If participants and/or family members encounter barriers to attending an Educational Workshop that are not able to be addressed by the EASA team, EASA team members will go over the information typically covered in the workshop on an individual basis with participants and family members. Talk with participants and family members about which format will best fit their needs. It is important to give the information to participants and family members in a way that is accessible to all learning styles and is responsive to all linguistic, cultural, and any other needs they may have. Some participants and family members find it helpful to attend an Educational Workshop more than once in order to be able to absorb and process the information given.

See <http://www.easacommunity.org/easa-MFG-handouts.php> for additional information related to the Educational Workshop and <http://www.easacommunity.org/resources-for-professionals.php> for examples of editable Prezi and PowerPoint presentations that EASA programs have used at their Educational Workshops. Feel free to modify these presentations and use them at your own Educational Workshops.



Multi-family groups or single-family sessions

Multi-family groups or single-family sessions are facilitated by EASA team members who have been trained in the Family Psychoeducation model³². This model is used throughout the United States and internationally with diverse populations. It was adopted as an evidence-based practice in early psychosis intervention by SAMHSA in 2006¹⁵.

Prior to joining a multi-family or single-family session, each young person and family member attending must participate in joining sessions with the EASA team members who will be co-facilitating the multi-family or single family sessions, as well as attend an Educational Workshop.

For more information, go to http://www.easacommunity.org/PDF/MFG_Handouts/2_Joining_session_structure.pdf. There you will find the Competency Checklist for MFG Clinicians that outlines the content of each of the three joining sessions, as well as content for the Educational Workshops.

See <http://www.easacommunity.org/easa-MFG-handouts.php> for more information on Family Psychoeducation and to view the Family Psychoeducation Overview Webinar. This webinar is a precursor to the in-person skills training that must be viewed before attending the one-day in-person skills training offered by the EASA Center for Excellence. The Center for Excellence also offers a 2 day in-person training, please see the EASA



News & Events page on our website at <http://www.easacommunity.org/easa-news-events.php> for the current training schedule.

Any EASA team member can co-facilitate Multi-Family Groups and/or Single-Family Sessions once they are trained. Team members of different disciplines are encouraged to co-facilitate together (for example, the peer support specialist and therapist, or nurse and occupational therapist). Co-facilitation across disciplines brings diverse perspectives and expertise to the intervention and builds strong transdisciplinary team functioning.



In some cases, there are barriers to participants and/or family members attending an Educational Workshop or Multi-Family Groups that cannot be problem-solved by the EASA team. Additionally, some programs are small and do not have enough participants and family members to have Educational Workshops or Multi-Family Groups. In these instances, EASA team members complete sessions with the participant and their family members, provide the information covered in Educational Workshops individually, and then provide single-family problem-solving sessions with participants and their family members in their home or at a location of their choice.

Individual and Family Psychoeducation

In addition to providing psychoeducation at the educational workshops and single or multi-family groups, all EASA team members routinely provide information and psychoeducation to individuals and family members throughout their time in EASA. This can cover a wide range of topics in addition to the topics mentioned throughout this manual, including fair housing, civil commitment, legal rights for individuals who are undocumented, access to health care, and advocacy and support groups and organizations. All EASA team members work together to provide psychoeducation to participants and family members on topics that individuals and family members request, as well as topics pertinent to their needs. Work together as a team to compile information and resources that can be provided to individuals and family members. For additional information, see the section on **Resources** at the back of this manual.



EASA Family Guidelines

1. Believe in your power to affect the outcome: you can!
2. One step at a time.
3. Consider using medication to protect your future, if the doctor recommends it.
4. Reduce stresses and responsibilities for a while.
5. Use the symptoms as indicators.
6. Anticipate life stresses.
7. Keep it calm.
8. Give each other space.
9. Set a few simple limits.
10. Ignore what you can't change.
11. Keep it simple.
12. Carry on business as usual.
13. Solve problems step by step.
14. Keep a balanced life and balanced perspective.
15. Avoid alcohol and non-prescription substances.
16. Explain your circumstances to your closest friends and relatives and ask them for help and to stand by you.
17. Don't move abruptly or far away until stability returns.
18. Attend the multi-family groups.
19. Follow the recovery plan.
20. KEEP HOPE ALIVE!



Confidentiality, Releases of Information, Informed Consent, HIPAA, and Rights

Confidentiality

As an EASA team member, it is important for you to know what the law says and to be clear about all legal and ethical boundaries with regard to confidentiality for your own information, as well as so that you can share accurate information with participants and their family members and supporters. Information regarding legal and ethical boundaries should be provided to you by your agency, in addition to what you are required to follow based on your specific professional certification, degree and/or license. Beginning with filling out intake paperwork, EASA team members should talk with each participant about how to balance their desire to maintain confidentiality about their own health with involving their family members and other supporters in their treatment.

Confidentiality and family involvement in a young person's health care can be a confusing topic for young people, family members, and sometimes even for providers themselves. Many health care practitioners providing care to young people find themselves in a challenging position between honoring the young person's request to keep information private from their parents and honoring the parent's desire to be informed about their young person's care.

A crucial aspect of engagement of a young person in EASA services is building trust. Sometimes that means that the young person does not want to share all information with their family or other supports. It is important to honor the young person's choice while at the same time working with the young person to encourage family involvement and communication. Having discussions with youth and young adults about confidentiality and sharing their information with others is an important part of the ongoing developmental process of them becoming self-reliant, self-determined, and responsible for their own health care decisions as they enter adulthood.

Informed Consent

Confidentiality can be confused with informed consent, or consent to care. Informed consent is an agreement by a young person or their legal guardian that is signed when they enter services. The informed consent for treatment states that they:

- ✓ Understand the treatment they will receive,
- ✓ Authorize and allow the treatment, and
- ✓ Understand how private information will be shared

Informed consent for services should include:

- ✓ A description of the treatment being provided to the individual,
- ✓ A description of other treatments,
- ✓ A description of risks and benefits of each treatment.



Releases of information (ROIs)

It is important for each young person under and over the age of 18 to know their legal rights. Under Oregon Law communication regarding individuals over the age of 18 requires a written release of information, called an ROI, which gives permission for EASA to talk with others about an individual's treatment with EASA. There are a few exceptions to this law, for example, EASA team members and other medical providers are permitted to communicate with others if there is an emergency that may result in a life-threatening situation for the young person or someone else. It is important that you fully understand your legal and ethical obligations based on your profession/license, and that you talk with your EASA supervisor about the specific circumstances and situations where information specific to a young person may be shared without a release of information.

A young person age 14 or older can sign an ROI in the state of Oregon. For young people under the age of 14, in most cases, the parent or guardian will consent to medical care and releases of information. However, at age 14, a young person can access and consent to health care without a parent's permission. However, if the young person is a minor, the parent or guardian must be included in the young person's care before treatment ends.

Depending on their age, minors can request certain levels of confidentiality and consent to some health care matters. However, health care professionals may be able, or even required, to disclose certain health information about minor patients to state agencies (such as communicable diseases or suspected abuse or neglect).

An EASA team member must have a signed ROI to communicate any information regarding a young person's diagnosis or treatment if they are 18 or older except in crisis situations. For example, if an EASA team member wants to speak with a school counselor or a young person's primary care physician they must have a signed ROI. A signed ROI also allows transfer of a young person's medical information to another medical or mental health provider.

Sometimes an individual does not want to sign a release or is only willing to sign a release to allow communication about a very limited scope of information. If a young person does not want to sign a full release of information, they may agree to sign a limited release that pertains to specific information (for example, appointment dates and times, treatment goals, specific information about their medication, etc.). While EASA encourages family involvement, EASA team members understand that a young person may not want to sign a release of information that allows team members to talk with all family members. EASA team members should spend time talking with young people about the purpose of releases of information in a way that helps them decide what type of information can be shared with whom and for how long. EASA team members should talk with young people about any concerns they may have about releasing information, and make sure that the individual understands what will be shared and feels comfortable having the information shared.

If a young person does not agree to have any information released to their family members, the following things can still happen:

- ✓ Family members can communicate any information that they think is important to EASA team members.



- ✓ Family members can participate in EASA educational workshops and receive educational information from EASA without specifically talking about the details of their young person's situation.
- ✓ EASA team members can engage in problem solving without the EASA team member sharing information covered by confidentiality laws.
- ✓ Two-way communication without a release is possible if anyone's safety is threatened.
- ✓ At the point when a young person is willing to sign a release of information, freer communication will be possible. EASA team members are encouraged to be persistent in supporting open communication, except in cases where there are active abuse or safety concerns.
- ✓ For more information search "Minor Rights: Access and Consent to Health Care" on the internet, or visit this website:
www.oregon.gov/oha/ph/HealthyPeopleFamilies/Youth/Documents/minor-rights.pdf

Understanding HIPAA

As an EASA team member it is important to understand HIPAA if you don't already. HIPAA stands for the Health Insurance Portability and Accountability Act. This federal regulation created national standards to protect an individual's identifiable information in health records. HIPAA also allows an individual to have greater access to their own records. HIPAA can be confusing and may be misused. Understanding information regarding HIPAA will help you with important paperwork and decision-making.

What kind of information is included in HIPAA?

Protected health information (PHI) is any information that could identify a person, such as name, address, birthday, social security number, and phone number. It also includes any information about health, diagnosis and/or treatment. A person can authorize a provider to discuss health care needs without giving the details of what has been discussed in a treatment or therapy session.

Confidentiality for substance abuse treatment programs (42CFR Part II) is a federal regulation, like HIPAA. It only applies if you are a current or past patient of a substance abuse treatment program that receives federal funds. The program and its staff cannot disclose that an individual is or has been a patient, nor whether the person has any current or past problems with substance use or abuse.

Coordination with other service providers (See also Confidentiality, Releases of Information, Informed Consent, HIPAA, and Rights; and Minor Rights: Access and Consent to Health Care)

EASA teams regularly collaborate with other providers involved in the treatment of young people. This can be hospital staff, primary care physicians, school counselors, family advocates, probation officers, etc. EASA team members cannot release any information



about a young person to anyone else without permission, except in cases of crisis when information pertinent to their health and safety may be shared in order to keep them safe.



If a young person needs to go to the hospital or a residential treatment center for more intensive care while they are being screened for EASA services or during their ongoing treatment with EASA, EASA team members will continue to be involved in the young person's care with their permission.

If a young person is hospitalized in another part of Oregon (for example, if there are no available hospital beds in Portland area hospitals, a young person may be transferred to a hospital in Bend, or vice versa), the EASA team is encouraged to reach out to the local EASA team in the county where the young person is hospitalized to provide support and information (with permission). Family members are encouraged to continue to work with their EASA team while their young person is in the hospital and to participate in treatment and planning meetings with the young person, their family members, and hospital staff for coordination of care to ensure the best possible transition once they leave.



Overview of EASA Services and Supports

EASA uses a coordinated specialty care approach to provide intensive, flexible, comprehensive services to youth, young adults, and their families. Once it is determined that a young person is eligible for EASA services and they have completed the enrollment process, EASA team members will:

- ✓ Continue to address immediate needs and concerns, which may be different for the participant and their different family members. This includes crisis planning and completing a comprehensive risk assessment (more detailed than most agency risk assessments) from the beginning of services. All EASA team members should be aware of the information on the crisis and risk assessments and participants and family members (with permission) should have copies available. It is important to treat these documents as living documents and revisit them throughout a participant's time in EASA to ensure that they are relevant and accurate:
 - Crisis plan example:
http://www.easacommunity.org/documents/Crisis_Plan.doc

A note about crisis planning:

- ❖ Ensure participants and family members (with permission) have copies of a very specific written plan with at least one, but preferably two, back-up plans
- ❖ Talk with participants and their family members about the specific situations in which they may need to call the 24-hour crisis line and what to say when they call

Crisis plans may include:

- ❖ What the participant and family members will do if symptoms get worse
- ❖ What the participant and family members will do in case of family conflict
- ❖ What the participant and family members will do in case of escalating behavior due to substance use, victimization by others, or inability to parent
- ❖ Current medications that the participant is taking (if any) and what strategies have helped them get through past crises

- Risk Assessment example:
http://www.easacommunity.org/documents/p.856.2-risk_assessment.doc
- ✓ Let the individual and their family members know what to expect in the short-term and the long-term, including information about engagement, assessment, phases of care, and treatment
- ✓ Provide the individual and their family members with information about who is on the team & how to access different team members (for example, providing a brochure that has names and photos of all team members and includes information about their roles)
- ✓ Provide the individual and their family members with information about what team members do and how they work together:



- Coordination across team using transdisciplinary approach
 - Assessment
 - Treatment
 - Family engagement in treatment
- ✓ Provide the individual and their family members with basic psychoeducation information, including information about:
- Crisis resources
 - Family guidelines
 - Relevant illness education: impact of gradual onset, symptoms
 - Communication, coping skills, and typical family reactions
 - How relevant system(s) work: HIPAA, FMLA, 504/IEPs/college disability services, legal (including immigration), access to health care, crisis services, etc.
- ✓ Begin the comprehensive assessment process, including the strengths assessment and risk assessment
- Strengths assessment template:
http://www.easacommunity.org/documents/p.855.2-updated_strengths_assessment.doc
 - Risk assessment template:
http://www.easacommunity.org/documents/p.856.2-risk_assessment.doc

Most of the information listed above is also covered in the Family and Friends and Participant Manuals, which should be given to participants and their family members upon enrollment in EASA and referenced throughout the service period. EASA team members should also make sure that participants and family members know about the EASA web site if they are able to access the internet (www.easacommunity.org). If individuals do not have access to the internet, EASA team members can print information for them from the website, or accompany individuals to places with free internet (for example, the library) to access web resources. It is important that EASA team members are responsive to helping participants and family members access the information that they are seeking on whichever topics they have questions about or want more information on, and that the format is accessible and responsive to their specific needs.

Services offered by EASA teams include:

- Outreach and engagement
- Individualized assessment, diagnosis, and treatment planning
- Strengths assessment
- Individual and group counseling
- Single and multi-family groups
- Education and support for individuals/families/primary support systems
- Relapse prevention planning
- Crisis planning and risk assessment



- Information about rights and benefits
- Assistance with independent living skills for daily living and working
- Information about resources and assistance with connecting to those resources
- Support in school and work settings through Supported Employment and Education services
- Opportunities for mentoring and meeting others with similar experiences
- Medication support and education
- Nursing/Physical health services that focus on wellness



EASA Phases of Care

EASA services will look different for each young person and their family based on their individual needs, strengths, and goals. However, the following five phases of care are a general guide for what EASA services look like during the two year EASA service period and after graduation from EASA. Treatment in EASA is individualized and the amount of time each young person spends in these phases of care varies, although each phase (other than the post-graduation phase) typically lasts approximately 6 months.

In the assessment and stabilization phase the EASA team will:

- ✓ Provide outreach to the individual and family/primary support system
- ✓ Get to know the individual and family/primary support system
- ✓ Provide comprehensive assessment
- ✓ Assist with completion of recommended medical tests (as soon as possible!)
- ✓ Begin treatment for identified medical conditions, including psychosis-risk syndrome, psychosis and alcohol/drug use
- ✓ Identify strengths, resources, needs and goals
- ✓ Begin joining sessions to engage in multi-family group process
- ✓ Stabilize the situation: symptoms, economic situation, housing, relationships, school, work, etc.
- ✓ Provide support and education to the individual and family/primary support system
- ✓ Provide opportunities for peer involvement, social connections, physical activity, etc.
- ✓ Assess need for ongoing services from EASA

In the adaptation phase the EASA team and young person/family will:

- ✓ Provide more extensive education to the individual and family
- ✓ Continue treatment
- ✓ Address adaptation issues
- ✓ Refine and test the relapse prevention/wellness plan
- ✓ Engage young person in alcohol and/or drug treatment if needed
- ✓ Continue multi-family group or single-family sessions
- ✓ Move forward proactively on living, education, and/or vocational goals
- ✓ Identify and establish necessary accommodations as needed at work or school
- ✓ Identify and develop stable long-term economic and social support
- ✓ Provide opportunities for peer involvement, social connections, physical activity, etc.

In the consolidation phase the EASA team and young person/family will:

- ✓ Continue multi-family group or single family sessions, continue with vocational and educational support, and individual treatment
- ✓ Continue to support young person in working toward personal goals
- ✓ Test and refine relapse prevention/wellness plan



In the transition phase the young person and family will:

- ✓ Maintain contact with EASA Team
- ✓ Continue multi-family group or single-family sessions
- ✓ Participate in individual treatment, as well as group opportunities
- ✓ Establish ongoing treatment relationship with new providers and refine recovery plan

In the post-graduation phase the young person and family will:

- ✓ Continue multi-family group (in some situations—ask your EASA team about this)
- ✓ Continue with ongoing providers
- ✓ Be invited to participate in EASA events and mentoring
- ✓ Be invited to participate in EASA planning/development activities
- ✓ Engage in periodic check-ins and problem solving with EASA team members as needed.



Culturally Informed Approaches to Early Psychosis Intervention

There are many different beliefs, perspectives, traditions, knowledge, and practices specific to health and mental health depending on a person's background, identity, and experience. As an EASA team member, one must recognize and acknowledge one's own implicit biases, and approach the work through the lens of cultural humility—a commitment to lifelong learning and reflection¹⁹.

Definitions of Culture:

- ❖ Culture refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving.
- ❖ Culture in its broadest sense is cultivated behavior; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behavior through social learning.
- ❖ A culture is a way of life of a group of people--the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
- ❖ How do you, your team, your community define culture?

Examples of cultural identifiers:

- Education
- Gender identity and roles
- Sexual orientation
- Age
- Spiritual practices
- Race, ethnicity, nationality and locality
- Socio-economic status/social class
- Perceptions about mental health and health
- Geographic location

The concept of cultural humility:

- ❖ An alternative to cultural competence, which assumes that one can learn or know enough, that cultures are monolithic, and that one can actually reach a full understanding of a culture - to which they may or may not belong.
- ❖ Cultural humility incorporates a consistent commitment to learning and reflection, and an understanding of power dynamics and one's own role in society. It is based on the idea of mutually beneficial relationships rather than one person educating or aiding another in attempt to minimize the power imbalances in client-professional relationships.
- ❖ Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding.



How do EASA team members practice cultural humility individually and as a team?

- ❖ Explore your own culture – including cultural markers listed above as well as your perceptions of young people, mental health, and specifically, psychosis. After you become aware of your own strengths and biases, discuss them regularly with your team and in supervision.
- ❖ Develop among your community and EASA team a commitment to learn and grow. Build trust and express overtly that you are willing to hear feedback and want to know when you have made a misstep. Own missteps, and seek to grow personally and as a team from these learnings by changing your approaches.
- ❖ Seek out learning opportunities and resources. Make it an individual and team focus to grow in this area by seeking out opportunities in your own learning. This can involve identifying the elders in a community to connect with, asking interpreters about cultural norms, using cultural brokers in providing treatment, and asking young people and families about family traditions, beliefs, practices, and what they want you to know about them. There are many important aspects to consider when discussing and treating health and mental health conditions in different communities.

Why is this important? When we practice cultural humility:

- ❖ We open ourselves to each individual and family story, never assuming that we know what it might be or how it may end based on our “competence.” There is room for hope and genuine curiosity.
- ❖ We role model what we are often asking young people and families to do – learning, practicing, and making mistakes.
- ❖ We are genuinely inviting young people, their family members, and other supporters to be the experts in their own lives. We are stepping into the space of power with by asking people what they want and what will work best for them and honoring their perspectives, beliefs, traditions, and choices.

Resources for Reflection:

[How To Tell Someone They Sound Racist](#)

[TEDxHampshireCollege - Jay Smooth - How I Learned to Stop Worrying and Love Discussing Race](#)

http://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story

https://www.ted.com/talks/brene_brown_on_vulnerabilityhttp://www.ted.com/talks/thandie_newton_embracing_otherness_embracing_myself



What EASA Team Members Say About EASA's Approach:

Something I'd like all new EASA clients to know as they're coming into the program is that often times they'll have heard messages about needing counseling or needing to work with EASA from maybe the hospital or family members, but that's not how we approach our work together.

I see us as just two individuals on this journey together and the more that we can collaborate and work together the better that we can work at getting closer to the goals that you've identified.”

EASA Team Member

I feel like I've learned so much from working with the young people that I see every day in my job with EASA, and **it's really just such a privilege.**

Michelle, EASA Team Member

I am incredibly fortunate to have been a part of the lives of young people who are going through what can be very difficult, challenging, and overwhelming experiences. I am in awe of young people's resiliencies in the face of these experiences, and **I feel honored to be a part of each individual's growth and recovery process.**

EASA Team Member



Community Education and Awareness

Community education and awareness are essential components of EASA. The goal of community education is rapid identification and referral of youth at-risk for developing psychosis or those who are experiencing a first episode of psychosis. Routine, ongoing community outreach ensures that EASA will reach young people who meet criteria for services and community education is a targeted, transdisciplinary approach across the EASA team. Please see **Practice Guideline 4: Community Education and Awareness** for additional information.

EASA teams:

- ✓ Create and follow an ongoing strategic plan that tracks which team member is reaching out to which audience, and how often outreach/presentations will occur. This plan should include outreach to rural areas and historically underserved populations.
- ✓ Designate at least one EASA team member (2 is ideal) to engage in some type of community education and outreach (phone calls, emails, flyers, presentations, etc.) once a week.
- ✓ Provide community education presentations that are tailored to different audiences (for example, a presentation to psychiatrists about EASA will contain different messaging and information than a presentation to teachers at a high school)
- ✓ Emphasize and demonstrate the transdisciplinary model of teamwork in all community education presentations, which includes explanations of the role of each team member. This means team members in different roles often present together.

In planning community education presentations, it is important to focus on the strengths and connections of team members, and to be thoughtful and deliberate when deciding which team member(s) will be the best fit to connect with the audience. Being deliberate about who will be the best fit on the team for outreach (SEES, peer support, nursing etc.) will aid in credibility and collaboration of shared values during the presentation. It will also help establish a strong relationship with the audience.

As community education presentations are not billable services, it is important to have protected time and funding set aside to support individuals on the team in doing outreach without negatively affecting productivity.

Tips for Successful Community Education Presentations:

- ✓ Practice rehearsing aloud in front of your team, your family or friends, or a mirror. For many people, the thought of presenting in front of others may feel unnerving or uncomfortable. Approximately 80% of the population feel anxious when it comes to speaking publicly in front of others. Giving presentations in front of others is not comfortable for everyone, and practicing ahead of time can help you feel more



comfortable. Practicing will also boost confidence in your knowledge of the material, which will help with any anxieties you may be feeling. Practicing aloud will help with pacing and reinforcing the slides (if you are using slides) to memory. Rehearsing will also help you sound and feel more natural, which will help with confidence.

- ✓ Creating a successful presentation includes letting the audience know why you are there and why your presentation is important. Make sure that at the end of every presentation you ask your audience for anyone else they would suggest you reach out to schedule another presentation and that you leave plenty of time for the audience to ask questions
- ✓ Focus on pacing your presentation to be as natural as possible rather than speaking too quickly or too slowly
- ✓ Speak loud enough so that everyone can hear you, taking into account the size of the room and any possible noises that can muffle sound (i.e. noise from the projector fan or heating/cooling system)
- ✓ Face the audience during the presentation, rather than reading from the presentation slides or your notes
- ✓ Focus on the importance of the message and let your audience know that any referral is a good referral. Let your audience know that the EASA team is available to consult about any possible referrals even if they are not sure an individual will be a good fit for EASA services.

Think strategically about your audience as you put together your presentations:

It is important to determine prior to outreach whether or not the agency or group you are presenting to already has some information about EASA. Are they gathering information to determine if they want to utilize EASA? Do they already care and believe in the EASA program just need more information? Has the audience taken action before and utilized EASA and may need a refresher or have new staff? Having this information will help guide the tone and content of the overall presentation.

In planning outreach, it can be helpful to explore the following four categories to support high-impact communication. This is a systematic way to create effective messaging for specific audiences.

Values

You may be able to identify why you are passionate about EASA, but if the audience is unable to hear why there is a missed opportunity. Help audiences see how they can make a difference by helping them understand the personal connection this program has to their work, friends, family, and community. You may want to begin the presentation with asking the audience how EASA aligns with what is important to them. Be careful to not overwhelm the audience with too much information, instead focus on providing information about why EASA matters in a way that connects to their values.



Understanding Misconceptions and/or Barriers

Explore the misconceptions and barriers that are specific to each audience to help increase their comfort with the EASA program and referral process. This may include values and beliefs specific to geographic regions or specific groups or communities. Some possibilities include “I might be embarrassed to talk to a friend about their child,” “This is none of my business,” “It’s not my job,” “I don’t think they have insurance,” “Could we be sued if we refer someone?”

It helps to reflect on past outreach experiences with organizations and try to determine which barriers got in the way of them wanting to refer. Covering the key elements of the presentation will naturally address some of these misconceptions and barriers. It is important to clear up any misunderstandings prior to asking people to take action.

Action

Each time that you reach out to a person, agency, or group, or do a community education presentation you are encouraging people to take action. It is important to communicate to your audience that taking action by making a referral will assist a young person in need. Always ask your audience for feedback about the presentation. It is important to know if the message needs to be revised to better communicate to the values of the group you are talking to. Do not be afraid to rework your messaging and presentations. These efforts will make a significant difference in reaching a broad audience and creating a successful program. Some other action steps to ask the group to do:

- ✓ Put brochures at their agency front desk, in schools, in libraries, etc.
- ✓ Spread the word by telling their neighbor, grocery store clerk, or pastor
- ✓ Suggest someplace else that you could reach out to that would benefit from an understanding of EASA.

Be sure to express gratitude for whatever action people are able to agree to, emphasizing how this can and will make a difference in the lives of young people.

Shared Vision

It is very clear that we need programs working in the community together with us, as we will not reach young people and shorten the duration of untreated psychosis (DUP) without this support. Young adults in EASA and those who have graduated from EASA have expressed time and time again that they “wish they would have found the program earlier.” Emphasize the common goal of helping youth stay on their typical life path through early identification and treatment. Emphasize the importance of helping youth and the difference that happens when people in communities work together.



Creating an Effective Community Education Presentation

When putting together community education presentations it is important to communicate EASA's focus on respect for all perspectives and beliefs with regard to health and mental health, and that screening, engagement, and treatment strategies incorporate diverse belief systems based on the individual, family, and community's worldviews and perspectives.



Effective communication occurs when information is delivered within relevant cultural contexts that applies to lived experience. It is important to spend time to understand cultural values and norms in different agencies and geographic locations, and the pathways that will work best to facilitate easy access to care and ongoing relationships. Different providers and community members will receive and hear information differently. It is important to explore as a team how messaging can be improved for different audiences. Be sure to explain clinical high risk and early psychosis symptoms, as well as the effectiveness of early intervention, so that it “makes sense” to folks without extensive clinical knowledge. The inclusion of diverse cultural perspectives into the presentation and respect for the unique needs of each community will open up exploration of other potential referral locations.

Below is a presentation on the impact of language in messaging and shaping perspective. The handout focuses on using descriptive language that is person-centered.

Language sensitivity -- using person-first language

Presentation

http://easacommunity.org/documents/kerwoodeasapresentation11_2013.ppt

Handout

http://easacommunity.org/documents/people_first_chart.pdf

There are materials and examples of community education presentations posted on www.easacommunity.org that assist EASA teams in creating effective and informative presentations. These materials support effective messaging and aid in the structure of the presentation itself. It is important to have several different (3-4) presentations created that are tailored to target different audiences. It is also helpful to have at least one presentation that involves providing information verbally when using a power point presentation is not an option or a fit for the audience.

Presentation planning handout

http://www.easacommunity.org/PDF/INTRO_Handouts/intro-webinar-presentation-planning-handout.pdf

Presentation worksheet

http://www.easacommunity.org/PDF/INTRO_Handouts/intro-webinar-presentation-worksheet-handout.pdf



http://www.easacommunity.org/PDF/p.863.2-core_presentation_elements_easa.pdf

PowerPoint example:

http://www.easacommunity.org/documents/easa_community_ed_template.ppt
https://prezi.com/kcpusi-llzxt/easa-provider-workshop/?utm_campaign=share&utm_medium=copy

Presentation example:

https://media.pdx.edu/media/EASA+Community+Education+Demonstration+Example/0_zbnkpd11

Planning sheet (based on Spitfire Strategies Smart Chart):

http://smartchart.org/content/smart_chart_3_0.pdf

Key Community Education Presentation Elements

In order for EASA teams to facilitate early recognition of symptoms and rapid referral to EASA programs, it is important to include the following key targets:

a) Communicate a positive, hopeful message about early recovery

- ✓ Incorporate past or current EASA participants into the creation and delivery of community education presentations. Prepare them for what they will share ahead of time and compensate them for their time according to your agency policies (gift cards, etc.)
- ✓ If you cannot bring past or current EASA participants to your presentation, incorporate one or two real life success stories that leaves out identifying health information
- ✓ Discuss specific outcomes: Receiving treatment early means increased success in work and school, successful role development, decreased hospitalizations, etc.
- ✓ Use an optimistic tone that empowers your audience to explore ideas about how to work together to help and support young people

b) Combat negative preconceptions

- ✓ Discuss misinformation in the media, stigmatizing language and references
- ✓ Dispel negative preconceptions about the condition and frame symptoms as treatable

c) Reflect current understandings

- ✓ Discuss current statistics and prevalence
- ✓ Integrate information regarding identity, culture, typical adolescent and young adult development and emphasize how understanding this information can help support successful engagement

d) Include specific information about symptoms of psychosis to facilitate early recognition



- ✓ Outline the differences between clinical high-risk and first episode psychosis
- ✓ Emphasize that symptoms of psychosis develop gradually and which specific early symptoms they should look for
- ✓ Explain that diagnostic uncertainty is typical when someone first experiences symptoms of psychosis and that part of EASA's work is to complete an assessment over time to determine a clear diagnosis and provide the most appropriate treatment

e) Include eligibility criteria (age, recent onset, IQ) and how to refer

- ✓ Emphasize that anyone in the community (including the young person and/or family members/supporters) can call the program to get information and make a referral to EASA
- ✓ Encourage people to call right away and consult if they are unsure if an individual meets EASA criteria. Trained EASA staff will screen referrals to make sure that young people with early symptoms are not missed, as we know that early identification means better outcomes
- ✓ Emphasize that individuals who meet clinical criteria for EASA are eligible for services regardless of ability to pay or insurance status
- ✓ Include how EASA engages with families even when a young person themselves is not ready to meet. The EASA screener will meet with family members to gather information, provide psychoeducation, and work toward engagement for a screening.
- ✓ Individuals who are screened out from the program receive information and assistance in accessing appropriate resources, including information about other mental health services and crisis services.

Other key points that should be included:

- ✓ Let people know EASA programs are available in all Oregon counties and that most states outside of Oregon have at least one early psychosis intervention program
- ✓ Explain that EASA is a 2-year program and why
- ✓ Emphasize that a young person does not have to accept a mental health diagnosis or even want medicine or 'treatment' in order for EASA to talk with them and engage them in services
- ✓ Discuss how EASA involves the family and friends of participants from screening throughout treatment with permission from the participant
- ✓ Explain that research shows that young people typically experience a DUP of 72 weeks (DUP=Duration of Untreated Psychosis) and the impact of this delay in treatment
- ✓ Emphasize that our goal is to reach young people as early as we can
- ✓ Explain that the criteria indicating that the individual has not received treatment in the last year is specific to individuals diagnosed with schizophrenia or bipolar disorder with psychosis



- ✓ Mention that EASA practices reciprocity: If an individual is enrolled in an EASA program in one Oregon county and then moves to another Oregon county before they have completed their 2 years, the individual and their family/support system can enroll in EASA services without being rescreened, except in rare cases when EASA is no longer clinically indicated.
- ✓ Explain how completion of services with EASA is a gradual, planned transition that lasts approximately 6 months to ensure that the transition is successful



After completing community education presentations, it is helpful to ask your audience for feedback, and reflect on what went well and what could have been better so that you can learn from the experience. Ask yourself if your objective for the presentation was met and how you know if it was met. Creating focus groups that include current or past participants or family members can be helpful in the creation of messaging.

Materials to Bring to Community Education Presentations

You should have a packet prepared of materials you bring to each community education presentation that is tailored to each audience you present to. This packet should include:

- ✓ EASA brochures (in English and other languages depending on audience) that includes information on how to refer
- ✓ Business cards
- ✓ Prodromal Questionnaire-Brief (PQ-B) for certain audiences, such as primary care physicians or mental health professionals. If you are distributing the PQ-B at an outreach event, attach both the instructions and the PQ-B itself, and encourage anyone completing the screening to contact you with questions
- ✓ Other resources appropriate to your specific audience

Brochure Resources:

EASA brochure link

http://www.easacommunity.org/PDF/brochure_eng.pdf

EASA Brochure in Spanish

http://www.easacommunity.org/PDF/brochure_spa.pdf (Spanish)

PQ-B research and instructions:

Tool:

http://www.easacommunity.org/PDF/INTRO_Handouts/intro-webinar-pqb-handout.pdf

Instructions:

http://www.easacommunity.org/PDF/INTRO_Handouts/intro-webinar-pqbinstructions-handout.pdf

Learn:



[http://www.easacommunity.org/files/Psychosis Risk Screening with the Prodromal Questionnaire.pdf](http://www.easacommunity.org/files/Psychosis_Risk_Screening_with_the_Prodromal_Questionnaire.pdf)

Create an Ongoing Strategic Community Education Plan

- ✓ Each EASA team should create a strategic community education plan for a 6-12 month period that has a list of all the agencies they will reach out to, who on the team will reach out, the contact for each agency, and how often they will reach out to them.
- ✓ Start with ensuring that all staff within your own agency where your EASA program is located know about EASA and how to refer. Include information about EASA in your agency orientation packet or new employee orientation presentations.
- ✓ The community education strategic plan should be targeted and specific, including rural/remote areas of the county and areas that have been historically underserved.
- ✓ It is important to plan outreach with each agency or organization at regular intervals, as some individuals may not be present at the time of the presentation, procedures may change, and/or there may be staff turnover or a change in leadership.
- ✓ Emphasize in all presentations that every person is in a position to help identify and refer young people that may meet EASA criteria.
- ✓ Community education is the most effective way to educate the community and identify participants quickly and effectively.
- ✓ It is essential for all EASA teams to have a plan in place that makes community education a routine practice for their organization and team. Tracking community education efforts as part of your weekly FACT meeting will ensure that community education remains an ongoing priority that does not get set aside and de-prioritized in the face of other demands.



Exploring Pathways to Care for Missed Opportunities

Unfortunately, the path to finding EASA can be long and complex for some families. One way to mitigate this is to ask each individual and family entering the program where they went for help before they were told about EASA. This will assist your team in identifying their pathway to care and enable you to reach out to organizations for community education.

Some ways to assess missed opportunities:

Ask questions about pathways to care on your referral or screening form

- ✓ Pay specific attention to areas of your county that are culturally-specific, smaller, and/or rural, and which are underrepresented in your program
- ✓ Go through referral data to review zip codes of referrals to see which areas or communities are not being referred to EASA
- ✓ Incorporate a plan to do community education events in underrepresented areas on a frequent basis
- ✓ Each time your team does a community education presentation ask the audience for recommendations of other organizations that would benefit from information about EASA
- ✓ Create focus groups with current EASA participants, families, and supporters to explore other outreach possibilities

It can be helpful to brainstorm about possible organizations or agencies to reach out to as a team. Here is a list of some possibilities:

- ✓ Schools: (health class, youth groups, parent groups, teachers, staff, school-based health clinics)
- ✓ Primary care providers
- ✓ Pediatricians
- ✓ 4-H Clubs
- ✓ Crisis teams
- ✓ Emergency Department staff
- ✓ ESL organizations
- ✓ Faith based communities
- ✓ Non-faith based groups
- ✓ Under-represented community member faith and cultural groups
- ✓ Historically underserved groups
- ✓ Library staff
- ✓ Police officers
- ✓ Health clinics
- ✓ Shelters
- ✓ Community youth recreation programs



- ✓ Youth Mental Health First Aid/Mental Health First Aid instructors
- ✓ Homeless outreach agencies
- ✓ LGBTQIA organizations

Consider exploring the following ways to communicate about EASA to a broad audience:

- ✓ Local media platforms
- ✓ Social media
- ✓ Radio
- ✓ Print media (such as a local paper)
- ✓ Newsletters
- ✓ Phone calls
- ✓ Letters to employers and agencies



General Information about Diagnosis and Treatment in EASA

Beginning with the screening and assessment process, EASA team members work with young people and their family members to get to the most accurate diagnosis in order to provide the most appropriate, evidence-based treatment. A young person's treatment with EASA will include a variety of therapeutic interventions that fit best with their needs and strengths, including:

- ✓ Strengths-based treatment: Focusing on the young person's positive assets to promote wellness and recovery. This includes completing a comprehensive strengths based assessment as a team with the young person and their family members (with permission). Values card sorts can also be a part of a comprehensive strengths assessment. This document should be a living document that is revisited throughout an individual's time in EASA.
- ✓ Cognitive behavioral therapy (CBT): Helping young people understand how their thoughts and feelings influence their behaviors. CBT can assist young people in coping with stress, addressing grief, and learning new ways to deal with typical life challenges.
- ✓ Motivational interviewing (MI): Helping young people identify their goals, what may be getting in the way, and help motivate them to reach their goals
- ✓ Harm reduction techniques: Helping young people reduce high-risk behaviors, such as substance use, that may negatively impact their recovery
- ✓ Individual Resiliency Training (IRT): Helping young people reach their goals through a focus on strengths and learning new skills
- ✓ Mindfulness strategies: Helping young people focus on awareness of their thoughts, feelings, physical sensations, and environment to ground themselves
- ✓ Medications and/or supplements
 - Some examples of medications that may be prescribed for young people with a diagnosis of psychosis include: Abilify, Zyprexa, Risperdal, Seroquel, Latuda, Invega, Rexulti, Clozaril, Trilafon, Haldol. The EASA licensed medical provider will give young people and their family members information about these medications and their possible side effects.
- ✓ EASA team members may specialize in other evidence-based treatments not listed here that will help young people in their recovery

Treatment with EASA is specifically tailored based on the young person's diagnosis (psychosis-risk syndrome or first episode psychosis) and their strengths and needs. In addition to providing specialized services that are specific to the needs and goals of young people and their family members, EASA provides opportunities for family members and friends of participants to connect with others. EASA programs offer **educational workshops**, **multi-family groups**, and may offer other groups for youth and young adults, as well as other groups for family members and friends. There are also opportunities to connect with EASA participants, family members, and friends after graduation from the program (**See also: Helping Young People, Family Members, and Friends Connect to Others**).



Assessment in Early Psychosis Intervention

Assessment in early psychosis intervention can take time and should be based on information from multiple sources, including past evaluations if possible. A comprehensive, culturally-informed biopsychosocial assessment can be completed gradually over several sessions and should include:

- Information about symptoms, including:
 - ❖ Progression over time, what changed and when
 - ❖ Precipitants & relieving factors
 - ❖ Pathway to care
- Comprehensive medical examination, including labs
- Developmental history
 - ❖ Medical history
 - ❖ Developmental milestones
 - ❖ Head trauma and other forms of trauma
 - ❖ Learning disability or accommodations in school
 - ❖ School and work history
 - ❖ Family history
 - ❖ Co-morbid conditions including substance use or medical conditions
 - ❖ Identity, including cultural identity, sexual orientation and gender identity
 - ❖ Individual and family culture & explanatory model
- Comprehensive strengths assessment (revisited throughout treatment)
- Comprehensive risk assessment (revisited throughout treatment)

See EASA Practice Guideline 6.0 Assessment and Treatment Planning for additional information regarding assessment in early intervention, including recommended lab tests <http://www.easacommunity.org/PDF/EASA-practice-guidelines-2013.pdf>

Assessment Tools

Structured Interview of Psychosis-risk Syndromes (SIPS)

Structured Clinical Interview for DSM-5 Disorders (SCID)

Trauma assessments (look at OnTrack NY and NAVIGATE websites for examples, see also Tip Sheet on Trauma and Psychosis:

<http://www.easacommunity.org/PDF/trauma-and-psychosis-mr.pdf>)



Resources on EASA web site:

Differential diagnosis webinar:

<http://www.easacommunity.org/national-resources.php>

Family Input form:

http://www.easacommunity.org/PDF/p.850.2-easa_family_input_form_nov_2012.pdf

Health Assessment:

http://www.easacommunity.org/documents/p.857.2-easa_general_health_questionnaire_2.doc

Strengths assessment:

http://www.easacommunity.org/documents/p.855.2-updated_strengths_assessment.doc

Cultural Formulation Interview (DSM-5)

http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/2013_DSM5_CFI.pdf

Career Information System/ Dartmouth (vocational assessments)

<https://oregoncis.uoregon.edu/Portal.aspx>

Login: eastaccess

Password: schoolwork2010



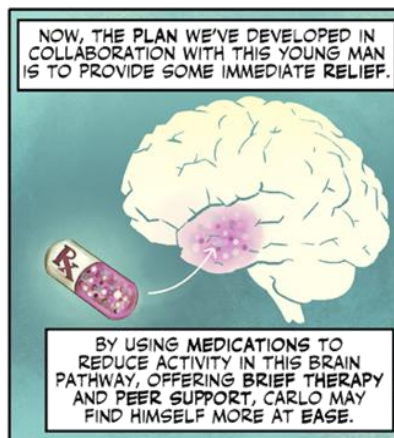
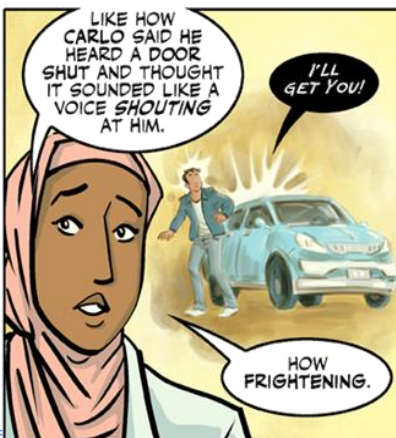
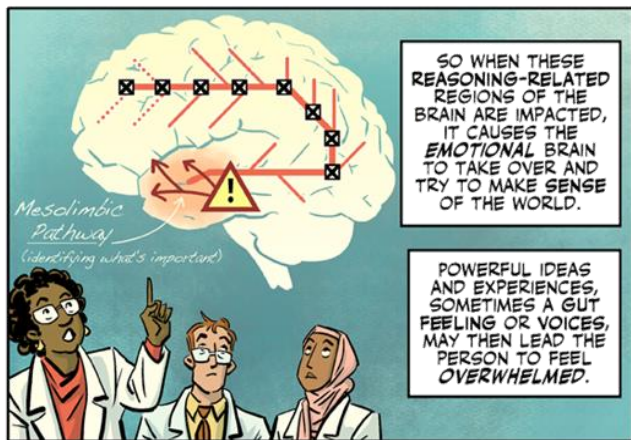
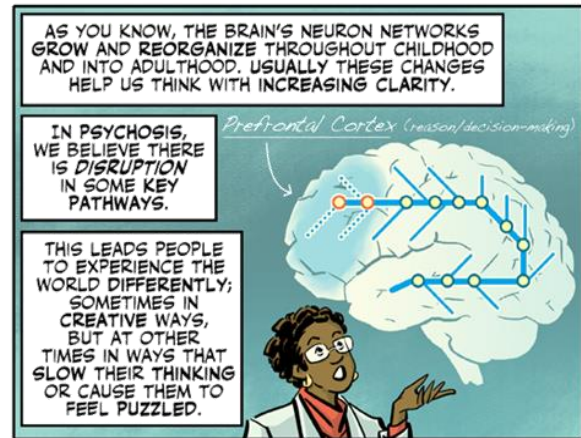
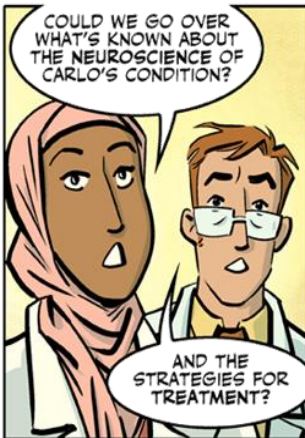
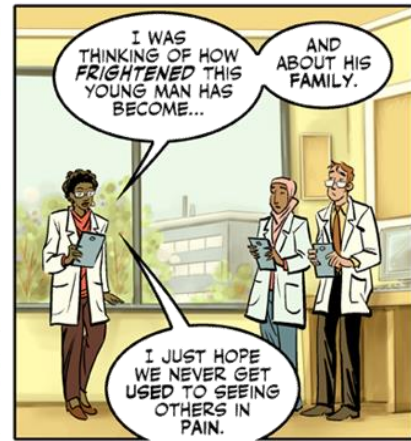
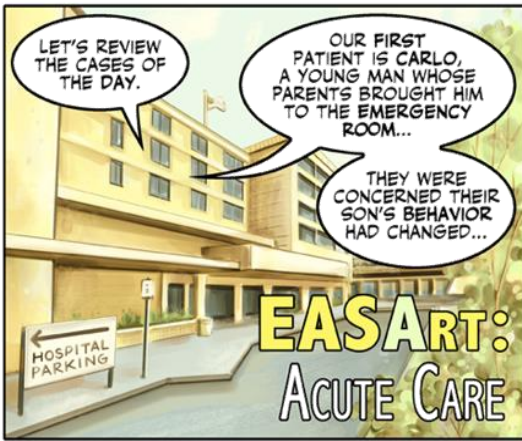


Illustration by Kimberly Potts, EASART

Dialog by Craigan Usher, MD • Art by Colleen Coover

For more information, visit www.easacommunity.org



General Information about Diagnosis in Early Psychosis Intervention

Getting a clear diagnosis for young people who are at risk for developing psychosis or those experiencing their first episode of psychosis or bipolar with psychosis is complex. Many young people who come to EASA are experiencing changes that may be difficult to get a clear understanding of in the short-term. Research shows that the brain goes through significant changes during adolescent and young adult years, and symptoms of psychosis-risk syndrome or psychosis can be caused by a variety of conditions and vulnerabilities. Part of what EASA teams help with is to pinpoint the most accurate diagnosis for a young person, which can take time and can change over the course of the two years. EASA teams work closely with a young person, their family members, and other medical providers, such as primary care providers, to have a thorough medical evaluation completed as soon as possible upon entry into the program.

There are a range of experiences that are considered “typical” for youth and young adults depending on their culture, beliefs, perspectives, worldview, and environment. There are many different ideas and beliefs about why some people experience what is commonly defined as psychosis-risk syndrome or psychosis. The field is constantly changing as far as the new information being learned about what is happening in the brain during psychosis-risk syndrome or psychosis. However, there is still not one clear answer.

Symptoms of psychosis-risk syndrome or psychosis can affect individuals of any race, gender, sex, nationality, religion, educational background, cultural identity, age, socioeconomic status, and ability. Even though these experiences are common in the full range of human diversity, they are also very individual experiences. A young person’s experiences may have some things in common with other young people in the EASA program. However, we know that everyone has their own individual experiences, strengths, challenges, and places they are coming from that are unique to them.

EASA honors the importance of each individual looking at their experiences through their own values, beliefs, and perspectives and that of their family members, friends, and/or supports. Young people and their family members, friends, or supports may experience diversity in terms of race, gender identity, sexual identity, ability, religion, culture, occupation, or in other ways. The things that make an individual diverse are important, valuable, and amazing parts of who they are, and can be seen as great strengths. Young people in EASA are encouraged to share their values, beliefs, and perspectives with their EASA team so that the team can support them and their family members, friends, and supports in ways that work best for them. It is important for EASA team members to honor the different beliefs and perspectives that young people and their family members bring, and to create a space where all perspectives are welcome and encouraged.

It is possible that the reasons a person develops psychosis risk syndrome or psychosis differs depending on the person. It is also possible that there are multiple things occurring that cause these symptoms. It is also possible that what is happening has not been understood yet, however, researchers have figured out some possibilities.

One idea is that structural changes or differences in the brain leads to someone experiencing the world or themselves differently than they used to. Psychosis risk



syndrome and psychosis can affect the brain's ability to process information. These experiences can also affect sensory perception, ability to organize information, and ability to express information.

There are other less medical ways some people use to explain or understand these experiences. There is no right or wrong perspective. EASA believes that it is okay to hold more than one way of understanding at the same time. Family members and/or friends may have different ways of understanding or different beliefs about a young person's experiences than the young person themselves does. The important thing as an EASA team member is to help each individual explore ways of understanding or explanations that fit for them.

Another perspective on psychosis risk syndrome and psychosis is called neurodiversity. Neurodiversity means that psychosis risk syndrome, psychosis and other mental differences like them are natural, normal, and necessary part of human diversity, just like eye color or gender. And, like eye color and gender, the way someone thinks and perceives is a part of someone's unique and valuable identity that deserves to be respected. From a neurodiversity perspective, people who think differently have been important in making innovations in the world.

Spirituality can bring meaning to experiences, create a sense of connection, or foster a relationship with a higher power or powers. Spirituality is one way people organize and make meaning of their lives. Some people view challenges as an opportunity to grow spiritually. Interpreting your experiences spiritually may help someone find meaning in events and create a sense of connection and hope from distress, disconnection, and isolation. For some people, following a spiritual path, or being part of a spiritual community, gives them tools to work towards mastery, or to manage, psychosis.

There are many different beliefs about mental health. Not all cultures or communities view psychosis risk syndrome or psychosis as a mental health concern. Some see symptoms of psychosis risk syndrome or psychosis as a step on a spiritual journey, or part of a spiritual process. For places where connections to ancestors or spirit-worlds are part of mainstream culture, these experiences are often viewed as a connection to these ancestral or spirit-worlds. Different cultures have their own unique perspectives and supports to offer, and it is important to learn more about these different worldviews and beliefs.

Some people form their own interpretation of their experiences. These personal interpretations can exist on their own or in addition to other perspectives. This is a normal part of figuring out what the experience of psychosis-risk syndrome or psychosis means for each individual. The Cultural Formulation Interview (CFI) from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) is a useful tool to find out more about a young person's beliefs, ideas, and perspectives. The CFI should be used as a part of the comprehensive assessment process of youth and young adults in EASA services (http://www.multiculturalmentalhealth.ca/wp-content/uploads/2013/10/2013_DSM5_CFI.pdf).

In addition, talking with EASA team members and others about different ideas, worldviews, and perspectives will help you understand how young people and their family members may view their experiences and help you to support them better.



No one knows exactly what can cause a person to be at risk for psychosis risk syndrome or psychosis. It is thought to be due to a variety of biopsychosocial factors. These factors may be different for different people.

Biopsychosocial means a combination of a person's biology (bio), their psychology (psycho), and their social environment (social). The idea is that psychosis-risk syndrome or psychosis might be caused by any combination of:

- ✓ a person's genetics, brain development, or other physical traits (**biological**);
- ✓ the way a person copes mentally and emotionally with stress and challenges (**psychological**);
- ✓ other things in a person's life such as substance use, how they are treated by others, or stress at school and/or work (**social**).

Research shows that everyone has the potential to have these experiences. Some people who are vulnerable to developing psychosis-risk syndrome or psychosis need to manage it on an ongoing basis.

Some risk factors are:

Biological Risk Factors:

- ✓ Having a family member who has experienced psychosis, especially one or both parents
- ✓ Having other brain or neurological differences, including mental health conditions like depression or anxiety
- ✓ Not sleeping or eating well, or being sick

Psychological Risk Factors:

- ✓ Trauma or traumatic experiences
- ✓ Difficulty finding good ways to manage stress
- ✓ Struggling to understand one's place in the world, or answer questions around "why am I here?" and "what should I be doing with my life?"
- ✓ Feeling hopeless or down about the world or oneself

Social Risk Factors:

- ✓ Using substances, including marijuana, or alcohol
- ✓ Being rejected by, or treated badly by, other people, or having stressful relationships
- ✓ School or work stress
- ✓ Not having a good support network, or not having people who communicate well in one's life
- ✓ Big life events like starting a new school, a relationship break-up, a new job, or a new relationship

None of these factors alone are the single cause of psychosis-risk syndrome or psychosis. Just because these factors are present in a person's life does not mean they will experience psychosis-risk syndrome or psychosis. Nor might these factors be the cause of any of the symptoms that a young person may have experienced. However,



anyone who has many of these factors in their life is at a higher risk for developing symptoms of psychosis-risk syndrome or psychosis. Some of these risk factors—like substance use or big life events—may trigger symptoms of psychosis-risk syndrome or psychosis.

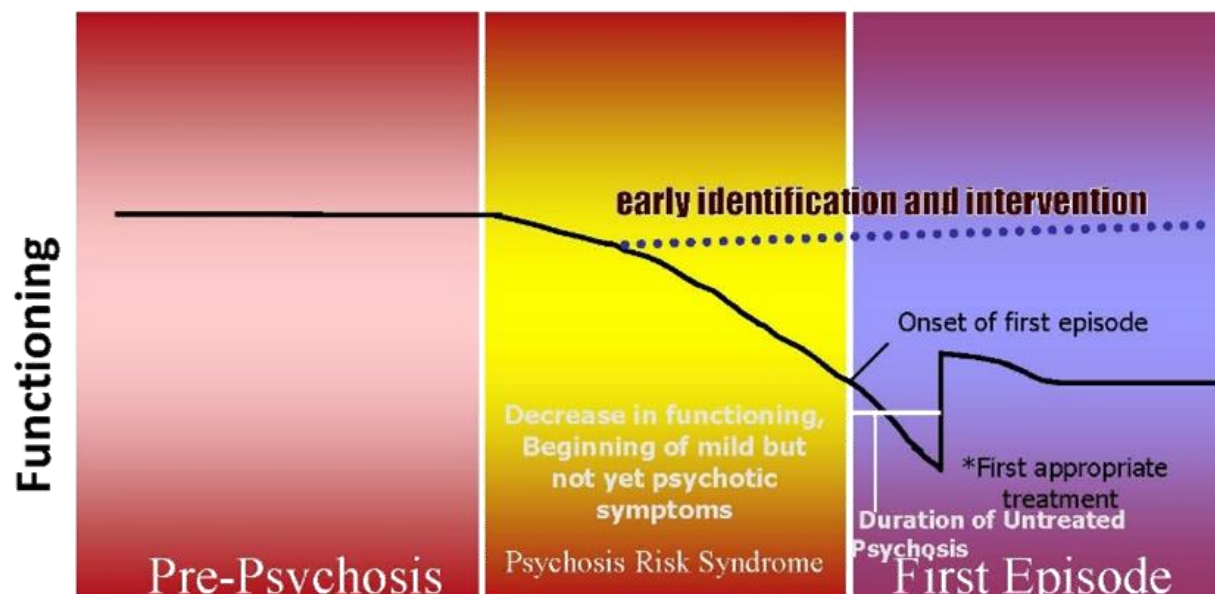
While genetics cannot be changed, many possible risk factors can be impacted. These are called protective factors. For example, helping a young person learn ways to deal with stress and helpful ways to communicate, quitting or reducing use of drinking or substances, reducing work or school stress, or strengthening social support networks can help protect against psychosis-risk syndrome or psychosis. This is also true after someone has experienced symptoms of psychosis for the first time.



Psychosis-Risk Syndrome vs. Schizophrenia Spectrum Disorders

EASA works with young people who have a diagnosis of psychosis risk syndrome or first episode psychosis. Programs who have been serving individuals with first episode psychosis and bipolar disorder with psychosis naturally move toward working with individuals with psychosis risk syndrome as they attempt to identify psychosis early and reduce the duration of untreated psychosis (DUP). Psychosis risk syndrome is a set of symptoms that contain possible risk factors for developing first episode psychosis. If a young person is diagnosed with psychosis risk syndrome at intake, it does not mean that they will definitely go on to develop a first episode of psychosis. It only means that they may be at risk of developing one of those conditions. EASA works with young people with psychosis-risk syndrome in order to possibly prevent first episode psychosis or, at the very least, prevent or mitigate some of the challenges that may come with first episode psychosis. Functioning can decrease during the psychosis risk phase as mild symptoms begin and evidence suggests intervening at this phase can reduce the intensity of symptoms and/or improve outcomes. Early intervention programs like EASA have demonstrated very good outcomes in supporting individuals with psychosis-risk syndrome.

Phases of Psychosis



McGlashan, 2001

SAMHSA
Substance Abuse and Mental Health
Services Administration



Symptoms of Psychosis Risk Syndrome

Psychosis risk syndrome symptoms can range from hardly noticeable to obvious. They can occur over days, months or even years. Impact on school and/or work often begins before the acute level with onset of cognitive changes. Unlike first episode psychosis, the young person with psychosis risk syndrome will retain awareness that their experiences are different than their usual experiences but cause some distress. They are also more likely to seek assistance for these experiences than individuals diagnosed with first episode psychosis.

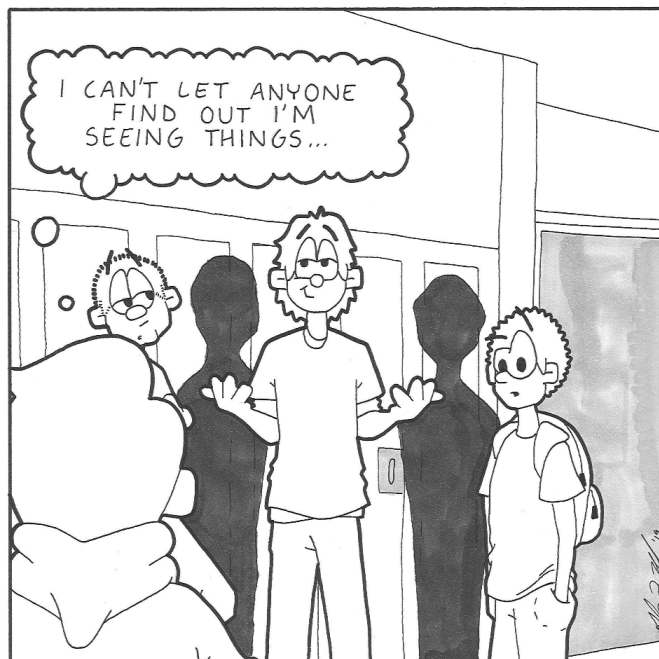
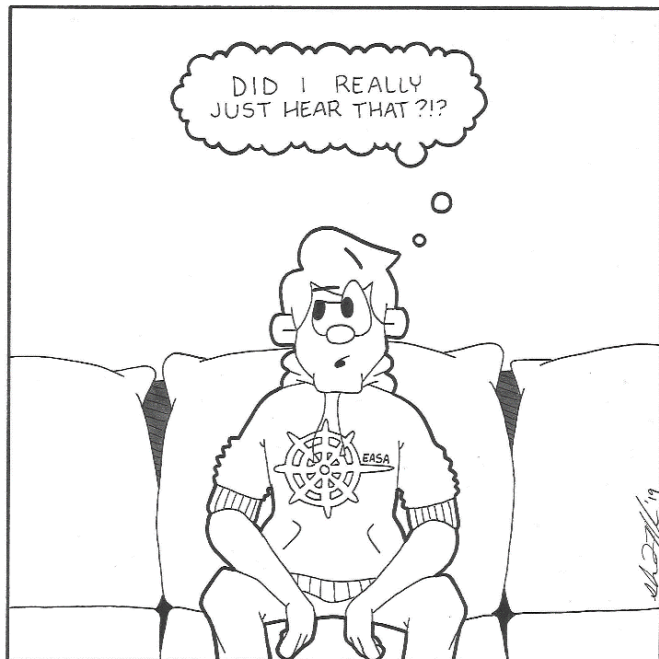
Here are some common psychosis-risk syndrome symptoms:

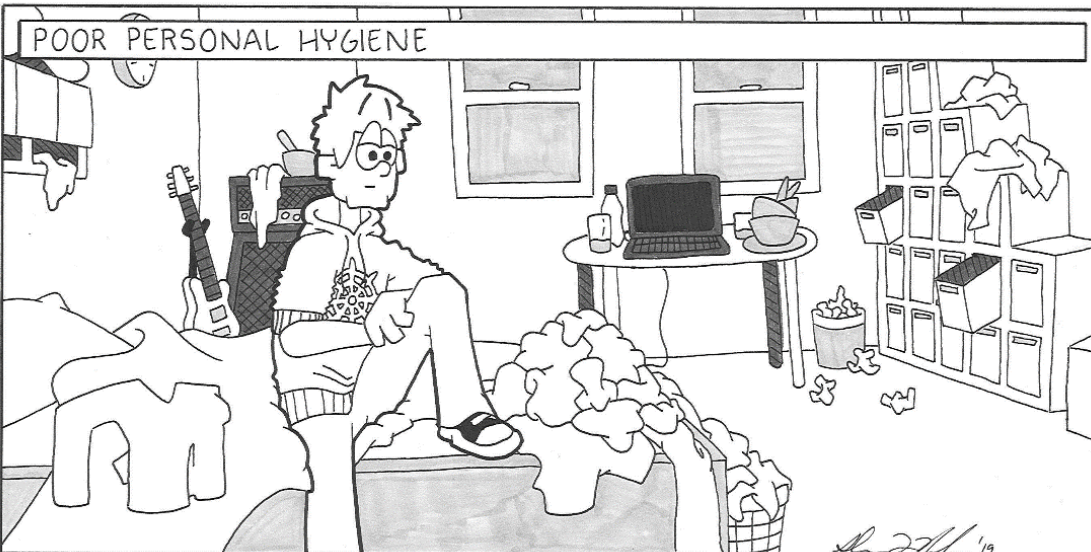
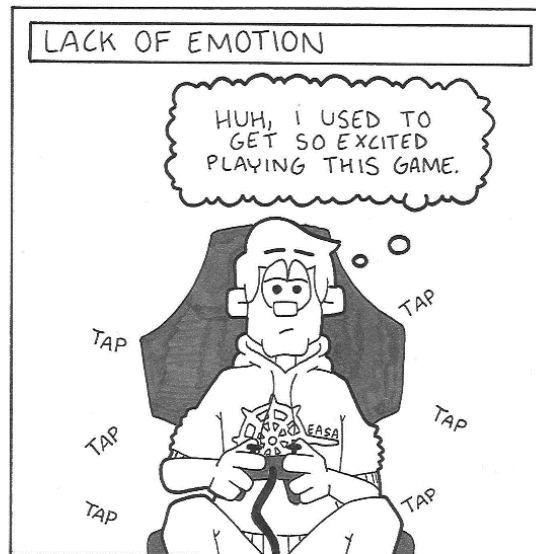
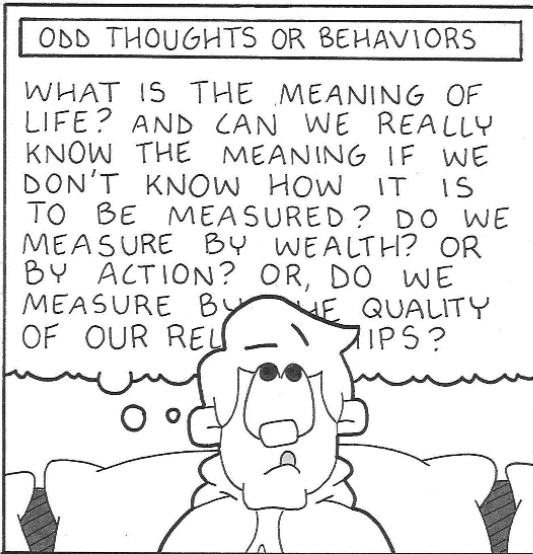
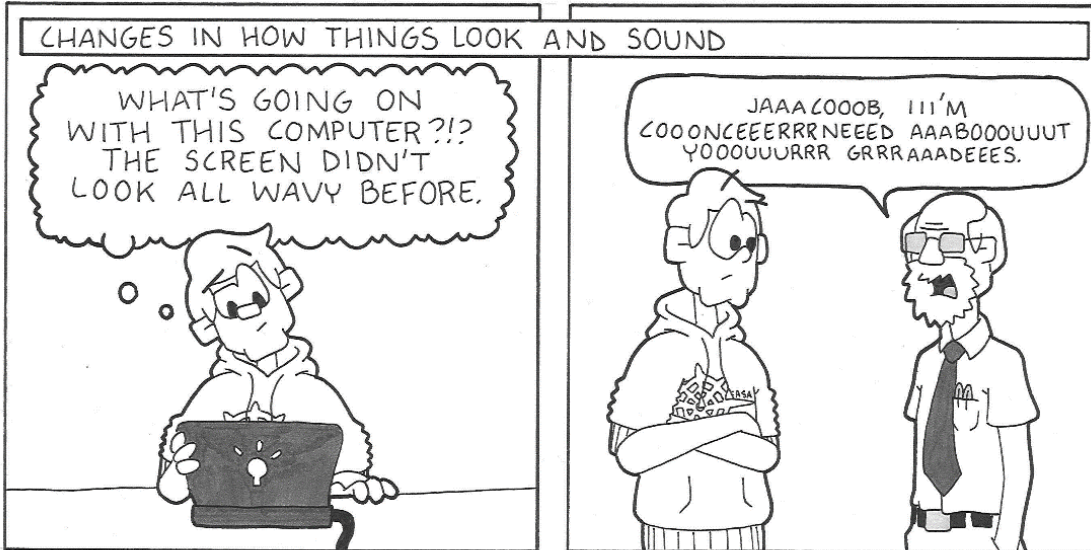
- ✓ Sensitivity to light, touch and sounds
- ✓ Trouble concentrating, paying attention, and with memory
- ✓ Having a hard time understanding others and being understood when talking
- ✓ Increased suspicion and fear without a known reason
- ✓ Momentarily thinking they see or hear something that is not there
- ✓ Unusual ideas or behavior that is new and different for them
- ✓ Struggles in school, at work or with family/friends
- ✓ Withdrawal from important people in their lives
- ✓ Depression
- ✓ Lack of motivation and/or energy
- ✓ Sleep challenges
- ✓ Change in appetite

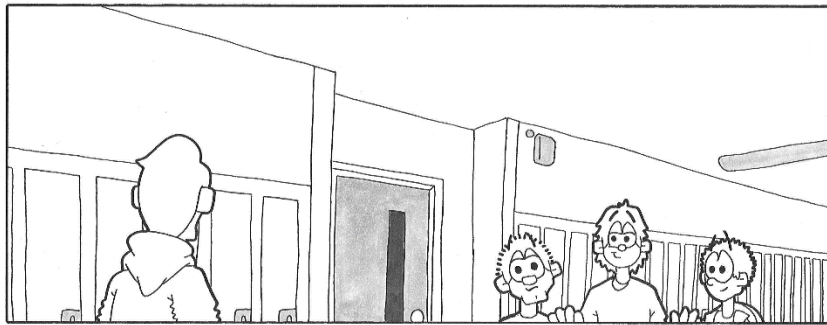
It is important to understand that it is usually a combination of these symptoms, rather than just one, that suggest a psychosis risk syndrome. These symptoms can also be explained by other mental health conditions, big life changes, stressors, or may be typical experiences of being a young person.

A SIPS assessment completed by a trained EASA team member will tease out possible explanations for these symptoms. In most situations, symptoms of psychosis risk syndrome start gradually, but are **new and uncharacteristic** of the young persons' experiences, personality and behavior. It is important to note that individuals can meet criteria for psychosis risk syndrome without neurocognitive changes or functional decline.

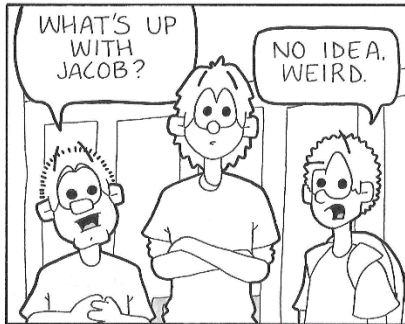






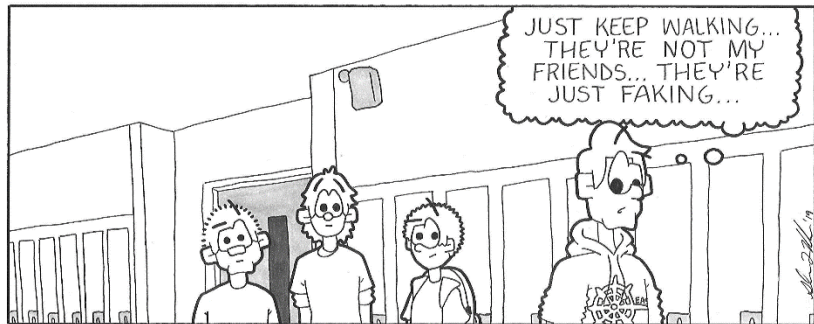


HEY JACOB! COME HERE!
WE'RE ALL TALKING ABOUT
OUR PLANS THIS WEEKEND!



WHAT'S UP
WITH
JACOB?

NO IDEA.
WEIRD.



JUST KEEP WALKING...
THEY'RE NOT MY
FRIENDS... THEY'RE
JUST FAKING...



Treatment and Recovery for Individuals with Psychosis Risk Syndrome

It is important for all EASA team members to know whether a young person in EASA meets criteria for psychosis risk syndrome and to clearly communicate this information to participants and family members (with participant permission). If a young person is receiving EASA services for symptoms of psychosis risk syndrome they will need to be carefully monitored to assess any increases and/or improvements in symptoms, both for the purposes of clarifying diagnosis and so that treatment with EASA can be adapted to address their specific needs.

Monitoring of symptoms should involve a trained SIPS interviewer using the SOPS scale every 90 days, unless the individual scores a 5 on P1 or P2, in which case monthly SOPS scales are indicated. The majority of individuals who convert from psychosis risk syndrome to first episode psychosis convert within a year. If conversion to first episode occurs the recommendation is that the individual's two years in the early intervention program re-starts.

EASA therapists can also use other symptom-based assessments for individuals meeting criteria for psychosis risk syndrome, using scales such as the Patient Health Questionnaire (PHQ-9) for depression, the GAD-7 for Generalized Anxiety Disorder, and/or trauma assessments. It is also recommended that alliance and outcome measures such as the PCOMS (Partners for Change Outcome Management System) are used.

Treatment for individuals with psychosis risk syndrome should include:

- ✓ Cognitive Behavior Therapy for Psychosis (CBTp) or Cognitive Behavioral Therapy for co-occurring disorders such as depression, anxiety, and/or trauma¹⁹
- ✓ Strengths-based case management focused on resources, ability to cope, using informal helping network²¹
- ✓ Individual and Family psychoeducation focused on prevention strategies, avoiding labels/self-stigma¹²
- ✓ Substance use risk reduction, especially THC²⁷
- ✓ Individual Placement and Support model of supported employment and/or education focused on developmentally appropriate recommendations
- ✓ Peer Support Services focused on non-diagnosis related experiences²⁸
- ✓ Occupational Therapy
- ✓ Specialized prescriber services
 - Research shows antipsychotic medications cause more risk than benefit unless there is significant deterioration^{17, 29}
 - Monitor metabolic risk with or without medications (Shah, 2019)

Frequency of early intervention services for those diagnosed with psychosis risk syndrome is a minimum of every two weeks, with an increase or reduction in services guided by clinical measures. Recovery with psychosis risk syndrome varies depending on the individual. Sometimes symptoms of psychosis risk syndrome go away with treatment and support and do not return. For others, symptoms progress into symptoms of psychosis. Receiving treatment and support right away can make a significant difference for a young person experiencing psychosis risk syndrome.



Diagnosis and Treatment for Individuals with First Episode Psychosis or Bipolar Disorder with Psychosis

Early on, in the psychosis risk syndrome phase, symptoms may be intermittent and the individual often recognizes that something is different. However, as symptoms of psychosis progress, individuals lose their ability to distinguish symptoms from reality, and it becomes more difficult to have a conversation. For example, a person who has auditory hallucinations will hear voices which sound to them as loud and real and a person standing right next to them, even though others don't hear it. An individual whose psychosis has progressed may not believe that other people do not hear the same voices and may not be able to integrate new information from others into their thinking.

Psychosis is a condition that affects the brain's ability to process information. Psychosis can affect sensory perception, ability to organize information, and ability to express information. There are many causes. Everyone has the potential to develop psychosis, for example, if they do not sleep for multiple days in a row, if they take certain substances or develop certain medical conditions, or if they experience extremely severe and prolonged stress. Psychosis has a genetic component, which means that individuals whose family members have experienced psychosis will be at greater risk for developing it themselves. Some people with a particularly great vulnerability to developing psychosis have to manage it as an ongoing condition. Psychosis may also result from, or accompany, a mood disorder such as major depression or bipolar disorder (in which there are dramatic swings in energy level, sleep patterns, mood, and behavior).

EASA teams use a variety of assessments to identify the most accurate diagnosis for first episode psychosis, which include gathering a complete history and having the young person complete a thorough medical evaluation. The Family Input form can be a useful tool for family members to fill out as part of the assessment process (http://www.easacommunity.org/PDF/p.850.2-easa_family_input_form_nov_2012.pdf).

EASA programs use the Structured Clinical Interview for the DSM-5 (SCID-5) from the American Psychiatric Association (Diagnostic and Statistical Manual of Mental Disorders, 5th edition) to categorize diagnoses of first episode psychosis. The EASA Center for Excellence offers SCID trainings and encourages EASA team members from all disciplines to attend so that they understand the diagnostic process. See the EASA News & Events calendar for more information <http://www.easacommunity.org/easa-news-events.php>.

Some examples of possible primary DSM-5 diagnoses that young people may receive before they enter EASA services or during their time in EASA are:

Brief psychotic disorder

Brief Psychotic Disorder is diagnosed when symptoms of psychosis last for less than a month, at which point most people recover fully. It usually only happens one time and is often related to a stressful event.



Schizophrenia

This condition is diagnosed when individuals experience changes in behavior and other symptoms, which can include hallucinations (seeing, hearing, tasting, feeling, or smelling things that others do not), delusions (holding false beliefs that do not go away), showing a loss of interest in activities, confused thinking, and/or disorganized speech. These symptoms must last longer than 6 months and affect their functioning at work and/or school, as well as affecting their relationships with others to meet criteria for schizophrenia.

Schizophreniform disorder

A diagnosis of this condition includes symptoms of schizophrenia lasting between 1 and 6 months.

Bipolar disorder with psychotic features

This condition is diagnosed when individuals have extreme changes in mood along with symptoms of psychosis, such as hallucinations or delusions.

Schizoaffective disorder

This condition is diagnosed when individuals have symptoms of both a mood disorder, such as bipolar disorder or depression, and symptoms of schizophrenia.

Delusional disorder

This condition is diagnosed when an individual has delusion(s), or false beliefs that do not go away, lasting for at least one month. These beliefs could be true but are not (for example, someone believing that they are being followed or that their food is being poisoned).

Substance-induced psychotic disorder

This condition is diagnosed when the use of substances or withdrawal from substances (such as methamphetamines, cocaine, or hallucinogens) causes hallucinations, delusions, or disorganized speech.

Other Specified Schizophrenia Spectrum and Other Psychotic Disorder or Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

This condition is diagnosed when an individual experiences hallucinations, delusions, or other symptoms of psychosis due to an unknown cause, indicating more assessment needs to be occur in order to provide a clear diagnosis. A clinician can list Psychosis-Risk Syndrome in this category but it is not a formal DSM-5 diagnosis.

All of the above listed conditions are treated with therapy and other supports, including medication, depending on the specific needs of the individual. Treatment for psychotic disorders includes therapy, medication, and other evidence-based treatments that EASA teams may specialize in and include:



- ✓ Cognitive Behavior Therapy for Psychosis (CBT-P) and/or Cognitive Behavioral Therapy for co-occurring disorders such as depression, anxiety, and/or trauma²⁰
- ✓ Strengths-based case management that utilizes assertive outreach and emphasizes informal resources and supports²¹
- ✓ Individual and family psychoeducation that includes education about diagnosis and symptoms, shared decision making strategies, and structured models such as MFG or Single-Family Sessions^{22, 23}
- ✓ Substance use risk reduction that includes structured dual diagnosis strategies such as harm reduction²⁴
- ✓ Individual Placement and Support model of supported employment and/or education
- ✓ Peer Support Services that focus on lived experience²⁵
- ✓ Occupational Therapy
- ✓ Specialized prescriber services that may include use of antipsychotics and involves monitoring of metabolic risks whether or not an individual is taking medication²⁶



Recovery in First Episode Psychosis and Bipolar Disorder with Psychosis

Recovery from an episode of psychosis is often gradual, and is unique to each individual. Recovery is not a linear, step-by-step process and varies depending on each individual. However, there are some typical experiences in early and later recovery.

Early recovery, which can take up to 9 months after experiencing a first episode of psychosis, typically involves:

- ✓ Individual is learning to cope and figuring things out; may want to be alone more often
- ✓ Individual recognizes limitations; group and social activities may be hard to sustain
- ✓ Individual focuses on communicating with others and checking out others' reactions
- ✓ Individual is often receptive to relapse prevention planning

Later recovery typically involves:

- ✓ Individual demonstrates increase in confidence
- ✓ Social anxiety can continue to be an issue for some individuals
- ✓ Daily structure and future orientation with focus on goals are important
- ✓ Individuals often want to give back to others what they have learned from their own experience

As an EASA team member, it is important to encourage young people and their family members to communicate with anyone on their EASA team about any changes they see or experience with regard to symptoms with either psychosis risk syndrome or first episode psychosis. This information is important in helping to ensure that the young person is receiving the most appropriate services to address symptoms and challenges and help them reach their goals. Sometimes young people feel more comfortable sharing information with certain members of the team, for example the peer support specialist or nurse. It is important for EASA team members to let participants know that EASA is a coordinated, team approach, while at the same time honoring that participants have different relationships with different team members based on their role and comfort level with each person. It is important to discuss as a team how communication between team members will occur, and ensure that any concern regarding risk of harm to self or others is addressed immediately using a coordinated team approach.

If a young person begins to experience symptoms of psychosis after a period of time in which they had not experienced symptoms, or if their symptoms become worse, the EASA team works with the young person and their family members to address the symptoms so that they can continue working towards their goals without interruption. An increase in symptoms of psychosis does not necessarily mean that a young person will need to go to the hospital, have to start medication, or have to change medications if they are already taking medications. The sooner that young people and their family members let an EASA team member know about a change in symptoms the better they can make adjustments in treatment to prevent symptoms from getting worse. The **relapse prevention plan** is an important part of the process of paying attention to an increase or worsening of symptoms.



Other Conditions

Young people receiving EASA services can experience other differences in thinking or feeling in addition to symptoms of psychosis risk syndrome or symptoms of psychosis, for example depression or anxiety. Sometimes these conditions, called co-occurring conditions, can add to the stress of psychosis-risk syndrome or psychosis.

Here are descriptions of some common co-occurring conditions:

Depression

Depression is more than just feeling sad or having a difficult day, which many people can experience. People faced with depression have five or more of the following experiences, without a break, for two or more weeks:

- ✓ feeling down or sad, or having the blues
- ✓ not being interested in things which used to be fun or interesting
- ✓ weight gain or loss
- ✓ making a lot of agitated motions like pacing or hand-wringing
- ✓ moving or speaking more slowly than usual
- ✓ feeling tired for no reason
- ✓ feeling guilty for no reason
- ✓ thinking a lot about death
- ✓ having trouble concentrating

Depression is usually treated with therapy and/or medication.

Anxiety

People facing anxiety experience a huge amount of worry about everyday things. The worry is so great that it makes it hard for them to live their lives. Some ways anxiety can show up are:

- ✓ Phobia, like a fear of snakes so strong it keeps a person from leaving the house, or a social phobia of interacting with people
- ✓ Obsession, which is a thought, feeling, or sensation that keeps coming up even when it doesn't make sense to have come up. For example, a disturbing image that pops into someone's head hundreds of times a day
- ✓ Compulsion, which is a need to do something over and over even if it does not make sense. For example, checking if the door is locked over and over even though it's just been checked.

Anxiety is usually treated with medication and/or therapy. The therapy is often focused on gradual exposure to the thing or something similar to what is causing the anxiety, or on preventing unwanted compulsions.

Mania

People experiencing mania experience an unusually high, out of control, or irritable mood and increased activity and energy. The latter is required for mania to be diagnosed. It is not just a high mood or extreme irritability. Other experiences related to mania may include:

- ✓ a blown-up out of proportion sense of self-importance



- ✓ sleeplessness
- ✓ racing thoughts (thoughts that come in rapid succession that cannot be slowed or stopped)
- ✓ rapid speech
- ✓ jumping quickly from one topic to another
- ✓ doing things that seem fun or like a good idea but are really risky or likely to have bad consequences, for example spending a lot of money when you don't have money to spend

If increased activity and energy are present with several of the other experiences, a young person may be diagnosed with bipolar disorder. Bipolar disorder is usually treated with therapy and/or medication.

Sleep Difficulties

Sleep is incredibly important for our minds and our bodies. Young adults need 9 to 11 hours of sound sleep a night. Not sleeping, or not sleeping well, can cause mental and physical health problems. Not getting enough good sleep can also make other things a person is struggling with, like psychosis risk syndrome or psychosis, much harder. Some common sleep problems are:

- ✓ insomnia - not being able to fall asleep
- ✓ narcolepsy – feeling very sleepy during waking times
- ✓ restless leg syndrome - trouble falling asleep because of a "creeping" feeling in the legs
- ✓ sleep apnea - difficulty breathing while asleep (snoring)

Different sleep problems will have different treatments or solutions.

Substance Use Disorders

Substance use disorders occur when substance use becomes harmful and gets in the way of someone's goals. "Substances" can mean illegal drugs, prescription drugs, marijuana, tobacco, and alcohol. For some people, substance use can lead to addiction, which affects the way people think, feel, and behave, and can make it harder to deal with other things they struggle with. Symptoms of addiction could be:

- ✓ a strong desire to use the substance
- ✓ a hard or impossible time controlling the use of the substance
- ✓ continuing to use the substance even though it's having bad consequences
- ✓ making the substance use more important than other things in life
- ✓ experiencing increased tolerance (needing to take more to feel the effects of the substance)
- ✓ experiencing physical or psychological withdrawal symptoms when not using the substance

There are many ways to recover from substance use, including therapy and support programs. In instances where intensive substance abuse treatment is indicated, participants in EASA may receive services outside of EASA to reduce or treat substance use. In these cases, it is important to coordinate care (with permission) to best meet the needs of the participant and support them in reaching their goals.



What EASA Graduates Say About Making Sense of Their Experiences & Figuring Out Next Steps

At first, life as I knew it was over and feelings of anxiety overwhelmed me. Sometimes the only time I would leave the house was to attend EASA events. I would sleep up to twenty-two hours in a day sometimes. But with time and patience, and trusting in the process, that changed as I worked with EASA and they worked with me. Progress doesn't always come as fast as you might like it to, but without even realizing it, it did. Even when it was hard to imagine anything working right EASA helped me get on the track to the career and future I wanted to pursue. You can do it too, I promise.

M., EASA Graduate

EASA can help you make and meet your goals for the future, and we can help you figure out what's important to you.

P., EASA Graduate

You don't have to figure out everything today. You can just focus on tomorrow and go one step at a time.

A., EASA Graduate



EASA's Transdisciplinary Team Approach

The EASA model is based on a Coordinated Specialty Care approach specific to early intervention. A core component of this approach is having team members from different disciplines work together to support young people and their family members in reaching individual and family goals. It is common for EASA team members to meet together with a young person in the community, and attend appointments with the EASA psychiatrist or nurse practitioner with a young person and their family members. An important aspect of transdisciplinary team functioning is having all team members work with participants and their family members to create strengths assessments, risk assessments, treatment plans, relapse prevention plans, and transition plans.

Another core aspect of the EASA model is that all EASA team members meet every week to coordinate services for every individual in the EASA program with a focus on the young person and family members' strengths, successes, and goals. The purpose of these meetings, known as FACT (Family Aided Community Treatment) meetings, is to closely coordinate and collaborate regarding weekly care with all team members. More information can be accessed by following the link on Family Aided Community Treatment in early psychosis intervention:

<http://www.easacommunity.org/documents/FACT%20key%20article.pdf>

FACT meetings should occur weekly and include a shared document or spreadsheet that tracks the different domains of care for all program participants (<http://www.easacommunity.org/documents/FACT%20Note%20example%20template.xlsx>).

Remote team members and/or tele-psychiatrists can call into the meeting if they are unable to attend in person. Meetings should be held weekly even if a team member is absent. If a team member is absent it is important to have a plan for how their perspective will be incorporated into the meeting (for example, the team member sends an email ahead of time or fills information into the spreadsheet to update the other team members on successes, concerns, and action steps for each participant).

The focus of the FACT meetings is:

- ✓ To identify tasks for each team member for the current week
- ✓ To highlight successes, concerns, and action steps
- ✓ To identify barriers and briefly problem-solve

If a situation or issue needs additional time to discuss and problem-solve, this should be done outside of the weekly FACT meeting.

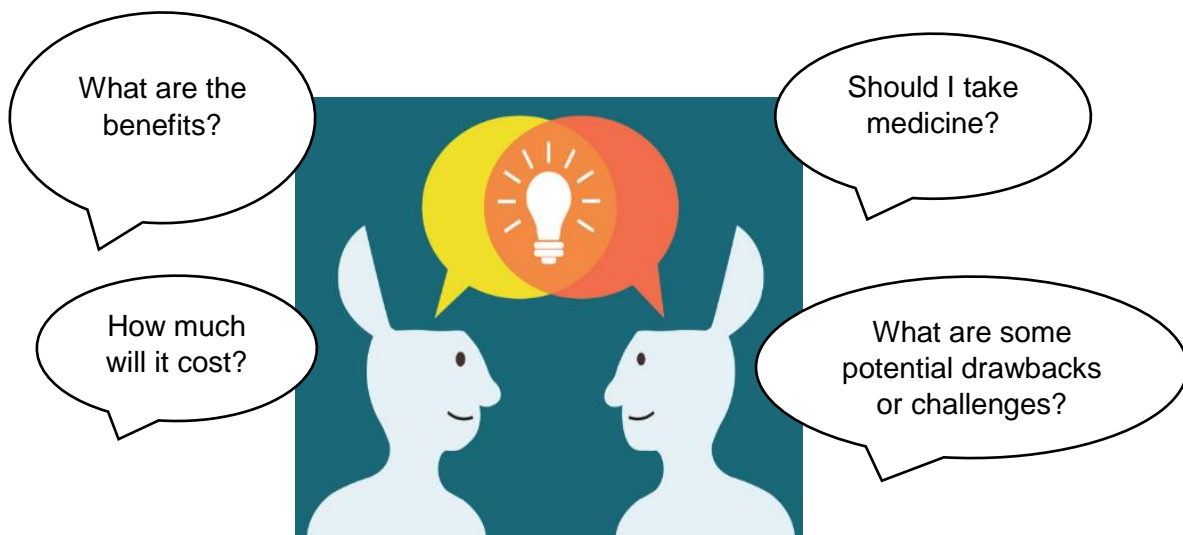
Another important aspect of transdisciplinary team functioning is for all EASA team members, young people, and their family members (with permission) meet to discuss goals and progress in treatment every 3 months throughout their two years in EASA. This can occur during psychiatric appointments, or other appointments depending on the needs of the young person and their family members.



EASA's Philosophy About Decision Making

EASA believes that decisions about treatment, as well as other decisions that come up during treatment, should be made together with young people, their family members (with permission), and EASA team members. This is called **Shared-Decision Making**, or SDM³¹. Shared-decision making means that a young person and their family members receive information and options on different topics from EASA team members, they have the chance to explore these options, they communicate their concerns and preferences, and then everyone makes a plan together based on that information. This is an open, transparent process that involves young people and their family members understanding the benefits and risks of different options and making a decision together.

EASA teams use this process to help guide decision making throughout a person's time in EASA. This process is used to make informed decisions about medicine and treatment, as well as to facilitate decision making in other areas that are typical for youth and young adults. These include decisions about whether or not to disclose a medical condition at work, whether to live alone or with roommates, how to remain engaged in school or work after an increase in symptoms, etc.



Conversations between EASA Providers and Participants



Relapse Prevention Planning

Relapse prevention planning is a way to prevent psychosis risk syndrome or psychosis from getting in the way of a young person's goals. It involves identifying the *triggers* that can cause a relapse in symptoms, identifying the *early warning signs* that a relapse might happen, and writing a *plan* for what to do if a relapse happens. Triggers, warning signs, and a plan are what make up a relapse prevention plan.



A relapse prevention plan is:

1. a tool to help a young person achieve their dreams and goals;
2. a set of things a young person can do on a regular basis to prevent a relapse of symptoms;
3. a tool that a young person can use to help communicate with others about what they need, and how others can help.

Example of relapse prevention plan template: <http://easacommunity.org/PDF/relapse-prevention-plan.pdf>

As part of the transdisciplinary approach to care, EASA team members work together with participants and their family members and supports to create a relapse prevention plan. This plan identifies the specific triggers that can cause a relapse, the early warning signs that are unique to a young person, and what to do if a relapse happens. All young people should have a relapse prevention plan that all EASA team members are aware of and contribute to as a team.

The young person's relapse prevention plan should be revisited throughout their time in EASA and updated on a regular basis. It is important for young people to test out their relapse prevention plan to make sure that it includes everything that is important to their specific situation and what works for them. In this way, the relapse prevention plan is a living document that should be revisited and modified throughout the two-year service period.



Impact of Psychosis-Risk Syndrome, First Episode Psychosis, or Bipolar Disorder with Psychosis on Family Members

Grief. Having a young person identified as having psychosis risk syndrome or first episode psychosis can have a tremendous impact on all family members and friends. These conditions can be accompanied by a grief process that affects everyone. The stages of the grief process include shock/denial, learning to cope, and acceptance. Individuals at different stages of grief need different things.

Family conflict. Family members are often at different places in the grief process, which may cause conflict. As families continue to deal with psychosis risk syndrome or first episode psychosis, they may go through the grief process many times. This is typical. However, it is also important to pay attention to how family members are affected by the stress and grief, and not to hesitate to get additional counseling. Psychosis risk syndrome or first episode psychosis can cause challenges within marriages and family relationships, as individuals may reach different conclusions about how to handle the situation. Patience and communication skills become critically important.

Developmental impact. Psychosis-risk syndrome and symptoms of first episode psychosis or bipolar disorder with psychosis can have a direct effect on development. One of the goals of early psychosis intervention is to minimize that impact so that the person will move on with life in a positive way. Since psychosis-risk syndrome and first episode psychosis usually affect people starting between ages 12 and 25, some key developmental tasks may be directly impacted:

- ✓ Experimenting with and forming an identity
- ✓ Individuating and separating from parents
- ✓ Learning independent living skills
- ✓ Living independently
- ✓ Finishing school
- ✓ Entering the work force and identifying a career path
- ✓ Establishing adult peer relationships
- ✓ Establishing romantic and sexual relationships
- ✓ Starting a family



If these developmental tasks are interrupted, the person will need to return to them later before they will be able to progress developmentally. Also, each member of the family who is directly affected by the symptoms of psychosis-risk syndrome or first episode psychosis will likely be affected developmentally. Parents who are preparing to send their young person out into the world can experience their young person needing to be



more dependent and may discover the need to provide more direction for their young person, which can cause conflict and stress for everyone in the family.

Siblings may develop a fear of developing psychosis risk syndrome or early psychosis symptoms themselves and may make different choices in relationships because of their need to cope with confusion, grief, and loss. It is important to include siblings in the treatment process as appropriate and with permission. Older siblings can attend Multi-Family Groups or Single-Family Sessions with EASA, and can be connected to other resources for additional support. Please read the section on the EASA website entitled **For Families, Allies, and Young Adults** for additional resources to give to family members, including specific information for siblings: <http://www.easacommunity.org/impact-of-psychosis-on-family-members.php>. If family members do not have internet access, or need the information in another format or language other than English, EASA team members should assist them in accessing the information in the format that works best for them.



Adolescent and Young Adult Identity and Development

What is identity?

Having a sense of identity is a fundamental part of being human. The word identity refers to a person's sense of self. Different life experiences influence a person's sense of self. Those life experiences can include where a person lives, the culture(s) a person belongs to, the kinds of relationships a person has with other people and the world, and many other life experiences. A person's thoughts, feelings, worldviews, values, and beliefs, also influence their sense of identity. A person's sense of identity changes over their lifetime¹¹.



The meaning a young person gives to their life experiences plays a significant role in how that sense of identity develops and grows^{3, 5, 6}. Meanings are “individuals responses when they reflect on themselves in a role, socially, and personally”¹¹. Generally, a young person's sense of identity is about how the person sees themselves, the world, and their place in it⁵.

Identity is informed by the role a person plays in society (like child, student, parent, teacher), what groups the person is a member of (like a sports team, a game club, a faith community, a LGBTQIA community group), and the unique characteristics of each individual. People have different identities at the same time (for example: a parent who works in the school system and volunteers at a local food kitchen could identify as: parent, teacher, and community volunteer).

When individuals go through changes in life their sense of identity is affected.^{4, 11}

What is happening to a person's identity during adolescence and young adulthood?

This stage of life is when identity development undergoes its' most concentrated and rapid growth. Most of the life experiences a person has during this time influence how someone perceives and shapes their sense of who they are as a person. An adolescent's sense of identity and the meaning they give to their identity (for example: I am likable person) has been shown to influence the positive development of sense of wellbeing. Having a valued and positive sense of identity during difficult times in adolescence can help protect the



young person from the potential negative consequences of those difficult experiences. This happens when a young person can go through the difficult experiences and develop an increased sense of purpose about who they are as a person and grow from the experiences^{4, 5}.

Typically, adolescence (ages 14-18) is a time when a person is exploring their sense of identity and how that sense of identity influences their life choices (like in friendships, hobbies, dating choices, spiritual and faith preferences, etc.). During young adulthood (ages 18-25) what the individual discovers about who they are when they were younger starts to get even clearer and more refined.

The growth of a person's sense of identity involves quite a bit of reflection and meaning making. A person's interactions with their larger social, physical, and economic surroundings inform and influence the sense a person makes of who they are becoming as a person^{3, 5}.

What is different for young people who are developing their sense of identity and experience psychosis risk syndrome or symptoms of psychosis?

Young people who experience psychosis, like their same age peers that do not experience psychosis, are developing their sense of identity. That includes having the same kinds of experiences, reflections, and meaning making processes. What is likely different for young people who experience psychosis risk syndrome or symptoms of psychosis and are developing their sense of identity, is that these young people have new and unexpected life situations to make sense of and include in who they are becoming at the same time as navigating the typical questions, concerns, and experiences as their same age group peers.

Young people who are developing their sense of identity and experiencing psychosis risk symptoms are probably more vulnerable to having concerns that they will be judged by other people. This can be true for some people if they receive a mental health diagnosis or label, for other people that will not be a problem. Evaluating each person's concerns and history as it relates to stigma will help guide your approach¹².

Developing psychosis is a significant change in a young person's life and influences their sense of identity and beliefs about who they are as a person¹.

These young people are vulnerable to developing a sense of identity that is stuck, or does not allow them to reflect, make meaning, and grow into the person they can become. In order to account for that vulnerability, the people around the young person, need to find ways to help the young person make sense of psychosis in a time and way that fits for the individual as well as help protect them from the negative consequences society's and other people's judgment can have on their emerging sense of self. The personally validating incorporation of experiences of psychosis into a young person's sense of identity can significantly promote the integration of these growth enhancing and growth limiting experiences (including symptoms, negative experiences with other people and



social institutions) into their emergent sense of self, in ways that allow the person to become who they truly are^{3,4}.

What can EASA team members do to support the growth of a healthy sense of identity in a young person who experiences psychosis?

- Help your young people in EASA identify genuine ways of introducing themselves in social settings and with other healthcare providers.
 - Practice these skills together in the session and out in the world!
- While stigma is real and is often harmful to a young person's identity, it can also be an opportunity to strengthen a young person's sense of identity.
 - Education about the root causes of stigma can give someone experiencing it a sense that they are not alone, and that the experience they are having is not their fault⁷.
- Support young people's exploration of the thoughts and feelings they have about how psychosis and schizophrenia may or may not affect the sense of who they are as a person.
 - Providing social experiences with other young people who have similar experiences can be a safe harbor to build connections, receive support and acknowledgment, as well as build resiliency to face the challenges occurring in their lives.
 - Identify youth and adult allies who do or do not share the same experiences and encourage those healthy connections.

What can we do to protect our young people in EASA from stigma?

Understand Stigma

It is important to define the word stigma before we go further into examining how to help make experiences of stigma less stressful.

- Stigma is a term used to describe social interactions that lead to the exclusion of a person from their typical social groups.
- When an individual and/or groups of individuals are perceived or identify as different from the most accepted groups of people and/or social institutions (like movies, the media, schools, and others) they are vulnerable to experiencing stigma.
 - For example, a teenager identifies as atheist and lives in a community where everyone else identifies as a specific religion; or if a group of teens identify as GOTH or EMO and they attend a school where their peers identify everyone as mainstream
- Over time, without help to avoid doing so, people can internalize stigma.
 - Internalizing stigma is not always obvious to the person having that experience or to other people. It can be seen in a person's thoughts, beliefs, behaviors, and emotions. An example of this is: My sexual orientation is bisexual. I must have been abused as a child. I should not apply for that job



at the local chamber of commerce. I feel sad that I have messed up my life because I am bisexual.

- When someone internalizes stigma it negatively affects his or her sense of identity.
- Individuals that encounter stigma can lose important social relationships and get excluded from housing, employment, recreational, educational, social, and romantic opportunities.
- A person's difficult thoughts and feelings (like fear, a sense of protectiveness, anxiety, beliefs about having done something wrong to cause psychosis, guilt) about psychosis and concerns related to stigma can lead to that person and/or that person's family not seeking the mental health services they might need.

Stigma happens in social relationships

- Stigmatizing messages can be communicated in social interactions like conversations and in unspoken messages like body language, facial expressions, and tone of voice.
- It is common for a person or group of people to unintentionally send individuals with differences stigmatizing messages.
- Mental health care providers, from counselors to psychiatrists, likely send unintended stigmatizing messages to their clients.

Problems stigma might create for young people in the clinical high risk group

- Not sharing about their mental health challenges
- Delaying help seeking
- Labelling themselves or being labelled by other people in a way that is negative¹²
- Young people's central developmental task or main 'job' during adolescence and young adulthood is to develop their sense of identity.
- In order for young people to develop a sense of identity they need to be involved in life activities that help them better understand who they are as a person in the world.
- This includes having opportunities to explore their similarities and differences in social relationships and with social institutions that are unlikely or will not judge, based on their different experiences.
- Stigma poses a major risk to the holistic process of identity development for these young people.
- Young people with psychosis and schizophrenia are vulnerable to turning experiences of stigma into harmful messages about their identity.
- Friends, family members, allies, mental health providers, and social institutions can make a difference in the identity experiences of these young people.
- Educate young people's support networks in communication skills that help them communicate to their young person that their identity is not their mental health challenges ("he/she is schizophrenic", "he/she is psychotic", "he/she is bipolar")
- Provide accurate education to young people, family members, and in community outreach presentations about what the clinical high risk group is and how it is different from full psychosis to reduce stigma¹³



- Provide training and ongoing consultation for clinical supervisors emphasize adolescent, young adult identity development, and cultural humility.
- Identify and practice treatment approaches and interventions that honor the unique experiences that come with being an adolescent and young adult.
- Teach professionals in your agency—from directors to office support staff—about young adult identity development, stigma, and cultural inclusivity.
- Reward your colleagues and community efforts to help young people develop a valued sense of identity. This can include the design of offices and waiting rooms, office hours, intake documents, intake protocols, clinical supervision, and clinical interventions.
- Practice humility and take a routine inventory of feedback the program and providers have received and develop a strategic plan to improve your efforts!

Disclosure

What is disclosure?

Disclosure describes the processes, skills, decision-making, thoughts, and experiences that make up an individual's decision to tell another person something about their identity that could lead to judgment, exclusion, or stigma. Stigma is the experience of exclusion or shaming from the group you would typically be a part of, or the most dominant group, due to those group members seeing you as different and not fitting in because of those differences¹⁴. Stigma can come from a lack of knowledge, ignorance, an attitude stance that includes prejudice, and discriminatory behavior⁹. It is probably helpful to understand stigma as the outcome of negative social attitudes and discrimination towards individuals and groups of people. This understanding situates stigma as a complex problem of social injustice rather than a problem experienced solely by an individual.

Experiences of stigma and fear of stigma often leads to young people not disclosing personal information about early signs of psychosis and their decisions to seek help early on.

When a person who experiences stigma, or fears experiencing stigma, discloses personal information for the first time, it is the most difficult disclosure they might face. When these first disclosure experiences go well, it can influence the person's perspective that future disclosures will go well over their lifetime.

When does disclosure happen in EASA?

EASA relies on people disclosing information about their mental health experiences in order to provide the most relevant and effective care to young people and their family members. Disclosure requires trust and can take time, which is one of the reasons a team member(s) might meet with individuals and family members and supporters before letting a person know if EASA is the right program for an individual. This is also why as a team you will want to look at previous mental health history, when that information is available, so that teams avoid asking individuals to repeat themselves when they might not want or



be able to do so. This records review supports the team to take a trauma sensitive approach to the assessment and interview process.

EASA team members can anticipate that disclosure will happen during the entire time an individual and their family or support people are with EASA. It is common for the amount or topics a person discloses to differ across their relationships with providers. That is probably because disclosure is personal and is relationship based.

Early disclosure of experiencing psychosis likely happens when a young person decides they are talking to the 'right' person- someone they have decided they can trust to be open and non-judgmental.

- For example, a person who experiences psychosis might be more likely to describe those experiences to a peer in greater detail, if they have evaluated that peer as a person that will not gossip about them, judge them or exclude them from the relationship or other activities after their disclosure. That same person might take longer or disclose less personal information to a mental health provider who uses language that offends them. For example, referring to individuals who experience psychosis as schizophrenic, or showing noticeable physical signs that indicate to the individual that the provider is actually uncomfortable with talking about psychosis.

When an EASA team member first talks to a young person and their family members or supporters that person is hoping to build a sense of trust and safe enough rapport in order to learn more about what led to the EASA referral. In order for most people to share personal information with another person, they usually evaluate whether or not, or how much, they can trust that person to listen with little to no judgment, hear what matters in life and what is of concern to the speaker, and making decisions about getting support.

The decision to share, or disclose, this kind of private information is typically based on the person's interpretation of the verbal and nonverbal signs that the other person is trustworthy at that point in time, to discuss sensitive information. Trusting another person to disclose personal information can happen quickly or take time and based on a range of variables.

Many young people make decisions based on their perception, thoughts, feelings, and prior experiences of feeling judged by other people and fears around judgment or other people seeing or treating them as less than as a person, for having the types of experiences and mental health challenges that bring people into an EASA program.

Young people rely on their sense of confidence in their communication skills when making decisions about disclosing personal information including activities they are doing on a daily basis. Young people evaluate how open and interactive their relationships are when making these decisions.



Takeaways:

- ✓ Disclosure relies on trust that is relationship specific (that can be a relationship with one other person or a group of people, including a family).
- ✓ The trust required for a person that is afraid of judgment and stigma can take time to establish or occur quickly, it depends on the individuals involved.
- ✓ EASA relies on people disclosing personal private information. EASA teams have time to get to know you and earn the privilege of you and your family trusting them as individuals and a team.
- ✓ Young people evaluate other people, including their parents for a sense of openness when deciding to share personal information.
- ✓ Self-confidence in personal communication skills combined with a perception that the other person is open and receptive with what is being shared can improve young people's sense that disclosure is a good decision.
- ✓ Providing a supportive response can signal to a young person that their disclosures will be well received.
- ✓ Criticism, shame, and behavioral punishment, whether perceived or real will reduce young people's willingness to disclose personal information in family and other social and helping relationships.
- ✓ Social support from peers that the young person trusts to not gossip, and those who are a similar age or have similar experiences, can help alleviate the stress of sharing personal information and reduce overall distress.
- ✓ The 'right' people are out there to talk about personal experiences of psychosis and feel supported as well as understood.

Why does knowing about disclosure matter to me?

EASA asks young people and their family members and supporters to disclose personal information. We talk about mental health symptoms, diagnoses and private experiences related to both. It is important to know that some individuals will need to take time to share this information; and that having different levels of trust with different people on the EASA team and across family members and supporters is common. Supporting individual's decisions about self-disclosure, the content, and pacing of that process is incredibly important to your work as an EASA team member.

By supporting individuals in their decision-making about sharing and not sharing personal information, you might reduce stress for everyone.

As an EASA team member, you are key in helping a young person identify skills and strategies to support disclosure and decision-making with other people, including other healthcare providers.



What kinds of unique considerations come into play for young people who experience psychosis?

There are unique concerns that young people who experience psychosis often face when they are making the decision to share information about being at risk for developing psychosis or experiencing full psychosis.

Here are some of those concerns to consider²:

- Being viewed differently due to difficulties
- Emotional and behavioral problems treated differently than physical problems
- Anticipation of other people's negative judgments
- Personal sense of being weak or inferior than others
- Concerns about public image changing
- Unwillingness to accept having a different experience from other people and the potential need for more formal support
- Feels of embarrassment, feeling uncomfortable/concerned/fearful that other people will find out
- Well-intended actions coming across as condescending, making someone feel different and not normal
- Discriminatory actions
- Negative impact of disclosure on peer relationships
- Considering the social norms about disclosure

What can we do to support disclosure?

Develop an interactive team climate that values open communication.

- ✓ Practice skills of active listening
- ✓ Know that each time you support a young person's disclosure, even when you do not agree with what they share; you are likely helping grow their confidence in having effective communication skills.
- ✓ Learn what topics, choices, and behaviors are easiest and hardest for you to discuss openly with your EASA participants and their family members.
- ✓ Get support on your EASA team, with trusted colleagues, and in clinical supervision, to share difficult feelings, conflicts and disagreements about treatment planning, the team approach, and issues of concern for you with individuals you support.
- ✓ Design a clinical supervision structure that provides a structured approach to exploring your biases and assumptions that you might inadvertently communicate through your spoken and non-verbal interactions with your EASA participants and their family members and supporters.
- ✓ Develop and adopt a feedback process to provide clinical supervisors with input about the effectiveness of their approach to supporting your EASA work. Feedback informed clinical supervision is one supervision approach to consider!



Adolescents and Young Adults and Romantic Relationships

This section provides a very brief summary of the current scientific research about romantic relationships in general for young people with psychosis. Having this knowledge could help you support the young people enrolled in EASA make sense of their romantic interests and relationships, identify skills most young people are developing during this life stage to have the romantic relationships they desire, and start to identify unique considerations about romantic relationships that might that come up for young people who develop psychosis.

**There is no current published research available about non-cisgender or non-heterosexual individuals who also experience clinical high risk symptoms and how those individuals negotiate and build romantic relationships in ways that are similar to and different from their cisgender and/or heterosexual peers.*

What are some common experiences for adolescents and young adults about romantic relationships?

Developing, being curious about, and experiencing intimate and romantic relationships during adolescence and young adulthood is common. Romantic relationships have a range of personal and social benefits for young people⁸. Those benefits include adding meaning to a person's life and help strengthen their sense of independence and growth¹⁰.

Healthy intimate and romantic relationships offer young people and opportunity to establish a valuable sense of connectedness to a person or people outside their family group. Romantic relationships also influence a young person's growing sense of identity^{8,10}. Feelings of fearfulness about rejection by a potential intimate partner and not having the desired confidence to approach a person of interest to flirt and date are common concerns young people in general have about intimate and romantic relationships⁸.

What promotes the likelihood that young people will experience beneficial growth from their romantic relationships?

Here is a list to get started when considering the kinds of relationships and interactions young people have in those relationships that can positively influence their romantic explorations. (<http://www.actforyouth.net>):

- Experiencing a sense of closeness and feeling supported in relationships with parents, siblings, and caregivers;
- Having opportunities to observe and be part of healthy (non-abusive) conflict and it's resolution;
- Forming and maintain trusting relationships with friends;
- Developing and practicing relational skills to share differences in trusting relationships;
- Norms in peer group that establish and support the kinds of relational experiences described in this list.



What kinds of parenting styles and approaches can support healthy romantic relationships?

- Developing and practicing an authoritative parenting style. An authoritative parenting style is one where the parents, or parental figures, their child's dating life.
- Taking steps to monitor the child while simultaneously respecting the child's boundaries. There has been some evidence that this particular approach, when used in the earlier teen years, might reduce the likelihood of a child's future victimization in later adolescence and young adulthood.
- Ensuring that young people who choose same gender romantic partners are treated equally as young people who choose partners that have a different gender from their own. These young people and their partners often need to be supported to identify safe places where they can meet and be intimate without fear of being targeted or victimized.

What should we be thinking about in regards to romantic relationships when we support our young people in EASA?

Keep a developmentally informed perspective! There are experiences young people in EASA probably have that are similar to or the same as their peers who do not experience psychosis *and* there are probably unique needs to evaluate and skills to develop. Young people who experience psychosis, likely share similar desires and hopes as their peers without psychosis, to develop intimate and romantic relationships. These young people are likely facing new and unexpected challenges in their pursuit of romantic relationships.

These challenges and concerns can be talked about together so that you can support the young person's ability to explore the kinds of relationships they desire with a reduced sense of stress and increased confidence^{8, 10}. Sharing developmentally informed educational information and educational information about what other young people who experience psychosis might be negotiating in their romantic relationships, could be helpful⁷.

What might be unique for young people who experience psychosis?

Research has helped identify some of the benefits and challenges that young people who experience psychosis might navigate when they explore or establish a romantic connection with another person^{8, 10}.

Benefits

The existing research on this topic suggests romantic relationships might be beneficial for young people who experience psychosis in the following ways:

- Strengthen sense of being included in the community
- Increase social support and sense of reciprocity between individual and other people and/partner
- Help develop and maintain vital social skills
- Protective against relapse due to increased social support



- Continued development of sense of autonomy (which is a typical developmental focus for this age group)
- Increase sense of connectedness⁸

Challenges

- Inability to find a good fit in another person
- Lack of needed self-confidence to be in a romantic relationship
- Reduced access to money to pay for costs that can come with romantic relationships (possibly: dates, transportation, gifts, etc.)
- Memories and experiences in previous relationships that were traumatic or stressful⁸

Concerns

- Thoughts and feelings associated with the fear of rejection
- A need for more reassurance than before experiencing psychosis
- A concern about their partner over influencing them or losing themselves to the relationship
- A fear of becoming overly dependent on the other person
- Concerns about something going wrong in the relationship
- Social messaging that has directly or indirectly told the young person that individuals with psychosis cannot develop or maintain romantic relationships^{8, 10}

What might help address these and other concerns and challenges?

Young people who participated in a study about these concerns and challenges reported that they would benefit from the following types of support:

- Developing and practicing skills *to make a positive impression* on a person of interest;
- Developing and practicing skills *and social behaviors to engage* the person of interest;
- Developing and practicing skills *to maintain romantic relationships*
- Learning to recognize the signs of having an increased sense of comfort with these skills and noticing the cues that there is a deepened sense of connection with a potential partner.

*These needs were the same for young people who participated in the study who did not experience psychosis⁸

How do I assess for the individual hopes, needs, and concerns young people in EASA might have?

Provide normalizing psychoeducation and opportunities for personal exploration about romantic relationships.



That could include:

- An exploration and discussion about romantic relationships, their challenges and benefits for many young people in this life stage.
- Identify ways that activities and connections that happen in romantic relationships can give a young person a sense of moving forward in life and provide a supported sense of connection to others.
- Allow young people to give a personal sense of meaning and decide the benefits of these relationships, on their own terms.
- Support the young person's self-reflection and evaluation of their romantic history and their desires.
- Validate concerns the young person has about their romantic relationships and being a person that experiences psychosis¹⁰.

Review some common signs that other young people with psychosis have identified, that an existing or potential romantic relationship is overly risky for the young person to explore:

- The young person lacks a sense that they can trust themselves or the other person
- The young person expresses that they are significantly struggling with their sense of identity.
- There are traumatic and/or difficult interactions between the young person and the person(s) of interest.
- The young person experiences threats to their sense of self or physical self.
- The young person describes a sense that the other person(s) are 'using' them in a negative or harmful way.
- Consider the reactions of distress other people to the romantic interest(s) and how those reactions impact the young person. Evaluate, strategize and plan to reduce the impact of those reactions on the experience of distress for the young person.

Keep in mind:

Social skills associated with reading other people's verbal and non-verbal cues and commonly affected when a person experiences psychosis, might make the cue reading commonly needed in intimacy challenging and might take longer to develop.

Negative symptoms of psychosis might also bring their own challenges to exploring intimate relationships (for example, avoidance of eye contact, difficulty managing casual conversations). Any one or a combination of these interactions and experiences could influence a young person's perception of their skills, abilities, and sense of confidence to pursue romantic relationships in a way that is effective for them and the other person.

A trusting and informed relationship with a family member, friend, or EASA team member, could explore how a young person perceives and experiences romance in their lives, as well as their hopes for these kinds of connections. Develop strategies to reduce potential risks that come with experiencing stigma might be quite helpful.



Romance exploration:

- ✓ What type of people do they enjoy spending time with?
- ✓ What does the young person look for in a potential romantic partner?
- ✓ What is the young person's expectations about the relationship and the implications of those expectations?
- ✓ Advantages and disadvantages of having a romantic relationship?
- ✓ Perceived impact of experiencing psychosis now or in the past on the relationship?
- ✓ Explore perceived and real responses from the young person's peer group, friends, and family members about an existing or potential romantic relationship.
- ✓ What EASA supports could help build and strengthen the skills the young person needs to address their hopes, goals, and concerns?¹⁰

Facts:

www.hhs.gov/ash/oah/adolescent-development/healthy-relationships/dating/index.html

Resources for EASA teams:

Curriculum to help teens build and maintain health romantic and intimate relationships. SAMSHA approved as an evidence based practice:

<https://www.dibbleinstitute.org/love-notes-3-0/>



A Guide to the Self-Advocacy Toolkit for EASA Team Members

Members of the Young Adult Leadership Council (YALC) and Mary Bryant, in conjunction with Pat Deegan, developed a self-advocacy toolkit that includes strategies to support young adults in engaging in treatment with early psychosis programs. Like many other documents used in EASA, the self-advocacy tools are best used as living documents. The content of a living document changes over time and reflects the lived experience of the individual.

The toolkit can be accessed online at: <http://www.easacommunity.org/for-families-allies-and-young-adults.php>

Safe and trusting therapeutic relationships with young people include the individual's voice, choice and personal meaning about what they are experiencing. These relationships offer a sense of hopefulness and avoid unintentionally stigmatizing the young person. They also encourage the young person to express their concerns and promote a collaborative decision-making process. We hope you will recognize the following strategies and their related techniques in this toolkit. These strategies and techniques encourage self-advocacy and reduce stigma in young participants engaging in treatment with early psychosis programs.

Tool #1 “This is Who I Am”

This tool focuses on engagement and learning about individual strengths. Engagement promotes active participation and collaboration between young participants and their treatment team. Building a strengths-based therapeutic relationship encourages treatment planning that centers on an individual's existing strengths, needs, and aspirations.

Quick link: http://www.easacommunity.org/PDF/Self-AdvocacyTool_1_2.8.17.pdf

Tool #2 “Communicating with My Treatment Team”

This tool focuses on helping young participants use their voice and past experiences to shape their relationships and goals with the treatment team. You can use this tool to promote shared decision-making, individualized treatment goals, identify potential problems and encourage a genuine sense of hopefulness. You can use this tool to build a sense of collaboration in your initial and ongoing meetings together.

Quick link: http://www.easacommunity.org/PDF/Self-AdvocacyTool_2_2.8.17.pdf

Tool #3 “What Helps Me Find Calm and Safety”

This tool focuses on promoting a sense of calm and safety. Provides information that may be helpful in creating a safety or relapse plan. The tool also helps young participants direct their supporters toward helpful action steps they can take to reduce distress and respectfully address risks. The tool might protect a sense of hopefulness during and after stressful experiences.

Quick link: http://www.easacommunity.org/PDF/Self-AdvocacyTool_3_2.8.17.pdf

See also section in the Participant Manual entitled “**Taking Care of Yourself**” for additional tools to discuss with participants.



Helping Participants and Their Family Members Connect to Others

As a team, it is important to provide opportunities for participants and their family members to connect with others while in EASA, including encouraging individuals to attend multi-family groups, social groups, and other events. EASA team members can help participants and their family members connect with others to help them build their social support network for while they are in EASA services, as well as once they graduate. Many EASA participants and family members have developed long-term friendships with individuals that they have met through EASA.

What EASA Graduates Say About Connections to Others:

EASA offered some social events for me to participate in. I went to a graduation and a meet-up at a park. It was nice to meet some of the other EASA members and connect with one of them. We spoke a few times about our experiences, and she told me a few stories about people who had experienced psychosis and been successful. I was also able to talk to two parents who had a kid in EASA and it was good to see their perspective on their own son's experience and how they were mainly just worried about him. I think it made me feel better about some of the problems me and my mom were experiencing at the time.

- NC

Get involved with the multi-family group. If not for yourself, do it for your family.

- B

I wish I would have been more involved [in EASA's events] because they had a lot of fun activities. Don't be shy!

- Z

EASA is how I got involved in the Young Adult Leadership Council.

- L

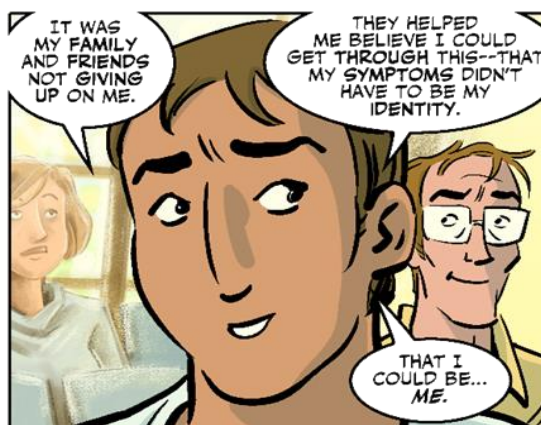
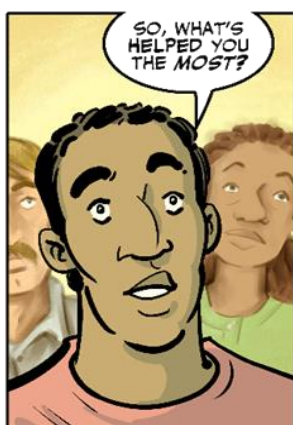
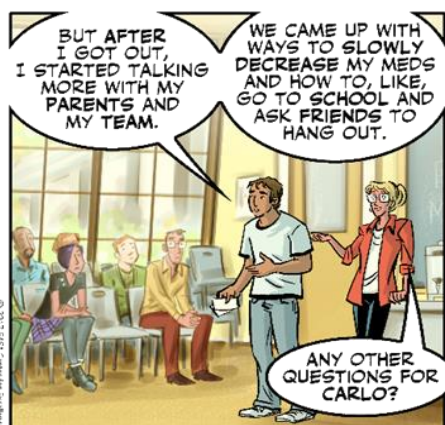
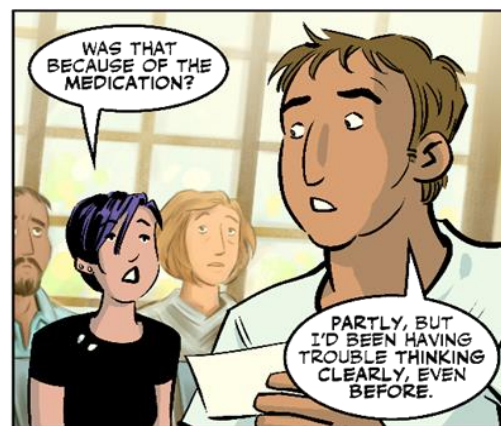
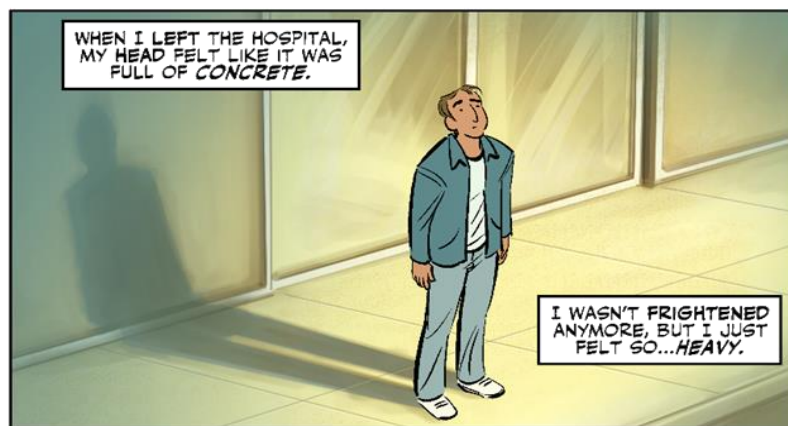
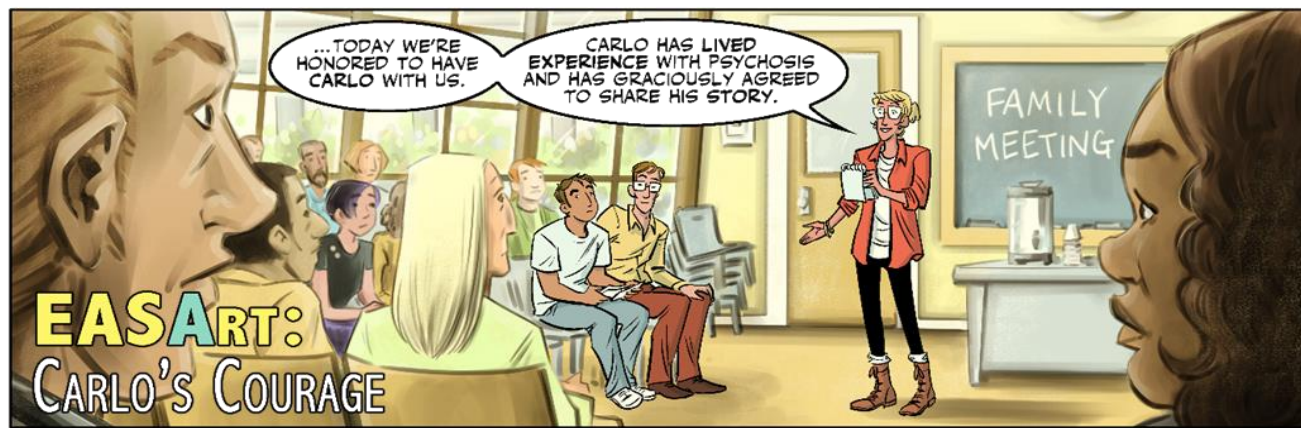
Activities with other EASA participants can be a fun way to meet other people. Playing Frisbee golf or doing crafts let me have an opportunity to talk to others who had similar experiences to mine.

- D

EASA's community helps people who've experienced psychosis understand a bigger concept of life outside their immediate selves. While in psychosis, the world can often revolve around ourselves, but the EASA community expands our perspective and allows us to empathize.

- N





Dialog by Craigan Usher, MD • Art by Colleen Coover

For more information, visit www.easacommunity.org



SECTION 3: TRANSITION



Transition Planning Using a Transdisciplinary Team Approach

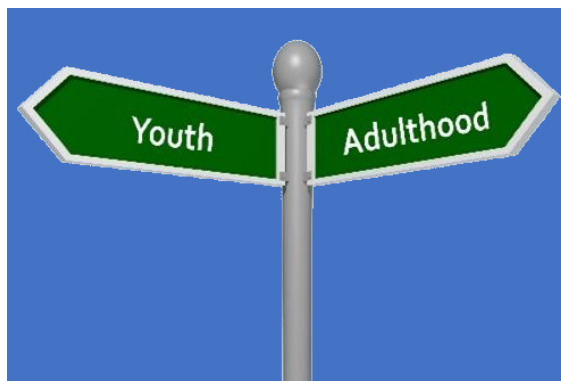
EASA services focus on supporting a grounded, realistic positive view of the future. The EASA team in partnership with the young person, family, and other supports, anticipates what the time period at and after completion of EASA will look like. The Transition Planning process is a transdisciplinary approach that involves a coordinated effort across the team to assist young people and their families in a successful transition into other supports. EASA team members are encouraged to make frequent use of success stories throughout treatment and to invite graduates/individuals in recovery to share their stories with young people and family/support system members in the program at educational workshops, community education presentations, graduation ceremonies, or other events.

At the end of the two years, some EASA programs are able to include participants, family members, and friends in Multi-Family Groups or other ongoing groups. Consult your EASA supervisor to find out if your team is able to offer this or, if not, ensure your team is connecting the participant and their family members with other supports and resources prior to graduation from the program (**See also Transition Checklist**).

In addition, the Young Adult Leadership Council (YALC) and the Family and Friends Leadership Council (FFLC) are great ways for participants and family members to stay connected with EASA after graduation. See sections below for information on how to facilitate participant and family member connection to YALC and FFLC.

Transition Checklist

EASA teams use a transition checklist http://www.easacommunity.org/documents/p.861.2-transition_checklist.doc to help ensure that all areas of need are addressed before a young person graduates from EASA. The individual, their family members and friends should be involved in conversations about transition throughout a young person's two years in EASA. Specific transition planning using the transition checklist should occur at least 6 months prior to an individual's transition out of EASA services.



EASA TRANSITION CHECKLIST

Name: _____

Target date of transition (3-6 month minimum): _____

Person(s) completing checklist:

1. Wellness Plan/Relapse Prevention Plan

- a. Is there a current plan: Yes _____ No _____
 - i. If no, who is going to create/update one? _____
- b. Plan identifies strengths: Yes ___ No _____
- c. Plan identifies early warning signs: ___ Yes ___ No
- d. Plan specifies actions to be taken by the individual and others when these signs occur: ___ Yes ___ No
- e. Plan is realistic and has been tested: ___ Yes ___ No
 - i. If no, who is going to review this with the person? _____
- f. The person has identified one or more key individuals to advocate in case of relapse and advocate has a copy of plan or has been offered a copy: ___ Yes ___ No

2. Crisis/Safety Plan:

- a. Is there a current plan: ___ Yes ___ No
 - i. If no, who is going to create/update one? _____
- b. Does the plan include current demographics: ___ Yes ___ No
- c. Does the plan include crisis resources for both the person and their natural support system: ___ Yes ___ No
- d. Does the plan include history of effective and ineffective interventions and preferences about medications/strategies: ___ Yes ___ No

3. Medical staff:

- a. Has an appropriately qualified ongoing doctor or nurse been identified: ___ Yes ___ No
 - i. If yes, is there a current Release of Information on file: ___ Yes ___ No
 - ii. Has the person has met and accepted the medical person: ___ Yes ___ No
 - iii. What type of insurance does the person have: _____
- b. Has a copy of the person's most recent assessment, medication history and relapse plan been sent to the prescribing medical practitioner: ___ Yes ___ No
 - i. If no, who will send this information: _____
- c. How is the person going to access transportation to these appointments:



- i. If this is not known, who will help establish this plan:
-

4. Counseling/Therapy:

- a. Does the person want continued counseling? Yes No
- i. If so, have they identified the future counselor: Yes No
- ii. Has the person met and accepted the counselor: Yes No
- iii. Has a Release of Information been signed for the new counselor:
 Yes No
- b. Does the natural support system or family want continued counseling:
 Yes No
- i. Has the support system been given the names of 3 possible referrals: Yes No

5. Medications:

- a. Is the person prescribed medications: Yes No
- i. Where do they currently access medications? _____
- ii. How are they going to continue to access medications?

- iii. Who is going to prescribe the medications?

- b. Access to medications have been established for the next 3 months
- c. Person knows how to secure future medications Yes No

6. Treatment Goals:

- a. Person has completed treatment goals or has a clear path for completing them. Yes No
- b. Goals have been reviewed and mutual agreement has been established that they have been met adequately Yes No

7. Support System Transition Plan:

- a. Natural support system members have been consulted and are in agreement that the person is ready for transition
- b. Meeting has occurred and transition Wellness Plan and/or Crisis Plan

Participant signature

Date

Counselor/provider signature

Date



Graduation from EASA

The end of a young person's time in the EASA program culminates with a graduation ceremony and/or celebration for EASA participants and their family and friends. This graduation ceremony and/or celebration is individualized within each EASA program. It often involves graduates sharing their experiences, challenges, and successes individually or in a group setting. Each EASA program schedules graduation ceremonies or celebrations throughout the year—talk with your EASA team members and supervisor about how your program involves young people, their family members, and their friends to honor this important transition in a meaningful way.



Graduation of a young person from the EASA program can bring up a lot of mixed emotions for the individual, their family members, and others, including EASA team members who have seen participant's growth, challenges, and the changes over the two-year period. It is important for all EASA team members to acknowledge their own reactions when an individual graduates from EASA and have it as a topic that is routinely focused on in supervision.

What happens if a young person/their family need help or have questions for EASA after they graduate from EASA?

Although EASA is a transitional service, we maintain an interest in the long-term well-being of individuals and families/support system who graduate. In order to maximize long-term success, EASA pursues the following strategies:

- provide individuals and family/primary support people with the information they need to be effective self-advocates at individual, agency and system levels
- offer ongoing opportunities for graduates of EASA to return to speak at educational workshops or participate in community education presentations, participate in support groups, and/or decision-making committees
- provide brief problem-solving support if needed
- request feedback for quality improvement/system development
- offer consultation and training to professionals and individuals involved in ongoing care and support of EASA graduates

While EASA is a transitional two-year program, an important EASA practice is having team members be available to graduates and their family members for brief problem-solving and check-ins after a participant graduates from the program. Talk with your supervisor about how this works for your specific agency and work as a team to provide brief support for participants and family members after they complete EASA.



After graduation, the EASA graduate will continue with their new providers, and EASA team members are encouraged to invite them to return to participate in EASA events, planning, and development activities. EASA teams encourage young people and their family members and supporters to share their stories with their communities and/or with individuals and family members and friends who are new to the EASA program. This may be through participation in educational workshops or community education presentations. If young people and/or their family members participate in these events, it is important to compensate them for their time in the form of gift cards or other recognition.



Young Adult Leadership Council (YALC)

YALC: Uniting the voices and strengths of young adults and their allies to create a thriving community and a revolution of hope!

The Young Adult Leadership Council (YALC) is a group of young people with lived experience and their allies. It helps shape the direction of EASA, emphasizing participatory decision-making and peer support.

They seek to guide the direction of the EASA programs by:

- ✓ Providing an experience of healing and growth
- ✓ Creating an outlet for expression
- ✓ Educating and supporting EASA participants and graduates
- ✓ Responding to/ gathering and using feedback
- ✓ Advocating for change

Participating on the Young Adult Leadership Council is a great opportunity for a young person to work with peers on creative projects. It allows them to begin networking with other advisory groups and get involved with what they are interested in. YALC participants receive an hourly stipend and travel reimbursements for meetings and events. As a member of the Council a young person can gain great volunteer experience to build a resume. It could be a gateway to a job as well; the Council has had several job openings presented to them. The Council is always looking for new people, ideas, and projects.

Encourage your young person to join us and share what they have to offer!

To get more information or apply to be on the Council, assist your EASA graduate in visiting http://www.easacommunity.org/PDF/EASA_YALC_Application_2019.pdf, filling out the application, and emailing it to the EASA Young Adult Engagement Specialist.

They may also fill out the paper application and mail it in or send an email to easa@ohsu.edu for additional assistance.

Visit <http://easacommunity.org/PDF/advice-handout-final.pdf> to read advice from YALC on how EASA team members can support youth and young adults who experience psychosis.



EASA Family & Friends Leadership Council (FFLC)

The EASA Family & Friends Leadership Council (FFLC), is a group of family members, friends, and allies of EASA participants who share ideas and improvements about the EASA experience. The FFLC Mission is to help families experience the excellence of EASA.

Powered with what they have learned through their experiences in EASA, the FFLC meets regularly to:

- Recommend improvements to EASA
- Promote initiatives to help families and supporters during their time in EASA
- Advocate for EASA in Oregon

Projects they work on help to:

- Promote awareness in the community about EASA so those who need treatment and support for psychosis get connected quickly
- Enhance support for families and friends during their involvement in EASA
- Improve the process of transitioning out of EASA
- Encourage support in the community for individuals and their families

All adult family members, friends and other supporters of individuals participating in EASA are invited to connect with the FFLC.

There are two ways to connect:

1. Stay informed through the **FFLC Connections Email Group** – we will share projects and initiatives we are working on and invite your input.
2. Join the Leadership Council and attend meetings.

Assist family and friends of EASA participants in going to the FFLC page on the EASA website www.easacommunity.org/fflc.php to get more information, apply for a position on the Council, and to subscribe to the email group.

They may also fill out the FFLC application and email it or mail a hard copy to the addresses listed on the application. Individuals can also email easa@ohsu.edu for additional assistance.



Additional Ways for Participants and Family Members to Get Involved

National Alliance on Mental Illness (NAMI) offers conferences and training, and advocates at local, state and national levels for family members. Many local NAMI groups meet regularly with important local decision makers, and often being an official representative, or having an official position by a NAMI group can be very persuasive to local decision makers. Local mental health programs and other public organizations have governance and advisory boards that participants and their family members can join.

In addition to NAMI, there are many ways to get involved in mental health training and advocacy in the community. Have a list of resources and supports in your local community that you can give to EASA participants and their family members. The EASA program is one way to learn more and meet others who have an interest in fostering a proactive, positive, responsive community of support, however, there are many opportunities for advocacy.



Additional Resources Specific to Early Psychosis Intervention

Here you will find some additional resources that you can share with EASA participants and family members or friends of participants. EASA's website (www.easacommunity.org) has many written educational materials, videos and other resources on EASA. If a young person and/or their family members do not have access to a computer or the internet you should work with them to help them find other ways to access the information (for example, print the information for them from the website, go with them to the library to access the internet, etc). Please make sure to let all participants and family members and friends know that the materials and resources may be available in a language other than English or another format if needed.

These resources can be offered for individuals to access with EASA team members, with family members/friends, or by individuals on their own:

- Amador, Xavier. (2011). *I'm Not Sick, I Don't Need Help!* Peconic, NY: Vida Press.
- Flynn, L., & Shern, D. (2018) *Family Tip Sheet: Helping Understand Services for Persons with Early Serious Mental Illness*. Alexandria, VA: National Association of State Mental Health Program Directors.
- The Here to Help project in British Columbia has a free online toolkit that can be downloaded that addresses many different areas of need for youth experiencing psychosis:
<https://www.heretohelp.bc.ca/workbook/dealing-with-psychosis-a-toolkit-for-moving-forward-with-your-life>
- Pat Deegan's website (<https://patdeegan.myshopify.com/>) has information that you can access and use on your own, with your young person, with EASA team members, and/or that you can share with family members and other supporters.
- Psychosis: A Wellness Approach, by Mary Moller is a highly useful and comprehensive text. <http://www.psychiatricwellness.com>. Mary Moller also has a video about the stages of post-psychotic adjustment:
<https://www.youtube.com/watch?v=96yimdWwdo4>
- Schizophrenia Society of Canada. (2003) *Learning About Schizophrenia: Rays of Hope: A Reference Manual for Families and Caregivers*. http://www.easacommunity.org/PDF/Rays_of_Hope.pdf.

Video resources:

- Kristen Cadenhead description of psychosis (short and long versions):
<https://www.youtube.com/watch?v=qtUZvsVI56o>
- On Track New York Recovery Video series:
<https://vimeopro.com/user23094934/voices-of-recovery/page/1>
- TED Talks (Elyn Sachs and others):
https://www.ted.com/playlists/9/all_kinds_of_minds

Additional resources are listed on our website www.easacommunity.org under the section For Families, Allies, and Young Adults entitled Useful websites and in the Participant Manual under the section entitled, "Taking Care of Yourself".



Additional Resources on Other Topics

- Oregon Immigration Resource: Legal information and resources specific to immigration (in English and Spanish): <https://oregonimmigrationresource.org/>
- Tip Sheet *Emerging Adults, Psychosis, and the Legal System*: written by Maria Bonacci, Michelle Roberts, Elinor Taylor, Tamara Sale <http://www.easacommunity.org/PDF/emerging-adults-psychosis-legal-system.pdf>
- *Trauma and Psychosis: An Essential Link* written by Elinor Taylor <http://www.easacommunity.org/PDF/trauma-and-psychosis-mr.pdf>
- Unite Oregon: Immigration and Refugee Rights: https://www.uniteoregon.org/immigration_reform



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Appendix A- EASA Conference Call Schedule:

1st Tuesday Bi-monthly 10am-11:30am: Mid-Valley MFG Consultation Call

January, March, May, July, September, November

1st Tuesday Bi-monthly 12pm-1:30pm: Mid-Valley Clinical Call

January, March, May, July, September, November

1st Wednesday Monthly 3pm-4pm: EASA Nurses Call

2nd Tuesday Quarterly Regional Meetings 9 am-12 pm: Metro Plus Clinical Consultation

February, April, June, October

2nd Tuesday Bi-monthly 10:30am-12:00pm: Metro MFG/SFE Consultation

February, April, June, October

2nd Wednesday Monthly 11:30am-12:30pm:

All EASA OTs Call (Different call-in number!!)

4th Monday Monthly 1pm-2pm: EASA Strategy Call

4th Tuesday Bi-monthly 9am-11am: Southern OR Clinical/MFG Consultation Call

February, April, June, August, October, December

4th Tuesday Monthly 4pm-5pm: All EASA Screeners Call

How to join a conference call (except for the OT call—see below for that number):

To join with no long distance charge from your computer, tablet or smartphone go to <https://global.gotomeeting.com/join/945020277>

Use your microphone and speakers (VOIP) for audio. It will be easiest to hear you if you use a headset.

You can also call in using your telephone. To join the conference call by phone dial (Long Distance): [+1 \(805\) 309-0033](tel:+18053090033)

Access Code: 945-020-277

Audio PIN: You will receive an audio PIN if you are joining by phone and also logged onto computer. To call in by phone without the computer, just dial # after the access code.

All EASA OTs Call Instructions:

To join with no long distance charge from your computer, tablet or smartphone go to <https://global.gotomeeting.com/join/912708965>



Use your microphone and speakers (VOIP) for audio. It will be easiest to hear you if you use a headset. You can also call in using your telephone.

To join the conference call by phone

United States (Long Distance): [+1 \(646\) 749-3122](tel:+16467493122)

Access Code: 912-708-965

Audio PIN: You will receive an audio PIN if you are joining by phone and also logged onto computer. To call in by phone without the computer, just dial # after the access code.

EASA Call Definitions and Invited Participants:

Clinical Calls: A discussion of successes and challenges of working the EASA model with participants and support systems. We will focus on areas where you are stuck or have questions with implementing the model. This may also include review of assessments & plans.

This call is for all EASA clinicians.

Family Psychoeducation Calls: A discussion of successes and challenges of providing structured family psychoeducation. We will also review videos of groups as they are available.

This call is for all EASA clinicians who facilitate multi-family or single family sessions.

Screeners Call: A discussion and review of challenging screenings and referrals to EASA. This call will also focus on working with referents.

This call is for all EASA screeners.

OTs and Nurses Calls: A discussion and review of these specific roles with EASA.

The OT call is for all EASA OTs and the Nurses call includes all EASA Nursing roles, statewide.

Strategy Call: A discussion around larger EASA developmental goals and updates at the national and state level.

This call is for all EASA supervisors, managers, and/or directors.

How to Join the Calls at the Scheduled Time:

OTs Call and Non-OTs Call:

1. Join from your computer, go to <https://global.gotomeeting.com/join/912708965>
2. Use your computer audio or call in using your telephone: **Dial:** 1 (646) 749-3122

Access Code: 912-708-965 #

Audio PIN: You will receive an audio PIN if you are joining by phone and also logged on to computer. To call in by phone without the computer, just dial # after the access code.



Medical Providers Call:

1. Join from your computer, go to <https://nexus.ohsu.edu/index.html>
2. Click the "Join meeting as a guest" button

Meeting ID: 495810083

Passcode: 531478

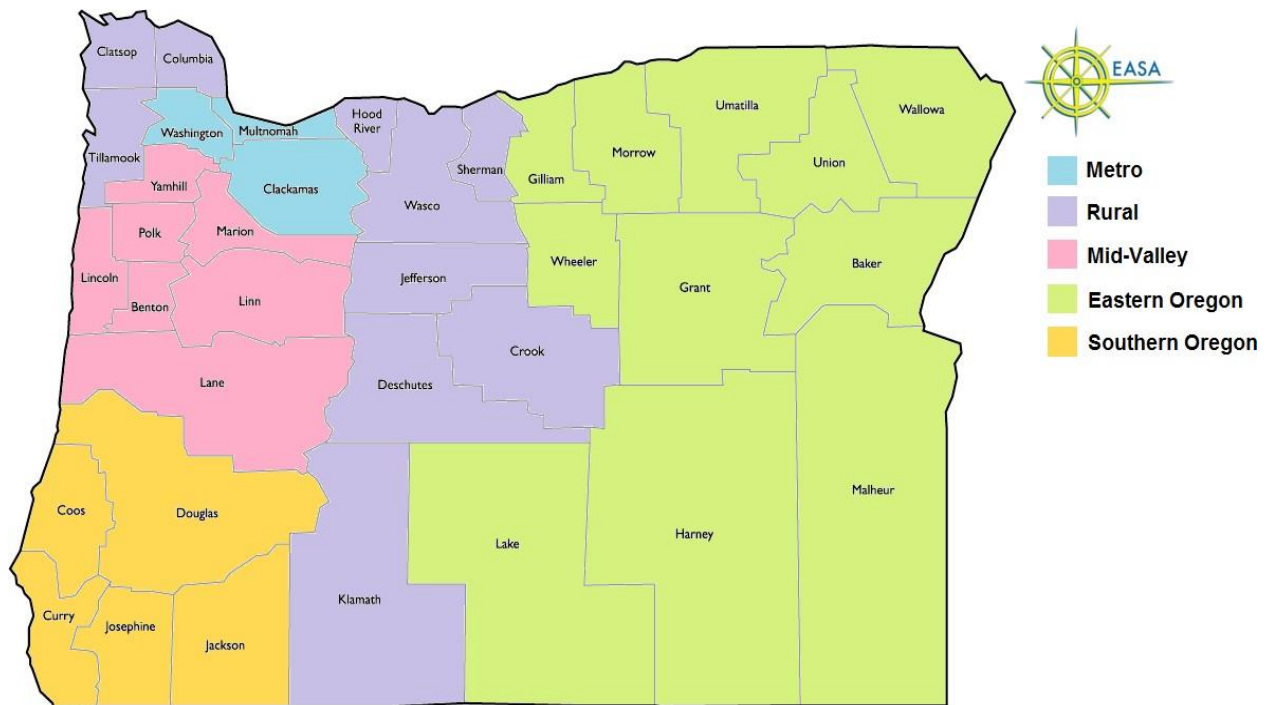
3. Use your computer audio or call in using your telephone:

Dial: 1 (503) 444-9598

ALL OTHER CALLS: 1. Join from your computer, go to <https://global.gotomeet-ing.com/join/9450202772>. Use your computer audio or call in using your telephone:

Dial: 1 (872) 240-3311 **Access Code:** 945-020-377 **#Audio PIN:** You will receive an audio PIN if you are joining by phone and also logged on to computer. To call in by phone without the computer, just press # again after the access code.

EASA Conference Call Areas of Inclusion



Appendix B- EASA Certification Process

Core EASA Certification

Introduction to EASA Philosophy & Practice Training

- ✓ In-person option: attend a two-day in-person training
- ✓ Web options: join a live webinar series (12hrs over 3 sessions) and complete homework assignments between sessions, or watch a recording of a webinar series and pass an online knowledge retention quiz

Structured Family Psychoeducation Training

- ✓ In-person option: attend a two-day training
- ✓ Web option **for non-facilitators**: join a live 4-hour webinar Overview session or watch a recorded session and pass an online knowledge retention quiz
- ✓ Web option **for facilitators**: join a live 4-hour webinar Overview session (or recording with quiz) AND attend a one-day in-person Skills Training

Structured Interview for DSM-5 Disorders (SCID) Training

- ✓ Attend a two-day in-person training

Pass EASA Medication Guide Exam

- ✓ Study guide and exam can be found on the EASA website Resources for Professionals page under “Basic Information” (www.easacommunity.org/resources-for-professionals.php)

Review of Community Education Demonstration

- ✓ Submit video or schedule a live presentation of a Community Education Demonstration to be reviewed by Center for Excellence or Certified staff. Feedback will focus on elements within the EASA Practice Guidelines and Certification Rubric.

12 cumulative hours of General Consultation via:

- ✓ Attendance at consultation calls or meetings
- ✓ Individual calls or meetings with Center for Excellence or Certified staff
- ✓ Interactive portions of Fidelity Reviews
- ✓ Time spent reviewing Competence Demonstrations with Center for Excellence or Certified staff

Competence Demonstration Assignments (4 total)

To be completed independently then submitted to Center for Excellence or Certified Staff, then receive feedback from and/or review with Center for Excellence or Certified Staff

- 1 Treatment/ Service Plan related to staff role on team
- 1 Strengths Assessment
- 1 Relapse Prevention Plan
- 1 EASA Comprehensive Risk Assessment



Advanced EASA Certification

*All of the trainings described below must be a minimum of 6-hours, in the form of a workshop, online training, or combination of these. A certificate of completion must be obtained.

Structured Interview for Psychosis-Risk Syndromes (SIPS) Training

NOTE: In order to use the SIPS in your practice you MUST successfully complete a full, two-day SIPS Certification training

IPS Training

- ✓ Supported Employment/Education or Community Integrated Services (CIS)

Psycho-social Practices Trainings (5)

- ✓ Differential Diagnosis
- ✓ Client Outcomes
- ✓ Motivational Interviewing
- ✓ Cognitive Behavioral Therapy (CBT / CBTp)
- ✓ Strengths Based

Competence Demonstration Assignments (17 total)

- ✓ To be completed independently then submitted to Center for Excellence or Certified Staff, then receive feedback from and/or review with Center for Excellence or Certified Staff. The review will focus on the assessment meeting EASA fidelity guidelines and/or related to specific fidelity practice.
 - 3 Assessments related to staff role on team (mental health assessment, SCID, OT, supported employment, psychiatric, etc.)
 - 3 Transition Plans
 - 2 Treatment Plans
 - 2 Strengths Assessments
 - 2 Relapse Prevention Plans
 - 2 Risk Assessments

10 Case Presentations

- ✓ Can be presented in-person or through remote attendance at consultation meetings, individual consultation, feedback/interactive elements of fidelity review, or assignment review when an individual is presented. The presentation can be based on a differential diagnosis, treatment interventions, engagement issues, etc. To earn credit, the staff must present a case and not just present to provide feedback on the case.



14 Cumulative Hours of General Consultation via:

- ✓ Attendance at consultation calls or meetings (remote or in-person) Individual calls or meetings with Center for Excellence or Certified staff
- ✓ Interactive portions of fidelity reviews
- ✓ Time spent reviewing Competence Demonstrations with Center for Excellence or Certified staff

36 Cumulative Hours of Differential Diagnosis Consultation

Via the methods listed above, these can also be part of other consultation in which both differential diagnosis and general consultation can count.

15 Cumulative Hours of MFG Consultation

Via the methods listed above, pertaining to discussions around MFG/SFE



Appendix C- EASA Certification Process Checklist

EASA Certification Process
Checklist

Core	<input type="checkbox"/>	Intro Training
	<input type="checkbox"/>	Multi-Family Group Training
	<input type="checkbox"/>	SCID Training
	<input type="checkbox"/>	Pass Medications Exam
	<input type="checkbox"/>	Community Education Demo Reviewed
	<input type="checkbox"/>	12hrs Consultation (conference calls): ___ / 12
	<input type="checkbox"/>	Assignments:
	<input type="checkbox"/>	1 Treatment/Service Plan
	<input type="checkbox"/>	1 Strengths Assessment
	<input type="checkbox"/>	1 Relapse Prevention Plan
<input type="checkbox"/>	1 Comprehensive Risk Assessment	
Advanced	<input type="checkbox"/>	SIPS Training
	<input type="checkbox"/>	IPS/CIS Training
	<input type="checkbox"/>	Psycho-social Practices Training:
	<input type="checkbox"/>	MI Certificate
	<input type="checkbox"/>	SB Certificate
	<input type="checkbox"/>	CBT Certificate
	<input type="checkbox"/>	CO Certificate
	<input type="checkbox"/>	DD Certificate
	<input type="checkbox"/>	Assignments:
	<input type="checkbox"/>	3 Assessments: ___ / 3
	<input type="checkbox"/>	3 Transition Plans: ___ / 3
	<input type="checkbox"/>	2 Treatment/Service Plans: ___ / 2
	<input type="checkbox"/>	2 Strengths Assessment: ___ / 2
	<input type="checkbox"/>	2 Relapse Prevention Plan: ___ / 2
	<input type="checkbox"/>	2 Comprehensive Risk Assessment: ___ / 2
	<input type="checkbox"/>	10 Case Presentations: ___ / 10
<input type="checkbox"/>	14hrs Consultation: ___ / 14	
<input type="checkbox"/>	36hrs Diff Dx Consultation: ___ / 36	
<input type="checkbox"/>	15hrs MFG Consultation: ___ / 15	

Appendix D- Sample EASA Job Descriptions



Licensed Medical Provider (LMP) (Psychiatrist, Psychiatric Nurse Practitioner, Physician's Assistant)

Job Summary: The Licensed Medical Provider position works as part of a transdisciplinary team to provide psychiatric assessments and ongoing medication management to youth, transition age youth, and adults ages 12-25 being served by EASA. The Licensed Medical Provider provides formal and informal case consultation to other EASA treatment team members. The Licensed Medical Provider will coordinate with primary care providers as well as other community providers, as well as provide consultation, psychoeducation, and support to family and/or other members of participant's support system.

Essential Job Functions: Provide psychiatric assessments for enrolled participants, document medical supervision of cases by signing comprehensive mental health assessments, updates, and individual service and support plans. Provide screening and assessment of participant's medical needs, including labs. Provide ongoing medication consultation and management for participants, including supplying prescriptions and ongoing assessment of medication appropriateness, effectiveness, and safety. Participate in quarterly education workshops and other community education as needed. Work collaboratively with all EASA team members to coordinate care and support participant in promoting recovery. Deliver services that address diverse social, cultural, gender, and economic needs of population served utilizing equity lens. Chart participant visits in timely manner according to agency policies and procedures. Adhere to EASA practice guidelines regarding training and certification.

Qualifications: Psychiatrist or Licensed Medical Provider (PMHNP, PA, DO, MD) in the State of Oregon. Experience working in a hospital or community mental health setting serving youth and/or adults with psychosis or other mental health diagnoses

Nurse(s)

Job Summary: The nurse works as part of a transdisciplinary team providing comprehensive nursing services to youth, transition age youth, and adults ages 12-25 being served by EASA using professional nursing diagnosis and judgment in assessment, evaluation, screening, counseling and referral. The position spends a significant amount of time out in the community either performing outreach to participants and their families or education/outreach at agencies.

Essential Job Functions: Perform comprehensive health assessment of participants by completing a physical and psycho-social history; identify actual and potential health needs and concerns (with an emphasis on metabolic syndrome) based on medical, mental/emotional, financial and social factors. Works with EASA Licensed Medical Provider and EASA team members to screen referrals, participate in assessments, provide liaison to physicians' offices, identify medical needs, and follow up on medical testing



recommendations. The nurse also provides health and wellness psychoeducation to individuals and families, administers medication, assists in group co-facilitation, and help monitor general health, symptoms, and side effects of medications. Deliver services that address diverse social, cultural, gender, and economic needs of population served utilizing equity lens. The nurse implements required nursing procedures in conformance with policies and procedures, triages emergent situations and provides emergent care as appropriate, and charts participant visits in a timely manner according to agency policies and procedures. Adhere to EASA practice guidelines regarding training and certification. The nurse participates in quarterly education workshops as well as community education and outreach with an emphasis on primary care.

Qualifications: State of Oregon Nursing License. Experience/education working in a hospital or community mental health setting serving individuals with psychosis or other mental health diagnoses. Valid Oregon Driver's License

Master's Level Clinician/Case Manager (combines therapeutic mental health counseling, skills training and case management functions and can be provided by social workers, counselors, marriage and family therapists, psychologists etc.) Teams may also include Qualified Mental Health Associate (QMHA) case managers or skills trainers but they are not required.

Job Summary: The Master's Level Clinical/Case Management Staff position works as part of a transdisciplinary team to provide supportive, community-based services to youth and young adults ages 12-25 who meet criteria for the EASA program. In addition to providing services and support to youth and their families, the Master's Level Clinical/Case Management Staff will provide training, education, and support to the transdisciplinary team and community members as well as co-facilitate multi-family groups and other groups as appropriate.

Essential Job Functions: The Master's Level Clinical/Case Management Staff works as a part of a transdisciplinary team and facilitates access to and provision of the following services: outreach and engagement, screening, assessment, diagnosis and strengths-based treatment planning, psychoeducation and support for individuals and families/primary support systems, crisis support and relapse prevention planning, individual, group, and family counseling, independent living skills development, benefits planning, support for educational and vocational settings, medication support, and opportunities for self advocacy, mentorship, and socialization. Deliver services that address diverse social, cultural, gender, and economic needs of population served utilizing equity lens. In addition, the Master's Level Clinical/Case Management participates in quarterly education workshops as well as community education and outreach as assigned. Staff documents in a timely manner according to agency policies and procedures. The Master's Level Clinical/Case Management Staff adheres to EASA practice guidelines regarding training and certification.



Qualifications: Oregon License or eligibility in Counseling, Marriage and Family Therapy, Social Work, psychology or related field strongly preferred. CADC and/or other alcohol and drug certification/experience preferred. Experience in behavioral health care working with adolescents and young adults. Experience with DSM-5 diagnoses and best practice treatment interventions for a variety of mental health conditions. Valid Oregon Driver's License

Occupational therapist(s)

Job Summary: The Occupational Therapist provides supportive, community-based services to youth and young adults ages 12-25 who meet criteria for the EASA program. In addition to providing services and support to youth and their families, the Occupational therapist will provide training, education, and support to the transdisciplinary team and community members as well as co-facilitate multi-family groups and other groups as appropriate.

Essential Job Functions: The Occupational Therapist works as part of a transdisciplinary team and provides assessments, treatment plans, and interventions that include sensory motor processing, cognitive, and environmental aspects of the participant's life to promote optimal success in the context of their mental health, education, and vocation services. The Occupational Therapist is responsible for the delivery, safety, and effectiveness of occupational therapy services within the EASA program in collaboration with the transdisciplinary EASA team. Deliver services that address diverse social, cultural, gender, and economic needs of population served utilizing equity lens. The Occupational Therapist participates in quarterly education workshops as well as community education and outreach. The Occupational Therapist adheres to EASA practice guidelines regarding training and certification and documents all services in a timely manner according to agency policies and procedures.

Qualifications: Master's Degree in Occupational Therapy in the state of Oregon. At least two years of experience working with behavioral health issues with understanding that anyone with a Bachelor's Degree in Occupational Therapy who has been practicing since 2000 has been grandfathered into OT licensure and has Master's level equivalence. Preferred experience working with adolescents and young adults with mental health challenges as well as trauma and substance use. Training and experience in evidence-based practices. Valid Oregon Driver's License.

Peer support specialist(s)

Job Summary: The Peer Support Specialist provides supportive, community-based services to youth and young adults ages 12-25 who meet criteria for the EASA program. The Peer Support Specialist is responsible for providing direct support and skills training to individuals at risk for developing symptoms of psychosis or those who are experiencing psychosis. The Peer Support Specialist is responsible for working in collaboration with individuals, their families, and community supports to identify strengths and barriers



within that system. The Peer Support Specialist utilizes a strengths-based approach that focuses on evidenced-based early intervention strategies.

Essential Job Functions: The Peer Support Specialist works as part of a transdisciplinary team and provides outreach, psychoeducation, and support for participants enrolled in the EASA Program. The Peer Support Specialist also participates in weekly case review meetings, collaborative treatment planning, educates participants about self-care and habits that can impact health, coordinates participant transportation and accompaniment as needed to scheduled appointments, assists participants in building social skills and self-advocacy, and utilizes and teaches problem-solving techniques to individuals and groups. Deliver services that address diverse social, cultural, gender, and economic needs of population served utilizing equity lens. The Peer Support Specialist participates in quarterly education workshops as well as community education and outreach. The Peer Support Specialist adheres to EASA practice guidelines regarding training and certification and documents all services in a timely manner according to agency policies and procedures.

Qualifications: High school diploma or equivalent required. Bachelor's degree in related field preferred. Lived experience in mental and/or behavioral health care. Experience working with healthcare communities and diverse adolescent and young adults preferred. Peer Support Specialist training preferred.

Supported education and employment specialist(s)

Job Summary: The Supported Education and Employment Specialist provides supportive, community-based services to youth and young adults ages 12-25 who meet criteria for the EASA program. The Supported Education and Employment Specialist is responsible for providing direct counseling and support to individuals at risk for developing symptoms of psychosis or those who have experienced their first episode of psychosis. The Supported Education and Employment Specialist provides individual counseling and support that includes vocational and/or educational planning and goal setting, job/educational development, job/educational placement, and follow-along support consistent with the Individualized Placement and Support (IPS) model.

Essential Job Functions: The Supported Education and Employment Specialist works as part of a transdisciplinary team to support clients enrolled in the EASA program. The Supported Education and Employment Specialist participates in weekly case review meetings, collaborative treatment planning, helps clients establish and achieve goals of competitive employment, helps clients achieve educational goals that lead to gainful employment, and conducts job and education development by actively recruiting, engaging, and offering ongoing support to employers and schools. The Supported Employment and Education Specialist assists individuals who are at risk for developing psychosis or those who are experiencing symptoms of psychosis to develop and practice coping strategies to use at school and at work and provide benefits counseling to clients as appropriate. Deliver services that address diverse social, cultural, gender, and



economic needs of population served utilizing equity lens. The Supported Employment Specialist participates in quarterly education workshops as well as community education and outreach. The Supported Employment Specialist adheres to EASA practice guidelines regarding training and certification and documents all services in a timely manner according to agency policies and procedures.

Qualifications: Bachelor's degree in related field (social work, vocational counseling psychology, etc.) required. Degree in vocational counseling preferred. Master's in related field preferred. Must be able to obtain Qualified Mental Health Associate certification. Minimum of three years vocational counseling experience required. Valid Oregon Driver's License and ability to transport participants. Experience working with individuals with mental health challenges as well as trauma and substance use.



Appendix E - Sample EASA Interview and Reference Check Questions

Each local community mental health center has its own hiring process which includes protections against discrimination and a systematized way to approach hiring. The following recommendations must be adapted to the requirements and context of each organization. It is important to staff EASA teams in a way that reflects the demographics of the people served by EASA, for example, hiring bilingual/bicultural staff rather than relying on interpreters.

Interview questions may be modified based on the specific requirements of the position. For example, an additional question may be added related to community education/outreach knowledge and comfort, knowledge of evidence-based practices such as cognitive behavioral therapy and motivational interviewing, and/or knowledge about differential diagnosis.

Interview panel participation: It is recommended that interview panels include representatives of supervisory/administrative levels, early psychosis team members, individuals with lived experience of psychosis, and their family members.

Recommended process: To ensure thoughtful and independent judgment by the hiring team, each member of the interview panel scores each item independently. Panel members are encouraged to take notes on the reasoning behind their scores and the information on which the scores are based. After the interview process, panel members share their scores and these are recorded. Scores are then discussed and panel members have the opportunity to revise their scores. Final score sheets are collected and recorded.

Qualities of candidates. In conducting interviews it is important to be clear what you are looking for. The following qualities are especially important for all team members involved in early psychosis work:

- Fit between role and the individual's long-term career vision
- Growth mindset
- Desire and ability to work as part of a team
- Understanding and comfort with shared decision making philosophies and strengths-based approaches
- Clinical skills in their area of training
- Proactive problem solving and ability to effectively advocate and negotiate conflict
- Belief, practice and language grounded in strengths and recovery/resilience
- Preparedness to respond to stressful environments; proactive approach to wellness and self-care through individual, supervisory and team strategies
- Comfort with core elements of job:
 - Outreach and after-hours flexibility



- Working with adolescents and young adults
- Working with families/primary supports
- Community-based approach
- Educating and/or supporting around symptom mastery and developmental progression
- Values and practices cultural humility
- Valuation of lived experience as a source of knowledge
- Clinical documentation and administrative aspects of job

Sample introduction about EASA for candidates to read prior to interview

The EASA program is responsible for identifying individuals in the community who are developing or have experienced the early signs of psychosis, providing outreach, engagement, assessment, safety and treatment planning, education and support to the person and family, and delivering evidence-based interventions. The program is transitional meaning that over about two years the focus is on helping the person and family develop the knowledge, skills and resources to be successful long term. There is a strong focus on feedback, which means that we actively request feedback from people when we meet with them and use that feedback both for guiding clinical care and for program design and development.

This position involves working as a member of a transdisciplinary team. In the transdisciplinary process, each program participant's unique strengths and goals translate into interventions by specialists on the team. Team member contributions are equally valued, and the members of the team cross-train and coordinate their services closely. They may deliver interventions together, provide back-up for each other, and cross-over functions depending on the needs of the person and family. The team includes psychiatry, nursing, counseling, case management, occupational therapy, peer support, and supported employment and education.



Sample Interview Questions for Direct Practice Staff

1. What about this position most interests you? What are you looking for ideally in your next job?

Looking for: overall fit with career aspirations, learning mindset, understanding of the importance of the work, desire to work as a team with teens/young adults experiencing psychosis

Scoring: 1- appears to be poor fit; 10- appears to be excellent fit): SCORE: _____

2. What experiences and training have most prepared you for this position? Specifically, what is your experience and/or knowledge in working with transition age youth who are experiencing mental health issues and with individuals experiencing psychosis?

Looking for: Relevant experience, training and knowledge to the position

*Scoring: 1- No relevant experience/training; 10-Extensive experience/training
SCORE: _____*

3. Describe what you know about schizophrenia and bipolar disorder, and the recovery process. How would you go about supporting that recovery process?

Looking for: Understanding of core diagnoses and recovery process

Scoring: 1-no knowledge or responses completely inaccurate and reflecting a lack of understanding of recovery process; 10- response displays in-depth knowledge about illnesses, recovery process and clinician role in that process) SCORE: _____

4. Young people and their family members may have different beliefs about mental health and the use of medicine in treating symptoms. Why do you think this might be true? Can you describe how you approach these subjects and work together toward a common understanding and treatment approach?



Looking for: Commitment to shared decision making and learning mindset, awareness of stigma and grief issues, ability to navigate different belief systems while encouraging effective recovery strategies)

Scoring: 1-No understanding of adaptation process/ completely inflexible approach; 10-sophisticated understanding of adaptation process/ response reflects highly skillful approach) SCORE: _____

5. Can you provide an example in your work with program participants where you were given feedback about how you were approaching the work and it led to you changing your understanding or approach?

Looking for: Commitment to shared decision making, learning mindset

Score: 1-Cannot identify any examples; 10- Rich example(s) highlighting solid commitment to and understanding of shared decision making) SCORE: _____

6. This program serves individuals and families from a wide variety of cultures, including people from various socio-demographic backgrounds, gender and sexual identities, religious and spiritual backgrounds, and age groups. A person's culture affects what beliefs, social patterns, behaviors, and developmental milestones they consider typical. It also affects how changes in behavior and thought process are interpreted, and whether treatment and treatment providers are perceived as safe or supportive. Describe your approach to building rapport with a participant and family members who are from a different background than your own. Provide examples from your experience.

Looking for: awareness of the importance of culture in interactions and intentional approach to recognizing/bridging cultural differences

Scoring: 1- Cannot provide examples, has not thought about role of culture; 10- Response shows that the candidate is aware of the role of culture and is self-aware about their own approach to these issues) SCORE: ____



7. Groups are a key intervention within our program. Please talk about your approach and experience with planning and running groups, the benefits and concerns about groups, and what contributes to successful or unsuccessful groups.

Looking for: comfort and experience establishing and running groups

Scoring: (1-no experience/concept of how to approach groups; 10-extensive experience & knowledge; concrete examples of how to make groups successful) SCORE: ___

8. Family psychoeducation and partnership are a core part of this program's approach, including for individuals who are over age 18. What do you see as the role of families for young adults who are dealing with psychosis? What challenges would you anticipate working with families and how would you approach those challenges?

Looking for: understanding of the importance of families and thoughtful approach to family engagement

Scoring: 1-no concept or negative concept of family involvement; 10- responses reflect a clear understanding of the role and importance of families and well-thought-out approach to family involvement SCORE: _____

9. This position involves outreach and flexibility to meet people at a time and place which works for them. What experience do you have with community-based work? How comfortable are you in working with people in their homes? How comfortable are you transporting participants? What are important issues to consider when working with individuals in their homes and transporting them places?

Looking for: Experience, comfort and skill in community outreach

Scoring: 1- No experience and/or negative beliefs about community outreach; 10- Extensive experience and well-thought through approach to community outreach SCORE: _____



10. What do you look for from your supervisor and what can your supervisor expect from you?

Looking for: Proactive engagement with supervisor, clarity around supervisory role

Scoring: 1- Negative attitude toward supervision or lack of response; 10- very thoughtful understanding of the role of supervision and how to make it most effective SCORE: _____

11. Give an example of how you would work as part of a transdisciplinary team to problem solve the following: A 20 year old male with a history of psychosis, including delusions and withdrawn behavior, recently enrolled in your program. He lives with his parents and has no work history but would like a job. He has been missing his appointments with EASA staff members even with reminder calls. How would you work with the team to engage him in services that he has stated he is interested in?

Looking for: Thoughtful approach to team communication, shared problem solving and using resources of full team

Scoring: 1- No ideas/ responses do not reflect a team approach; 10- very thoughtful response to how to maximize the strengths of the team SCORE: _____

12. Documentation of the work we do is extremely important but can be challenging for many people. Please describe what you see as the most important clinical and administrative purposes of documentation. How do you approach documenting your work? How do you stay organized to meet documentation requirements? (If Electronic Health Record is present may also add question about comfort level working with electronic health records).

Looking for: Understanding of clinical and administrative benefits of documentation, personal organization to ensure routine documentation.



Scoring: 1-No understanding of role of documentation/difficulty with documentation; 10-Superior understanding of role of documentation and exemplary system/approach to documenting work SCORE_____

13. There are variety of sources of stress in this work. What effective individual, supervisory and team strategies have you used or would you recommend to maintain wellness while dealing with stressors?

Looking for: recognition of the importance of proactive stress management; commitment to intentional stress management at individual and team levels

Score: 1- Response reflects little or no awareness of the existence of high stress in early psychosis work or strategies for managing; 10- Strong recognition of the role of stress on early psychosis teams and very thoughtful stress management strategies

14. What do you think are your greatest strengths relevant to this work? What do you think would be your greatest challenges, and how will you address those?

Looking for: Overall job fit, self-awareness of strengths and challenges/learning mindset

Scoring: 1-Unable to identify strengths or challenges; 10-Thoughtful responses and strategies for overcoming challenges; responses reflect learning mindset and self-awareness

15. What questions do you have for us? (No score)



Sample Reference Check Questions

1. What is your relationship to the candidate? What are the dates of employment?
2. If no longer employed- Why did the candidate leave your employment?
3. What was/is the candidate's job title/role with your agency?
4. What are the candidate's greatest areas of strength?
5. In what areas does the candidate need to grow and develop?
6. How did the candidate get along with team members/ other individuals in your agency?
7. Please give an example of when the candidate handled a difficult or stressful situation.
8. Please give an example of when the candidate worked well as a team member.
9. Please give an example(s) of how the candidate works with clients and family members? (e.g. strategies of engagement, interventions used, etc.)

