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# **EASA Conference**

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**May 28-30, 2025**

Sunriver, Oregon



SCHOOL OF  
**PUBLIC HEALTH**



# Welcome to the 2025 EASA Conference!

This year's conference moves through 3 areas of focus, centered throughout by voices of lived and living experience of psychosis.

Day 1: Lived and Living Experience in First Episode Psychosis

Day 2: Clinical High Risk for Psychosis (CHRp)

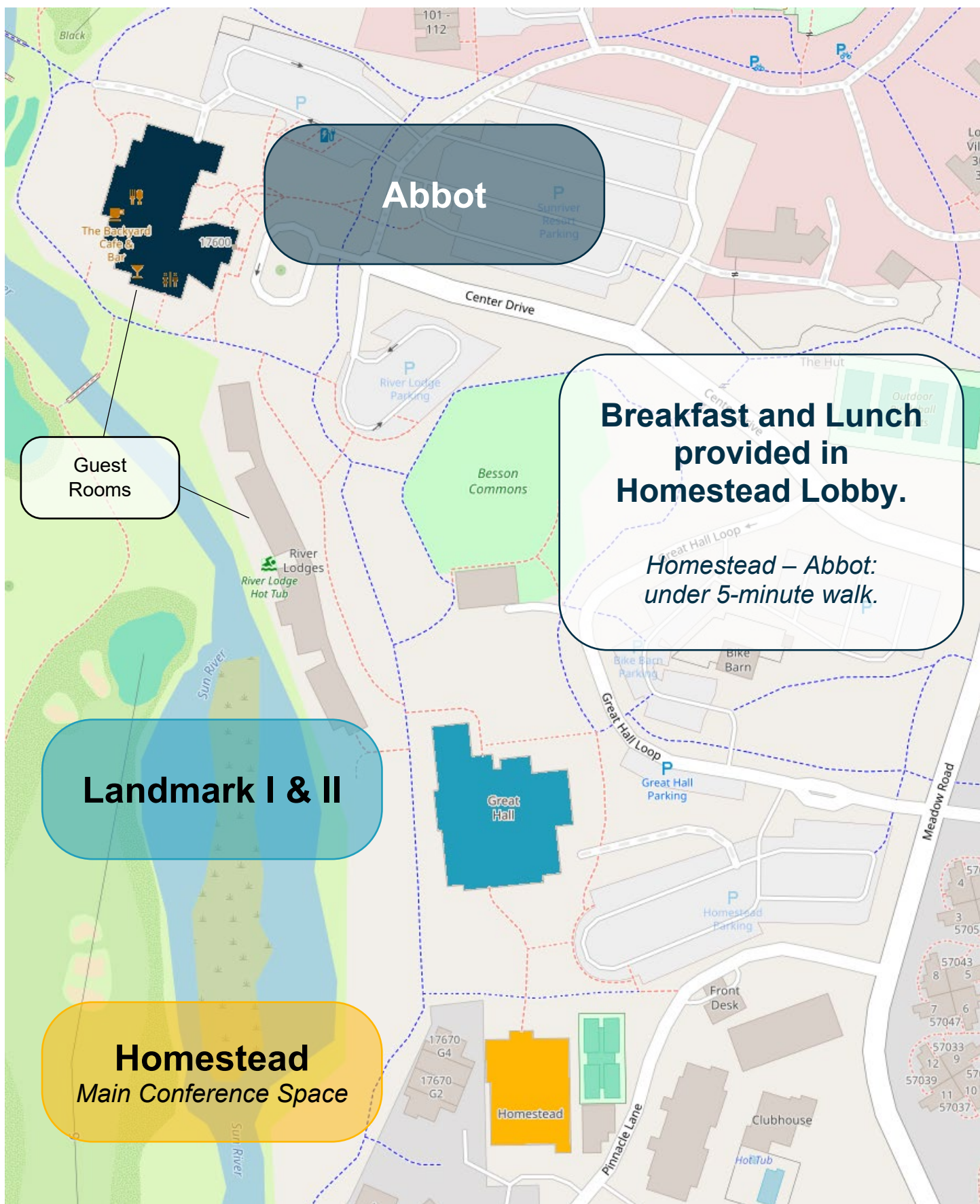
Day 3: Supported Employment and Supported Education (Voc/Ed)

Enjoy Sunriver, create community, learn, share your ideas for the future, and celebrate our successes!

## About the Conference

At EASA we work to recognize and include everyone. Here are some ways to celebrate each other at this conference:

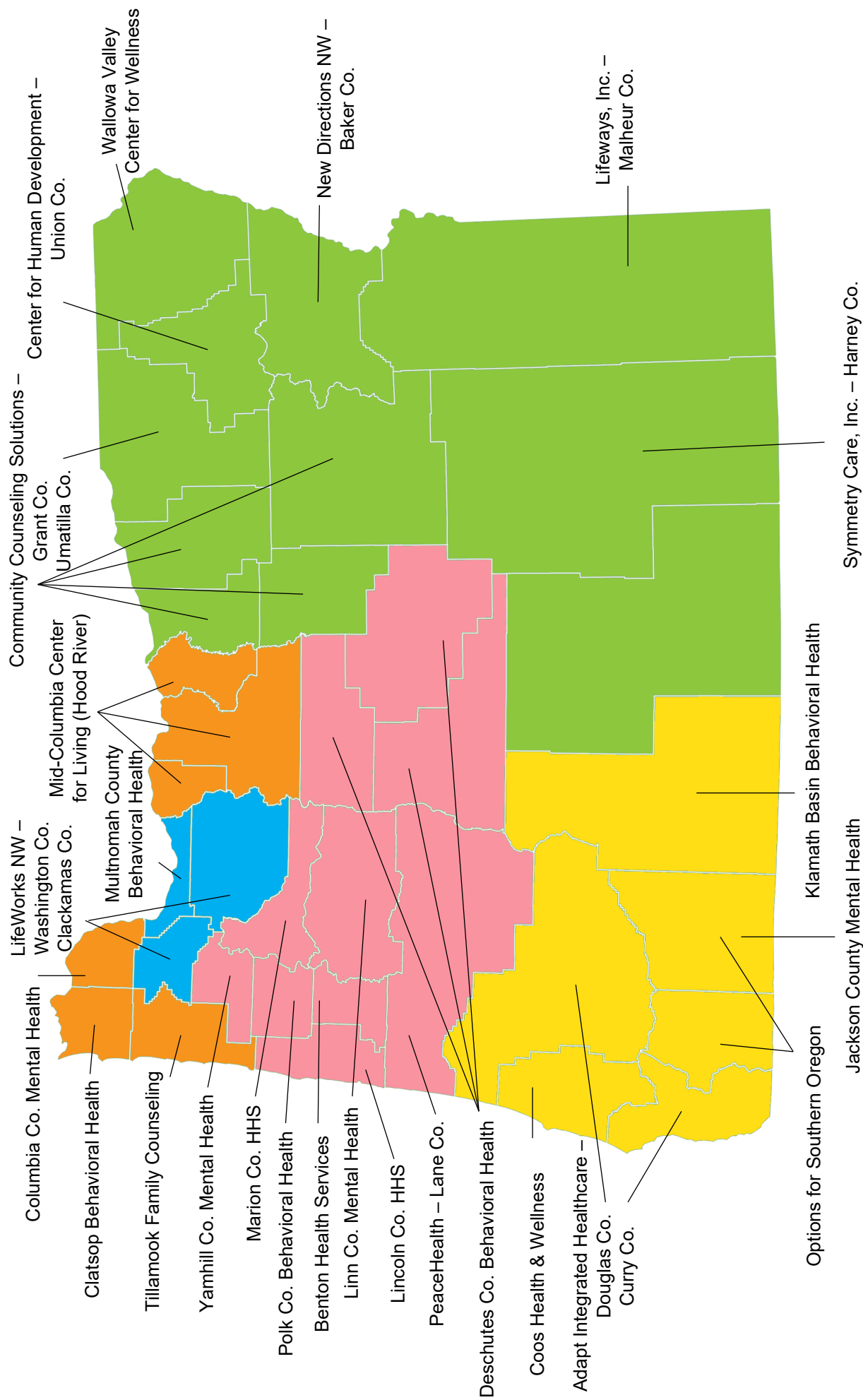
- **Shout Outs**  
Write a note to another conference attendee to give them recognition. At the end of each day, a few lucky Shout Outs will be read aloud during closing remarks. Those spotlighted will receive a small treat. Look for the Shout Out station in Homestead Lobby.
- **Success Tree**  
Let your successes be known! Add a note to the tree and watch our community grow in accomplishments.
- **Take What You Need, Give What You Can Board**  
Take a positive message that you "need" to hear or "give" (write) a positive or uplifting message for someone else to take. Let's keep the flow of affirmations, reminders, and smiles going!
- **Quiet Room**  
Need to chill out for a bit, away from people and noise? Head to room Landmark II, the designated **Quiet Room** for this conference.  
\*Some presentations are scheduled in Landmark II due to limited space. See agenda for details.
- **Community Art Canvas**  
Tania Kneuer has set up a community art canvas in the Homestead Lobby. Express yourself!
- **Social Media Station: Share Your Voice!**  
Be a part of the future EASA Social Media Campaign. Stop by the station to share your experience and insight – on camera or anonymously with a written note. Your voice can uplift others, inspire hope and healing, and become part of a collective story of growth and connection in our community. Come check it out on Day 2!
- **OT Kits:** Look for a box of things in each presentation to keep your hands busy while you participate!



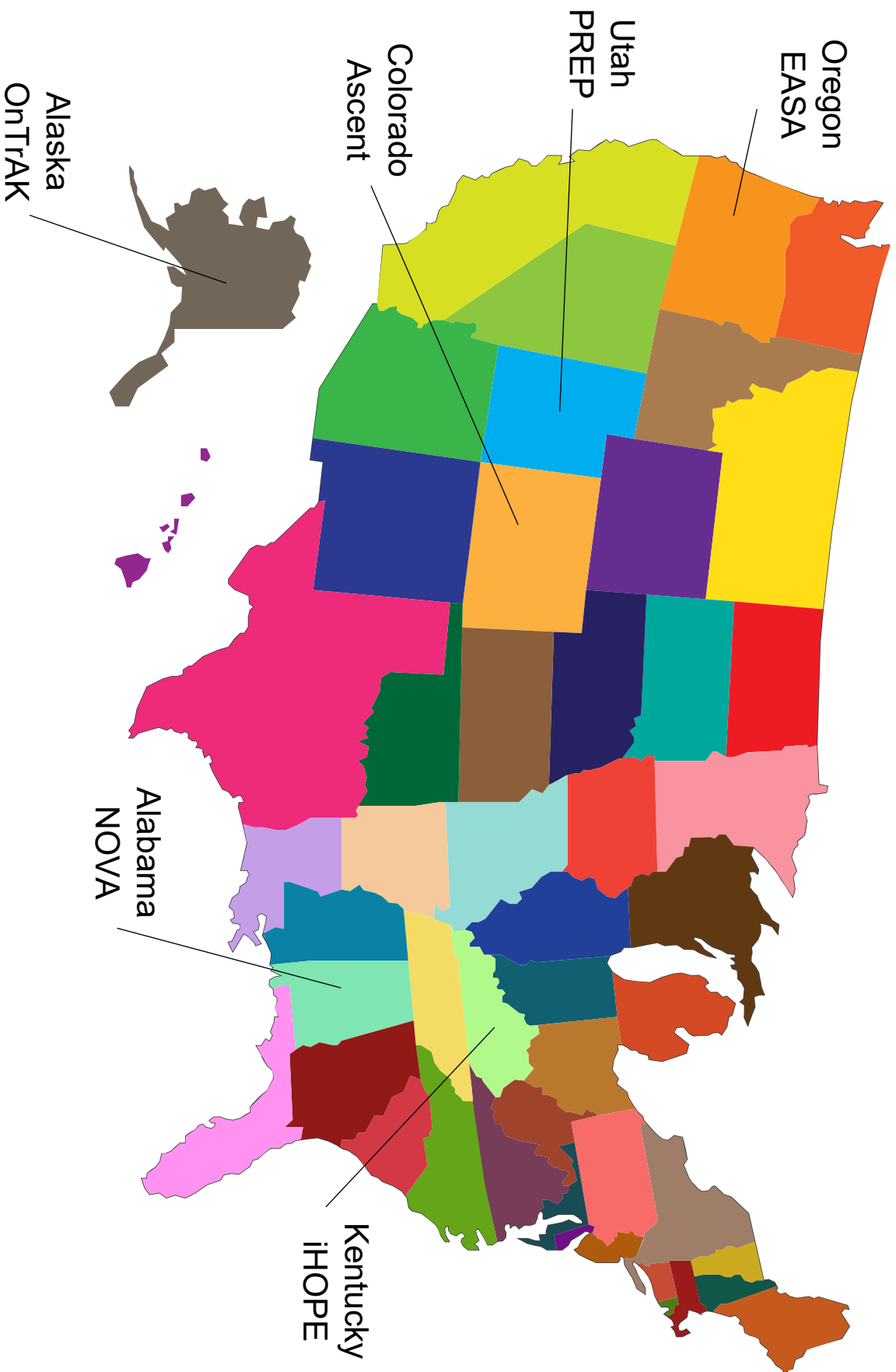


**EASA**

## Early Assessment & Support Alliance – EASA



## National EASA Network



# AGENDA

Wednesday, May 28<sup>th</sup> – Morning

Lived and Living Experience  
in First Episode Psychosis

## Conference Time

8:30AM – 5:00PM

*Attendees will receive continuing education credits for this event. 10 credits apply to Ethics.*

*Overviews and Learning Objectives for each presentation are listed from page 11.*

*Speakers' Bios are listed from page 21.*

**Breakfast** provided in Homestead Lobby – 8:00AM

8:30AM – 9:00AM

### **Welcome – Homestead**

Orientation & Announcements

9:00AM – 10:00AM

### **Lived Experience Panel – Homestead**

This lived experience panel centers stories, experiences, and lessons learned from the perspectives of family members, siblings, and individuals in EASA.

*Facilitator: Megan Sage DSW, LCSW, MSW*

**Break** 10:00AM – 10:30AM

Refreshments provided in Homestead Lobby

10:30AM – 12:00PM

### **Keynote + Q&A – Homestead**



#### **I Am a Person, Not an Illness: Why Early Psychosis Matters**

Pat Deegan PhD

In this virtual keynote address, Pat Deegan will explore why coordinated specialty care teams are important for young people diagnosed with early psychosis. Drawing on her own experience of recovery after being diagnosed with schizophrenia as a teenager, Pat will share six key recovery lessons and practical approaches that can be used to help young folks get to the life they want. Following the presentation there will be time for Q&A.

**Lunch** provided in Homestead Lobby – 12:00PM – 1:00PM



# AGENDA

Wednesday, May 28<sup>th</sup> – Afternoon

**Session Key** Color coding refers to breakout room locations. See the map on page 2.

**Homestead**

**Abbot**

**Landmark I**

**Landmark II**

1:00PM – 2:00PM

## Session 1 Breakouts

**Whole Person Care: Including Families in the Work Towards Wellness**

*Chainé Mabray LMFT, Londy Seiden QMHA PSS, Ami Saries, Megan Sage DSW LCSW MSW, Karma Clarke-Jung MS*

**Nature-based Interventions for Psychosis**

*Jocelyn Ogle, QMHP*

**Leveraging the voice of experience to reduce bias and support cohesion in coordinated specialty care.**

*Michael Haines QMHA*

**Walk With Us: Peer Perspectives and Practices for Non-Peer Roles**

*Tim Casebeer PSS, QMHA, Kaelin Large MSW*

**Break 2:15PM – 3:45PM**

Refreshments provided in Homestead Lobby

3:00PM – 4:30PM

## **Serving Ages 12-30 in Early Psychosis Intervention Care: What We Have Learned So Far and What's Next – Homestead**

*Chainé Mabray LMFT, Aaron Jacobs LCSW, Christie Taylor LMSW, Alyssa Leal MSW, QMHP, Megan Sage DSW, LCSW, MSW, Craigan Usher MD*

This presentation will center lessons learned from the perspectives and experience of individuals in care and the providers who support them across the age range served by EASA programs (currently 12-27 years old, will be 12-30 years old beginning July 1, 2025).

4:30PM – 5:00PM

## **Closing Group – Homestead**

Shout Outs, Role Groups Meet & Greet

**Dinner on your own**

# AGENDA

Thursday, May 29<sup>th</sup> – Morning

Clinical High Risk for  
Psychosis (CHRp)

## Conference Time

8:30AM – 5:00PM

**Breakfast** provided in Homestead Lobby - 8:00AM

8:30AM – 9:00AM

**Welcome – Homestead**

9:00AM – 10:45AM

**Keynote + Panel Q&A – Homestead**



### What is Clinical High Risk for Psychosis and Why is it Important?

Jason Schiffman PhD

This keynote session introduces core concepts related to the clinical high-risk (CHR) state for psychosis and emphasizes the paradigm shift toward prevention and early intervention, highlighting both the clinical complexity and human impact of psychosis-risk syndromes. Lived and living experiences are woven throughout, helping to contextualize symptom presentation, enhance cultural responsiveness, and underscore the importance of early, compassionate engagement. Together, these materials aim to empower providers to recognize early warning signs and partner with youth and families in supportive, strengths-based ways. This presentation includes a Q&A Panel Discussion with individuals with lived/living experience.

**Break** 10:45AM – 11:15AM

Refreshments provided in Homestead Lobby

**Session Key** Color coding refers to breakout room locations. See the map on page 2.

**Homestead**

**Abbot**

**Landmark I**

**Landmark II**

11:30AM – 12:30PM

## Session 2 Breakouts

**Cultural Considerations Guiding Outreach and Treatment in Clinical High Risk for Psychosis Programs**

Jessica Swensen  
OTR/L, Alyssa Leal  
MSW, QMHP, Chainé  
Mabray LMFT

**“I don’t want to sleep better,” said almost nobody ever. Reducing Psychosis Risk Through Evaluation and Treatment of Sleep**

Benjamin Biller QMHP

**Qigong for Grounding and Emotional Regulation: A Therapeutic Group for Individuals Experiencing Psychosis**

Lee Doron MA, QMHP

*Quiet Room*



# AGENDA

Thursday, May 29<sup>th</sup> – Afternoon

**Lunch** provided in Homestead Lobby – 12:30PM – 1:30PM

**Session Key** Color coding refers to breakout room locations. See the map on page 2.

**Homestead**

**Abbot**

**Landmark I**

**Landmark II**

1:30PM – 2:30PM

## Session 3 Breakouts

**Comorbidity and  
Youth at Clinical  
High-Risk for  
Psychosis**

*Jason Schiffman PhD*

**My Experience with  
Autism & Psychosis**

*Karis Norris*

**Stepping into a  
Stepped Care  
Model: What it is  
and How it Works**

*Jessica Swensen  
OTR/L, Michael  
Haines QMHA,  
Chainé Mabray  
LMFT*

**Quiet Room**

**Break** 2:30PM – 3:00PM

Refreshments provided in Homestead Lobby

3:00PM – 4:30PM

## Session 4 Breakouts - Discussing Transdisciplinary Team Roles in CHRp

This session consists of breakout groups discussing the approaches of different roles for individuals brought into early psychosis intervention programs under CHRp. Attendees are invited to join the discussion group that most closely fits their own professional role or any group of interest. Two or more groups will meet in each conference room.

EASA Participants, Graduates, Family & Support members, and/or attendees who are not early psychosis program team members are invited to join a social event during this session. Listen for location and details in the morning announcements.

**Discussing the  
Role in CHRp:**

**Voc/Ed**

**Supervisor**

**Therapist / Screener**

**Book Club:**

**Med Provider,  
Psychiatry/Prescriber,  
& Nursing**

**Discussing the  
Role in CHRp:**

**Occupational  
Therapy**

**Peer Support**

**Discussing the  
Role in CHRp:**

**Case Management**

4:30PM – 5:00PM

## Awards Ceremony – Homestead

EASA Outstanding Leadership Recognition, Community Champion, Revolution of Hope, and Longevity Awards  
Shout Outs

**Dinner on your own**

# AGENDA

Friday, May 30<sup>th</sup> – Morning

Supported Employment and  
Supported Education (Voc/Ed)

## Conference Time

8:30AM – 3:00PM

**Breakfast** provided in Homestead Lobby - 8:00AM

8:30AM – 9:00AM

**Welcome – Homestead**

9:00AM – 10:00AM

**Keynote – Homestead**



### Career is Everyone's Business

*Vanessa Vorhies Klodnick, PhD, LCSW*

This presentation will inspire the audience to value and support career development of young people with early psychosis. It will draw from empirical and practice evidence and share insights from across the US and internationally as to how community mental health providers, institutions of higher education and employers are going about supporting individuals with serious mental health needs to build their careers. Participants will leave with new practice tools and insights that will bolster their CSC team's effectiveness in supporting young people with their career development.

**Break** 10:15AM – 10:45AM

Refreshments provided in Homestead Lobby

**Session Key** Color coding refers to breakout room locations. See the map on page 2.

**Homestead**

**Abbot**

**Landmark I**

**Landmark II**

11:30AM – 12:30PM

## Session 5 Breakouts

**Developing an Early Engagement & Career Development Enhancement to the Supported Employment & Education (SEE) Model**

*Shannon Blajeski PhD, MSW, Ellie Roberson MA, Justin Benner BA*

**Journal Club: Med Provider, Psychiatry/ Prescriber, & Nursing roles**

*Facilitators: Craigan Usher MD, Dana McGlohn RN, MSN*

**Support Animals and Psychosis**

*Carey Norland & Calypso*

*Quiet Room*

**Lunch** provided in Homestead Lobby – 12:00PM – 1:00PM

# AGENDA

Friday, May 30<sup>th</sup> – Afternoon

**Session Key** Color coding refers to breakout room locations. See the map on page 2.

**Homestead**

**Abbot**

**Landmark I**

**Landmark II**

1:00PM – 2:00PM

## Session 6 Breakouts

**Supported Education  
in Coordinated  
Specialty Care  
Programs**

*Michael Haines QMHA*

**People Over  
Paperwork:  
Providing  
Assessments that  
Feel Like Therapy**  
*Kaelin Large MSW*

*Quiet Room*

2:00PM – 3:00PM

## Closing Ceremony – *Homestead*

Reflections

Shout Outs

***Depart***

# Presentations Information

## Wednesday, May 28<sup>th</sup>

### Lived and Living Experience in First Episode Psychosis

#### Keynote Presentation:

##### **I Am a Person, Not an Illness: Why Early Psychosis Matters**

*Pat Deegan, PhD*

In this virtual keynote address, Pat Deegan will explore why coordinated specialty care teams are important for young people diagnosed with early psychosis. Drawing on her own experience of recovery after being diagnosed with schizophrenia as a teenager, Pat will share six key recovery lessons and practical approaches that can be used to help young folks get to the life they want. There will be time for Q&A.

Objectives: Participants will identify what a Power Statement is and how it can be used to amplify individual goals for treatment; Participants will distinguish between the recovery model and the maintenance model; When families ask when they will get their loved one back from psychosis, participants will understand a hope filled response that both re-assures and prepares families for the journey ahead.

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#### Lived Experience Panel

*Karma Clarke-Jung MS, Melinda Gale, Londy Seiden QMHA, PSS, Erik Jung, Carey Norland*

*Facilitator: Megan Sage DSW, LCSW, MSW*

This lived experience panel centers stories, experiences, and lessons learned from the perspectives of family members, siblings, and individuals in EASA.

Objectives: The importance of centering the voices of individuals and family members with lived experience in all aspects of CSC program work; How to integrate lived experience perspectives and feedback to improve early psychosis intervention care.

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#### Session 1 Breakouts

##### **Whole Person Care: Including Families in the Work Towards Wellness**

*Chainé Mabray LMFT, Londy Seiden QMHA PSS, Ami Saries, Megan Sage DSW, LCSW, MSW, Karma Clarke-Jung MS*

This session will review the systemic nature of wellness, highlighting the importance of "whole person" treatment that includes the family/support person context. This session provides education on systemic theories of treatment and program development aimed at including family support and family therapy as a core service in coordinated specialty care programs for first episode of psychosis. This session will provide examples of the benefits seen when family is included in care models and provide a practical guide to incorporating family support in existing treatment for first episode of psychosis.

We aim to combine clinical expertise and lived experience to share learned solutions and support the advancement of families impacted by FEP. Examples from lived experience will be the focus of this presentation in hopes of advocating for the family experience and normalizing the complexities of providing FEP support from a systemic lens. Challenges and limitations will be discussed in regard to implementing a family specialty and alternative structures will be acknowledged to address the realistic programmatic constraints that limit this vision.

*The term "family" is used to describe any relationship that the individual client identifies as a support person or carer.*

**Objectives:** Strengths and benefits of involving family/supports in individual's mental health journey; Practical tools to increase family services in your work and/or advocate for systemic practices to be normalized in your own individual treatment journey; Possible solutions to common challenges to expanding family support services.

### **Nature-based interventions for psychosis**

*Jocelyn Ogle, QMHP*

This presentation will cover the research and efficacy of utilizing nature and adventure as a method of therapeutic intervention for those struggling with psychosis. Additionally, we will spend some time learning about experiential activities that you can implement in your practice that can provide alternative ways of engaging clients. Learn from a clinician who is actively implementing these interventions for First Episode Psychosis clients and get practical tools and tips for how to apply these methods at your organization.

**Objectives:** Gain a deeper understanding for how nature-based interventions can be an effective tool for mental health professionals; Explore the existing research for utilizing nature-based interventions with people struggling with psychosis; Build a therapeutic "toolbox" of at least three nature-based interventions for use with clients who are engaging in an FEP program.

### **Leveraging the voice of experience to reduce bias and support cohesion in coordinated specialty care.**

*Michael Haines QMHA*

Hear a personal story of one person's journey from hopeless to hope. Understand what it is like to move from a participant of coordinated specialty care to an employee working on the team. Navigate the challenge of facing the dual relationships built. Understand the pressure put on Peer Supports to act as an agent of change and learn strategies agencies can implement to alleviate that pressure. Hear real-life examples of unconscious biases and understand the impact this can have of those on your team. Witness what changes for a person when they move from the peer support role to another role on the team.

Audience members will have the opportunity to interact with the speaker and be engaged in question-answer style speaking throughout the presentation. Attendees will leave with simple things to not only improve the quality of care provided to participants of Coordinated Specialty Care, but also ways to strengthen their Coordinated Specialty Care team.

**Objectives:** Explore unconscious biases about participants and peer support providers; Strengthen the coordinated specialty care team; Improve the quality of care provided.

### **Walk With Us: Peer Perspectives and Practices for Non-Peer Roles**

*Tim Casebeer PSS, QMHA, Kaelin Large MSW*

This presentation promotes peer principles team-wide, including practices for supervising peers and integrating peer principles within the team.

**Objectives:** Incorporating principles and practices of Peer-delivered services into non-Peer roles; Develop skills and practices for supervising Peers while considering the uniqueness of Peer work and generalizing those skills to create a Peer-informed team culture; Develop a deeper understanding amongst non-Peer team members regarding the unique strengths and skills of Peer specialists and Peer practices in order to maximize the impact of treatment.

## **Serving Ages 12-30 in Early Psychosis Intervention Care: What We Have Learned So Far and What's Next**

*Chainé Mabray LMFT, Aaron Jacobs LCSW, Christie Taylor LMSW, Alyssa Leal MSW, QMHP, Megan Sage DSW, LCSW, MSW, Craigan Usher MD*

This presentation will center lessons learned from the perspectives and experience of individuals in care and the providers who support them across the age range served by EASA programs (currently 12-27 years old, will be 12-30 years old beginning July 1, 2025).

**Objectives:** Understand the research and community input and feedback that supports expanding the age range served in EASA to 12-30 years old; Identify the ways in which early psychosis intervention programming is similar and ways that it may be different for those who meet criteria for Clinical High Risk for Psychosis versus First Episode Psychosis; Identify developmental/life themes for young people in specific age ranges, including ages 12-15, 16-18, 19-25, and 26-30; Name and discuss specific therapeutic engagement strategies and techniques to utilize with participants across the age range served. Participants will be able to name the ways in which identity and self-experiences, agency, relationships, academics, and work may be impacted by stresses related to being identified as at risk for developing psychosis (CHRp) along the continuum to those who are experiencing or who have experienced a first-episode of psychosis (FEP).

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**Thursday, May 29<sup>th</sup>**

**Clinical High Risk for  
Psychosis (CHRp)**

### **Keynote Presentation:**

#### **What is Clinical High Risk for Psychosis and Why is it Important?**

*Jason Schiffman, PhD*

This session introduces core concepts related to the clinical high-risk (CHR) state for psychosis and emphasizes the paradigm shift toward prevention and early intervention. Through a combination of epidemiological data, case vignettes, and real-world clinical strategies, the presentation highlights both the clinical complexity and human impact of psychosis-risk syndromes. Lived and living experiences are woven throughout, helping to contextualize symptom presentation, enhance cultural responsiveness, and underscore the importance of early, compassionate engagement. Together, these materials aim to empower providers to recognize early warning signs and partner with youth and families in supportive, strengths-based ways.

This presentation includes a Q&A Panel Discussion with individuals with lived/living experience.

**Objectives:** Describe attenuated / subthreshold symptoms typically assessed to determine psychosis-risk status; Recognize the motivation behind understanding and serving those at clinical high risk for psychosis; Demonstrate awareness of psychosis-risk assessment strategies as well as the potential benefits of specialized treatment for this population.

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### **Session 2 Breakouts**

#### **Cultural Considerations Guiding Outreach and Treatment in Clinical High Risk for Psychosis Programs**

*Jessica Swensen OTR/L, Alyssa Leal MSW, QMHP, Chainé Mabray LMFT*

This presentation will look at the cultural considerations of educating and engaging individuals who are at risk for developing psychosis in underserved and underrepresented populations. Some questions addressed include: Which populations are at the highest risk for being overlooked? How can we as



providers think about and address systemic issues of discrimination and ensure that all members of the community can access services? How does providing quality community education shrink these disparities?

Objectives: Be able to identify specific considerations related to culture and identify that are important to address when providing services for individuals at clinical high risk for psychosis in your community; Understand the impact these considerations have for members of your community to access quality education and support in identifying and receiving CHRp services; Gain strategies for providing community education/outreach to address the need of your community as a whole.

### **“I don’t want to sleep better,” said almost nobody ever. Reducing Psychosis Risk Through Evaluation and Treatment of Sleep**

*Benjamin Biller QMHP*

This presentation will explore the role of sleep in psychosis, both contributing factors and as a facet of healing. Additionally, we will dive into what sleep tells us about different causes of psychosis, what we can do now about sleep (and its many related benefits and challenges) and what the future may hold for diagnostic and treatment options. The first half of the presentation may be of interest to those who want to know more about causes of psychosis and the second half of the presentation will be focused on intervention, steps we can all take for more restful sleep, and those shown to be most effective for folks living with psychosis.

Objectives: Understanding the four main stages of sleep; The evidence base about sleep as it relates to both positive and negative symptoms of psychosis; Sleep function as possible biotype and ways to better understand ourselves and specific interventions specifically shown to reduce symptoms/risk of psychosis; The relationship between THC and sleep, between trauma, sleep, and psychosis, between ASD, sleep, and psychosis, and between sleep and CHR/FEP/CP.

### **Qigong for Grounding and Emotional Regulation: A Therapeutic Group for Individuals Experiencing Psychosis**

*Lee Doron MA, QMHP*

This presentation introduces a therapeutic Qigong group designed specifically for individuals experiencing psychosis. Qigong is a body-based practice integrating gentle movement, breath, and mindfulness. It is particularly useful for this population as a non-verbal, low-barrier intervention that promotes emotional regulation and nervous system calming.

Participants will receive psychoeducation on Qigong’s benefits for mental health, especially its relevance for early psychosis intervention. I will then facilitate an abbreviated version of the group (15 minutes), during which attendees will engage in five Qigong movements together and reflect on the experience. Other benefits include and are not limited to: improve physical health, reduce stress/anxiety, increase focus/mental clarity, improve circulation/immune function.

Objectives: Describe how Qigong supports nervous system regulation and emotional grounding; Identify specific benefits of Qigong for individuals experiencing psychosis symptoms; Understand the role of co-regulation and body-based practices in trauma-informed care; Explore how to introduce and facilitate gentle movement-based interventions in clinical settings; Experience and reflect on Qigong as a coping tool themselves.

## **Session 3 Breakouts**

### **Comorbidity and Youth at Clinical High-Risk for Psychosis**

*Jason Schiffman, PhD*

This presentation explores the complex intersection of comorbidity and clinical high risk (CHR) for psychosis, highlighting how co-occurring conditions such as anxiety, trauma, substance use, and neurodevelopmental differences impact symptom expression, diagnosis, and treatment. Through data-driven insights and real-world vignettes, it emphasizes the importance of nuanced, individualized approaches that consider overlapping symptoms and developmental histories. Lived experience is featured throughout, with clinical examples illustrating how CHR symptoms are often intertwined with personal narratives, coping mechanisms, and systemic challenges. The session advocates for culturally responsive, client-centered care that validates these experiences while informing accurate assessment and effective support.

**Objectives:** Identify common comorbid conditions associated with clinical high-risk (CHR) for psychosis and be familiar with their prevalence based on research findings; Differentiate between primary psychotic symptoms and symptoms influenced by comorbid conditions such as anxiety, depression, trauma, and substance use; Explain how comorbid conditions impact symptom severity, functional outcomes, and treatment approaches in individuals at CHR for psychosis.

### **My Experience with Autism & Psychosis**

*Karis Norris*

In this presentation, I will be discussing my lived experience with autism and psychosis. My main points will include the following: misconceptions about neurodivergence, college being a disruptor/catalyst for the onset of symptoms, and ways that treatment has helped me overcome my challenges. The presentation will be given via a scripted speech and powerpoint slides. The purpose of this project is to help advocate for others like me, since it is being observed that autism and psychosis are frequently comorbid.

**Objectives:** Misconceptions about neurodivergence--neurodivergences such as autism and psychosis are separate pieces of a neurodivergent person; College is a common disruptor/catalyst for the onset of symptoms; Ways that treatment has helped me overcome my challenges.

### **Stepping into a Stepped Care Model: What it is and How it Works**

*Jessica Swensen OTR/L, Michael Haines QMHA, Chainé Mabray LMFT*

In this presentation we will be discussing our team's experience with developing and implementing a stepped care model within a coordinated specialty care clinic. The purpose of this discussion is to address how we model care based on an individual's acuity and needs for treatment, and how this can change and evolve over the course of treatment. We will finish by looking at how our team approaches the CHRp treatment experience and how outcome measures reflect that experience.

**Objectives:** Understanding the purpose and benefits of implementing a stepped care model in CHRp programs; Learn the components of coordinated specialty care in CHRp and how it can apply to you; Increase awareness of the potential benefits of coordinated specialty care on outcomes for individuals experiencing a clinical high risk for psychosis.

## **Session 4 Breakouts: Discussing Transdisciplinary Team Roles in CHRp**

This session consists of breakout groups discussing the approaches of different roles for individuals brought into early psychosis intervention programs under CHRp. Attendees are invited to join the discussion group that most closely fits their own professional role or any group of interest. Two or more groups may be meeting in each conference room—see agenda for location information.

EASA Participants, Graduates, Family & Support members, and/or attendees who are not early psychosis program team members are invited to join a social event during this session. Listen for location and details in the morning announcements.

### **Discussing the Role of Occupational Therapy in CHRp**

*Facilitators: Jessica Swensen OTR/L, Madalyn Taylor OTR/L*

This group will be discussing the role of occupational therapy within coordinated specialty care in clinical high risk for psychosis. Topics of discussion will include: the differences in treatment between first episode of psychosis and clinical high risk for psychosis, philosophies of treatment, interventions, and occupational areas of focus.

Objectives: The role and importance of occupational therapy on interdisciplinary teams; The differences in treatment and approach between first episode of psychosis clients and clinical high risk for psychosis clients; Common occupations and client factors addressed in treatment.

### **Discussing the Role of Voc/Ed in CHRp**

*Facilitator: Michael Haines QMHA*

This group will be discussing the role of supported education and/or employment within coordinated specialty care in clinical high risk for psychosis. Topics of discussion will include: the differences between first episode of psychosis and clinical high risk for psychosis, philosophies of treatment, interventions, and other areas of focus.

Objectives: Leverage Voc/Ed services to best support participants of CHR-P programs; Understand the differences of Voc/Ed services between FEP and CHR-P programs; Explore misnomers voc/ed providers face while providing services.

### **Discussing the Role of Leadership and Other Support in CHRp**

*Facilitator: Chainé Mabray*

This group will discuss the role of leadership and other administrative and/or clinical support within FEP and CHRp programs. Topics of discussion will include: Differences in support needed for teams of first episode of psychosis and clinical high risk for psychosis care. Philosophies of supervision, operations, and program development.

Objectives: The role and importance of leadership and other support on interdisciplinary teams; The differences in supervision approach between first episode of psychosis clients and clinical high risk for psychosis; Common factors of supervision, operations, and program development related to first episode and CHRp programs. .

### **Discussing the Role of Peer Support in CHRp – Strength in Community: Leveraging Peer Support**

*Facilitators: Londy Seiden QMHA, Chedric Monahan LCSW*

Peer support specialist, Londy Seiden, will explore the vital role of peer support for individuals at clinical high risk for psychosis. Drawing from her own lived experience, she will share insights on effective strategies such as active listening, empathy, and goal setting.

Objectives: Cultivate empathy – approach your work with empathy, recognizing that everyone’s journey is unique; Creating a safe environment – fostering trust and open communication with participants, setting clear boundaries, encouraging respectful dialogue, and ensuring confidentiality; The power of strategic story telling – by hearing others’ stories, participants can see that they are not alone in their challenges, which helps reduce feelings of isolation.

### **Discussing the Role of Therapy and Screening in CHRp**

*Facilitators: Aaron Jacobs LCSW, Alyssa Leal MSW, QMHP, David Chance-Young LCSW*

This group will be discussing the role of therapy within coordinated specialty care in clinical high risk for psychosis. Topics of discussion will include: the differences in treatment between first episode of psychosis, and clinical high risk for psychosis, philosophies of treatment, interventions, and common barriers.

Objectives: The role and importance of therapy on interdisciplinary teams; The differences in treatment and approach between first episode of psychosis clients and clinical high risk for psychosis clients; Common experiences addressed in treatment.

### **Discussing the Role of Case Management in CHRp**

*Facilitator: Megan Sage DSW, LCSW, MSW*

This group will discuss the role of case management in the context of coordinated specialty care and clinical high risk for psychosis. Topics of discussion will include: the differences between first episode of psychosis and clinical high risk for psychosis, philosophies of treatment, interventions, and other areas of focus.

Objectives: Specific ways the case management role can best support participants of CHR-P programs; Understand the differences of case management between FEP and CHR-P programs; Common case management needs and strategies for participants in CHRp services.

### **Book Club: A Discussion of *Why Psychosis is Not So Crazy: A Road Map to Hope and Recovery for Family and Caregivers* by Stijn Vanheule**

*Facilitators: Craigan Usher MD, Dana McGlohn RN, MSN*

During this workshop, participants in medical provider and nursing roles will discuss insights explored by psychoanalyst, Stijn Vanhuele in his book *Why Psychosis is Not So Crazy*. Vanheule emphasizes that “people with sensitivity for psychosis are often highly creative, in part because they are less constrained by conventions and traditions.” However, “there is a risk that we may get lost in our own thoughts or become confused by a seemingly endless array of words and stories, so that we lose contact with the very reality we are trying to depict.” Vanheule urges providers, family member, friends, and other people in the support network surrounding individuals experiencing psychosis to respect that recovery from psychosis “requires an environment that listens, searches, stimulates confidence, gives recognition, and offers time and space.”

Though a summary and highlight of themes will be offered, participants are encouraged to read the book before this session.

Objectives: Outline the central role of language and disruptions to shared language and meaning-making that can occur during episodes of psychosis; Explore how recognizing psychosis as episodic and the dynamic nature of human thinking versus the static nature of mental health diagnoses (which suggest an immutable, fixed status) promotes healing and human connection; Discuss insights offered by the psychoanalyst Jacques Lacan that may help promote active, respectful listening to individuals who are having an episode of psychosis including listening for at least four existential themes.

# Friday, May 30<sup>th</sup>

**Supported Employment and  
Supported Education  
(Voc/Ed)**

## **Keynote Presentation:**

### **Career is Everyone's Business**

*Vanessa Vorhies Klodnick, PhD, LCSW*

This presentation will inspire the audience to value and support career development of young people with early psychosis. It will draw from empirical and practice evidence, and share insights from across the US and internationally as to how community mental health providers, institutions of higher education and employers are going about supporting individuals with serious mental health needs to build their careers. Participants will leave with new practice tools and insights that will bolster their CSC team's effectiveness in supporting young people with their career development.

Objectives: Move from valuing vocational engagement to valuing career development among young people with early psychosis enrolled in team-based services; Embrace the notion of Discovery as central to supporting young people with early psychosis in their career development; Apply new strategies to supporting discovery and career development; Learn about new Transitional Employment endeavors that support discovery & career development.

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## **Session 5 Breakouts**

### **Support Animals and Psychosis**

*Carey Norland and Calypso (Service Dog)*

This presentation covers different roles animals can play in supporting people who experience psychosis. I will talk about how activities and relationships contribute to healing and wellbeing based on my own lived experience, and my professional experience as a business owner, riding instructor and service dog trainer.

Objectives: The legal definition of service dogs; How to treat service dogs and their handlers; Types of service dogs and tasks; How to support participants in determining if a service dog is a good option for them; How to support participants in accessing a service dog.

### **Developing an Early Engagement & Career Development Enhancement to the Supported Employment & Education (SEE) Model**

*Shannon Blajeski PhD, MSW, Ellie Roberson MA, Justin Benner BA*

*Contributors: Catherine Adams, Scott Palazzolo, Michael Haines, Alana Borkowski, Lucas Quenton*

This presentation will provide an overview of a community-based participatory study that aimed to learn how to better serve young adults with "not in education, employment, or training" (NEET) status in early psychosis programs. With the ongoing guidance of a participatory advisory group comprised of early psychosis clinical trainers, employment/education specialists, and young adults with lived experience of psychosis/early psychosis programs, we interviewed young adults who began their programs with NEET status, and education/employment specialists on early psychosis teams. Findings led to the development of an enhancement to the Supported Employment/Education (SEE) model that allows employment specialists to engage, explore, and plan careers with young adults who have NEET status. We hope this earlier engagement phase will ultimately improve pathways to employment/education for more young adults.

**Objectives:** Learn about the risks of NEET status and why it's important to target career development for this subpopulation; Understand how young adult-driven data informs how programs can improve their engagement with young adults with NEET status; Discover a model of community-based research partnership that results in the "ground up" development of new interventions.

### **Journal Club: Journal Club: Med Provider, Psychiatry/ Prescriber, & Nursing roles**

*Facilitators: Craigan Usher MD, Dana McGlohn RN, MSN*

During this workshop, participants will explore a recent study by Tihonen and colleagues published in the *American Journal of Psychiatry* which examined relapse rates (defined by hospitalization) between individuals on receiving long-acting injectable dopamine receptor antagonists (LAIs) versus those who did not, this favoring on-going treatment.

Participants will also wrestle with the context provided by Emsley outlining ample evidence for the effectiveness of maintenance medication and challenging dogma in this regard based on findings that dopaminergic blocking agents may be neurotoxic and one study finding superior outcomes at 7-years post first-episode in individuals who tapered and discontinued medications versus those who pursued maintenance treatment.

**Objectives:** Discuss the role of dopamine receptor agonists in preventing relapse in individuals with schizophrenia; Analyze the long-term benefit-to-harm balance of antipsychotic treatment, including potential side effects and concerns about long-term use including potential adverse impact on brain volume and risk of "supersensitivity psychosis."; Detail safety and monitoring best practices, including use of tools like the automatic involuntary movement scale (AIMS) and the Glasgow Antipsychotic Side-effect Scale (GASS); Consider practical, EASA-participant-centered ways of taking a "personalized approach that carefully determines the lowest effective dosage of the best-tolerated antipsychotic" and humility surrounding the fact that "there are no reliable ways of identifying the individuals who will not experience illness recurrence when treatment is discontinued" or randomized controlled trials of tapering/discontinuation/deprescribing protocols.

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## **Session 6 Breakouts**

### **Supported Education in Coordinated Specialty Care Programs**

*Michael Haines QMHA*

Supported education across the school spectrum is a newer concept to coordinated specialty care. There is less empirical evidence to show the efficacy of supported education in coordinated specialty care to middle school and high school students. However, we know that graduating school leads to improved quality of life for young adults, particularly for those who participate in CHR and FEP programs. We also know that those who participate in CHR and FEP services are more likely to experience challenges in completing their education. In this session, hear about unique challenges youth and young adults face today, learn effective ways to support folks through their school journey and learn how to navigate the various structures and systems in place.

**Objectives:** Learn the importance of supported education to an improved quality of life; Understand how to navigate complicated school systems; Identify ways to support participants through supported education.

### **People Over Paperwork: Providing Assessments that Feel Like Therapy**

*Kaelin Large MSW*

This presentation is about approaching required assessments with a person-centered approach that allows for participants to receive required assessments, and practitioners to complete required paperwork, without feeling like you're just doing busy work and "checking a box," and focusing on the



experience of participants to reduce mental burden of assessments, promote participant self-discovery, and treatment progress.

Objectives: Diminish the “checklist approach” and increase buy-in to completing necessary assessments; Utilize required assessments and paperwork to promote treatment goals, self-discovery, and rapport building; Build skills to improve participant and staff experience and get the most information out of structured, required, and routine assessments.

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## Speakers' Bios (In general order of agenda)

### **Pat Deegan PhD**

Patricia E. Deegan Ph.D. is a founder of Pat Deegan & Associates. For over 30 years Pat has been a thought leader and disruptive innovator in the field of behavioral health recovery. Pat founded a company run by and for people in recovery. The mission: To safeguard human dignity by bringing individual voice and choice to the center of the clinical care team. Toward this end she developed Pat Deegan's Recovery Approach that includes the award winning CommonGround software, Medication Empowerment, Certified Personal Medicine Coaching, the online Recovery Library, the CommonGround Academy for peers and practitioners, and the Hearing Distressing Voices Simulation. Since 2009 Pat has worked as a consultant helping to develop and evolve the OnTrackNY model for coordinated specialty care teams for young folks experiencing early psychosis. Pat is an activist in the disability rights movement and has lived her own journey of recovery after being diagnosed with schizophrenia as a teenager. She has held a number of academic appointments, has numerous publications, and has carried a message of hope for recovery to audiences around the world. She received her doctorate in clinical psychology from Duquesne University.

### **Jason Schiffman PhD**

Dr. Jason Schiffman earned a Ph.D. in Clinical Psychology from the University of Southern California in 2003. He is a professor in the Department of Psychological Science at the University of California, Irvine. Dr. Schiffman's research refines the identification process, elucidates the effects of psychosocial interventions, uncovers mechanisms reducing stigma, and attempts to address health inequities among people at risk for psychosis. He has published approximately 200 scientific articles and procured \$20M in external funding. He also serves on the editorial boards of *Psychiatric Services*, *Schizophrenia Bulletin*, and *Early Intervention in Psychiatry* (the latter of which he is an associate editor). In addition to his scholarship, Dr. Schiffman has founded and developed three university-community partnerships for people at risk for developing psychosis that provides clinical, research, and training opportunities. Dr. Schiffman currently trains specialty CHRP clinics across the country in his psychosocial intervention model for those at risk for psychosis, as well as in the administration of the Structured Interview for Psychosis Risk Syndromes (SIPS), the gold standard interview for detecting risk for psychosis. He also serves as a consultant, both clinically and administratively, to numerous SAMHSA-funded clinics across the country, and is the co-founder and lead consultant to a CHRP program in his home county. Dr. Schiffman is the inaugural Director of Clinical Training within the Department of Psychological Science, where he is leading his department's efforts in the creation of a graduate Ph.D. program in Clinical Psychology.

### **Vanessa Vorhies Klodnick PhD, LCSW**

Dr. Vanessa Klodnick is a nationally recognized implementation scientist in transition-to-adulthood community mental health services. Dr. Klodnick is a Research Associate Professor at The University of Texas at Austin in the Steve Hicks School of Social Work. Prior to joining UT-Austin, Dr. Klodnick led research, evaluation and quality improvement in the Youth & Young Adult Services Division at Thresholds, the largest Illinois community mental health provider. Dr. Klodnick specializes in multidisciplinary team-based service models for adolescents and young adults with serious mental health conditions, including early psychosis. Dr. Klodnick is a leader in building the evidence, practice and implementation guidelines for transition-age youth Peer Support and Supported Education and Employment services. Dr. Klodnick has trained thousands of mental health professionals across the US, and currently resides in Chicago, IL where she enjoys running, podcasts and spending time with her 10-year-old daughter.

### **Chainé Mabray LMFT**

Chainé Mabray works as a Family therapist and Clinical Supervisor for the PeaceHealth Young Adult Behavioral Health program serving young people who are experiencing, or are at risk of experiencing, a first episode of psychosis. Chainé has a passion for working with and advocating for young people and their families, specifically incorporating systemic approaches into traditional mental health models of care. Chainé's educational and clinical background has led her to opportunities nationally and internationally to support the advancement of

family interventions in coordinated specialty care programs. Chainé has also had the privilege of supporting the education of new clinicians in the field as a contributing author for the DSM-5 TR and Family Systems chapter on System Focused Therapy with Schizophrenia. Chainé's skill sets include relational therapy, systemic program development, and maintaining a curious mind. Chainé received her Master of Science in Marriage and Family Therapy from the University of Oregon in 2014 and continues to expand her professional experiences allowing her to apply her skill and passion of addressing mental health needs through a systemic lens. Outside of work, Chainé serves as President on the Board of Directors for the Lane County National Alliance on Mental Illness (NAMI) and enjoys spending time with her husband, 1 year old daughter, and two pups.

### **Megan Sage DSW, LCSW, MSW**

Dr. Megan Sage (she/her) is the Director of the Early Assessment and Support Alliance (EASA) Center for Excellence with the OHSU-PSU School of Public Health in Portland, Oregon. Dr. Sage identifies as a cisgender queer female with over four decades of her own lived experience as a consumer of mental health services as well as the family member of a loved one with their own lived experience with mental health. Dr. Sage brings over a decade of experience providing direct services to early psychosis intervention participants and their families as a bilingual social worker. Dr. Sage has provided clinical consultation, technical assistance, training, and program development for Oregon EASA programs and national early psychosis intervention programs since 2016. Dr. Sage moved into the role of Director of the EASA Center for Excellence in May 2024. Dr. Sage's doctoral work focused on adapting early psychosis intervention care approaches with Native American/Alaska Native youth and their families and supports. Dr. Sage's passion is centering the voices of diverse youth, young adults, and their family members and supports who are receiving or those have received early psychosis intervention care. Dr. Sage has contributed to the early psychosis intervention and macro social work fields with publications that address culturally informed services in Tribal communities, peer support in early psychosis intervention services, universal access to early psychosis intervention, and the development of early psychosis intervention manuals, webinars, and online training modules.

### **Karma Clarke-Jung MS**

Karma has a Master's Degree in Special Education and years of experience in the field. This includes 2 years teaching children at the Oregon State Hospital and 13 years educating teenagers in a day treatment facility for adolescents with mental health issues. More recently, Karma has been working as an Autism Consultant for the Douglas ESD in Southern Oregon. Karma is the parent of a former EASA graduate, and she was moved to change career paths after going through this experience with her family. Karma was born, raised and educated in Germany, but has now lived in Southern Oregon for over 30 years. She lives on a secluded forested property outside of Roseburg, Oregon and enjoys her pets, hiking, biking running, reading, movies and visiting friends and family in Germany.

### **Melinda Gale**

Melinda Gale (she/her) is a career educator/administrator who has worked in Portland Public Schools since 1999. She earned her BA from Reed College, MAT from Lewis and Clark College and her IAL from Portland State University. Melinda is the parent of an EASA graduate and joined the Friends and Family Leadership Council in 2018.

### **Londy Seiden QMHA, PSS**

Londy is a passionate advocate for mental health and peer support, holding a Bachelor of Science degree in Sociology from the University of Oregon. With over a year of experience working as a peer counselor at a homeless shelter, Londy has developed a deep understanding of challenges faced by individuals experiencing mental health issues. Currently, Londy serves as a peer support specialist in the Lane County EASA program, a role inspired by personal experiences growing up alongside a brother diagnosed with schizoaffective disorder. This background has equipped Londy with unique insights into the struggles and resilience of those affected by mental health challenges, fueling a commitment to support and empower others on their recovery journeys. Londy uses various tools to connect with participants of the EASA program, including art projects like painting and drawing, as well as self-reflective art. Londy also enjoys playing musical instruments with participants and going on walks outside to facilitate conversation. Londy is a new member of the Lane County EASA Team and has enjoyed working in the program with others that foster collaboration, share valuable insights, and create a supportive environment for individuals facing challenges.

### **Erik Jung**

Erik (he/him) grew up in the forests outside of Winston Oregon, studied biology and environmental science with a political science minor at the University of Oregon, and spent about 6 years working in political and nonprofit organizing after college. During coronavirus his little brother began having psychosis related issues which was difficult for his family. In November 2024 Erik was hospitalized multiple times while traveling in Europe because of psychosis. During this time he wrote a book, called *Theories Of Everything*, delving into his experiences in this state. He has been recovering at home several months and feeling almost completely back to his old self. Erik's mother works with the EASA Center for Excellence and Erik's brother was an EASA participant. Erik enjoys hiking, yoga, and playing disc golf and soccer in his free time.

### **Ami Saries**

Ami Saries (she/her) has been serving families in the field of social work for nearly 30 years. Ami is a parent of a 19-year-old youth who has been diagnosed with schizophrenia. Ami's family was referred to their local EASA program in Eugene in April of 2023 when her son was discharged from his 3rd psychiatric hospital stay after his first episode of psychosis. Ami's family has been engaged with EASA since that time and attended family therapy every week since the day he was discharged. EASA has been and continues to be an incredible resource for Ami and her family as they navigate this journey.

### **Jocelyn Ogle QMHP**

Jocelyn Ogle (she/her) holds a Masters in Clinical Mental Health Counseling and is a Nationally Board Certified Counselor working towards licensure. Jocelyn has over ten years of experience in the outdoors industry that included guiding, coaching, and instructing before pursuing her passion of Adventure Therapy. Since beginning her journey in AT, Jocelyn successfully started a therapeutic recreation program for an emergency youth shelter, co-led river rafting and backpacking trips for at-risk youth and young adults, and has gained more than 75 hours of specialized training from the Association for Experiential Education. Today, Jocelyn is a therapist and screener for the Jackson County Mental Health EASA program and has successfully implemented nature-based interventions and adventure therapy for her clients.

### **Michael Haines QMHA**

Michael Haines is a vocational/educational counselor for the Early Assessment and Support Alliance coordinated specialty care program in Lane County. He is pursuing a master's degree of social work with the expectation to graduate in December of 2025. Michael has worked in various roles on the EASA team for over a decade. Prior to working in the program, Michael has experience as a Young Adult Leadership Council member and a participant of EASA services. These experiences and passion for coordinated specialty care combined allow Michael to bring a unique approach to the EASA conference. Michael has experience providing technical assistance, training and consulting as a content expert for both voc/ed and peer support services in the coordinated specialty care field. Michael has also provided supervision to peer support specialists. Michael served on a variety of councils, committees and panels to lend content expertise in support of improving coordinated specialty care services across the nation. He provided training and presentations in support of and to improve coordinated specialty care programs virtually, nationally and internationally.

### **Tim Casebeer PSS, QMHA**

Tim Casebeer (he/him) is a Certified Peer Support Specialist and Qualified Mental Health Associate who entered the behavioral health workforce as a volunteer, then joined an ACT team, then served as the Multnomah County Peer for 10 years where he cofacilitated the county's Multifamily Group for 5 years before joining the EASA Center for Excellence a year ago.

### **Kaelin Large MSW**

Kaelin Large (she/they) is a Licensed Masters Social Worker living in Memphis, TN. She obtained her Masters in 2018 and has worked in a variety of settings, including working with unhoused individuals, teaching middle school science, and private practice. Kaelin served as the program coordinator for First-Episode Psychosis and Clinical High Risk for Psychosis programs in Memphis from 2019-2024 while also assisting with providing statewide training to early psychosis teams on special topics.

### **Aaron Jacobs LCSW**

Aaron G. Jacobs, LCSW thrives as a therapist for Lane County EASA at PeaceHealth Young Adult Behavioral Health. Aaron has spent the past 25 years supporting individuals and families through a wide range of challenges. From providing direct service in the community to delivering Emergency Department crisis interventions with a guitar in hand, to engaging patients in an inpatient psychiatric unit where he introduced innovative programs like *The Hero's Journey* and *Hearing Voices* groups, Aaron continuously brings creativity and heart to his work. Whether it's through sock puppet therapy with young adults or collaborating on songwriting with a participant, he consistently pushes the boundaries of traditional care to bring innovation, empathy, music, and laughter to people in their darkest moments. At EASA he specializes in using a flexible approach to treat young persons from age 12-29 experiencing psychosis and many other challenges with modalities including: CBT for Clinical High Risk for Psychosis (CHR-P), Individual Resiliency Training, mindfulness-based interventions, CBT with Exposure and Response Prevention and Internal Family Systems. He hasn't published anything yet, but just you wait! There's probably a book or an album coming out in the next decade. He holds a BA with a Major in Psychology from University of Oregon and an MSW from Portland State University. In his free time Aaron enjoys snowboarding, mushroom hunting, karaoke and jamming with his rock band, *Zebulon*.

### **Alyssa Leal MSW, QMHP**

Alyssa Leal is an individual therapist with the Lane County EASA program. After earning her Master of Social Work degree from Pacific University in 2023, she worked as a social worker in an inpatient psychiatric hospital before joining EASA full-time. Alyssa brings both professional experience and personal insight to her work, as a sibling of someone living with schizophrenia. This connection fuels her passion for creating supportive, recovery-oriented spaces for youth and their families. She also facilitates the Lane County EASA Young Adult Leadership Council, helping elevate the voices of youth with lived experience. Last summer, Alyssa presented a poster on the importance of sibling relationships in early intervention at the ISPS conference in Finland—where her work was recognized with first place.

### **Christie Taylor LMSW**

Christie (she/her) is the Young Adult Services Coordinator on the OHA Child and Family Behavioral Health team, and Contract Administrator for all OHA young adult BH programs including EASA, HUBs, YAT homes, and the CHRp SAMHSA grant. Christie has had the privilege of working with EASA and young adults in other behavioral health programs in direct service and systems-level roles since 2014. She is passionate about bridging gaps and attempting to make systems change more collaborative, personable, and equitable through centering lived experience and community engagement. Her other life passions are music, art, traveling, finding new plant-based food shops, and adopting more dogs when her partner is out of town.

### **Craig Usher MD**

Craig Usher is the DW Winnicott Professor Child & Adolescent Psychiatry Education Oregon Health & Science University (OHSU) and medical education director for the EASAc4e. He is a graduate Georgetown University School of Medicine, Harvard-Longwood Psychiatry Residency, and the Massachusetts General Hospital/McLean Hospital child psychiatry fellowship. Dr. Usher edited the Book Forum for the *Journal of the American Academy of Child & Adolescent Psychiatry* for 5 years and recently co-edited a volume of the *Child & Adolescent Psychiatry Clinics of North America* dedicated to psychodynamic psychotherapy. Craig loves time his family, reading philosophy and literature, listening to music, and appreciates the pleasant misery of being a Chicago Bears fan and the sweet science of boxing.

### **Jessica Swensen OTR/L**

Jessica Swensen is an occupational therapist with the Lane County EASA team, where she has been serving since May 2016. Jessica specializes in providing evidence-based interventions for clients experiencing a first episode of psychosis. Over the years, her role has grown to include offering interventions to individuals at clinical high risk of developing psychosis. Additionally, she collaborates on grant reporting requirements and co-leads the team's Community Education Committee, which designs, plans, and delivers educational programs across Lane County. Jessica has contributed to teams that presented posters at esteemed conferences, including the Schizophrenia International Research Society (SIRS) conference and the International Early Intervention and Prevention in Mental Health Association (IEPA). These posters focused on the work that she does in the field of first episode of psychosis and clinical high risk for psychosis. Jessica is currently working on her Doctor of

Occupational Therapy at the Medical University of South Carolina. Residing in Eugene, Oregon, Jessica shares her home with her two senior cats, Penny and Trixie. Outside of work, she is an avid knitter (even during meetings!) and a devoted supporter of women's sports. As a season ticket holder for the Portland Thorns, she enjoys cheering on her favorite women's soccer from Providence Park.

### **Benjamin Biller QMHP**

Benjamin (he/him/él) is originally from Rhode Island and completed his undergraduate degree in Massachusetts at Wheaton College. He earned his master's degree in Illinois at the University of Chicago. He enjoys rock climbing, skiing and currently by accident: coaching little league baseball. Ben worked at Butler Hospital in Rhode Island on the adolescent unit as an Activities Therapist after graduate school and later worked with The Providence Center providing counseling for school aged children in an intensive home-based program. After moving to Oregon, Ben joined the Benton County ACT team for four years and in 2022 joined the Benton County EASA team as a screener/therapist. Ben's passion for working in the field comes from his academic journey as well as his personal journey which includes first experiencing psychosis at age 20 (prior to there being an early intervention program in Rhode Island/Massachusetts!)

### **Lee Doron MA, QMHP**

Lee is a mental health therapist with Clackamas County EASA. Lee is passionate about integrating body-based practices into therapy settings. Outside of work, he enjoys international travel, nature exploration, playing/watching sports, and making music (plays drums!)

### **Karis Norris**

Karis Norris (they/them) is a 21-year-old Lane County EASA participant on the Willamette Young Adult Leadership Council. They have been in the Clinical High Risk for Psychosis program for about eighteen months and strive to use their experiences with recovery to advocate for others. Karis creates visual, musical, and written art and works as a direct support professional. They also volunteer at Eugene's Radiant Community Arts and can be found performing at local events, open mics, and art nights. Originally from Southern Arizona, Karis dreamed of living in Oregon as a child - and now they find tremendous healing in the green outdoors.

### **Madalyn Taylor OTR/L**

Madalyn Taylor, OTD, OTR/L is an occupational therapist with the Lane County EASA team. She completed her Level 2 Fieldwork with Lane County EASA and later joined the team in February 2024. Madalyn specializes in providing evidence-based interventions for clients experiencing first episode of psychosis and for individuals at clinical high risk of developing psychosis. Outside of work, Madalyn can be found hiking around the Pacific Northwest, working on 1000-piece jigsaw puzzles, or tending to houseplants.

### **David Chance-Young LCSW**

William David Chance Young, LCSW is the Intake Coordinator and Individual Therapist for PeaceHealth Young Adult Behavioral Health (Lane County EASA). David is a thorough diagnostician who specializes in the CHRp screening process. His years of experience as a clinician who serves vulnerable individuals across a spectrum of populations makes David a perfect match for his unique role. David's lived experience with his own mental health history add to the versatility in how he approaches this important work. David is a co-contributor to the development of CHRp curriculum that will, in the near future, assist other counties to develop their own practices targeted to support EASA participants who are diagnosed and live with Attenuated psychosis syndrome. David spends most of his free time knee-deep in his sports card collection and making connection with a community of like-minded individuals.

### **Dana McGlohn RN, MSN**

Dana (she/her) has a masters in nursing, and has worked in both inpatient and outpatient settings in the mental health field. In fact, mental health nursing is all Dana has ever done in her 30+ year career. In 2024, Dana retired from Linn County Mental Health as the Supervising Nurse and the EASA nurse and joined the EASA Center for Excellence as a part-time nurse consultant. Dana spends her semi-retirement visiting



### **Carey Norland and Calypso (Service Dog)**

Carey Norland (they/he) is a mounted archery instructor and service dog trainer in Eugene, OR. They are a member of the Willamette Young Adult Leadership Council and have lived experience with psychosis. Carey provides Equine Assisted Activities, riding, archery and mounted archery instruction. They hold national and international certifications in sports instruction and competition judging and are passionate about how relationships with animals and animal activities can have a profoundly positive effect on individuals and communities.

Calypso is a Border Collie Service Dog and a Certified Very Good Boy. He loves playing fetch, taking naps in cars and really big sticks.

### **Shannon Blajeski PhD, MSW**

Dr. Blajeski is a mental health intervention researcher with expertise in qualitative methods and the implementation of various models of community-based treatment for those with psychosis and schizophrenia-spectrum conditions. She is a social worker by training, with eight years of clinical work experience in behavioral health settings, and ten years of experience with the implantation of the PACT model. She has collaborated with the EASA Center for Excellence since 2014, resulting in several published articles about young adults, their families, and employment/education pathways. Dr. Blajeski is currently an Assistant Professor in the School of Social Work at Portland State University.

### **Ellie Roberson MA**

Ellie Roberson is a second-year doctoral student in Portland State University's School of Social Work interested in researching systemic change related to the mental health system, especially for clients with stigmatized experiences and the clinicians who support them. Prior to her work at Portland State, she worked in Utah, Oregon, and Washington state as a clinician supporting youth and young adults in various community-based settings.

### **Justin Benner BA**

Justin is a recent graduate from Portland State University's honors college with a BS in psychology. He is an EASA graduate and former active YALC member. His advocacy work for improving mental health standards and community knowledge within the State of Oregon has seen him providing testimony before Oregon's legislative body and educating children within Oregon's public school system through his involvement with the nonprofit NWNoggin. He has been a research assistant of Dr. Blajeski for the past two years and in addition currently works within a therapy school in Clackamas County assisting in the treatment and education of behaviorally-challenged youths.