

# **Serving Ages 12–30 in Early Psychosis Intervention Care: What we have learned so far and what's next**

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# Learning Objectives

**Objective 1:** Understand the research, community input, and feedback that supports serving the 12–30 age range

**Objective 2:** 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.

**Objective 3:** Identify developmental/life themes for young people in specific age ranges, including ages 12–15, 16–18, 19–25, and 26–30.

**Objective 4:** Name and discuss specific therapeutic engagement strategies and techniques to utilize with participants across the age range served.



# **EASA Age Range Expansion: Introduction**



**Changes  
and  
acknowledging  
overwhelm**





# EASA Age Range Expansion: OHA and Equity



OHA goal of eliminating health inequities and being feedback-informed:

- Working to dismantle health inequities within programs as we become aware of them (biological sex-based differences in age of onset)
- Standardization in program eligibility statewide
  - Community engagement feedback:  
Access to EASA/needed specialized care



# Actions taken and next steps:

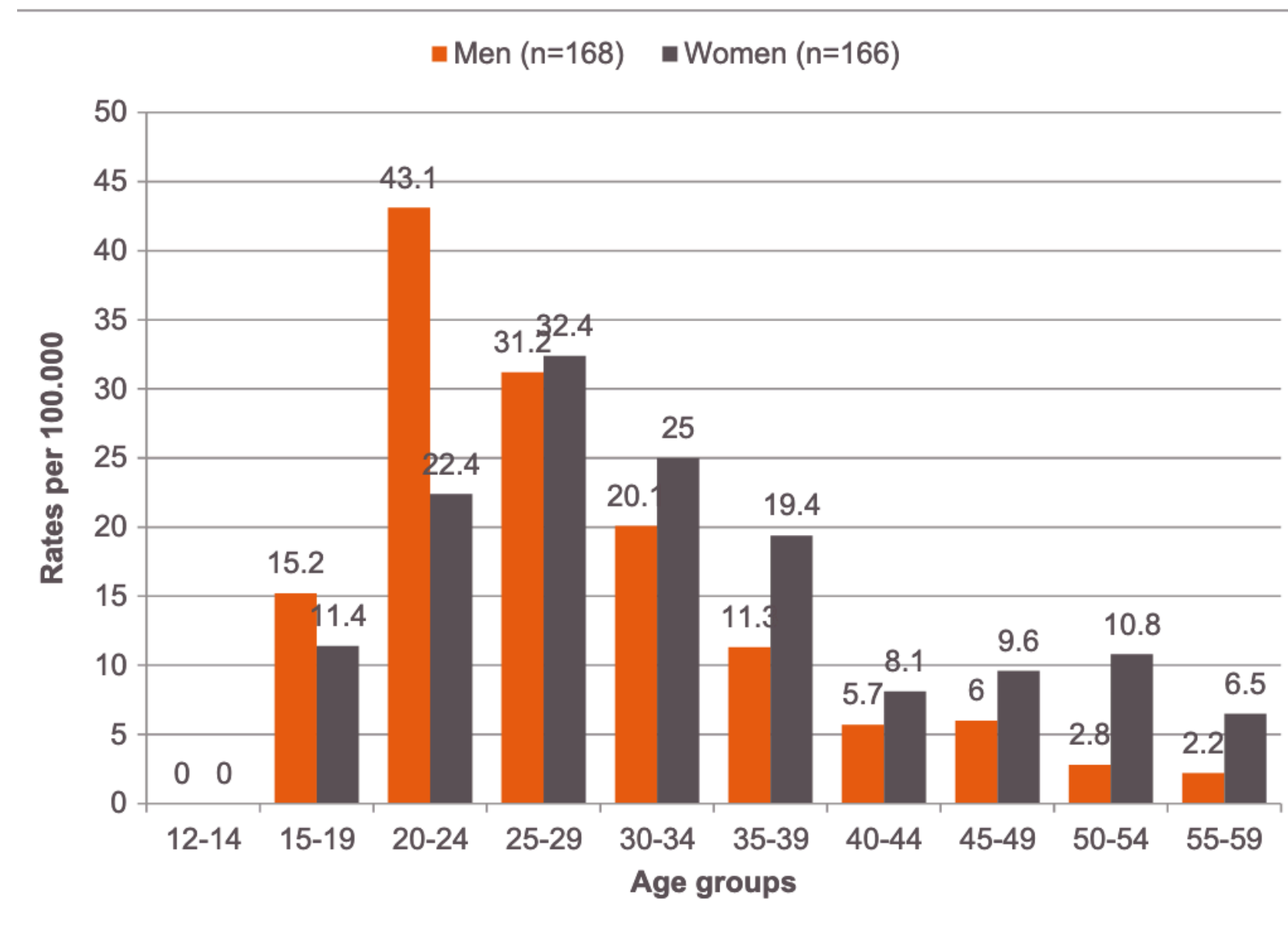


- Continue periodic capacity surveys-  
program staff, waitlists
- Planning/problem-solving  
(Strategy/consultation groups and/or  
individual sites)
- Implementing Centralized Screening  
pilot based on identified needs
  - OHA: Program-specific cost study  
associated with new funding structure
  - Resources, training, data

## Age of First Schizophrenia Spectrum Disorder Diagnosis

- Most individuals whose sex was identified as male at birth develop schizophrenia between ages 15 and 25
- Most individuals whose sex was identified as female at birth develop schizophrenia between ages 20 and 30
  - Approximately 12.5 – 33% of people develop symptoms before age 18
  - The male to female ratio is 1.4:1
- Childhood-onset schizophrenia (COS) is defined as onset 13 and younger and is extremely rare (1:100,000)
- Internationally, the prevalence of schizophrenia is 1–3%

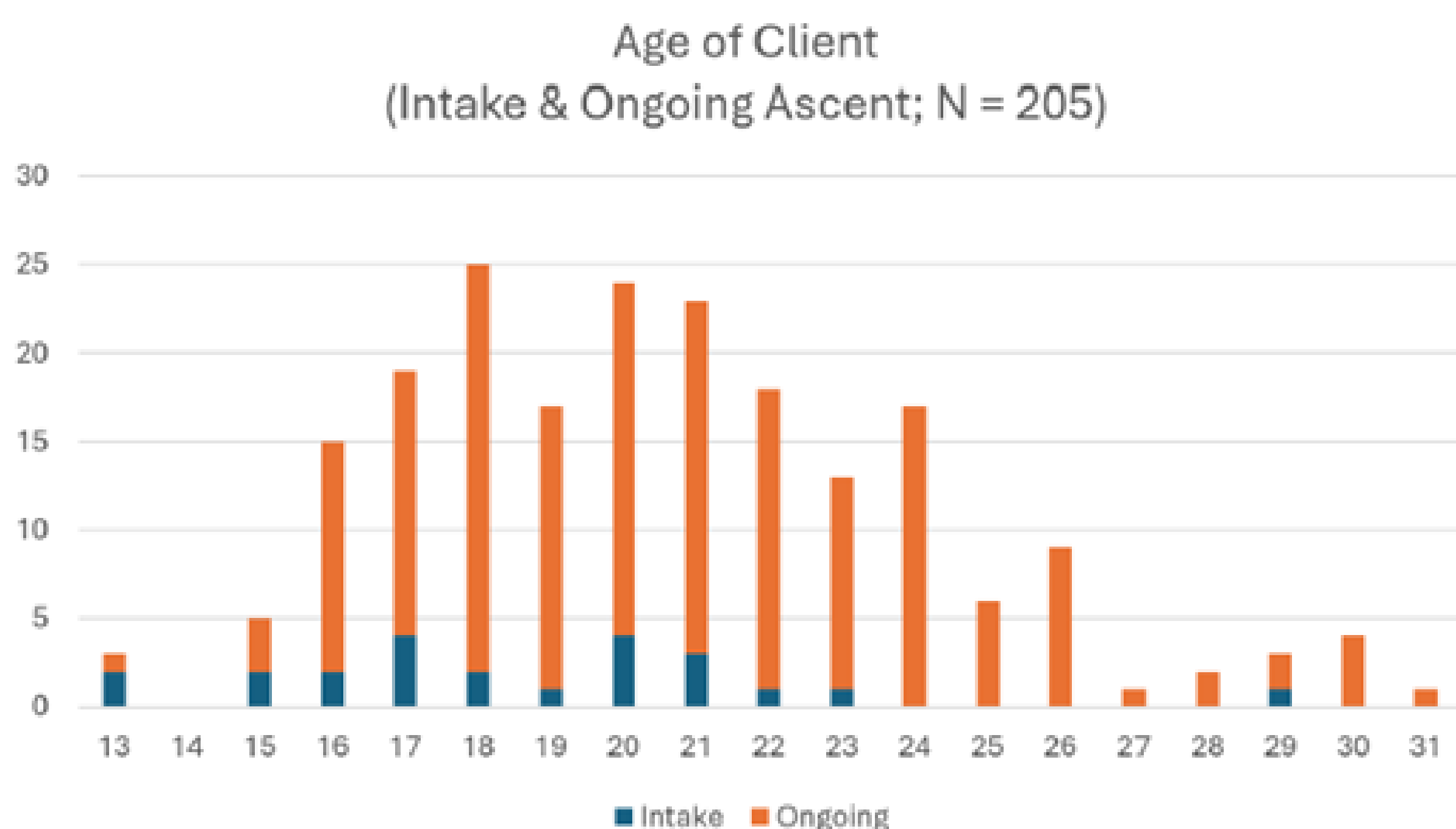
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From: Riecher-Rössler A, Butler S, Kulkarni J. Sex and gender differences in schizophrenic psychoses—a critical review. Arch Womens Ment Health. 2018;21(6):627–648



**Colorado CSC programs serve individuals who are ages 15–29 at intake**  
**Individuals can receive CSC services for 3 years with some programs offering the option of a step-down program lasting another two years**  
**An individual can enter services at the age of 29 and transition out of the program at age 35**



# Oregon EASA RedCap Data



Median age served by  
EASA programs

statewide:

2020: 24

2021: 23

2022: 22

2023: 21

2024: 20





# Ten Minutes on Development

Craigian Usher, MD – EASAc4e Medical Education Director

# A Few Developments



Avg age marriage  
28 women  
30 men



Avg age  
first-time mother  
27

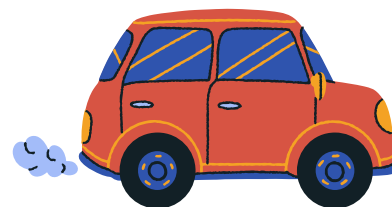
Avg age college  
grad 24



Legal drinking age  
in Oregon



HS grad  
11th G



10th G



9th G

8th G

7th G



6th G

12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28





# Development of the Self

Adolescents, Emerging Adults, and Early Adulthood grow tremendously in:

- **Knowledge**

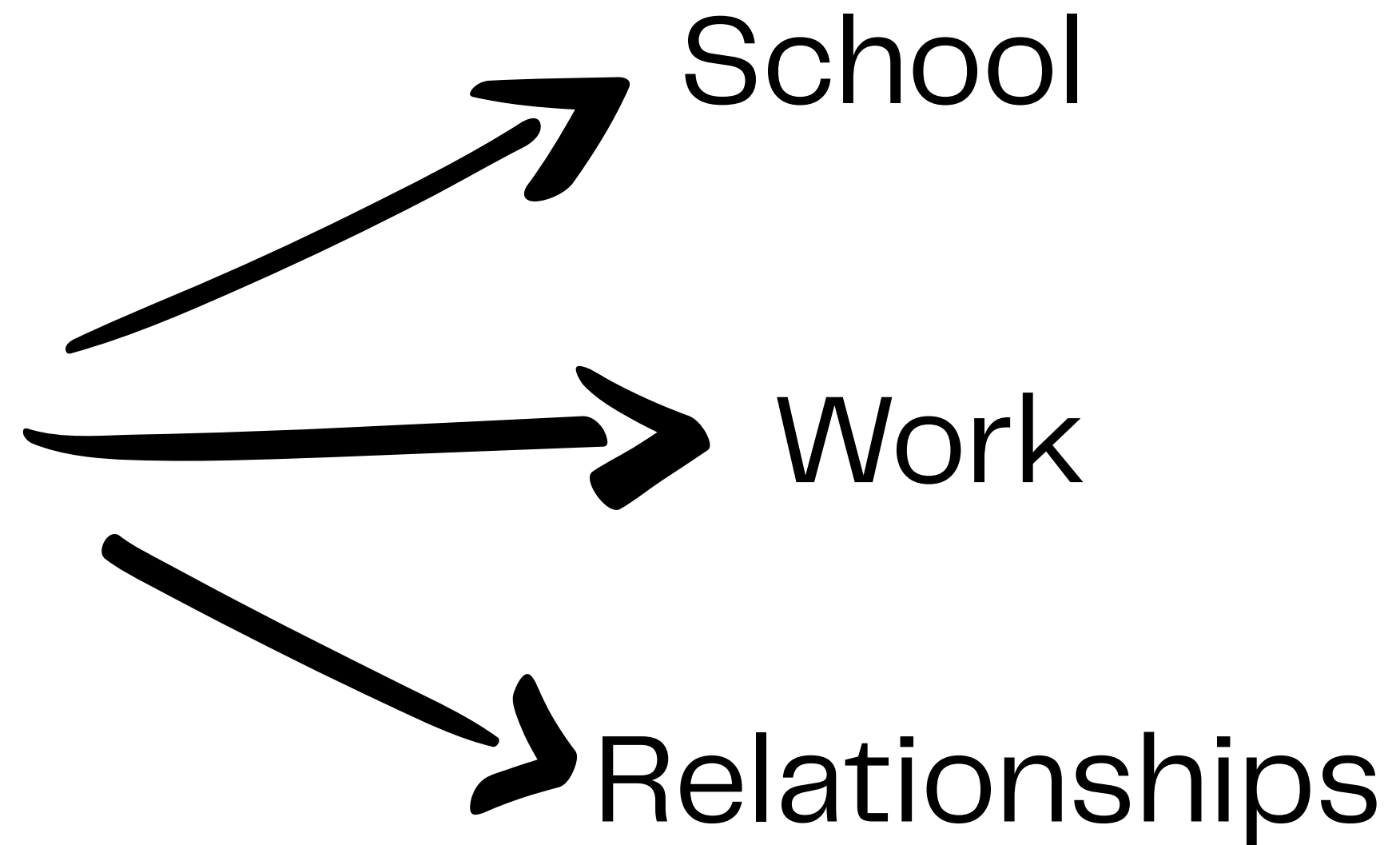
- Facts
- Capacity for Gaining New Information

- **Skills**

- Older Skills Drawing on New Capacities
- Novel Skills

- **Perspectives**

- New Abilities/Interests in Empathy for Others
- Emerging Capability for Self Reflection



|                   | Early Adolescence<br>10 – 13                                       | Middle Adolescence<br>14 – 16                                                              | Late Adolescence<br>17+                                                          |
|-------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Independence      | Emotionally breaks from parents and prefers friends to family      | Confident about emerging self/mental independence while ambivalent about separation        | Emerging feelings of integration and growing belief in capacity for independence |
| Cognition         | Concrete thinking lingers                                          | Fascinated by new capacity for considering issues                                          | Ability to think abstractly unfolds more fully                                   |
| Career/Life Plans | Vague and unrealistic plans                                        | Emerging ideas, often quite vague mix of modeling and aspiration                           | More specific goals and specific steps to implement them – needs mentoring       |
| Sexuality         | Sexual curiosity; for some this may entail occasional masturbation | Sexual experimentation; individuals may be viewed as sex objects, jokes may seem devaluing | Beginning of intimacy and caring                                                 |

# Generational and Acculturative Distancing

**Acculturative family distancing is defined as the gap between parents and youth in terms of cultural and communication differences that emerge based on their unique cultural experiences.**

Kim B, Omizo M. Behavioral acculturation and enculturation and psychological functioning among Asian american college students. Cultural Diversity and Ethnic Minority Psychology. 2006;12:245-258.

**17+**

**Idealism; rigid concepts of right and wrong; other-oriented; ascetism, capacity for ruthlessness (which may be good for art, innovation, bringing humanity's attention to real problems and solutions)**

**14 – 16**

**More “self”-centered, anchored in personal, middle and early high school experience**

**10 – 13**

**Decline in traditional morality that was handed down to them; testing of parents'/family's moral (religious or otherwise) system**



# Adolescent Neurodevelopment – 1

Markedly heightened emotional arousal / activity in emotional (subcortical) centers emerges

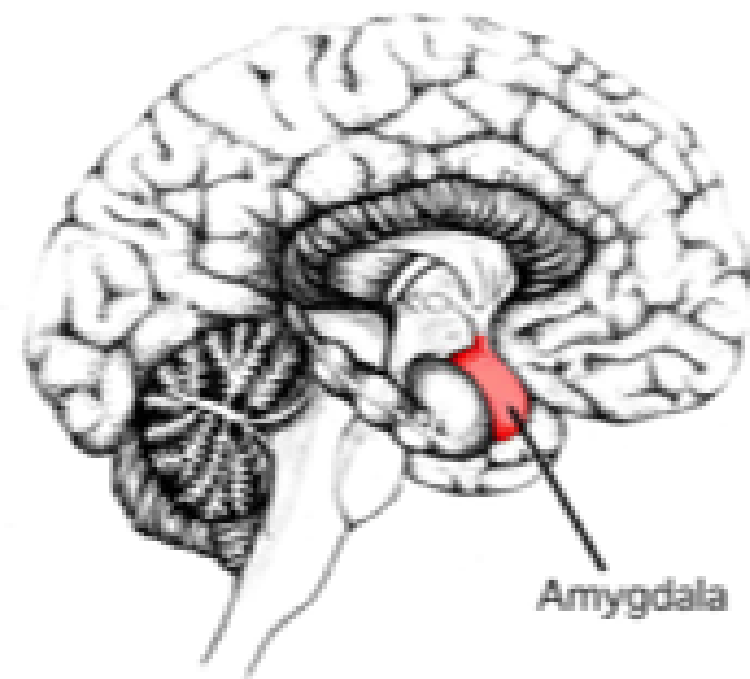
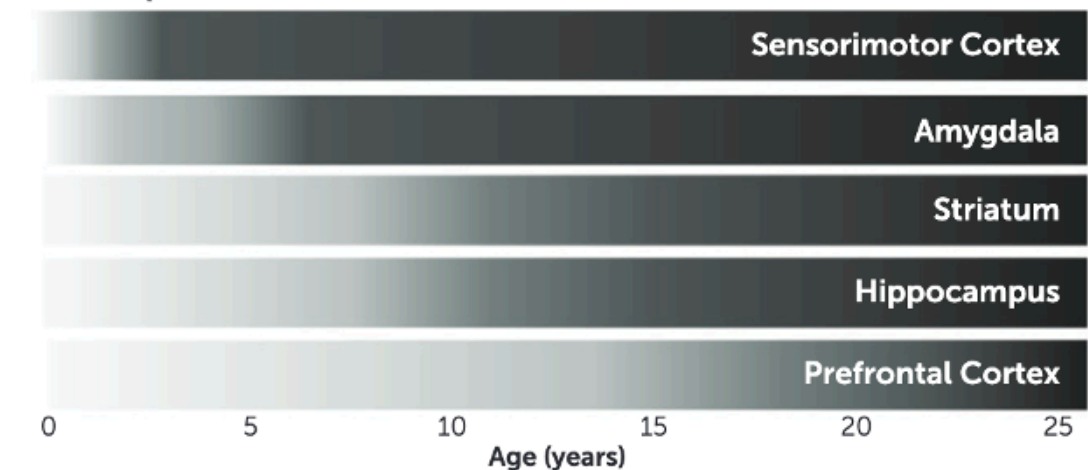
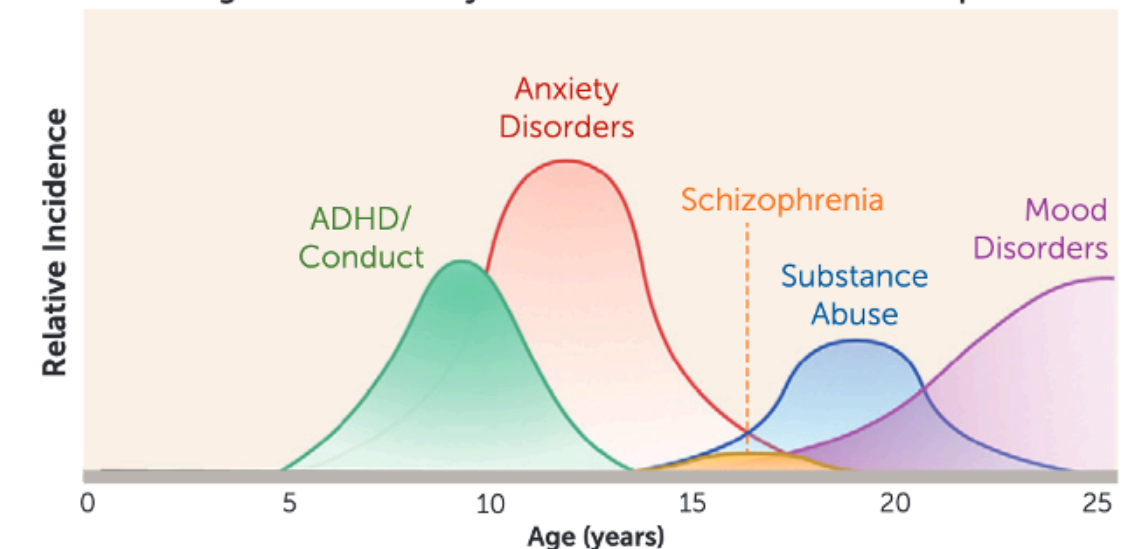


FIGURE 1. Brain development and emergence of psychiatric disorders

A. Developmental Course of Brain Maturation

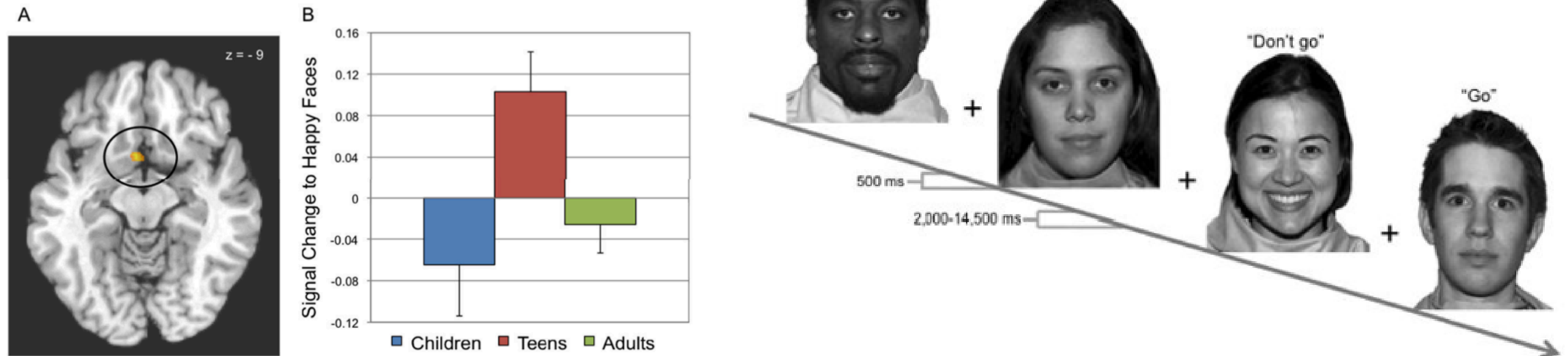


B. Median Age at Onset of Psychiatric Disorders Across Development



# Adolescent Neurodevelopment – 2

Social feedback becomes  
absolutely central

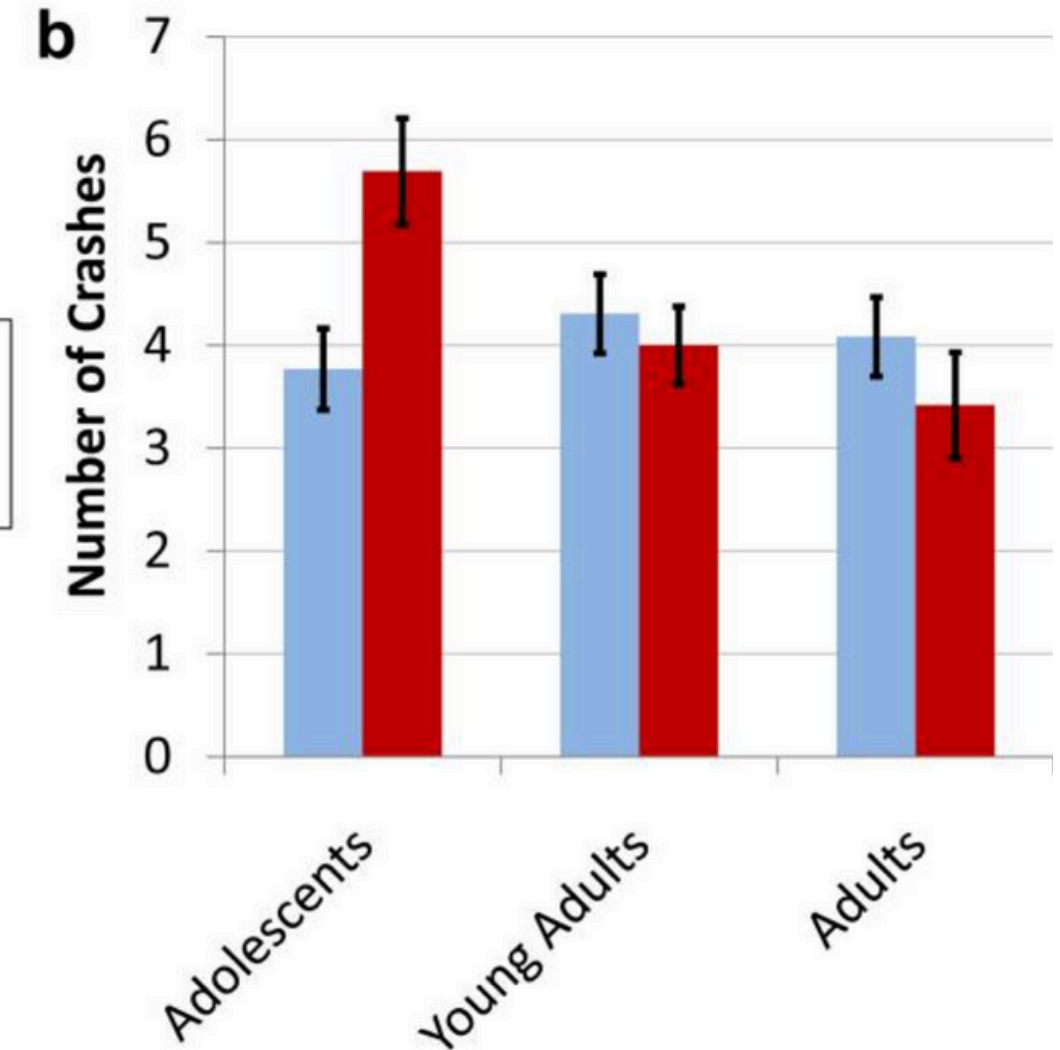
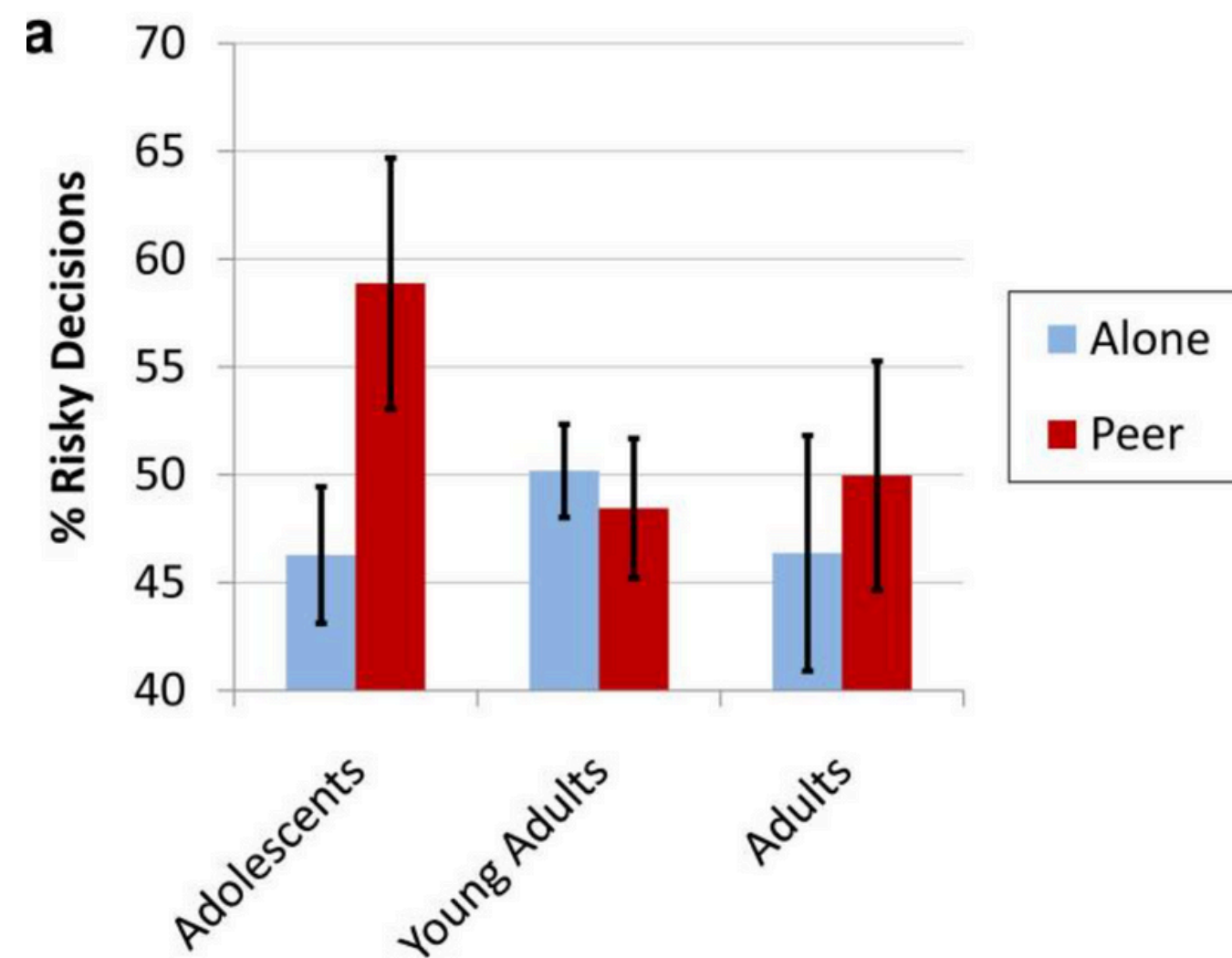
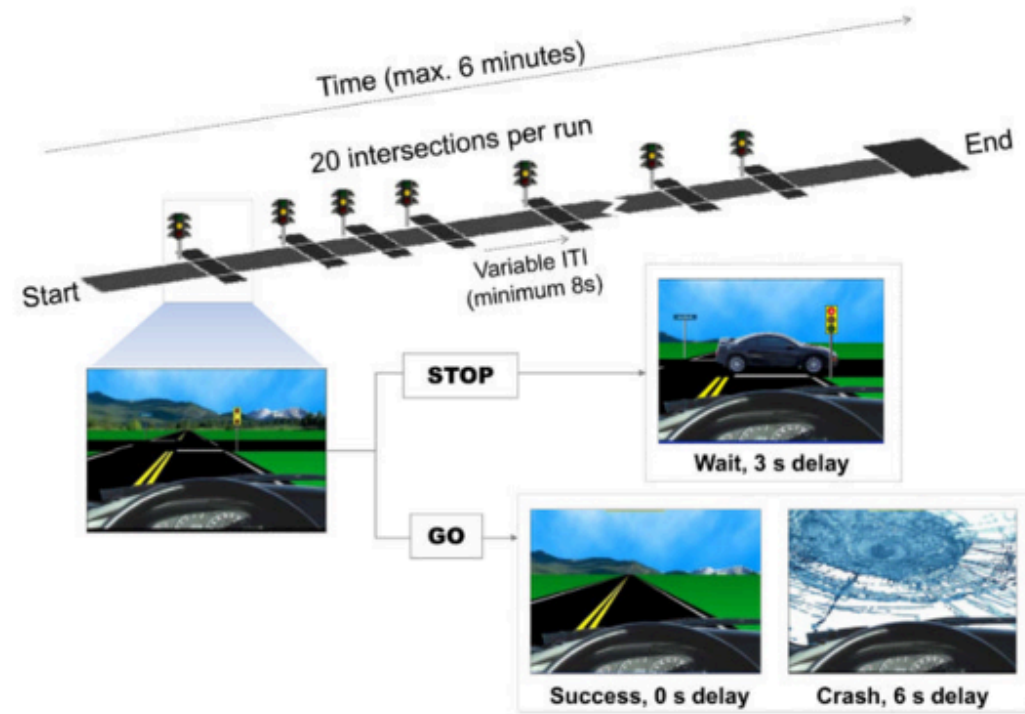


Somerville LH, Hare T, Casey BJ. Frontostriatal maturation predicts cognitive control failure to appetitive cues in adolescents. *J Cogn Neurosci*. 2011 Sep;23(9):2123-34.

Ruch D, Sheftall AH, Heck K, et al. Neurocognitive vulnerability to youth suicidal behavior. *J Psychiatr Res*. 2020;131:119-126.

# Adolescent Neurodevelopment – 3

Judgment, risk/reward  
calculus heavily influenced by  
peers





# Transitional Age Youth Neurodevelopment

- On-going lateral prefrontal cortex and temporal pole development—**processing motivation, goal-setting, and integration of emotion**
- On-going myelination
- On-going synaptic pruning and reshaping
- Largest window for the development of bipolar disorder, schizophrenia, substance use disorders
- Binge drinking: protective against acute effects, most vulnerable to addiction and toxicity at brain level



# 4E Cognition & Psychosis

Thinking, being, growing, and an emerging sense of self are dynamic interactions with the world. Anything which disrupts one's embodied experiences, takes one out of their usual environment, diminishes activity, or robs one of the tools that we use can disrupt development.

Storm IMS, Mikkelsen AKK, Holen M, Hybholt L, Austin SF, Berring LL. Social Processes of Young Adults' Recovery and Identity Formation during Life-Disruptive Mental Distress-A Meta-Ethnography. *Int J Environ Res Public Health*. 2023;20(17):6653.

Stein DJ, Nielsen K, Hartford A, et al. Philosophy of psychiatry: theoretical advances and clinical implications. *World Psychiatry*. 2024;23(2):215-232.

Narita Z, Banawa R, Zhou S, DeVylder J, Koyanagi A, Oh H. Loneliness and psychotic experiences among US university students: Findings from the Healthy Minds Study 2020. *Psychiatry Res*. 2022;308:114362.

## EMBODIED

Interactive with the body/physical world

## EMBEDDED/ENVIRONMENTAL

Exists within a cultural, social, and physical context

## ENACTIVE

Thinking is influenced by and influences the outside world (others)

## EXTENDED

Cognition is not merely what takes place within the confines of the skull, but stretches out to the tools we use



# The Social Self & Psychosis



1. Comparing oneself to peers, youth can grow to feel that they are not meeting expected milestones or are stagnating
2. What may emerge are feelings of isolation, being lost, and left behind
3. Recovery entails establishing a sense of belonging with other young adults
4. Forming identity positions of growth and disability during this process is complex
5. Support as one navigates complex relationships (perhaps going back to largely being around adults, then having to re-establish one's self/identity in relationship to peers) is helpful

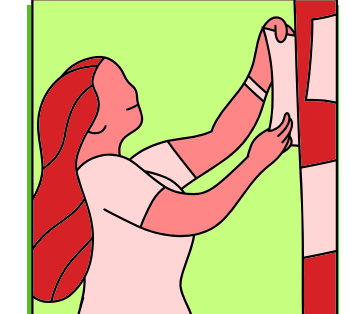
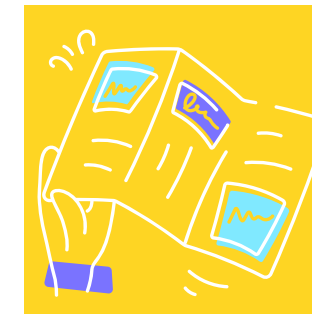
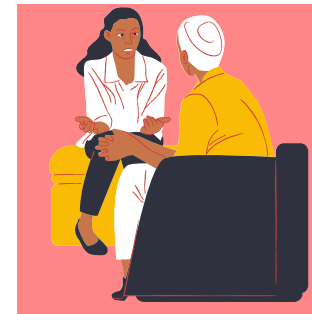
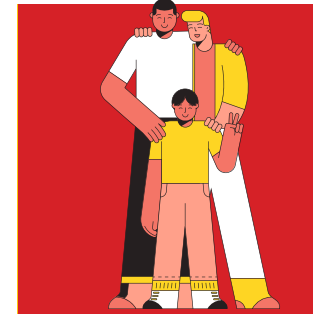
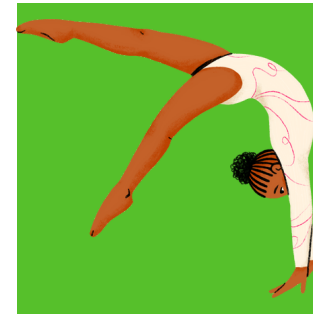


# Lessons Learned



# Outreach

Where it all starts



# Home/ Community Visits

Safety and considerations for both the participants and the staff.

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## Home visits

Do you agree to home visits

- Anything helpful to make them more comfortable?
- Other people in the home?
- Firearms, violence, illegal substance use?
- Animals in the home?

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## Community visit

Do you consent to visits in the community?

- Allergies?
- Behaviors that would make it unsafe?
- Anything that would make you more comfortable on a community visit?

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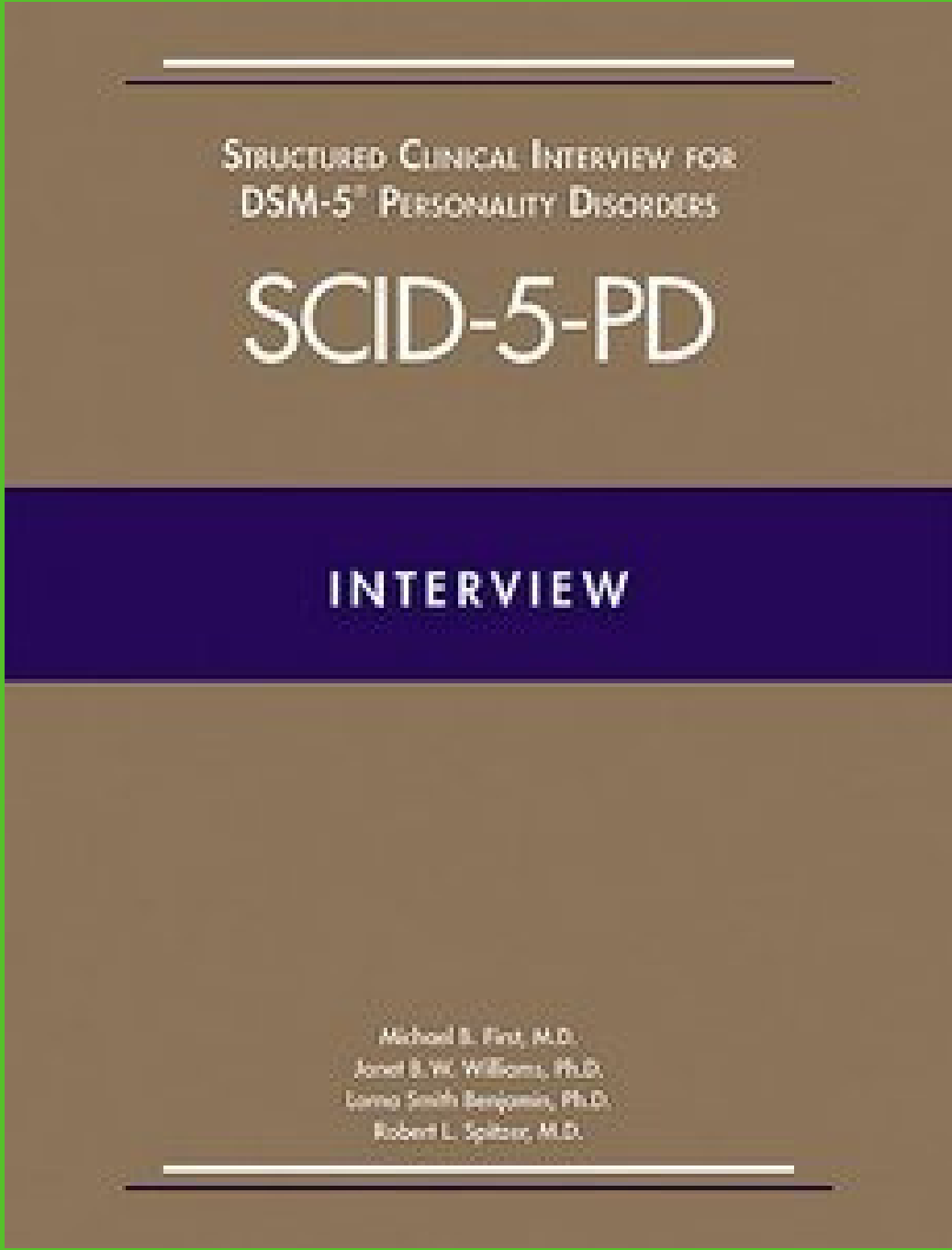
## Response plan

If answered yes complete a response plan

- Identified risk factors
  - Address each one to ensure open communication and safety
  - Complete collaboratively with participant and/or family
-



# Screening and Assessment



**STRUCTURED INTERVIEW FOR  
PSYCHOSIS-RISK SYNDROMES**  
ENGLISH LANGUAGE

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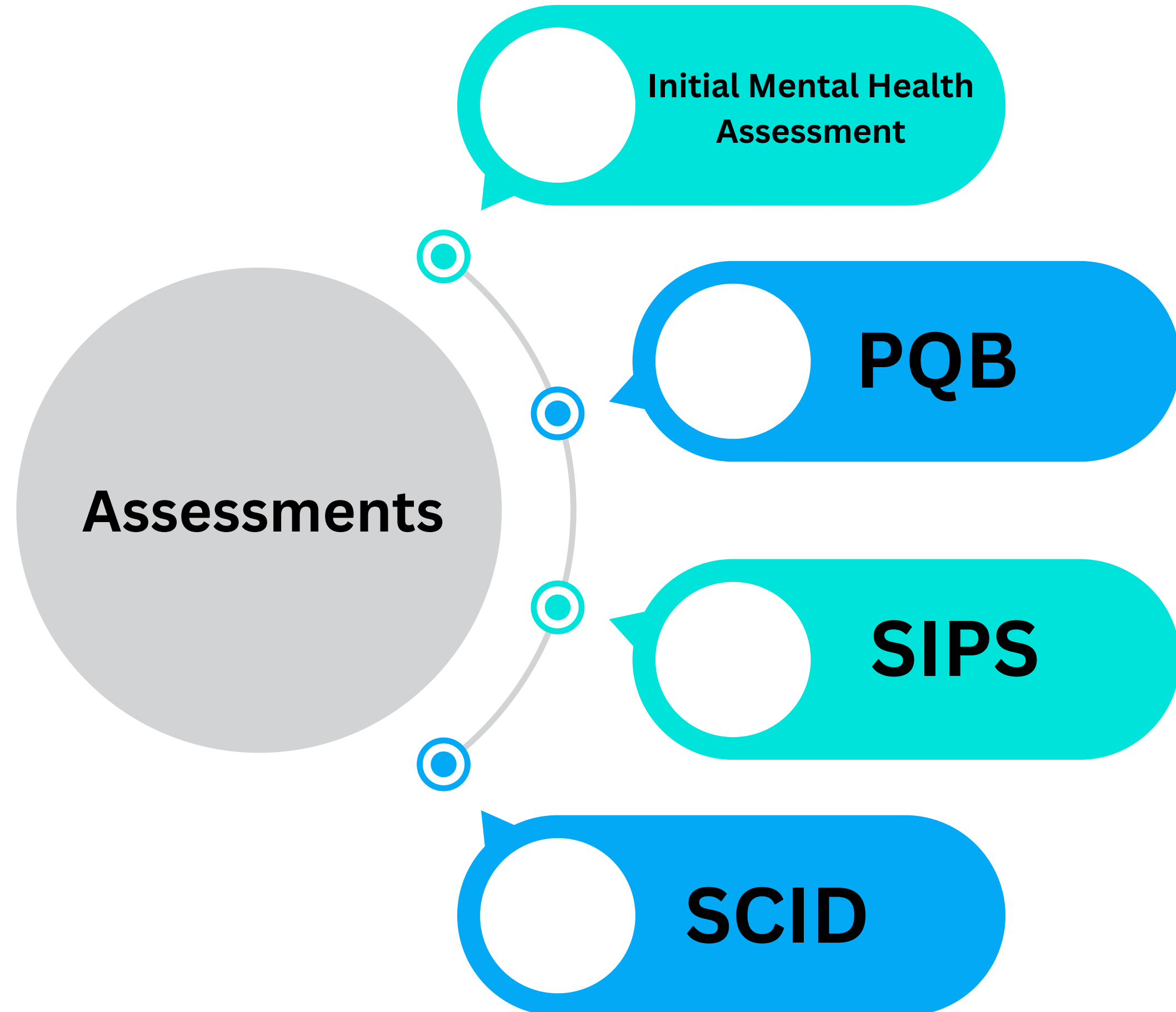
March 25, 2014  
Version 5.5

Patient I.D.: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Rater: \_\_\_\_\_ Other Raters Present: \_\_\_\_\_

# How We Assess

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# Demistifying Assessment

**Naming rigid  
limitations of  
assessments**

**Transparency  
in assessment  
process**

**Multiple  
sessions/  
flexibility**

**SNACKS**

# Prioritizing Accessibility

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## **Collaboration**

How do we collaborate differently based on Age?

- Parent/Guardian Involvement in ages 12–17

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## **Psychoeducation**

Including Support Systems in Psychoeducation

- Frontload psychoeducation prior to screening

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## **Accessible Language**

How do we shift our language based on age?

- Phrases used to differentiate APS and Psychosis
-

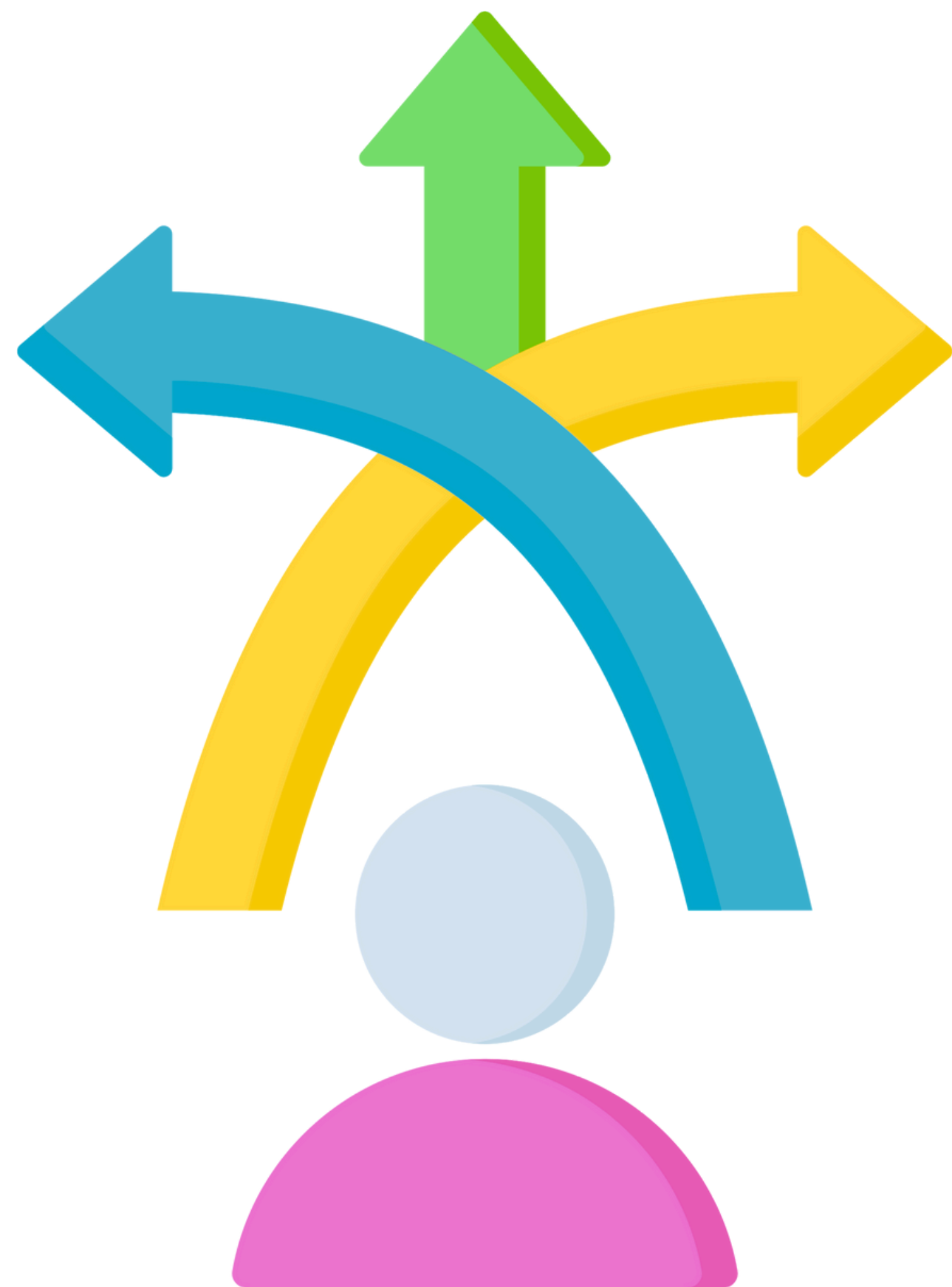


# Orientation

Meeting folks where they are at







# Flexible Support Across the Age Range

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Similar Interventions work  
across the age-range...  
When adjusted to where  
they're at . . .

# Occupational Therapy

On the Younger Side

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**Know about things that the youths like.**

*Do I play Minecraft? No. Do I know enough to have a conversation to build rapport? Yes!*

**Interventions are focused more on organizational and sensory issues related to school, emotional regulation, social conflict.**

*Have interventions ready for those areas.*

**Incorporate more movement**

*Opportunities in session (fidget, exercise ball, etc)*

**Involve parents**

*(Maybe your teen is mad because they're 13, not because of psychosis!)*

# Occupational Therapy

On the Older Side

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## Adulting skills

### Time management

balancing school, work, self-care, social time

### Activities of Daily Living

- *Medication Administration*
- *Hygiene habits*
- *Sleep Hygiene*
- *Setting appointments*
- *meal planning*
- *Cooking*
- *Cleaning*
- *public transportation*
- Study Skills and organizing complex tasks
- Applying for SSI or OHP



# Family Support

Across the Age Range

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## Psychoeducation

CHR-P vs FEP

Most folks with CHR- P don't convert

## Younger side...

Support interdependence. Effective parenting and supportive communication

## Older side...

Supporting parents of adult children with education, confidentiality, and communication skills

- Independence
- Autonomy
- Boundaries
- Collaboration

# Education & Employment Support

## On the Younger Side

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- **Education is primary**
  - Work with family, participants and school to make school success attainable; academic accommodations can be key
  - Eg) Advocate for IEP and/ or 504 plans
- **Help shift routines and habits**
  - Sleep, time management, screen time vs. study time, self-care
  - collaboration with parents and teachers is key
- **GED preparation**
  - For some students this can be necessary and empowering as early as Freshman year
- **Part-time jobs**
  - Provide self-efficacy, skills and prosocial connections
  - Limited job opportunities for folks 15 and under

# Groups

Across the Age  
Range

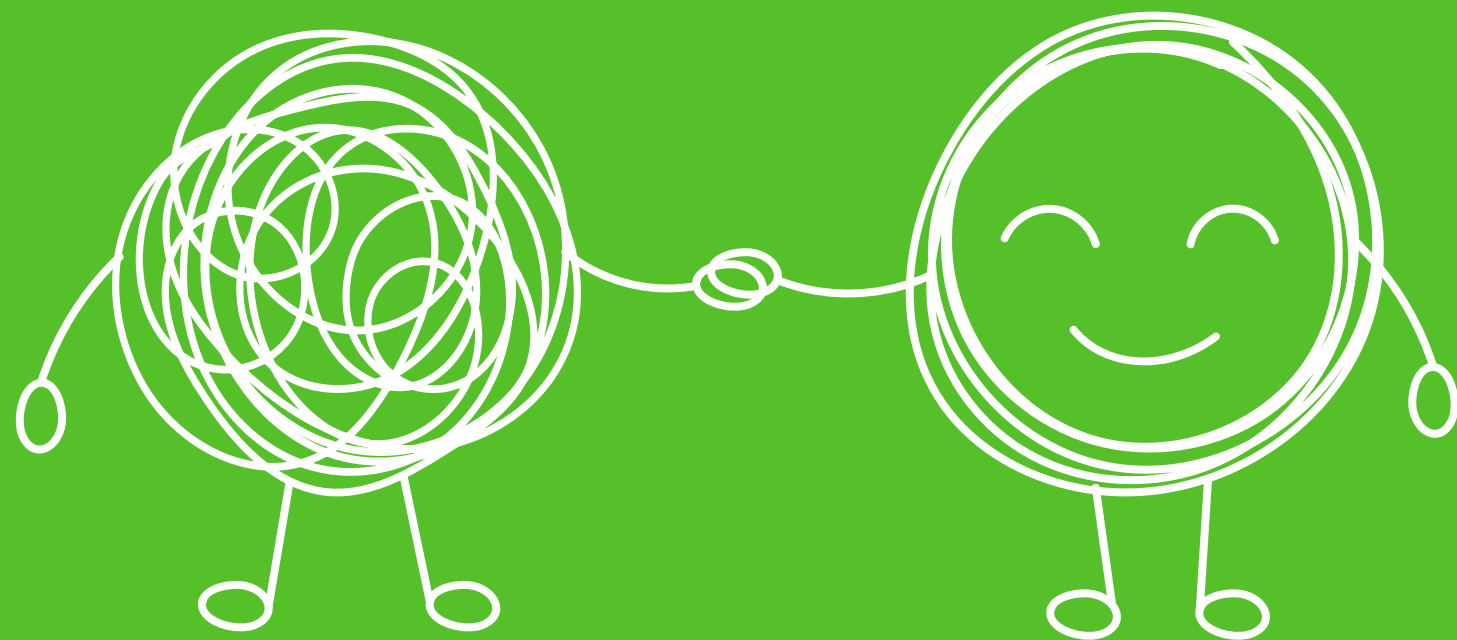


| Activity Groups                                                                                                                                                                                                                                                                                                                                        | Psychoeducational Groups                                                                                                                                                                                                                                       | Therapy Groups                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Paint night</li><li>• LGBTQ+ Community Paint Night</li><li>• Movie Night</li><li>• Seasonal Parties</li><li>• Talent Show</li><li>• Karaoke Night</li><li>• Tune-In to Wellness</li><li>• Bingo</li><li>• Kindness Rocks</li><li>• Knitting Group</li><li>• EASA Cookout</li><li>• Nature Photo Walk</li></ul> | <ul style="list-style-type: none"><li>• Cognitive Skills Seminar</li><li>• Sleep hygiene Seminar</li><li>• Medication Management Seminar</li><li>• Healthy Communication Seminar</li><li>• Intro. to FEP (virtual)</li><li>• Intro. to CHR (virtual)</li></ul> | <ul style="list-style-type: none"><li>• Hero's Journey Group</li><li>• Mindfulness Group</li><li>• Multi Family Group</li><li>• Friends &amp; Family Support Group</li><li>• Hearing Voices Group</li></ul> |

# Therapy Interventions

Across the Age Range

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## Younger Adolescence

### Extraordinary Experiences

Stories, pictures and relatable examples that fit within their social context. eg) Family, school friendships, hobbies

Extraordinary Experiences as a non-pathologizing lens

## Middle Adolescence

### Symptoms & Explanations

Explanations that relate to their life stage, interest and challenges.

Deepen understanding of what they are experiencing related to relationships, school, work, etc.

Narrative interventions

Explorations of identity and values

Symptoms vs. Extraordinary Experiences

## Emerging Young Adults

### Interpreting Experiences

Further understanding of their often more developed identity, worldview and ways they interpret their experience. Interventions to meet challenges with work, school and relationships.



# CBT for CHR-P

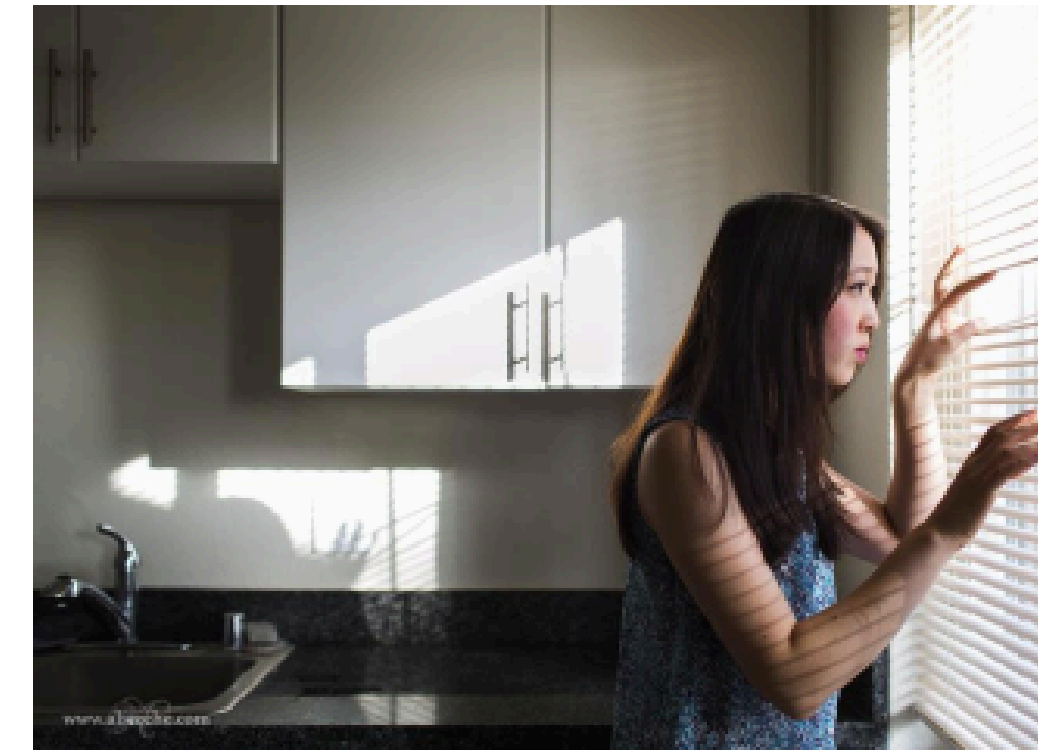
Teach how to differentiate events, thoughts, and feelings.

Develop awareness of thinking styles and cognitive biases

Normalize extraordinary experiences and offer opportunities to generate alternative explanations.

Guess what may be happening in these pictures:

How are the people in the pictures feeling? What makes you think so?



# Adolescents

## Extraordinary Experiences

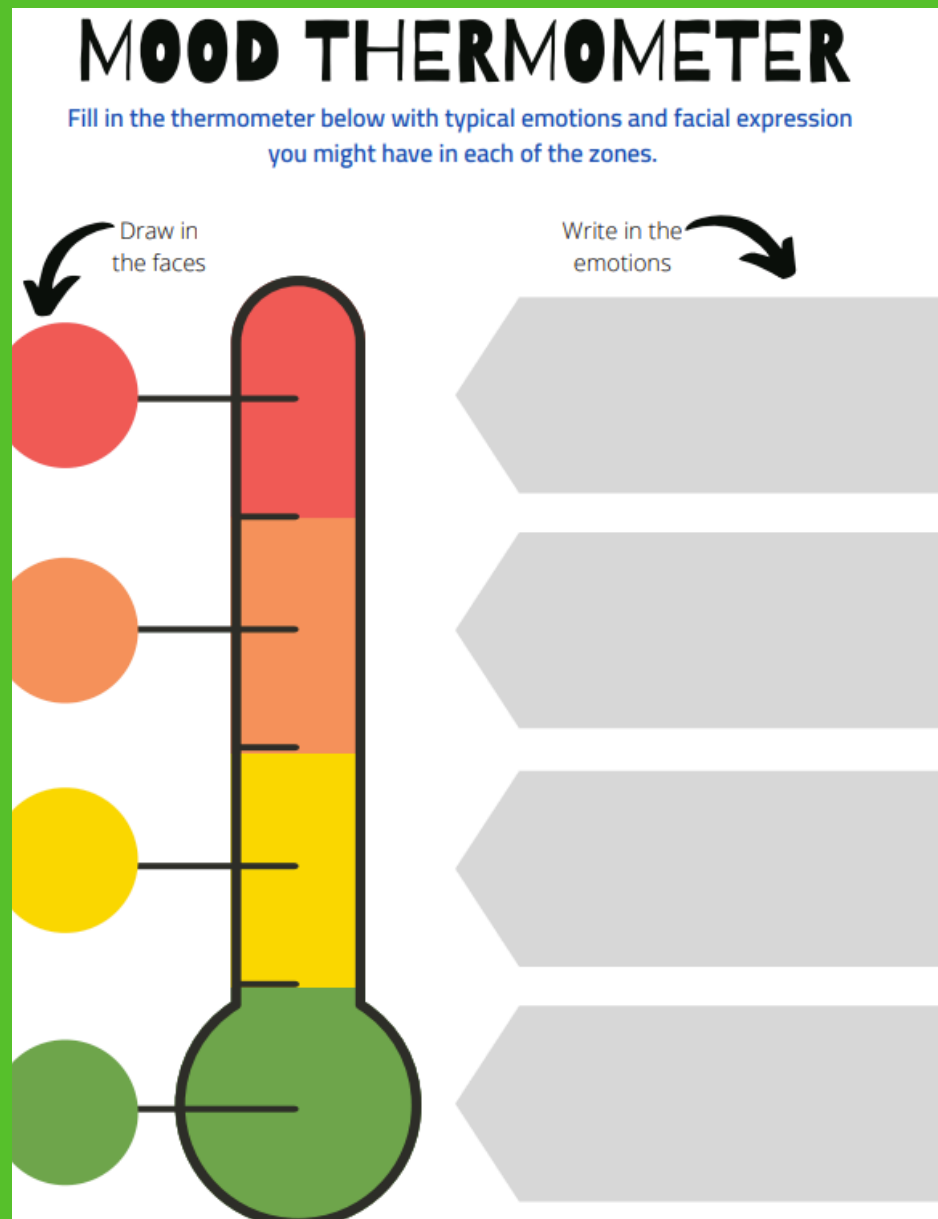
With younger folks it can be helpful to use stories, pictures and relatable examples that fit within their social context.  
Ex) Family, school, friendships, hobbies. eg) Identify emotions by relating to body language and somatic sensations.

### MOOD THERMOMETER

Fill in the thermometer below with typical emotions and facial expression you might have in each of the zones.

Draw in the faces

Write in the emotions



### SCENARIO 1

ANSWER EXAMPLE

#### THE SNAIL ON THE SIDEWALK

Kyle is leaving his house walking towards the bus stop. It is a sunny day and he is heading to his friend's house to play on the new PS5. He sees the bus rounds the corner and is glad that he doesn't have to wait long for the next one. As he continues to walk, the clouds moved in and he caught sight of a round thing moving on the ground. He became alarmed, quickly caught his step and while he did so, realized the object was just a snail. Kyle then stumbled in effort to avoid stepping on the snail and almost fell over. After catching his balance, he thought he was silly for thinking the harmless snail was something to be scared of.

| EVENT               | THOUGHT                        | FEELING         |
|---------------------|--------------------------------|-----------------|
| Going to a friend's | Finally get to try out the PS5 | Excited         |
| Saw the bus coming  | Good timing                    | Happy, relieved |
| Moving object       | Danger ahead                   | Scared          |

### Thinking Errors Matching

Draw a line between the statements and the correct thinking error.

"I should have been able to stop that from happening."

"I couldn't get that assignment done on time, I'm lazy and dumb."

My friend didn't pass their test, I'm sure it's because I didn't help them study enough.

"If I apply for this job, they will laugh at my skills and throw out my resume."

"I got a few questions wrong on that quiz, so I pretty much failed the class."

Everyone said they liked your song but you are only thinking about the one wrong note you played.

 **Fortune telling**

 **All or Nothing**

 **Catastro-phizing**

 **Filtering**

 **Should Statement**

 **Labeling**

# Middle Adolescence

With increasing  
cognitive ability,  
we can increase  
complexity of  
psychoeducation  
and interventions

## The Stress-Vulnerability Model

FEP

Here is a diagram of the stress-vulnerability model as it relates to schizophrenia.

Biological Vulnerability



Environmental Stress



Symptoms

## CHR-P



Belief

Emotion

Alternative  
belief

Alternative  
emotion

**Goal:** Identify negative beliefs (or interpretations of extraordinary experiences), emotions and behaviors – **and** alternative thoughts/interpretations, alternative emotions and alternative behaviors

# Narrative Interventions: FEP

## Telling Your Own Story

Now that you have learned about “Michael’s story” the next step is to work on telling your own story—that is, your experience with psychosis. When working on your story, you may find that there are parts of it that are confusing or hard to remember. Piecing your story together, and making sense of what happened, can help you better understand your experience, and what you have learned from it. This can help prepare you for moving forward with your life and your personal goals.

|                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Before the Episode:</b>                                                                                                                       |
| Were there stressful situations in your life?                                                                                                    |
| Were there any life changes?                                                                                                                     |
| Did you experience any upsetting feelings or symptoms?                                                                                           |
| Did you notice these problems yourself or not?                                                                                                   |
| Did someone point out these problems? Who? How did you react to his or her feedback?                                                             |
| <b>During the Episode:</b>                                                                                                                       |
| Did you seek treatment on your own?                                                                                                              |
| What drew people’s attention to the fact that you needed assistance?                                                                             |
| What do you remember about your experience at the ER or the hospital?                                                                            |
| Who was involved in getting you to seek treatment?                                                                                               |
| How did you react to people who were involved? Family, friends, doctors, etc?                                                                    |
| Are there things that you feel badly about having said or done around this time?                                                                 |
| Did you have any distressing experiences related to your treatment? (Refer back to “Upsetting Treatment Experiences You May Have Had” Checklist) |
| <b>General After-Effects of the Episode:</b>                                                                                                     |

Offer opportunities to develop personally meaningful understanding and expression of their experience of psychosis



# Narrative Interventions: CHR

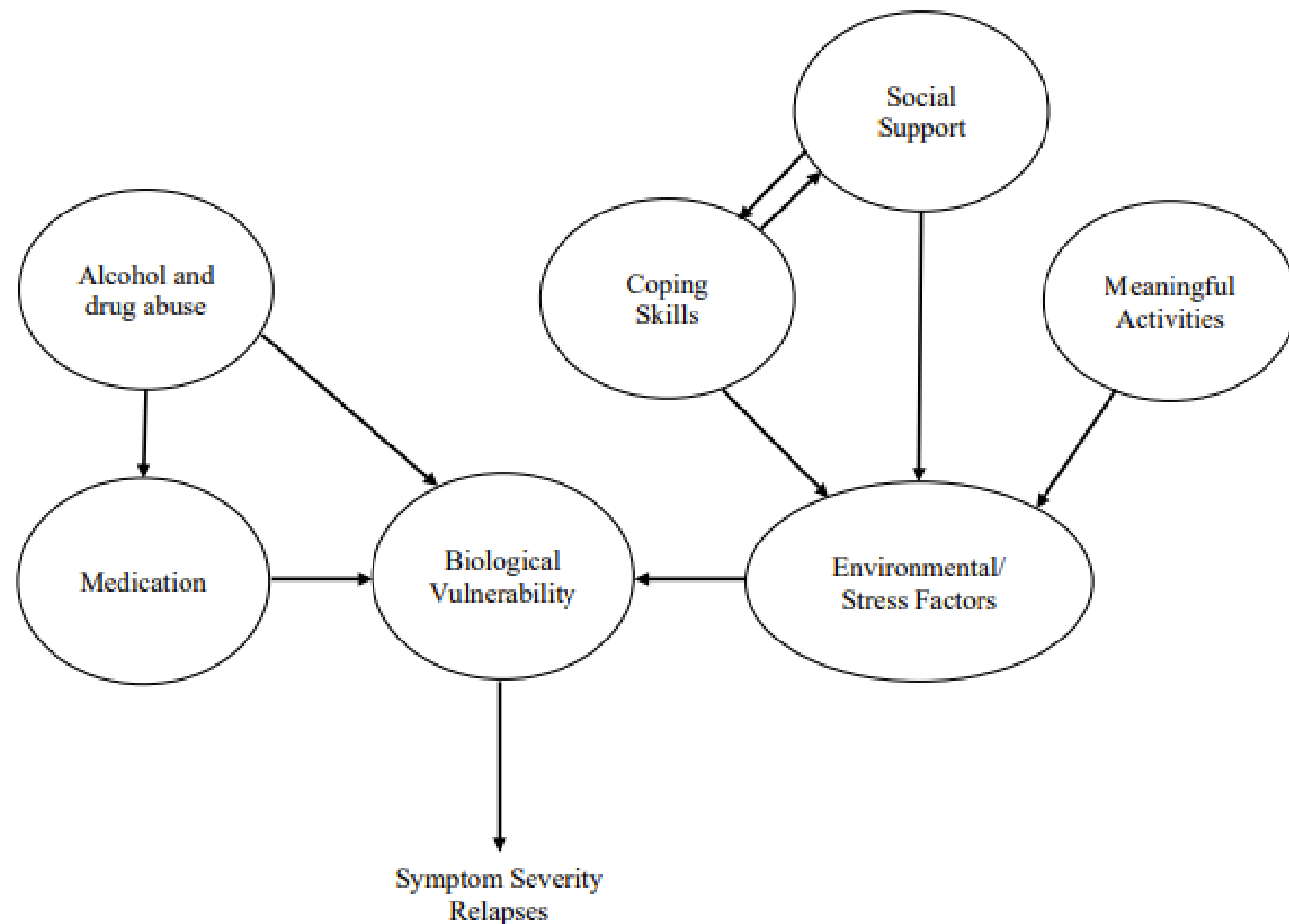


Offer opportunities to develop personally meaningful understanding and expression of their experience of psychosis



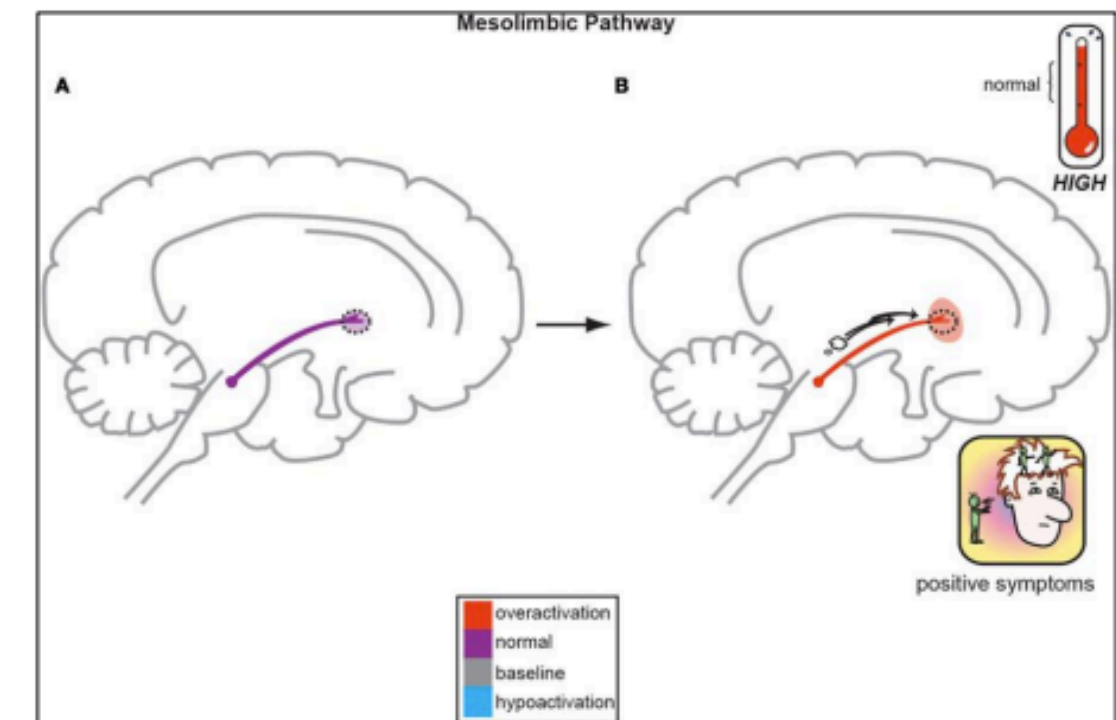
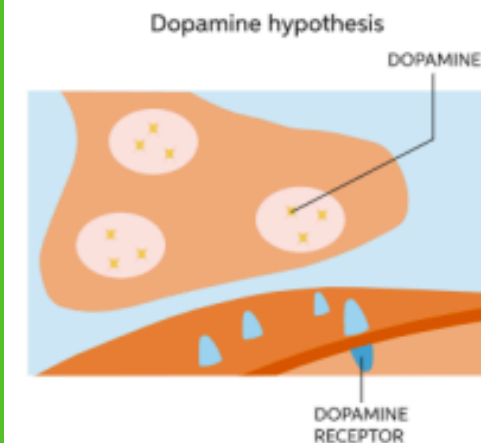
# Young Adults

This is a picture of how you can use strategies to reduce your internal and stress factors in the stress-vulnerability model:



## Dopamine Theory

- Dopamine is a chemical in your brain. It helps you feel focused, accomplished, and good about the things you are doing.
- Scientists have found that some people have too much dopamine in their brains. This could be an inherited trait, but people who have a lot of stress in their lives every day can have an overload of dopamine too.
- Dopamine helps us pay attention and supports us in making decisions about fight or flight. If you have too much dopamine, you may always be on high alert; looking for danger. This can result in extraordinary experiences.



## Activating Event

A. EXTRAORDINARY OR  
REMARKABLE EXPERIENCE

E. RELEVANT LIFE EXPERIENCE

## Beliefs

B. NEGATIVE AUTOMATIC  
THOUGHTS

G. INTERMEDIATE  
ASSUMPTIONS

F. BASIC ASSUMPTIONS

## Consequences

C. EMOTIONAL & BODILY  
RESPONSES

D. BEHAVIOURAL RESPONSES



# Creative Interventions



Share your gifts

and inspire your participants to share  
theirs!

**Music listening and playing**

**song-writing**

**Puppetry**

**Create Graphic Novels**

**Dance**

**Play Sports**

**Collage**

**Theater**

**Film**

**Photography**

**Celebrate however you express yourSelves  
Together!**



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# The struggle is real

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"Please don't assign  
me anyone under 15"

Offering groups  
tailored to  
adolescents and  
teens.

Assuming less  
need/desire for  
family involvement  
due to age.

Lack of training in  
interventions and  
models outside of  
talk therapy

"They wouldn't be  
interested in that  
group.. they are too  
old."

"They are a functional  
adult. They won't  
need a lot of support  
from us."



# Discussion...