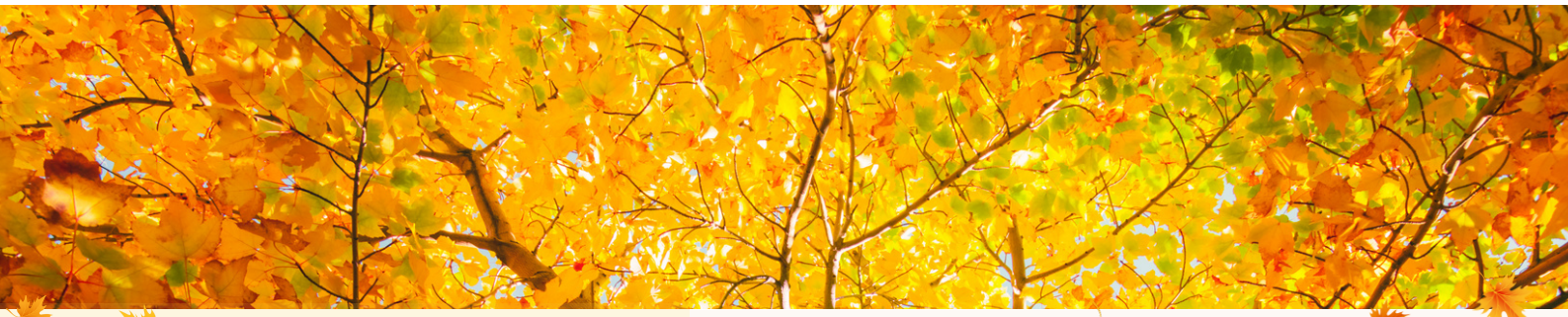
MARYLAND EIP FALL NEWSLETTER



CONTENTS

THE OUTREACH & EDUCATION TEAM

The Maryland Early Intervention Program: A Collaborative for the Early Identification and Treatment of Mental Illness with Psychosis (Maryland EIP; MEIP) offers specialized programs with expertise in the early identification, evaluation, and comprehensive psychiatric treatment of adolescents and young adults with, or at risk for, psychotic disorders. The Maryland EIP uses an integrated approach to address the health and mental health needs of young adults, including providing support for co-occurring substance use disorders, and metabolic and other co-occurring medical conditions.

For more information, contact us:

www.MarylandEIP.com
@MarylandEIP
@MarylandEIP
info@MarylandEIP.com
1-877-277-MEIP (6347)
6-minute introduction video

CELEBRATING FALL WITH THE MARYLAND EIP

Fall marks the start of many transitions from year to year—as temperatures begin to cool and the leaves begin to change, a new academic year also begins. Here at the Maryland EIP, we wish you all the best as you navigate whatever transitions are in store for you this season. As a small gift to our readers, we've included some tips and tricks to help keep you grounded: a quick-start guide to create your own grounding pouch that works with a simple activity that can help you to regain a sense of calm wherever you are. In this edition of our newsletter, we have highlighted excerpts from an interview that our new predoctoral interns conducted with the fantastic Dr. Nev Jones, including some of her thoughts for how we can continue to enhance the Coordinated Specialty Care (CSC) services offered in our state. We're also looking forward to our upcoming **Fall Advisory Council Meeting** on **November 15th from 1-3pm ET**, which will highlight the theme of transitions within the context of CSC programs for early psychosis.

5-4-3-2-1 EXERCISE & GROUNDING POUCH

The 5-4-3-2-1 Exercise involves using all five of your senses for grounding purposes. Here are prompts that can be used:

- What are five things I can touch or feel right now?
- What are four things I can see right now?
- What are three things I can hear right now?
- What are two things I can smell right now?
- What is one thing I can taste right now?

To create a **grounding pouch** based on this exercise, write the prompts on small pieces of paper. Then follow the remaining instructions >>>

- Find a small to medium-sized **bag or pouch** that you can close (this will hold your kit items)
- Find **two small items that smell wonderful** to you (like a scented hand sanitizer, mini rollerball perfume, or a scratch-n-sniff sticker)
- Find **one small item you would enjoy eating** that will also fit in the pouch (like a peppermint, wrapped chocolate, or a granola bar)
- **Put all items into your pouch** and keep it somewhere that is easy to find whenever you're ready to use it!

KEEP MARYLAND EIP SERVICES IN MIND THIS FALL

OUTREACH & EDUCATION SERVICES

For behavioral health providers, schools, primary care settings, and consumer organizations. For more information or to schedule a presentation to your organization, **contact Cameron Sheedy: csheedy@som.umaryland.edu**

CLINICAL SERVICES

For 12-30-year-olds who present with clinical high-risk symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychoses. Providers include the **Strive for Wellness Clinic**, the **MPRC First Episode Clinic (FEC)**, the **Division of Community Psychiatry's RAISE Connection Program**, **Johns Hopkins Early Psychosis Intervention Clinic (EPIC)**, and **OnTrack Maryland at Family Services, Inc.**

CONSULTATION SERVICES

For providers regarding identification and treatment for individuals that may be experiencing symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychoses.

TRAINING & IMPLEMENTATION SUPPORT SERVICES

Early Intervention Teams (EITs) throughout the state create a learning collaborative such that EITs and others providing services to those with early psychosis can collaborate, share resources, and provide support and coordination of service delivery.

STAFF SPOTLIGHT

CLINICAL HIGH-RISK FOR PSYCHOSIS (CHiRP) PREDOCTORAL INTERNS

JOHN FITZGERALD, M.A.

Ph.D. Candidate in Clinical-Community Psychology at University of Maryland, Baltimore County (UMBC)

John has interests in expanding accessibility of empirically-based care in early psychosis. His current research explores how information about psychosis is communicated and comprehended by individuals engaging with psychosis-risk screening measures, clinical interviews, and similar tools.

STEPHANIE KORENIC, M.A.

Ph.D. Candidate in Clinical Psychology at Temple University

Stephanie's research to-date has focused on examining the interplay between sleep and social-cognitive functioning across the psychosis spectrum using translational, neuroimaging, and "big data"-driven approaches. She also has strong interests relating to development of digital solutions that could enhance evidence-based treatments for early psychosis.

CENTRALIZED LINE COORDINATOR

LESLIE MOHLER

Leslie joined the MEIP this summer after 20 years in community outreach. She is passionate about supporting the mission of the MEIP with callers from across the state; especially connecting consumers to resources that address the needs of those experiencing early psychosis and providing support to consumers and their families.

PROGRAM MANAGER

JEN ZARANSKI, M.A.

With 17 years of experience as a Senior Research Coordinator for clinical and neuropsychological studies at the Maryland Psychiatric Research Center (MPRC), Jen now adds the role of Program Manager at the MEIP. She works with our team to analyze and report MEIP accomplishments to our colleagues at the Maryland Department of Health's Behavioral Health Administration (BHA).

FUTURE DIRECTIONS FOR COORDINATED SPECIALTY CARE: AN INTERVIEW WITH DR. NEV JONES

BY STEPHANIE KORENIC, M.A. & JOHN FITZGERALD, M.A.

On a warm September afternoon, we had the opportunity to virtually meet and speak with Nev Jones, Ph.D., Assistant Professor at the University of Pittsburgh's School of Social Work. She is a powerhouse in the field of early psychosis research, with particular expertise in domains of intervention-based research, including outcome monitoring and increased integration of individuals with lived experience throughout mental healthcare systems. Excerpts from our hour-long conversation are featured below:

Some of your recent scholarly work has centered around Peer Support Specialists within Coordinated Specialty Care (CSC) teams that serve individuals experiencing early psychosis. As these roles become more common, and hopefully better funded, what do you envision for the future of this type of role?

NJ: **What I would really like to see happen** is for peer support to get more attention, more development. I think if there is an expansion, some of that expansion could really involve lived experience of psychosis, and more training around how peer specialists respond when [specific symptoms] come up. And maybe increased involvement [of peers] around the handling of adjunctive issues like antipsychotics as well. If you have had experience, you can speak to what people's reservations might be in a team meeting in a different way from if you have no experience of that yourself. I think that there's a much more significant role that could exist for peer specialists around medication decision-making and exploration. I think development of these roles would benefit from leadership with that actual, direct, lived experience.

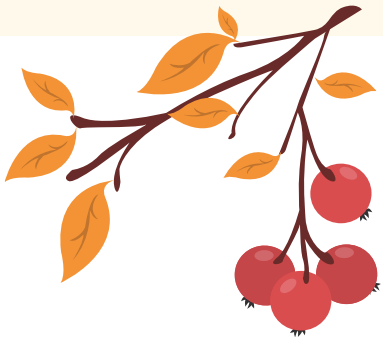
Can you tell us more about other ways in which you'd like to see service users integrated more effectively within the larger CSC treatment framework?

NJ: **Yeah, absolutely.** I think that there are huge opportunities and a lot of really, really good work that could be done. Again, not just siloing it to peer support, right? But **really looking at how lived experience can inform and infuse all aspects of early psychosis programs.** I personally feel like the training of all CSC clinicians should involve trainings or co-trainings led by people with direct experiences of psychosis. I think it's just really critical for them to get that alternative perspective. To me there's something almost absurd about the fact that the typical CSC team learns what psychosis is entirely from people with no experience, who are basically reading pages out of the DSM. It [creates] this incredibly reductionistic, third-person, projected version of what psychosis is.

I do a lot of clinician trainings and I spend a lot of time on the phenomenology. I really try to sensitize people to the depth, heterogeneity, and complexity of the range of kind of experiences falling under the psychosis umbrella. If you're already beginning to approach a client in a way that fundamentally misunderstands and misdescribes their experience, nothing is off on the strongest footing. If you feel completely misunderstood by the person you're talking to, it's not really a good thing. And I think that happens an awful lot. That's one reason why we see such high disengagement rates in CSC.

(continued)

> **The training of all CSC clinicians should involve trainings or co-trainings led by people with direct experiences of psychosis.**



During our upcoming fall Advisory Council meeting, one focal point will be on what CSC completion looks like. What do you think providers receiving these clients should know? Are there opportunities for improvements in what the transition process could look like when care within a CSC program concludes?

NJ: I did this project on post-CSC outcomes and experiences, which for the most part I haven't published yet. In a lot of ways, what I expected to hear was not what I heard. First of all, not everyone has good experiences of CSC—we heard some discouraging examples from both clients and family members. Sometimes we forget just how variable implementation (and levels of state support) can be in different places. And so, for quite a few people, what they were getting after CSC wasn't better than the services they access after, or it felt negligibly different to them. I think a lot of what we heard could be described as racial and socioeconomic stratification as well. In general, both those who benefited the most and who had all the most positive things to say [about their care] were white and of a higher socioeconomic status (SES). The low-SES group who'd grown up systems-involved... I very rarely heard the same kinds of glowing, positive stuff. Some of them just felt trapped in the system, and that system very much included CSC (rather than CSC being framed as something very different). And then we heard from a lot of people who decided to leave CSC—they weren't discharged because of a two-year service limitation, but they decided on their own to try something else or in a few cases, ended up alienated from their program.

From that perspective, a bigger problem than step-down may in fact be **disengagement**. A rough national average would be that between 40% and 50% of clients disengage or are discharged before they hit one year of service. [We should] be asking the really hard questions about why that's happening. And, from the data I've worked with, there's significant ethnoracial and socioeconomic stratification involved. You see that in quantitative data and qualitative data. So we potentially end up dedicating even more resources to those who are "already engaged" if we focus on step-down, whereas to me the pressing need is to deeply understand disengagement, to understand what's going wrong, and, specifically, why service users from multiple marginalized backgrounds are disengaging at higher rates. And, maybe needless to say, we need to approach this from the perspective of these youth—not conceptualizing disengagement as a problem with individuals, but primarily as a consequence of systems that are not meeting their needs.

We therefore need research to include robust qualitative elements, and ideally robust lived experience involvement in design and the interpretation of findings.

You've also been a strong advocate for incorporating folks with lived experience into spheres of academic research and the broader mental health system. Can you tell us more about how you think we can continue to work towards reducing barriers of entry and increasing representation in these domains?

NJ: I unequivocally believe that we need lived experience leadership at all levels—in research, practice, and policy. The reality is that academia is dominated by researchers with advanced degrees and even community mental health leaders virtually all have master's level training (at least). And right now, there are very few leaders outside the silo of peer support with personal experience of schizophrenia or other conditions we label as Serious Mental Illness (SMI) and who are in positions of high level authority. We urgently need to change this—to create stronger support and encouragement for people who have faced significant and substantial barriers tied to significant psychiatric disabilities, to access graduate programs, to get graduate degrees, and move into these leadership roles. When it comes to research there's no question that you hold disproportionately large influence and power when you are in a primary investigator role. The same is true in public-sector mental health programs—i.e. high level leadership exert huge influence over major decisions. We need people with significant psych disabilities in *these* positions. It's not enough for leaders to superficially consult with community members and lived experience stakeholders; we have to make room for people with lived experience to make the decisions, to run the programs, and to write the research grants. The same thing is of course true along lines of race and class as well—**we need to transform who the decision makers are.** And the only way we'll do that is if we really strengthen this pipeline of folks coming in. And that, as a community of early psychosis practitioners, is something we have to commit to much more visibly and materially than we have so far.

RESEARCH HIGHLIGHTS FROM THE MEIP TEAM

- **Ghose et al. (2023) conducted a mixed methods study of 34 coordinated specialty care (CSC) programs to analyze the relationship between the level of state mental health authority (SMHA) involvement and clinical outcomes of clients in these programs.** Via semi-structured SMHA staff interviews and the collection of client outcome data over an 18-month period, it was found that **clients at clinics with higher levels of SMHA involvement had improved symptoms as well as significantly higher social and role functioning.** These results emphasize the importance of SMHA involvement for implementing evidence-based practices within CSC programs, especially amidst recent increases in SMHA-administered funding for CSC programs.

- **Karp et al. (2023) investigated the link between deficits in gesture interpretation and performance and risk for psychosis.** A combination of questionnaires, clinical interviews, and neurocognitive tasks were employed to gain insight into participants' self-reported interpretation and performance of gestures. Comparing individuals at clinical high risk for psychosis to healthy controls and those with internalizing disorders such as depression, the researchers found significantly lower self-reported gesture interpretation scores in the high risk for psychosis group. **No differences were found regarding self-reported gesture performance. However, within the high risk for psychosis group, lower self-reported gesture performance scores were associated with lower verbal learning and memory, suggesting a link between cognitive impairment and gesture abnormalities.**

- **Millman et al. (2022) examined the intersection of trauma exposure and affective symptoms with prediction error (PE) signaling of the salience network among youth at clinical high-risk (CHR) for psychosis.** Mismatches between expectations and outcomes, called PEs, were elicited using a modified monetary incentive delay task, with response windows adjusted to ensure that surprising outcomes (PEs) would occur an expected percentage of the time. **Among youth at CHR, more severe trauma histories were associated with stronger PE-evoked amygdala activation.** These results add to our knowledge of differences in neurobiology of CHR youth in the setting of adversity exposure and affective distress that may contribute to salience network dysfunction.

- **O'Brien et al. (2023) explored the relationships among childhood trauma, perceived stress, and anhedonia in youths at clinical high-risk (CHR) for psychosis.** Regarding psychosis risk, the authors emphasized the importance of understanding the development of negative symptoms such as anhedonia, as they often precede onset of positive symptoms and are associated with deficits in social and role functioning. Anhedonia was defined as consummatory (lacking in-the-moment capacity for enjoyment) and anticipatory (inability to anticipate future enjoyment). Results indicated that **childhood trauma is associated with higher levels of both consummatory and anticipatory anhedonia, mediated by the indirect effect of perceived stress in non-help-seeking CHR youth.** Comparing CHR individuals to those with depression and non-psychiatric controls, CHR participants demonstrated the strongest relationship between perceived stress and anticipatory anhedonia, identifying increases in perceived stress as a potential target for early intervention for psychosis in patients with a history of trauma.

RESEARCH OPPORTUNITY

First-degree relatives (siblings, parents, and children) of people with a diagnosis of Schizophrenia or Schizoaffective Disorder are invited to participate in brain imaging research.

- Participants between the ages of 18 and 64
- Cannot have current substance abuse or dependence (including alcohol and cannabis)
- Study involves 3-4 appointments (1 visit for initial consent and screening (via Zoom); 2 MRI scan appointments (in-person); 1 session for assessments (in-person))
- Participants will be paid an hourly rate plus bonuses for their time

The project is conducted under the direction of James A. Waltz, PhD, Assistant Professor, MPRC Outpatient Research Program. **If you or someone you know would like more information about this study, please contact Jacob Nudelman: jnudelman@som.umaryland.edu**; or 443-840-9087

FALL AWARENESS CALENDAR

OCTOBER

National Depression & Mental Health Screening Month
World Mental Health Day (October 10th)
National Coming Out Day (October 11th)
National Stop Bullying Day (October 14th)
Mental Health Awareness Week (October 4-10th)
OCD Awareness Week (October 11-17th)

NOVEMBER

International Stress Awareness Day (November 6th)
World Kindness Day (November 13th)
International Day for Tolerance (November 16th)
International Survivors of Suicide Day (November 21st)

JOB POSTINGS

PEER SUPPORT SPECIALISTS

- **OnTrack Prince George's County** is seeking a ***Peer Specialist***, who will use their own experiences to provide support, education, advocacy, coaching, and more, to OnTrack participants. A Peer Specialist works as an equal with the service participant to empower and motivate each participant through their personal recovery. Applicants must be at least 18 years old, have earned a high school diploma or equivalent, and have a valid driver's license with no more than three points on the driving record. **Click here to apply**

- **Early Psychosis Intervention Clinics (EPIC), within the Adult Outpatient Program of Community Psychiatry at Johns Hopkins Bayview,** is seeking a ***Certified Peer Specialist*** who will use the insight and learned experiences from their own recovery to assist, engage, and encourage service participants. The Peer Specialist will work as a member of a first episode psychosis multidisciplinary treatment team. The job is both community-based and clinic-based depending on patient and team need. Applicants must have a valid driver's license and be comfortable driving in Baltimore City and surrounding counties. **Click here to apply**

SUPPORTED EMPLOYMENT AND EDUCATION SPECIALISTS (SEES)

- **OnTrack Montgomery County and OnTrack Prince George's County** are seeking full-time ***Supported Employment and Education Specialists (SEES)***, who will assist clients to establish, maintain, or adapt their academic or vocational activities successfully using the Individual Placement and Support (IPS) model. This position requires a bachelor's degree in Human Services or a related field; or a combination of education and experience from which comparable knowledge and abilities have been acquired. Applicants must have basic computer skills and a current, valid driver's license with no more than three points on the driving record. **Click here to apply to the OnTrack Montgomery County position** and **click here to apply for the the OnTrack Prince George's County position**.

RECOVERY COACHES AND SOCIAL WORKERS

- The University of Maryland's Division of Community Psychiatry's **RAISE Connection Program** is seeking a ***Recovery Coach*** and ***Social Worker*** to provide full-time clinical care. Social Worker candidates must be licensed as either LMSW, LCPC, or LCSW-C. Come join a dynamic and supportive team! **Request more information from Mike Papa: mpapa@som.umaryland.edu**

LOOKING AFTER YOURSELF WHILE LOOKING FOR A JOB

Getting a new job is an exciting and rewarding achievement, but the process of *searching* for that job can easily become a stressful and demoralizing ordeal. Here are some tips for managing your mental health during the job search:

- **Establish clear boundaries**: This includes setting realistic goals for how you spend your time (e.g., *dedicating particular hours of each day to the job search*), as well as developing specific criteria to help determine which jobs to apply to (e.g., *those that meet your salary needs or provide benefits that are important to you*).
- **Ask for help**: Make a list of people you are connected to within your chosen field(s) and request a casual meeting or phone call. This will help to build your professional network and may help get your "foot in the door" of an organization you are interested in. Additionally, if the job search is creating excessive anxiety or distress, never hesitate to reach out to a mental health professional who can offer a new perspective and help you to develop adaptive coping mechanisms to ease you through the process.
- **Make time to practice mindfulness**: It can be difficult to present ourselves well outwardly when we feel disoriented or uneasy internally. Regaining a sense of calm doesn't need to be a long, drawn-out endeavor; the 5-4-3-2-1 Exercise and making a Grounding Pouch (*both described on p. 1*) afford quick ways to re-center ourselves. **The 3-Minute Breathing Space Exercise** is another helpful method to try.
- **Remember you only need one**: One of the worst aspects of job hunting is the toll it can take on your self-confidence. It is not comfortable, nor easy, for anyone to endure the near-constant rejection that is inherent to the process. Hold on to the fact that no matter how many No's you receive, you only need one Yes. Remember—you have a uniquely valuable combination of skills, qualities, and experiences. Eventually, you will find your perfect fit.

COLLABORATOR UPDATES

MARYLAND HEALTHY TRANSITIONS

Healthy Transitions works with emerging adults with serious mental health conditions between the ages of 16 and 25 as they move into the adult life of their choosing.

The program provides youth-driven, strengths-based, non-stigmatizing, and developmentally appropriate services that help young adults manage mental health symptoms that limit their ability to transition into adult roles. We also aim to raise community awareness about the strengths and needs of Transition Age Youth, how the public can best support them, and signs and symptoms of common mental illnesses.

Our team of Transition Facilitators fosters independence in emerging adults by improving quality of life in major life domains: decreasing symptoms of mental illness, increasing employment and educational success, fostering family and peer relationships, providing and developing age-appropriate housing options, and teaching essential independent living skills.

Healthy Transitions empowers young adults in Anne Arundel County at **Arundel Lodge** (**www.arundellodge.org**), as well as in Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties at **Crossroads Community** (**www.ccinconline.com**).

For more Maryland Healthy Transitions Outreach & Education information, **contact Sylvia McCree-Huntley: shuntley@som.umaryland.edu** or click **here**

NAMI MARYLAND

Registration is now open for NAMI Maryland's 41st Annual Conference, to be held virtually on October 13th & 14th, 2023! This year's conference will bring together experts, advocates, and individuals passionate about mental health.

Together, we'll delve into crucial topics, foster insightful conversations, and work towards improving the lives of those affected by mental illness.

This totally virtual event will feature up to 42 workshops and plenary presentations over two days covering important, relevant topics. Presentations will be held by national and state decision makers, experts, and advocates focused on improving education and reducing stigma around mental illness.

This conference offers up to 14 CE credits for Counselors, Psychologists, Social Workers, Therapists, Emergency Medical Service Professionals, and Peer Specialists. If you would like to apply for a scholarship, simply fill out **this form**. Additionally, any student from a university in Maryland is welcome to use the code "STUDENT" at check-out to pay only $10.00 for both days.

Click here to register now!

MARYLAND COALITION OF FAMILIES

Maryland Coalition of Families (MCF) connects, supports and empowers individuals and families who care for someone with behavioral health needs. Using personal experience as parents, caregivers, youth and loved ones, our staff provide one-to-one emotional support, resource connection and systems navigation to families and caregivers of individuals who have mental health, substance use or problem gambling challenges.

A Family Peer Support Specialist helps those who care for someone with a behavioral health challenge to:

- Navigate services and systems.
- Access to resources, services and programs to support themselves or their loved one.
- Learn strategies for self-care and well-being.
- Build natural support systems with others on similar journeys.
- Share their story to reduce stigma and raise awareness.
- Use their voice to educate decision-makers and advocate for systems change.

All services are provided free to Maryland families. In addition, MCF offers trainings and support groups.
For more information, visit **www.mdcoalition.org**, call their statewide intake line at **410-703-8267** or email **info@mdcoalition.org**

CONGRATULATIONS, DR. ANN GEDDES!

On behalf of the Maryland EIP, we would like to acknowledge Ann Geddes, Ph.D. and her 17 years of work with Maryland Coalition of Families. In her role at MCF, Ann has been instrumental in advancing policy and practice related to family and youth partnership and has been incredibly effective advocating for high quality mental health services and supports. Thank you Ann for having such an impact on Maryland youth, families, providers, and policymakers. We wish you the best of luck in your new role with the **Mental Health Association of Maryland** and welcome you to stay connected with the Maryland EIP!