

MARYLAND EIP SPRING NEWSLETTER



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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

 1-877-277-MEIP (6347)

 MarylandEIP@som.umaryland.edu

 [6-minute introduction video](#)

EMBRACING SPRING WITH THE MARYLAND EIP

After the stagnation of winter, springtime warms and awakens everything around us. Now is the perfect time to get outside and bask in the season's vibrant sights, smells, and sounds. With its promise of renewal and growth, this time of year also compels us to self-reflect and reaffirm our hopes and motivations. **As nature blooms, so can we.** To get started, **we describe below a simple grounding exercise that can be enjoyed outside.** This edition of our newsletter features an edifying **interview with Dr. Alicia Lucksted**, Associate Professor of Psychiatry in the University of Maryland School of Medicine's Division of Psychiatric Services Research and expert in Coordinated Specialty Care for early psychosis, mental health stigma, and mixed methods research. We are also looking forward to our upcoming **in-person spring Advisory Council Meeting on May 14th from 12-3pm ET**, where we will premier our video series (a collaborative effort among the University of Maryland School of Medicine, University of Maryland, Baltimore County, and Morgan State University), which aims to enrich clinical training by incorporating lived experiences of psychosis.

WALKING MEDITATION

Walking meditation is a simple mindfulness practice designed to promote mental clarity and tranquility by drawing deliberate attention to the sensations of an activity we typically do automatically. The method outlined below is adapted from a guided walking meditation led by [Dr. Jon Zabab-Kinn](#). [Click here](#) for more information and in-depth instructions. If walking is not comfortable or possible for you, try following this [20-minute seated meditation](#) from a peaceful spot outside.

- Find a peaceful lane that allows you to comfortably walk back and forth for 10-15 paces at a time without being interrupted.
 - Walk at your slowest natural pace for 10-15 steps along the lane you've chosen; then pause and breathe for as long as you like. When you are ready, turn and walk back to the start of your lane, where you can pause and breathe again. Repeat this sequence however many times as you like.
 - With each step, try to notice at least these basic components:
 - The lifting of one foot;
 - The moving of the foot a bit forward of where you're standing;
 - The placing of the foot on the floor, heel first;
 - The shifting of the weight of the body onto the forward leg as the back heel lifts, while the toes of that foot remain touching the ground.
- Then the cycle continues, as you:*
- Lift your back foot totally off the ground;
 - Observe the back foot as it swings forward and lowers;
 - Observe the back foot as it makes contact with the ground, heel first;
 - Feel the weight shift onto that foot as the body moves forward.
- As you walk, try to focus your attention on one or more sensations that you might typically take for granted, such as your breath coming in and out of your body; the movement of your feet and legs, or their contact with the ground or floor; your head balanced on your neck and shoulders; sounds nearby or those caused by the movement of your body; or whatever your eyes take in as they focus on the world in front of you. When you notice your mind wandering, simply try again to focus it on one of those sensations.



KEEP MARYLAND EIP SERVICES IN MIND THIS SEASON



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 psychosis. 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

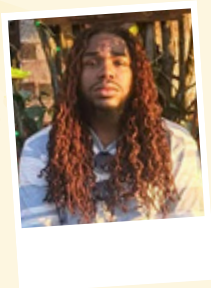
For providers regarding identification and treatment for individuals that may be experiencing symptoms that may be predictive of future psychosis, who have early signs of psychosis, or are in the initial stages of psychosis.



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.

NEW STAFF SPOTLIGHT



MARKESE BARNETT

Community Health Worker, University of Maryland School of Medicine's Department of Psychiatry

Markese joined the MEIP in January. With a background in logistics, Markese made a purposeful career shift toward work that felt more community-focused and impactful. A Baltimore native, he is deeply familiar with many of the challenges faced by local youth and residents. His passion for mental health awareness and community advocacy is rooted in a desire to help create meaningful change in the city he calls home. In his role, Markese collaborates with other Community Health Workers to strengthen a network of individuals equipped to support those experiencing early signs of psychosis. He also conducts consultations and outreach with healthcare professionals to raise awareness about the MEIP and its vital resources.



JAMIE BREKOSKY

Peer Support Specialist, RAISE Connection Program

"At first when I was diagnosed schizoaffective I thought I would never amount to anything, and my life was a dead end. I started this job so less people have to feel the way I felt. I would like to say thank you to the MPRC, my family, and friends for getting me this far and the RAISE Connection Program team for being so understanding!"



CELESTINE OWUSU, MA

Research Assistant, EQUIPS Lab

Celestine (Celeste) joined the research team at UMBC this past December, providing research and administrative support for the EQUIPS Lab and the Strive for Wellness Clinic. She recently completed a master's in developmental psychology, studying the intersection between cultural conflict and mental health, and hopes to extend that work into exploring psychosis risk and culturally sensitive early psychosis care.



AN INTERVIEW WITH DR. ALICIA LUCKSTED

Alicia Lucksted, PhD is a clinical-community research psychologist at the University of Maryland School of Medicine and the VA Capitol Healthcare Network Mental Illness Research Education & Clinical Center (VISN 5 MIRECC) in Baltimore, Maryland. Her focus is developing, testing, and making available psychosocial programs to support adults' mental- and behavioral-health recovery. Over the past 15 years, a main line of her research and program development has been strategies and programs to help people navigate and reduce internalized and anticipated stigma regarding mental illness and other health conditions and the harms they cause.



Can you tell us a little bit about your background and any pivotal experiences that led you to your current position?

I graduated in 1997 from the University of Maryland, College Park when it had a hybrid Clinical & Community Psychology PhD program. This combination suited my interest in community mental health and how people's mental health is affected by many layers of factors from genetics to family systems, to culture, politics, and history. I hoped to have a multi-faceted career in "community mental health centers" (CMHCs) combining direct services, applied research, self-help cultivation, and community advocacy. However, a pivotal event near the end of my graduate program changed the landscape profoundly: the ascendance of managed care in the Maryland (and U.S.) mental health system and the demise of CMHCs as they were previously structured. That led to my taking a post-doc in mental health services research (at UPenn) which led, indirectly, to my present position and career.

How does early psychosis factor into your body of research?

As research faculty in the University of Maryland School of Medicine's Psychiatry Department's Division of Psychiatric Services Research I was involved in the initial NIH RA1SE initiative here in Maryland that helped determine what Coordinated Specialty Care (CSC) consists of. Specifically, I led a constituent study interviewing young people experiencing psychosis, their family members, and early CSC team members and referrers about how to make CSC engaging and serve the needs of the young adults and their families. I have also worked on several smaller projects regarding stigmatization among young adults at high risk for or experiencing psychosis. Currently I have several roles in the Connection Learning Healthcare System, the Maryland-Pennsylvania "hub" of the national EPINET project. I am also currently co-PI of a National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) study of young adults' community involvement/social isolation since the COVID-19 pandemic. It includes young adults with psychosis, although not exclusively.

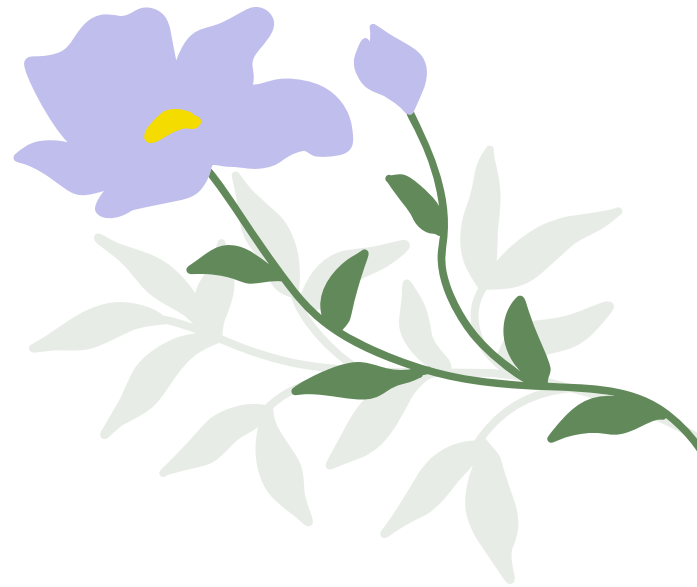
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In your view, what aspects of stigma are uniquely relevant to and/or challenging for individuals experiencing psychosis?

The violent, frightening, dehumanized stereotypes and lurid images of “lunatics” and “psychos” and the like are closely tied in many people’s minds with the clinical terms “psychosis” and “schizophrenia.” This leaves people who experience psychosis, and their loved ones, fighting against repellant associations, harsh assumptions, discrimination, and sometimes violence. It also leaves them with an acute need to resist internalizing these stereotypes and their emotional baggage of hopelessness, worthlessness, and dangerousness.

In our upcoming Advisory Council meeting, we will focus on incorporating perspectives of those with lived experiences of psychosis into clinical training. What is your approach to integrating such perspectives in your research and trainings?

Collaborating with people who have lived experiences with mental health problems including psychosis whenever possible, in various ways and roles. Using first person accounts, quotations, interviews, etc. to learn from personally and as a team. Incorporating qualitative methods to include lived experience data in people’s own words. Staying consciously aware that the “clinical” or “treatment” perspective on a symptom or problem is not at all the same as a living-with experience or views of the same symptom or problem.



Relatedly, how do you think the field of early psychosis research and education could improve in integrating lived perspectives?

Patient-Centered Outcomes Research Institute (PCORI)-type approaches. Participatory Action Research approaches. Supporting people with lived experience being/becoming research leaders.

Finally, what is your next research question as you continue your work?

How to reduce the harm that stigma continues to cause at a personal level for people experiencing psychosis and other mental health concerns.

Violent, frightening, dehumanized stereotypes are closely tied in many people’s minds with the clinical terms psychosis and schizophrenia.

This leaves people who experience psychosis, and their loved ones, with an acute need to resist internalizing these stereotypes.

1. This **study** explored working alliance over the course of treatment in a clinic serving individuals with attenuated psychosis symptoms (APS). Participants (between ages 14 and 25) completed self-report surveys of working alliance with their clinician and APS at each session. The working alliance increased over time and APS decreased over time. Working alliance was negatively related to concurrent attenuated psychosis symptoms, such that when attenuated psychosis symptoms were elevated, therapeutic working alliance was lower. When symptoms increase, it may be particularly important for clinicians to be attentive to potential disruptions in working alliance, though a strong working alliance may be protective factor.

Cowan, T., Millar, C., O'Donovan, K., Chibani, D., Reeves, G., Redman, S., Fitzgerald, J., Jay, S., Schiffman, J., Rakhshan Rouhakhtar, P. (2024).

2. This **study** analyzed longitudinal data from young adolescents from the Adolescent Brain Cognitive Development (ABCD) study to examine whether environmental (e.g., poverty, exposure to crime) and stress-related factors (e.g., experiences of discrimination, childhood adversity) explained racial/ethnic differences in psychotic-like experiences (PLEs). The association between environmental risk and PLEs was partially explained by cumulative stress. Differences in PLEs across racial/ethnic groups were accounted for by both environmental risk and stress. Systemic factors may explain higher levels of PLEs among historically marginalized racial/ethnic groups. Findings suggest the potential for intervening upon modifiable risk factors to buffer against stress and reduce the risk of developing PLEs.

Petti, E., Schiffman, J., Oh, H., & Karcher, N. R. (2024).

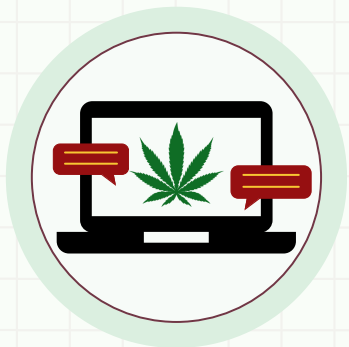
3. This **study** examined whether clients enrolled in coordinated specialty care (CSC) programs for first-episode psychosis across 22 states and territories showed improved clinical and functional outcomes and factors related to client outcomes. Fidelity to the CSC treatment model was assessed for each CSC program. Across CSC programs, clients experienced improved symptoms, higher quality of life, and improved social and role functioning. Higher levels of fidelity predicted reduced symptoms and improved social functioning, suggesting the importance of fidelity to the core components of a CSC for improving client outcomes.

Rosenblatt, A., George, P., Ghose, S. S., Zhu, X., Ren, W., Krenzke, T., Opsomer, J., Daley, T., Dixon, L., & Goldman, H. (2024).

4. Suicide risk is high for individuals in early stages of psychosis. This **study** examined data on suicidal ideation, self-harm, and suicide attempts in young individuals with first-episode psychosis in Coordinated Specialty Care (CSC) programs in Maryland and Pennsylvania. At the time of admission to the CSC program, 28% of individuals with first-episode psychosis self-reported suicide ideation within the past 1 month, and clinician report indicated 52% of clients had suicidal ideation, 23% had self-harm, and 15% had a suicide attempt within the past 6 months. After the first six months and one year of treatment, suicidality rates were significantly lower. Social and role functioning, depressive symptom severity, and a sense of recovery were related to changes in their suicidality over time, suggesting that targeting these domains in treatment may help reduce suicide risk.

Phalen, P., Jones, N., Davis, B., Sarpal, D., Dickerson, F., Vatz, C., Jumper, M., Kuczynski, A., Thompson, E., Jay, S., Buchanan, R., Chengappa, K. N. R., Goldberg, R., Kreyenbuhl, J., Margolis, R., Dong, F., Riggs, J., Moxam, A., Burris, E., Campbell, P., Cooke, A., Ered, A., Fauble, M., Howell, C., Kelly, C., Namowicz, D., Rouse, K., Smith, W., Wolcott, M., Boumaiz, Y., Harvin, A., Scheinberg, R., Saravana, A., Nayar, S., Kohler, C., Calkins, M., Bennett, M. (2024).

RESEARCH OPPORTUNITY



Connection Learning Healthcare System is recruiting for a study to pilot test a brief motivational enhancement therapy intervention to support continued engagement in Coordinated Specialty Care (CSC) for people with first episode psychosis who are frequent cannabis users. They are seeking volunteers who are:

- Aged 13-35;
- Participating in a CSC program; and
- Have used cannabis at least 8 times in the last month.

Participation will include completing surveys, interviews, and two brief meetings — all virtual — to discuss personal reasons for using cannabis and for staying connected to mental health services. Eligible participants can earn up to \$90 in gift cards.

This study is based at the University of Maryland School of Medicine (IRB #HP-00093195).

Further details and contact information for the study team can be found [here](#).



JOB POSTINGS

ONTRACK PRINCE GEORGE'S COUNTY IS SEEKING...

- A **Team Leader**, who will oversee operations, provide consultation to team members on early psychosis intervention principles, and coordinate key services such as client screening, treatment planning, and referral pathways. This position requires two years of experience as a licensed clinician — either Maryland Licensed Certified Social Worker-Clinical (LCSW-C) or Maryland Licensed Clinical Professional Counselor (LCPC) — and dedicated experience supporting individuals with experience of psychosis. Email julie.bollinger@sheppardpratt.org for more information.
- A full-time **Supported Employment and Education Specialist (SEES)**, who will assist clients in establishing, maintaining, or adapting their academic or vocational activities. This position requires a bachelor's degree, preferably in Human Services. 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](#) for more information and to apply.

COLLABORATOR UPDATES



What do people ages 18-25 who have received behavioral health services need in order to feel better supported?

The Maryland Behavioral Health Administration (BHA) wants to hear from you!

WE NEED: Individuals aged 18-25 who have received mental health and/or substance use treatment services in Maryland.



PARTICIPANTS WILL: Complete a 10–15-minute survey with questions about your life experiences, the impact of these experiences, and how to support individuals like you who are receiving behavioral health services.

Participants can enroll for a chance to receive a \$20 Amazon gift card.

Scan the survey QR code or access the survey via this link:
<https://tinyurl.com/BHS-Service-Recipient-Survey>



ON OUR OWN OF MARYLAND'S TAY PROJECT

On Our Own of Maryland (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization promoting equality, justice, autonomy, and choice for individuals with mental health and substance use needs. The Transitional Age Youth (TAY) Project empowers Young Adults 18 to 29 to share their experiences and shape the behavioral health system where they receive care.

Upcoming opportunities:

- **TAY Project Travels to Young Adult Peer Support Sites Across the U.S.:** Young adults involved in the TAY Project now have the opportunity to visit peer support sites across the country to learn from the incredible work being done and bring those insights back to our Maryland community. Stay tuned for the Symposium in May, where we'll be inviting program directors, young adults from these peer support initiatives, and TAY Project participants to share their experiences and offer concrete steps for advancing young adult behavioral health!
- **Volunteer & Peer Hours:** Earn peer support hours through panels, events, and sharing lived experiences.
- **Conferences & Travel:** Attend conferences to represent TAY, connect with peers, and share your story.
- **Free Trainings:** Gain knowledge on behavioral health topics like stigma, harm reduction, and LGBTQ+ education. Many offer Certified Peer Recovery Specialist (CPRS) CEUs!



For more information or to get involved, contact TAY Project Coordinator, Kris Locus: krisl@onourownmd.org.

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

NAMI MARYLAND

Registration is now open for NAMI Maryland's 43rd Annual Conference, to be held virtually on June 6th & 7th! This conference delivers...

Resources and information for: Community and health providers, individuals with psychiatric disorders, and families.



Resources and information about: Special populations including BIPOC communities, children, and other underserved communities.

Trainings and education sessions on: Co-occurring and related disorders, health care reform, early intervention, and crisis response.

Plus, up to 14 hours of CE credits are available for: Counselors, therapists, psychologists, social workers, police and correctional officers, emergency medical professionals, and peer specialists!

This conference promises to be full of the essential information and tools you need to continue to eliminate the stigma attached to mental illness.

Early bird registration ends on May 10! Click [here](#) to register.

