

MARYLAND EIP SUMMER 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](#)

STEPPING INTO SUMMER WITH THE MARYLAND EIP

With triple-digit temperatures blazing, butterflies fluttering, and the siren call of ice cream trucks beckoning, summer is unmistakably here! While this season epitomizes splendor and delight for many of us, summer also often brings significant changes to our daily routines. Vacations, breaks in educational calendars, and varied work patterns can feel destabilizing, even when the outcomes of these disruptions are positive. Establishing a predictable structure, while still permitting spontaneous flexibility, can reduce anxiety and ensure maximal enjoyment of the long days ahead. Below are some tips for staying mentally grounded amid all the fun and excitement of summertime:

- Find a balance between social involvement and personal comfort. Work on clearly communicating your boundaries and expectations to family and friends, avoid over-scheduling, and resist the tendency to say yes to every opportunity you are presented with.
- Extended daylight and high temperatures can disrupt our typical sleep patterns and undermine our emotional and physical resilience. Blackout curtains, a cool shower, and [mindful breathing techniques](#) can help prepare the body and mind for rest, regardless of external conditions.
- The expenses associated with travel, events, and extra child and/or pet care can prompt financial stress. Offset summertime extravagance by seeking out simple, low-cost pleasures such as exploring a new neighborhood, watching the sunset, or reading a good book outdoors.
- Take time to engage fully with the sensory experiences that summer distinctly offers — the taste of a perfectly ripe piece of fruit, the scent of a backyard barbecue, the feeling of being immersed in water, or the texture of grass between your toes.



We are sincerely grateful to all who joined us in person and contributed invaluable insights during our spring Advisory Council Meeting on May 14th at the University of Maryland School of Medicine campus! Thank you also to **Laura Torres** who shared important updates from the Maryland Department of Health's Behavioral Health Administration. **The meeting's topic was *Enriching Clinical Training by Incorporating Lived Experiences of Psychosis* and we were thrilled to premiere our 7-part video series** generated through a collaborative project between the University of Maryland School of Medicine (UMSOM), the University of Maryland, Baltimore County (UMBC), and Morgan State University (MSU). **Dr. Britt Patterson** (of UMSOM), **Dr. Pamela Rakhshan Rouhakhtar** (of UMBC), **Dr. Linda Darrell**, and **Dr. Michael Sinclair** (both of MSU) introduced the videos by providing an overview of the multi-year, interdisciplinary initiative which brought together mental health faculty, staff, and trainees from a Historically Black College or University (HBCU), a Predominantly White Institution (PWI), and a Minority Serving Institution (MSI) to develop culturally responsive educational and training resources about mental illness with psychosis. After viewing the complete video series, Advisory Council members relayed their honest and emotional feedback before discussing strategies for integrating the videos into pre-service educational programs and behavioral health trainings across Maryland. **Details and core takeaways are included within this edition of our newsletter.**



KEEP MARYLAND EIP SERVICES IN MIND THIS SEASON



OUTREACH & EDUCATION SERVICES

For behavioral health and primary care providers, schools, 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 at risk for, or already experiencing, early psychosis and their family members. Providers include the **Strive for Wellness Clinic**, the **MPRC First Episode Clinic (FEC)**, the **Division of Community Psychiatry's RAISE Connection Program**, and **Johns Hopkins Early Psychosis Intervention Clinic (EPIC)**.



CONSULTATION SERVICES

For providers regarding identification and treatment for individuals 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

For professionals establishing Early Intervention Teams (EITs) to collaborate, share resources, provide support, and coordinate service delivery with others providing early psychosis services throughout Maryland.

SPOTLIGHT ON OUR OUTGOING INTERN

Thank You and Congrats to Dr. Menkes!

On June 26th, Margo Menkes, our 2024-2025 Clinical High-Risk for Psychosis (CHiRP) predoctoral intern, attended the VAMHCS/UMSOM Consortium Certificate Ceremony and was recognized with a well-deserved **Outstanding Intern Award!**



She has officially completed her PhD in clinical psychology from the University of Michigan, Ann Arbor and is returning to her Midwest roots this summer. **She will be beginning a Postdoctoral Fellowship in Clinical Psychology, with an emphasis in Serious Mental Illness (SMI), at the Jesse Brown VA Medical Center in Chicago, IL.**

Margo's presence will be greatly missed by all of us who had the privilege of working and learning alongside her this year. Please join us in sending her all the best wishes for a bright and successful future!



Updates from the University of Maryland School of Medicine's DEPARTMENT OF PSYCHIATRY RESEARCH DAY 2025

On June 5th, hundreds of UMSOM faculty, trainees, staff, and colleagues flooded into the SMC Campus Center to participate in the Department of Psychiatry's Research Day Poster Session. **Kaitlynn Carter, Child & Adolescent Inpatient Psychology predoctoral intern**, and **Margo Menkes, Clinical High-Risk for Psychosis (CHiRP) predoctoral intern**, each designed and presented posters resulting from Maryland EIP-affiliated research projects. Summaries of each poster and key findings are below.



From Silos to Synergy: Insights from an HBCU-PWI Collaboration on Culturally Responsive Early Psychosis Education

Kaitlynn Carter, Celestine Owusu, Nancy Lever, Brittany Patterson, Pamela Rakhshan Rouhakhtar

In the United States, disparities in the diagnostic rate and effective treatment of psychosis-spectrum disorders largely disadvantage Black individuals. **Limited work thus far has emerged to provide cultural adaptations to early psychosis outreach, education, and behavioral health workforce training.** To address this gap, Morgan State University (MSU), the University of Maryland, Baltimore County (UMBC), and the University of Maryland School of Medicine (UMSOM) partnered to develop culturally responsive training materials on early psychosis identification and intervention for behavioral health pre-service students.

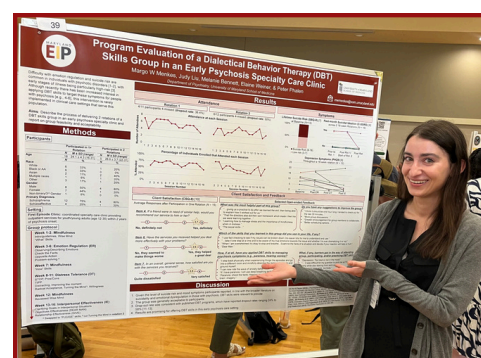
Kaitlynn was especially interested in a subset of the project that explored the perspectives of key contributors on what fosters sustainable and equitable collaborations between HBCUs and PWIs. This focus connected with her interest in how strong, long-term partnerships between institutions are built and maintained. **Insights and lessons learned were identified through key informant interviews with research faculty, staff, and preservice students from the three universities and subsequent rapid qualitative analysis.** Interviewees across institutions indicated that a critical component of building a successful, long-term, and equitable collaboration was to spend time building trust and relationships prior to working on project deliverables. Additional work was required throughout the collaboration to cultivate a culture of ongoing dialogue and directness, sustaining fruitful and positive partnerships across the team. Future programs promoting HBCU/PWI collaborations should consider building in an explicit emphasis on partnership building – across the lifespan of the collaboration – as a part of required deliverables to ensure successful partnerships and equitable participation. Additionally, focused efforts to promote sustainability of HBCU/PWI collaborations will also aid in the success and long-term impact of partnerships and efforts.

Program Evaluation of a Dialectical Behavior Therapy (DBT) Skills Group in an Early Psychosis Specialty Care Clinic

Margo Menkes, Judy Liu, Melanie Bennett, Elaine Weiner, & Peter Phalen

Difficulty with emotion regulation and suicide risk are common in individuals with psychotic disorders, with early stages of illness being particularly high-risk. **Dialectical Behavior Therapy (DBT) is an evidence-based treatment that has been shown to reduce depression, emotion dysregulation, and suicidal behavior; however, it has rarely been implemented in clinical care settings that serve individuals with psychosis.** To address this, Margo, Judy Liu, and Dr. Peter Phalen worked with the First Episode Clinic team to begin offering a DBT Skills group for clients there starting in August 2024.

The clinic has implemented two separate 16-week rounds of the group and a third one is currently ongoing. **On average, participants reported reductions in suicidality and depression symptoms and high satisfaction with the service after participating.** The attendance and dropout rates showed the group was feasible to offer there. Participants also provided feedback on surveys regarding which aspects of group were most helpful (e.g., learning new social skills and stress management), ways they applied the skills they learned in the group (e.g., deep breathing when feeling paranoid), ideas for improving the group (e.g., more group discussions), and barriers that challenged their participation in the group (e.g., scheduling conflicts). **Overall, the findings are promising for offering DBT skills in early psychosis care settings.**



Enriching Clinical Training by Incorporating Lived Experiences of Psychosis

With support from the Maryland Department of Health's Behavioral Health Administration, and in affiliation with the MEIP, an interdisciplinary team of mental health faculty, staff, and trainees from MSU, UMSOM, and UMBC collaborated for nearly five years to build awareness and shared understanding on how to effectively educate students and professionals about mental illness with psychosis from a culturally responsive lens. A number of course materials and educational resources were generated from this work, including:

- A comprehensive **best practices document** to guide instructors through integrating classroom content on culturally responsive and equitable early psychosis identification and intervention within behavioral health pre-service programs.
- A set of **presentation slides** to promote easy uptake of early psychosis pre-service education in classrooms and training programs.
- A **template syllabus** for an undergraduate course focused on psychosis.
- A complementary **discussion guide** for each video in the series described below.

Additionally, a significant component of this project was to **plan, film, and create a video library sharing the diverse lived experiences of young people and their families experiencing mental illness with psychosis**. To accomplish this, **Kobina Yankah and a phenomenal group of students in MSU's Screenwriting and Animation (SWAN) program** were brought onboard to record and edit interviews with 9 participants (7 young adults & 2 parents) nominated by clinicians within the MEIP network. The resulting **Experiences of Young Adults: Living with Mental Illness and Psychosis video series** contains seven modules—each approximately 5-7 minutes in length—which explore the following themes:

- 1) **Symptom recognition & impact**, 2) **Seeking help**, 3) **Initiating treatment**, 4) **Communication & understanding**, 5) **Family & support involvement**, 6) **Treatment reflection**, and 7) **Personal growth & guidance**.

We screened the video series in full and solicited feedback and suggestions from our Advisory Council members, which are summarized in the following section.



ADVISORY COUNCIL PERSPECTIVES

What resonated most for you in the videos?



AUTHENTIC REPRESENTATION:

- The clear vulnerability of participants sharing their experiences.
- The raw and real emotions; that is what is missing in educational content and why lived experience perspectives are so important.
- I felt like I personally knew each participant.



DIVERSITY OF PARTICIPANTS & EXPERIENCES:

- Details about specific things the patients saw or heard while having hallucinations.
- Seeing the different and varied responses among the participants; videos demonstrate the human experience better than textbook examples.
- The spectrum of responses to medication as well as overall outlook on recovery.



VALUABLE CLINICAL INSIGHT:

- The importance of an empathetic, caring, kind stance for clinicians.
- It is a learning experience for me to witness, learn, and better understand the struggles of those who experience psychosis and their recovery.
- I have an idea of how to approach clients based off the experiences of the individuals in the video, it was great insight.



IMPACT ON FAMILY MEMBERS:

- Patient and caregiver perspectives on their own journeys, and how treatment teams can honor that.
- The parents added so much context, background, and you can see the love they had for their children.
- As a parent, the messages from the mothers resonated.



EMPHASIS ON RECOVERY:

- Recognition that symptom elimination and recovery are not synonymous.
- How these individuals cope with their condition in positive ways.
- That psychosis disorders are treatable.
- That schizophrenia is not a death sentence but more an opportunity to learn and take care of yourself.



ADVISORY COUNCIL PERSPECTIVES *continued*

What suggestions do you have for best integrating these videos into educational and training programs for pre-service students and Maryland's current behavioral health workforce?



TIMING

- **The earlier the better;** it is insight that is irreplaceable.
- Seems important to **show these videos early in education to eliminate stereotypes and preconceptions about schizophrenia** and what those who have it look like.
- Share videos and reflection questions before formal instruction to help shift preconceived or negative thoughts about psychosis.
- Would be great for **onboarding presentations** or for new hires in general.



AUDIENCE

- Include in **mandatory training for clinical staff.**
- Share with **Maryland hospitals mental health units** (staff, patients, students, trainees).
- All **students in helping professions** could benefit from watching these videos.
- Share with **medical students and psychiatry trainees** (residency/fellowship).
- Use the videos as an introduction to **courses in behavioral health or psychopathology.**
- Show to **first responders and police.**
- Great for **therapists** to see how clients would like to be approached with therapy.
- Incorporate into **professional development for long-standing practitioners** who may not have kept up with our changing understanding of psychosis and treatment.



PROCESS

- Use videos as **part of training for CEUs;** couple with foundational information about psychosis, first episode, and effective treatment.
- **Involve in-person peer advocates and/or speakers with lived experience** for follow-up questions.
- Create opportunities for **learners to reflect and unpack their own stigmas.**
- Allow students/trainees to discuss the videos among themselves.
- **Include pre- and post-surveys about perceptions and biases.**

What supplementary materials would you like to see accompanying these videos?



DISCUSSION

- Activities to explore **impressions of psychosis before and after watching** videos.
- Conversations regarding **biases, stereotypes, and media portrayals.**
- **Guest speakers with lived experience** in classrooms throughout semester.



RESOURCES

- **Information about medication.**
- Handouts about **how to help someone in crisis.**
- Fact sheets with **information about evidence-based treatment and services.**
- Written statements from those with lived experience.
- Additional articles and texts that are fitting to incorporate into the same class setting.



REFERRALS

- List of **first episode treatment programs and statewide resources.**
- **Support groups** for patients/families (e.g., NAMI).
- Connect to **peer-run organizations.**
- Services for adults who might benefit from treatment but are too old for CSC programs.

The video series will be made available to instructors and training providers through a password-protected platform. Stay tuned for an announcement and link, which will be shared in a future newsletter!



1. **Asgari-Targhi et al. (2025)** describe The Accelerating Medicines Partnership Schizophrenia (AMP SCZ) program and its collaborative work that aims to develop tools and resources for early identification and targeted treatment strategies for schizophrenia. Authors discuss the way lived experience perspectives are integrated into various levels of their organizational structure including program leadership and different stages of the research process, including study design and dissemination. They write about the value of incorporating these perspectives and detail ways in which this approach has advanced their research and outreach.
2. Co-written by academics and experts by experience, **Estradé et al. (2023)**, conducted a review of first-person accounts of relatives and caregivers of individuals with psychosis to identify key experiential themes regarding their experiences. After a collaborative screening and analysis process, initial themes were shared and discussed in collaborative workshops involving individuals with lived experiences of psychosis, family members, caregivers, and representatives from numerous mental health advocacy and support organizations. Ten key experiential themes emerged through the process related to the interaction of the affected person with their family environment. The authors highlight findings indicating that informal caregivers of people who experience psychosis—such as parents, partners, siblings, and/or children—play a strategic role in the recovery process, which merits recognition and active support by professionals.
3. **Trimmel et al. (2024)** analyzed the subjective perspectives of co-researchers—half of whom were mental health professionals experienced in the treatment of people with psychotic disorders and half of whom were individuals with lived experience of psychosis high-risk states—who were involved in the “VOICE - Patient and Public Involvement and Engagement with People at Ultra-High Risk for Psychosis (UHR)” participatory research project. Through qualitative analysis of open reflection reports from all 12 project participants, the authors identified themes among the experiences of the researchers, including (1) a shared feeling of uncertainty at the beginning of the project, (2) the progression of individuals from different backgrounds becoming a research community/team with common goals, and (3) the emergence of encouraging research outcomes and personal achievements. Their results suggest that there was a positive collaboration between researchers with and without lived experience of psychosis high-risk states, wherein they interacted on equal footing and gained beneficial insights.
4. To investigate the prevalence and characteristics of qualitative research reporting service user experiences and perspectives, **Gonzales & Jones (2024)**, conducted a scoping review of English-language literature on cognitive health and related interventions in schizophrenia spectrum psychosis. Of the 23 identified papers that met broad inclusion criteria, they found substantial variability in qualitative methodology and reporting across studies. The majority of the included articles did not report any racial or ethnic sample characteristics, five of the studies described service user experiences of cognitive health separately from interventions, and only three included any service user involvement or participatory methods. Their findings indicate a scarcity of rigorous qualitative methodology across cognitive health literature for schizophrenia spectrum psychosis. Greater inclusion of service user lived experience is needed to better characterize cognitive health and inform interventions to promote recovery.

RESEARCH OPPORTUNITIES

Understanding School, Work, and Disability-Benefit Decisions in Early Psychosis

With funding from the National Institute of Mental Health, researchers from the University of Maryland School of Medicine and the University of Pittsburgh School of Social Work are seeking to understand more about youth and young adult decisions related to school, work, and disability benefits — both while receiving early psychosis intervention services and after discharge.

Participation involves a **one-time, audio-recorded, confidential interview** by Zoom or phone. Participants will be compensated \$60 for completing the interview.

Who is eligible to participate? Close family members of individuals receiving specialized early psychosis services (Coordinated Specialty Care or similar programs).

Email, call, or text for more information: pathways@pitt.edu or complete this **interest form** to have a member of the research team contact you:
(813) 415-5532



Skills for Talking About Cannabis

University of Washington researchers have developed a group-based intervention designed to help family members learn motivational strategies to connect with their loved ones who are receiving early psychosis services and regularly using cannabis.

This study consists of **six weekly 90-minute virtual group sessions**. Participants are also asked to complete **two surveys** and **one interview** related to their experience of the sessions. Family members will be paid \$75 for full participation in the study.

To be eligible, family members must have regular contact with a loved one who has used cannabis in the last month and is receiving Coordinated Specialty Care services for psychosis.

Email or call for more information: projectstac@uw.edu or complete this brief **screening survey** to confirm your eligibility:
(503) 451-3725

or complete this brief **screening survey** to confirm your eligibility:



COLLABORATOR UPDATES

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

The Maryland Coalition of Families (MCF) offers family peer support at no cost to parents and caregivers across Maryland. As experienced caregivers, we provide support, guidance, and hope to people who love or care for someone with a behavioral health challenge and advocate to improve the systems they rely on. Our Family Peer Support Specialists provide emotional support, resource connection, systems navigation, support groups, and educational workshops to families who have a loved one with mental health, substance use, or problem gambling disorders.

Our services include:

- Assistance to identify and access resources, services, and programs for themselves or their loved one.
- Providing guidance to navigate complex systems including healthcare, education, or child welfare.
- Offering strategies for self-care.
- Build natural support systems with others on similar journeys.
- Building natural support systems to connect with others on a similar journey.
- Helping parents and caregivers share their stories and use their voice to raise awareness, reduce stigma, and advocate for change.

For more information, please visit www.mdcoalition.org

NAMI MARYLAND

Creativity Connects is NAMI Maryland's statewide initiative that utilizes art, music, storytelling, and other creative outlets to raise awareness about mental health, build community, and inspire healing.

Creativity Connects envisions a Maryland where communities unite through the power of creative expression to foster connection, promote healing, and transform how we talk about mental health. We create inclusive spaces that inspire hope, amplify voices, and spark change.

Visit namimd.org for more information!

