


HeadsUp 
8th Annual
**Pennsylvania Early
Psychosis Conference**

Week 1: November 13-17
focusing on FEP CSC

11/13/2023
Hybrid In-Person in
Philadelphia for PA FEP
& Virtual Via Penn
Zoom Events

11/15/2023–11/17/2023
Virtual Sessions
Via Penn Zoom Events

Week 2: December 18-22
focusing on CT-R

12/18/2023–12/22/2023
Virtual Sessions
Via Penn Zoom Events

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Email questions to Crystal Vatza,
HeadsUp Education and Telehealth Manager
at: crystal.vatza@penntelehealth.upenn.edu

PENNSYLVANIA EARLY PSYCHOSIS CONFERENCE

The HeadsUp Annual Pennsylvania Early Psychosis Conference offers professionals and practitioners educational opportunities in early psychosis treatment and services. Through an intensive overview of early psychosis and Coordinated Specialty Care (CSC), conference participants will strengthen skill sets, share best practices with peers, and implement new strategies, research and trends into practice. This year's conference will highlight important treatment aspects including step-down planning, substance use, cultural humility, ethical concerns, engagement, psychopharmacology, and recovery-oriented cognitive therapy (CT-R) for providers of First Episode Psychosis care.

Conference Learning Objectives

Through our robust learning program, and together with our thought leaders, we remain committed to:

- Promoting the development of innovative and responsive services in CSC programs
- Improving the overall quality of services delivered and increase the competencies of clinicians and CSC team members
- Assisting organizations and practitioners with the vision, knowledge and skills needed to shape new and emerging CSC teams, as well as support our mission
- Educating and increasing the competencies of clinicians on the use of CT-R
- Enhancing understanding and supported use of research obtained from the CSC teams and participants

CE Information: The Department of Psychiatry University of Pennsylvania is approved by the American Psychological Association to sponsor continuing education for psychologists. The Department of Psychiatry University of Pennsylvania maintains responsibility for this program and its content. Up to 40 CE credit(s) will be awarded for this program.

We encourage all non-Pennsylvania licensed professional counselors to review APA approval with their state board.

CE Cost: A \$25 fee is applicable for anyone applying for APA CE credits that is not employed by one of the 17 Pennsylvania FEP programs or the University of Pennsylvania collaborative. There is no CE fee for attendees employed by one of the 17 Pennsylvania FEP programs or the University of Pennsylvania collaborative.

For information or questions regarding speaker financial relationships, special needs requests, or nondiscrimination state, please contact event coordinator, Crystal Vatz, at crystal.vatza@pennmedicine.upenn.edu. Special needs requests must be made no less than 14 days prior to the start date of the event.

HeadsUp is a collaborating organization whose mission is to help end the stigma around psychosis through education, advocacy, and support. We promote early intervention centered around personalized, accessible, and effective care for all people in Pennsylvania.

Headsup-pa.org



Expanding early psychosis care in Pennsylvania, together.

WEEK 1: Coordinated Specialty Care in First Episode Psychosis

8th Annual PA Early Psychosis Conference Schedule

Week one of two



	Monday, November 13	Tuesday, November 14	Wednesday, November 15	Thursday, November 16	Friday, November 17	
9:00-10:00	<p>History and Current Status of FEP Care 2023 Presenter: Melanie Bennett, PhD</p>	<p>Travel Day, No Programming</p> 	<p>Trust, Connection, Hope: Collaboratively Developing Medication-Assisted Resilience with Young People Presenter: Joseph Kiefer, PsyD, RN</p>	<p>Introduction to CSC Model: Core Competencies and Team Roles Presenter: Denise Namowicz, MSW, LCSW</p>	<p>Introduction to Screening and Differential Diagnosis in CSC PT 1 Presenter: Arielle Ered, PhD</p>	
10:00-10:15			<p>Diagnosis and Medical Monitoring in FEP PT 1 Presenter: Joshua Riley, MD, PhD</p>	<p>Advanced CSC Model: Step-Down Care and Discharge in CSC Presenters: Rachel Frome, LSW, Sarah Zagorac, OTD, OTR/L, Brianna Brisco, AJ DiBricida, & Jordane K. Carter</p>	<p>Advanced Screening and Differential Diagnosis: Differential of Psychosis NOS PT 1 Presenter: Monica Calkins, PhD</p>	
10:15-11:15	<p>Decision Coaching for Certified Peer Specialists and Supported Employment and Education Specialists PT 1 Presenters: Elizabeth Thomas, PhD and Dennis Laughery, CPS</p>		<p>Break</p>	<p>The Family Perspective and CSC: Treating an Individual in the Context of Their Family Improves Treatment Outcomes Presenter: Chris Michaels, MSHSA</p>	<p>Introduction to CSC Model Implementation: Clinic Flow, Team Services, Coordination, Inclusion/ Exclusion, Overview of Program Eval and Fidelity Monitoring PT 1 Presenters: R. Marie Wenzel, MSW, LSW,</p>	<p>Introduction to Screening and Differential Diagnosis in CSC PT 2 Presenter: Arielle Ered, PhD</p>
11:15-12:15			<p>Diagnosis and Medical Monitoring in FEP PT 2 Presenter: Joshua Riley, MD, PhD</p>	<p>Advanced CSC Model Implementation - Building and Maintaining a Collaborative Team Pt 1 Presenter: Denise Namowicz, MSW, LCSW</p>	<p>Advanced Screening and Differential Diagnosis: Differential of Psychosis NOS PT 2 Presenter: Monica Calkins, PhD</p>	
12:15-1:15	<p>Decision Coaching for Certified Peer Specialists and Supported Employment and Education Specialists PT 2 Presenters: Elizabeth Thomas, PhD and Dennis Laughery, CPS</p>		<p>Lunch</p>	<p>Community Outreach and Engagement in FEP: Utilizing Virtual Tools to Increase Referrals - An Overview of Online Options Presenter: Meredith Jacoby, BA</p>	<p>CSC Model Implementation: Clinic Flow, Team Services, Coordination, Inclusion/ Exclusion, Overview of Program Eval and Fidelity Monitoring PT 2 Presenter: R. Marie Wenzel, MSW, LSW</p>	<p>Introduction to Screening and Differential Diagnosis in CSC PT 3 Presenter: Arielle Ered, PhD</p>
1:15-1:30			<p>Psychopharmacology in FEP: Medication Side Effects & Management Presenter: Melanie Yabs, PharmD, MS, BCPP</p>	<p>Advanced CSC Model Implementation - Building and Maintaining a Collaborative Team PT 2 Presenter: Denise Namowicz, MSW, LCSW</p>	<p>Advanced Screening and Differential Diagnosis: Differential of Psychosis NOS PT 3 Presenter: Monica Calkins, PhD</p>	
1:30-2:30	<p>Crisis and Suicide Assessment, De-Escalation, and Treatment Presenter: Peter Phalen, PhD</p>		<p>Break</p>	<p>Fidelity and Program Evaluation - How to Build PE Data Collection into Routine Clinic Flow Presenter: Amenia Miller, MSED, MPhilEd</p>	<p>Ethical Issues in the Context of Recovery-Oriented, Trauma Informed Care in Early Psychosis PT 1 Presenter: Nev Jones, PhD</p>	<p>Introduction to Screening and Differential Diagnosis in CSC PT 4 Presenter: Arielle Ered, PhD</p>
2:30-2:45			<p>Psychopharmacology in FEP: Antipsychotic Medications - Old v. New, Clozaril & LAIs PT 1 Presenters: Christian Kohler, MD and Deepak Sarpal, MD</p>	<p>Advanced CSC Model Implementation - Building and Maintaining a Collaborative Team PT 2 Presenter: Denise Namowicz, MSW, LCSW</p>	<p>Advanced Screening and Differential Diagnosis: Anxiety, OCD and the Psychosis Spectrum Presenter: Emily Becker-Haimes, PhD</p>	
2:45-3:45	<p>Addressing Substance Use Disorders in the Context of CSC Presenter: Melanie Bennett, PhD</p>		<p>Break</p>	<p>Introduction to Psychopharmacology in FEP for Non-Prescribers Presenter: Andrea Temelie, PharmD, BCPP</p>	<p>Ethical Issues in the Context of Recovery-Oriented, Trauma Informed Care in Early Psychosis PT 2 Presenter: Nev Jones, PhD</p>	<p>Cultural Humility: Racial and Ethnic Disparities in Psychosis Treatment Presenter: Alison Swigart, MD</p>
			<p>Psychopharmacology in FEP: Antipsychotic Medications - Old v. New, Clozaril & LAIs PT 2 Presenters: Christian Kohler, MD and Deepak Sarpal, MD</p>	<p>Advanced Psychopharmacology in FEP for Non-Prescribers Presenter: Melanie Yabs, PharmD, MS, BCPP</p>		

CSC FEP Week 1
Color Key:
Introductory Level Programming
Advanced Level Programming
Prescribers/Medical Team Programming
Everyone - All staff encouraged to attend

- Visit the [Annual Conference section](#) of the Education & Training page on the HeadsUp website for more information on presentation content and presenters
- Email questions to Crystal Vatza, HeadsUp Education and Telehealth Manager at: crystal.vatza@pennmedicine.upenn.edu

8th Annual PA Early Psychosis Conference Schedule

Week two of two



WEEK 2: Recovery-Oriented Cognitive Therapy (CT-R)

	Monday, December 18	Tuesday, December 19	Wednesday, December 20	Thursday, December 21	Friday, December 22
9:00-11:00	Extending and Enhancing Peer Specialist Interactions with Recovery-Oriented Cognitive Therapy Presenters: Francesca Lewis-Hatheway, PsyD, Lindsey Pinto, LSW	Extending and Enhancing SEES and CMs Interactions with Recovery-Oriented Cognitive Therapy Presenters: Francesca Lewis-Hatheway, PsyD and Amber Margetich, PsyD	Recovery-Oriented Cognitive Therapy for Prescribers: Building Trust, Connection, and Hope to Support Overall Wellness in Youth Presenter: Paul Grant, PhD	Empowering Family Members and Loved Ones with Recovery-Oriented Cognitive Therapy Presenter: Paul Grant, PhD & Shelby Arnold, PhD	Recovery-Oriented Cognitive Therapy PT 8: Grandiose Delusions Presenter: Aaron Brinen, PsyD
	Recovery-Oriented Cognitive Therapy PT 1: Formulation Fundamentals Presenter: Aaron Brinen, PsyD	Recovery-Oriented Cognitive Therapy PT 3: Protocol and the Formulation Presenter: Aaron Brinen, PsyD	Recovery-Oriented Cognitive Therapy PT 5: Auditory Hallucinations Presenter: Aaron Brinen, PsyD		
11:00-11:15	Break				
11:15-1:15	Recovery-Oriented Cognitive Therapy PT 2: Guided Discovery and Correcting beliefs Presenter: Aaron Brinen, PsyD	Recovery-Oriented Cognitive Therapy PT 4: Negative Symptoms Presenter: Aaron Brinen, PsyD	Recovery-Oriented Cognitive Therapy PT 6: Delusions and Formulation Presenter: Aaron Brinen, PsyD	Recovery-Oriented Cognitive Therapy PT 7: Feeling Safe Programme in the Context of the Formulation Presenter: Aaron Brinen, PsyD	Recovery-Oriented Cognitive Therapy PT 9: Treatment Planning/Bringing it all Together Presenter: Aaron Brinen, PsyD

CSC FEP Week 2 Color Key:
Everyone - All staff encouraged to attend
Peer Specialist Programming
SEES & Case Manager Programming
Prescribers/Medical Team Programming

- Visit the [Annual Conference section](#) of the Education & Training page on the HeadsUp website for more information on presentation content and presenters.
- Email questions to Crystal Vatza, HeadsUp Education and Telehealth Manager at: crystal.vatza@penntelehealth.upenn.edu

Thank you to our funders, organizers, & presenters who help keep this collaborative training relevant and dynamic. We look forward to continuing to help serve our Pennsylvania early psychosis community together!

WEEK 1: COORDINATED SPECIALTY CARE IN FIRST EPISODE PSYCHOSIS November 13-17

SESSION DESCRIPTIONS

Monday, November 13

History and Current Status of FEP Care 2023

Melanie Bennett, PhD

9:00-10:00 AM

The Coordinated Specialty Care (CSC) model is the foundation of Pennsylvania's First Episode Psychosis (PA FEP) programs. This course provides an overview of the history of, and recent developments in, CSC and introduces the core components and stakeholders of the model.

Objectives:

- Describe 3 or more challenges faced in the effort to identify and intervene early in the course of psychosis disorders
- Identify at least 2 benefits of CSC care for individuals with psychosis as suggested by research in this area
- List two key features of a Learning Health Care System

Intended Audience: all staff encouraged to attend

Decision Coaching to Support Young Adults' Community Participation PT 1 & 2

Elizabeth Thomas, PhD and Dennis Laughery, CPS

10:15-11:15 AM & 12:15-1:15 PM

During this session, Dr. Thomas and Mr. Laugherty will provide an overview of the decision-making needs of young adults with early psychosis in relation to their community participation. They will introduce the concept of decision coaching, and share a tool called the Ottawa Personal Decision Guide (OPDG) that may be used to facilitate the decision coaching process. Finally, attendees will be given an opportunity to practice key decision coaching communication skills using the OPDG.

Objectives:

- Recognize the need for decision support related to community participation among young adults with early psychosis
- Describe the decision coaching process
- Practice decision coaching communication skills based on an example scenario

Intended Audience: all staff encouraged to attend

Clinical Strategies for Assessing and Reducing Suicide Risk

Peter Phalen, PhD

1:30-2:30 PM

This training will provide you with information and tools that you can use to help patients at risk of suicide. We will discuss strategies for talking to acutely suicidal patients that increase patient self-disclosure and reduce feelings of suicidality over the course of a single interaction. We will also discuss longer-term strategies for reducing patient suicide risk. As part of the presentation, participants will be shown data on suicidality among patients in our Maryland/Pennsylvania early psychosis intervention network.

Objectives:

- Describe the benefits of discussing suicide with their patients
- Identify 2-3 helpful strategies to use when talking to acutely suicidal patients
- Identify at least two ways of reducing patient suicide risk
- Describe the trajectory of suicidality for patients in our own early psychosis intervention network

Intended Audience: all staff encouraged to attend

Monday, November 13

Addressing Substance Use Disorders in the Context of Coordinated Specialty Care

Melanie Bennett, PhD

2:45-3:45 PM

This session will review the literature on addressing substance use disorders in the context of Coordinated Specialty Care and discuss how Coordinated Specialty Care programs can use what we know to guide practice. The speaker will also offer ideas for future research and clinical implementation research so that we can better address substance use disorders in Coordinated Specialty Care in the future.

Objectives:

- Describe the challenges presented by substance use disorders for young people with FEP and for FEP treatment
- Review the literature on addressing substance use disorders in the context of FEP treatment
- Discuss how Coordinated Specialty Care programs can use what we know to guide practice
- Provide ideas for future research so that we can better address substance use and substance use disorders in Coordinated Specialty Care

Intended Audience: all staff encouraged to attend

Tuesday, November 14
TRAVEL DAY
NO PROGRAMMING



Trust, Connection, Hope: Collaboratively Developing Medication-Assisted Resilience with Young People

Joseph Kiefer, PsyD, RN

9:00-10:00 AM

This session offers an opportunity to gain valuable insights and apply effective strategies drawn from Recovery-Oriented Cognitive Therapy (CT-R) that are within CSC team member's scopes of practice. CT-R methods cultivate a shared understanding of a young person's "best self," including practical ways to accessing this "best self" both within the office and in each individual's life. Once a trusting relationship has been established through this energizing of the person's adaptive modes of living, CSC team members can collaboratively identify personal aspirations and meaningful life trajectories -- the compass guiding the person's desired life journey. By seamlessly integrating practical techniques, dynamic interactive exchanges, and evidence-based insights within the framework of Recovery-Oriented Cognitive Therapy, this session empowers participants to proactively cultivate medication and medical procedures to actively promote resilience in youth.

Objectives:

- Identify and apply at least one strategy for accessing a young person's "best self"
- Recognize two methods to develop and enrich life aspirations
- Demonstrate at least two ways to use these aspirations as a foundation for medication management

Intended Audience: all staff encouraged to attend

Diagnosis and Medical Monitoring in FEP PT 1 & PT 2

Joshua Riley, MD, PhD

9:00-10:00 AM & 10:15-11:15 AM

Pennsylvania's First Episode Psychosis (PA FEP) Centers support a broad range of young individuals experiencing psychosis. Many of these individuals will have had some history of emotional and mental distress prior to presenting to our programs and often have received treatment for other disorders in the past. Diagnosis can be difficult and the number of potential medical etiologies for new psychotic symptoms makes monitoring critical. This course for prescribers provides an overview of diagnosis, examines aspects of phenomenology that can assist with differential diagnosis, and discusses the role of laboratory and imaging investigations in the workup of any individual experiencing psychosis of recent onset.

Objectives:

- Understand the variety of ways a first episode of psychosis may initially present in a clinical setting
- Delineate an approach to evaluate and rule out medical etiologies of first episode psychosis and indications for more intensive testing
- Appreciate the distinction between psychosis and psychotic disorders on the one hand and non-psychotic disorders with overlapping symptoms
- Evaluate common presentations of non-psychotic psychiatric symptoms that may occur in the context of first episode psychosis, and how to approach treatment of these symptoms

Intended Audience: prescriber and medical team staff

The Family Perspective and CSC: Treating an Individual in the Context of Their Family Improves Treatment Outcomes

Chris Michaels, MSHSA (NAMI)

10:15-11:15 AM

Prior to the Recovery After an Initial Schizophrenia Episode (RAISE) study, parents were blamed for their child's serious mental illness. The RAISE Navigate Model and the launch of Coordinated Specialty Care (CSC) in First Episode Psychosis Programs transformed the family's role in treatment. Family education and engagement is one of the core components in Coordinated Specialty Care services. Those core component services are provided by a multidisciplinary team. During this session, the presenter will explain how families are included in the CSC model and the benefits of families being recognized as a true partner in Coordinated Specialty Care.

Objectives:

- List four core components of Coordinated Specialty Care
- Discuss the impact of family education and involvement in their loved one's recovery
- Explain the transformational difference in the family's role in First Episode Psychosis treatment

Intended Audience: all non-medical staff encouraged to attend

Community Outreach and Engagement in FEP: Utilizing Virtual Tools to Increase Referrals -An Overview of Online Options

Meredith Jacoby, BA

12:15-1:15 PM

The world of digital marketing offers a vast array of outreach tools aimed at enhancing visibility and bolstering engagement. While tapping into virtual resources like websites, social media, videos, email marketing, SEO, and data visualization is a critical part of effective outreach planning, it often feels complicated and daunting. This training will offer a solid introduction to the world of digital marketing. Centered on the unique needs of community mental health professionals, this session will help guide program leaders and staff to develop practical, approachable, and efficient virtual strategies to maximize outreach potential and reduce overwhelm.

Objectives:

- Develop and categorize a working list of vital tools available for digital marketing
- Narrow the list of potential virtual tools to best suit specific program outreach goals
- Basic implementation of the most popular and useful tools for PA/MD FEP programs

Intended Audience: all non-medical staff encouraged to attend

Psychopharmacology in FEP: Medication Side Effects & Management

Melanie Yabs, PharmD, MS, BCPP

12:15-1:15 PM

Pennsylvania's First Episode Psychosis (PA FEP) Centers support a broad range of young individuals experiencing psychosis. Diagnosis can be tricky, and monitoring our clients is paramount. This course for prescribers dives into particularly important aspects of medical monitoring, medication-related side effects, and pharmacological treatment considerations in this population.

Objectives:

- Identify dosing strategies for antipsychotics in patients with FEP
- Recognize the importance of monitoring for side effects in this population
- Distinguish between second-generation antipsychotics and their propensity to cause certain metabolic side effects
- Understand how to approach treatment of antipsychotic-induced movement disorders

Intended Audience: prescribers and medical team staff



Wednesday, November 15

Fidelity and Program Evaluation - How to Build PE Data Collection into Routine Clinic Flow

Amenia Miller, MEd, MPhilEd

1:30-2:30 PM

Standardized measurement is a part of evidence-based care and required by PA OMHSAS for CSC funding. The framework for collecting such measurements is available via the Program Evaluation Core Assessment Battery (CAB) in an online database, REDCap. This session provides methods to effectively integrate CAB data collection into routine clinic flow to maximize efficiency and completion of data collection, as well as how to utilize collected data within programs.

Objectives:

- Orient on implementation of the Core Assessment Battery (CAB)
- Provide templates and suggestions for planning to implement the CAB into routine processes
- Discuss real-world examples of successful implementation practices at FEP programs
- Offer tips, tricks, and considerations for maximal efficiency in CAB data collection and entry

Intended Audience: all non-medical staff encouraged to attend

Psychopharmacology in FEP: Antipsychotic Medications - Old v. New, Clozaril & LAIs PT 1 & PT 2

Christian Kohler, MD and Deepak Sarpal, MD

1:30-2:30 PM & 2:45-3:45 PM

Presentation will focus on antipsychotic mechanisms and development of antipsychotics including first, second and third generations, with emphasis on efficacy and some consideration on side effects. We will talk about the state of present utilization of clozapine for treatment resistant schizophrenia with a focus on initiation and maintenance treatment. In the last part, we will focus on the relative advantages of long acting injectables to promote clinical improvement and adherence to care.

Objectives:

- Based on clinical cases, identify suitable medication choices
- Promote understanding of effectiveness of clozapine and potential augmentation treatment
- Understand the setting where long acting injectables can be useful and how to negotiate use with clients and caregivers

Intended Audience: prescribers and medical team staff

Introduction to Psychopharmacology in FEP for Non-Prescribers

Andrea Temelie, PharmD, BCPP

2:45-3:45 PM

National guidelines for the treatment of schizophrenia recommend the creation of a comprehensive, person-centered treatment plan that includes evidence-based pharmacologic and nonpharmacologic treatments. The goal of this treatment is to minimize the duration of untreated psychosis; however, psychopharmacology in First Episode Psychosis (FEP) can offer unique challenges. Medication management can be complex when it comes to different psychotropic drug classes, their varying mechanisms, and their side effects. This course provides an overview of key considerations for nonprescribing Coordinated Specialty Care team members regarding medication treatment.

Objectives:

- Define the role of psychopharmacological care for FEP program participants
- Identify medication response timeline in FEP
- Understand the various medications and formulations that may be used in FEP
- Recognize medication-related side effects relevant to the FEP population

Intended Audience: introductory level programming

Wednesday, November 15

Advanced Psychopharmacology in FEP for Non-Prescribers

Melanie Yabs, PharmD, MS, BCPP

2:45-3:45 PM

Psychopharmacology in First Episode Psychosis (FEP) offers unique challenges. Medication management can be complex for our patient population when it comes to the different psychotropic drug classes, their varying mechanisms, and their side effects. This course provides an overview of key considerations for non-prescribing Coordinated Specialty Care team members regarding the use of antidepressants, mood stabilizers, and stimulants in conjunction with antipsychotic medication treatment.

Objectives:

- Recognize psychotropic medications that may be used in conjunction with antipsychotic medication treatment
- Identify the benefits of these psychotropic medications in the treatment of patients experiencing FEP
- Recall side effects associated with certain psychotropic medications
- Understand the clinical consequences of medication self-discontinuation

Intended Audience: advanced level programming

Thursday, November 16

Introduction to CSC Model: Core Competencies and Team Roles

Denise Namowicz, MSW, LCSW

9:00-10:00 AM

The Coordinated Specialty Care (CSC) model is the foundation of Pennsylvania's First Episode Psychosis (PA FEP) programs. This course describes in detail the core components and stakeholders of the model and focuses on the specifics of team roles/responsibilities. The session will focus on program competencies to develop an effective team.

Objectives:

- Define the roles of each team member in a CSC model
- Describe staff competencies for each discipline
- Identify the importance of team cohesion

Intended Audience: introductory level programming

Advanced CSC Model: Step-Down Care and Discharge in CSC

Rachel Frome, LSW, Sarah Zagorac, OTD, OTR/L, Brianna Brisco, AJ DiBricida, & Jordane K. Carter

9:00-10:00 AM

Our goal for participants is long term recovery. While we know CSC improves outcomes in early psychosis while in treatment, we also know that progress made in our care can regress. When clinicians follow up with participants after discharge, research shows that there is high probability participants are likely to disengage from aftercare services. During this session, we'll explore the importance of the transition period from CSC, and identify best practices and challenges in care transitions. FEP CSC Programs PERC and PEACE will share their experiences building step-down programs. We hope to learn from each other's experiences and develop structure for more intentional practices with care transitions.

Objectives:

- Discuss importance of addressing transition from coordinated specialty care (CSC)
- Identify best practices in care transitions in CSC
- Identify challenges in care transitions from CSC

Intended Audience: advanced level programming

Thursday, November 16

Introduction to CSC Model Implementation: Clinic Flow, Team Services, Coordination, Inclusion/ Exclusion, Overview of Program Eval and Fidelity Monitoring PT 1 & PT 2

R. Marie Wenzel, MSW, LSW
 10:15-11:5 AM & 12:15-1:15 PM

The Coordinated Specialty Care (CSC) model is the cornerstone of Pennsylvania's First Episode Psychosis (PA FEP) programs. This two-part course provides an overview of implementation of the model, as well as practical guidance from a hands-on perspective.

Objectives:

- Outline areas of strengths and weaknesses in current practice as related to the CSC model (e.g., fidelity to the model in current practice)
- Review overall CSC clinic flow and operational structure
- Identify the pros and cons of telehealth in CSC

Intended Audience: introductory level programming

Advanced CSC Model Implementation - Building and Maintaining a Collaborative Team PT 1 & PT 2

Denise Namowicz, MSW, LCSW
 10:15-11:15 AM & 12:15-1:15 PM

This is a two-part session focused on advanced CSC model implementation. The first part will address difficulties in developing team cohesion and collaboration as well as the positive effects of effective cohesion and collaboration on the CSC team structure and how this reduces staff stress and turnover. The second part will focus on a group activity in identifying team challenges and problem solving these challenges. Participants will have the opportunity to share examples of how to activate their teams to aid in the development of cohesive and collaborate teams.

Objectives:

- Identify 3 C'S in developing team cohesion and collaboration
- Explain the importance of team cohesion and collaboration
- Identify staff stress which may result in staff turnover

Intended Audience: advanced level programming

Ethical Issues in the Context of Recovery-Oriented, Trauma Informed Care in Early Psychosis PT 1 & PT 2

Nev Jones, PhD
 PT 1 11:30-2:30 PM, PT 2 2:45-3:45 PM

This presentation will focus on key ethical issues in the implementation of recovery-oriented, trauma informed early psychosis services, including policies and protocols related to involuntary commitment (302s in PA statute), other forms of court-ordered treatment, medication decision making, and responses to prior or concurrent trauma, including potentially traumatic experiences while receiving early psychosis services (police involvement, incarceration, etc.). Considerations specific to ethnoracial and cultural disparities will be discussed throughout.

Objectives:

- Describe potential impacts of experiences of coercion on CSC clients
- Explain the concept of "indirect" coercion in the context of medication decision making and associated ethical implications
- Articulate 3 concrete 'harm reduction' strategies for reducing negative impacts of experiences of coercion (occurring prior to and / or concurrent with CSC treatment)
- Articulate 3 concrete considerations for reducing negative impacts of experienced coercion among clients with minoritized ethnoracial identities

Intended Audience: all staff encouraged to attend

Friday, November 17

Introduction to Screening and Differential Diagnosis in CSC PTs 1-4

Arielle Ered, PhD
 9:00-10:00 AM, 10:15-11:15 AM
 12:15-1:15 PM & 1:30-2:30 PM

Identifying individuals who meet enrollment criteria for our Pennsylvania First Episode Psychosis (PA FEP) Centers can be difficult, and the clinical picture continues to evolve in many young adults while participating in our programs. This 4-part course offers an in-depth review of referral and screening, discusses the nuanced work of ongoing differential diagnosis, and provides an overview of relevant factors prior to the onset of psychotic disorders.

Objectives:

- Describe the positive symptoms of schizophrenia
- Identify at least three negative symptoms
- Identify at least two common environmental contributors to the development of psychotic disorders
- Name and describe the utility of at least one screening measure for psychosis

Intended Audience: introductory level programming

Advanced Screening and Differential Diagnosis PTs 1-3: Differential of Psychosis NOS

Monica Calkins, PhD
 9:00-10:00 AM, PT 2 10:15-11:15 AM & 12:15-1:15 PM

Differential diagnosis of psychosis related disorders in youth presenting to our Pennsylvania First Episode Psychosis (PA FEP) Centers can be challenging, especially upon first admission. The first three parts of this four-part course provide an in-depth review of key considerations for differentiating "other specified/unspecified schizophrenia spectrum disorders" from primary schizophrenia spectrum and mood disorders. Case examples and discussions will illustrate core differential decision points at admission and follow-up.

Objectives:

- Identify the three "building blocks" that, depending on their occurrence with other building blocks, form different disorders
- Describe and implement strategies to assess crucial pieces of information needed to differentiate among schizophrenia spectrum and related disorders
- Describe key considerations and the process of re-assessing schizophrenia spectrum diagnoses over time

Intended Audience: advanced level programming



Friday, November 17

Advanced Screening and Differential Diagnosis PT 4: Anxiety, OCD and the Psychosis Spectrum

Emily Becker-Haimes, PhD

1:30-2:30 PM

Up to 30% of individuals with psychosis also experience significant obsessive-compulsive symptoms (OCS); others also will exhibit symptoms of other anxiety disorders as well. Co-occurrence of obsessive compulsive disorder (OCD) or other anxiety disorders in the context of psychosis is common, yet understudied, and is associated with a more severe clinical presentation and course than psychosis alone. Differential diagnosis of these conditions individually is also complicated by overlapping symptom presentations. Identifying individuals experiencing OCD along with psychosis symptoms is important for determining who may be at risk for a more severe symptom course as well as for determining how to optimally intervene to address OCD and anxiety symptoms alongside psychosis symptoms. This presentation will first present epidemiological data highlighting rates of comorbidity of OCD and related anxiety disorders with psychosis and what is known about why these symptoms may co-occur at such high rates. Second, this presentation will present information about how to optimally assess OCD and related anxiety symptoms to determine if they warrant independent treatment focus within the context of psychosis. Finally, this presentation will present what is known about effective psychopharmacological and psychological therapies for working with individuals experiencing both OCD and psychosis and highlight important remaining gaps in the field's understanding regarding how to optimally support individuals experiencing co-occurring OCD and psychosis.

Objectives:

- Explain the importance of understanding how OCD anxiety disorders present and how these symptoms can look similar to and different from psychosis symptoms
- Name strategies for assessing and differentiating OCD symptoms from psychosis symptoms
- List several intervention approaches with promising evidence for treating OCD and related anxiety symptoms co-occurring with psychosis symptoms

Intended Audience: advanced level programming

Friday, November 17

Cultural Humility: Racial and Ethnic Disparities in Psychosis Treatment

Alison Swigart, MD

2:45-3:45 PM

This session will explore how race impacts diagnosis of psychosis and the risk of developing a psychotic disorder. There are multiple studies demonstrating that minoritized racial groups, especially Black Americans, are more likely to be diagnosed with Schizophrenia and psychotic disorders than their White counterparts. Some studies have shown that clinicians are more likely to mislabel Black individuals as having a psychotic disorder than a mood disorder or post-traumatic stress disorder, compared to White individuals. Yet members of minoritized racial groups may also have heightened vulnerability to developing psychotic disorders; this session will illuminate how experiences of racial discrimination or trauma could increase the risk for developing psychosis. Finally, the session will propose strategies to improve clinical assessment for first-episode psychosis in individuals from minoritized racial groups. The session will utilize case examples to illustrate the importance of understanding an individual's life history and racial identity, as well as understanding the historical and environmental contexts that impact diagnosis of mental illness.

Objectives:

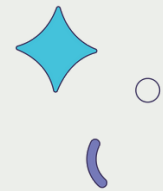
- Understand that race can influence the likelihood of being diagnosed with psychosis
- Identify underlying reasons for developing psychosis in minoritized racial groups
- Apply 2 strategies to improve clinical assessment for first-episode psychosis in individuals from minoritized racial groups

Intended Audience: all staff encouraged to attend



WEEK 2: RECOVERY-ORIENTED COGNITIVE THERAPY (CT-R) December 18-22

SESSION DESCRIPTIONS



Monday, December 18

Extending and Enhancing Peer Specialist Interactions with Recovery-Oriented Cognitive Therapy

Francesca Lewis-Hatheway, PsyD and Lindsey Pinto, LSW
9:00-11:00 AM

Certified Peer Specialists (CPSs) have a unique, invaluable role in collaborating with individuals to actively access motivation, develop hope, and energize purpose through shared lived experience. The understanding, strategies, and interventions of Recovery-Oriented Cognitive Therapy (CT-R), an evidenced-based treatment approach utilized in first episode psychosis (FEP) care, can (1) extend peer effectiveness to individuals who are reluctant to engage, and (2) enhance peer effectiveness by helping each individual get the most out of each interaction. This session will be interactive and practical, introducing CT-R ideas and actions, with opportunity to put these into the peer scope of practice.

Objectives:

- Recognize the three categories of belief that make up each person's best self
- Name two CT-R ways to connect with individuals who appear reluctant to engage
- Identify four meanings that can occur in a peer positive action with an individual
- Make meaning by turning at least two compliments into questions

Intended Audience: Peer Support Staff Specific Programming

Recovery Oriented Cognitive Therapy (CT-R) PT 1: Formulation Fundamentals

9:00-11:00 AM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part one focuses primarily on the fundamentals of CT-R formulation.

- Describe the CT-R protocol of activation, aspirations, action
- Identify appropriate uses for psychoeducation within a CT-R context
- Describe the cycle of recovery within the CT-R framework

Intended Audience: all clinical staff

Recovery Oriented Cognitive Therapy (CT-R) PT 2: Guided Discovery and Correcting Beliefs

11:15 AM-1:15 PM

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part two continues the discussion and focuses primarily on guided discovery and correcting beliefs.

- Describe the CT-R approach to other mental health conditions sometimes associated with a psychotic disorder
- Implement a chain-analysis of program participant behavior
- Differentiate recovery-oriented cognitive behavioral therapy (CT-R) from other psychotherapeutic treatment models

Intended Audience: all clinical staff

Tuesday, December 19

Extending and Enhancing SEES and CMs Interactions with Recovery-Oriented Cognitive Therapy

Francesca Lewis-Hatheway, PsyD and Amber Margetich, PsyD
9:00-11:00 AM

Recovery-Oriented Cognitive Therapy is an evidence-based approach that is utilized in first episode psychosis (FEP) care and this approach emphasizes collaborating with individuals in the pursuit of their personally meaningful desires for the future. In this session, Employment and Education Specialists and Case Managers will (1) discuss strategies to elicit an individual's hopes for the future, (2) ways to access motivation, and (3) collaboratively plan on action to meet these goals. This session will be interactive and practical, introducing CT-R ideas and actions, with opportunities to put these into their scope of practice.

Objectives:

- Describe the five core principles of CT-R
- Describe the difference between a step and an aspiration
- Name two ways to help individuals successfully take steps toward aspirations
- Explain the importance of drawing conclusions during a success experience

Intended Audience: SEES and CM specific programming

Recovery Oriented Cognitive Therapy (CT-R) PT 3: Protocol and the Formulation

9:00-11:00 AM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part three focuses primarily on the protocol of CT-R formulation.

- Describe the CT-R approach to cognitive impairments
- Define the 3 A's of CT-R and review implementation strategies of each
- Define "adaptive mode"
- Adapt the CT-R protocol to telemedicine applications

Intended Audience: all clinical staff

Recovery Oriented Cognitive Therapy (CT-R) PT 4: Negative Symptoms

11:15 AM-1:15 PM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part four focuses primarily on utilizing CT-R to address negative symptoms.

- Describe the CT-R approach to negative psychotic symptoms
- Define and provide examples of the positive and negative symptoms of psychosis
- Apply activation through telemedicine

Intended Audience: all clinical staff

Wednesday, December 20

Recovery-Oriented Cognitive Therapy for Prescribers: Building Trust, Connection, and Hope to Support Overall Wellness in Youth Paul Grant, PhD

9:00-11:00 AM

Recovery-Oriented Cognitive Therapy (CT-R) is flexible, practical, highly collaborative, person-centered, strength-based, and places intentional emphasis on social determinants of health (including connection and purpose). This session will review the empirical research highlighting the significance of social connection and purpose for mental and physical well-being and will focus on ways that prescribers can, within their scope of practice, use CT-R strategies to foster overall wellness. Presenters will focus on CT-R strategies to 1) enhance engagement, connection, and trust and 2) collaboratively develop transformative life aspirations that provide a context for engaging in treatment and medical interventions to promote this desired future.

Objectives:

- Describe at least one strategy for accessing a young person's "best self"
- Identify at least three positive belief categories that comprise a young person's "best self"
- Recognize two methods to enrich life aspirations
- Demonstrate at least one line of questioning that contextualizes medical treatment in the pursuit of a young person's specific aspirations

Intended Audience: prescribers and medical team staff

Recovery Oriented Cognitive Therapy (CT-R) PT 5: Auditory Hallucinations

9:00-11:00 AM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part five focuses primarily on utilizing CT-R to address auditory hallucinations.

- Describe the CT-R approach to auditory hallucinations
- Define and provide examples of auditory hallucinations
- Identify key factors leading to an increase in auditory hallucinations

Intended Audience: all clinical staff

Recovery Oriented Cognitive Therapy (CT-R) PT 6: Delusions and Formulation

11:15 AM-1:15 PM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part six focuses primarily on utilizing the CT-R formulation to address delusions.

- Review a clinical trial of CT-R therapy
- Describe the CT-R approach to delusions
- Define and provide examples of delusions

Intended Audience: all clinical staff

Thursday, December 21

Recovery Oriented Cognitive Therapy (CT-R) PT 7: Feeling Safe Programme in the Context of the Formulation

11:15 AM-1:15 PM

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part seven continues the discussion and focuses primarily on utilizing the Feeling Safe Programme out of Oxford.

- Describe the CT-R approach to positive psychotic symptoms
- Define and provide examples of behavioral experiments
- Use technology to reduce demand on working memory through telemedicine

Intended Audience: all clinical staff

Thursday, December 21

Empowering Family Members and Loved Ones with Recovery-Oriented Cognitive Therapy

Paul Grant, PhD & Shelby Arnold, PhD

9:00-11:00 AM

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment approach utilized in first episode psychosis (FEP) care. We will review research showing that experienced stigma leads young people to develop negative beliefs about themselves, others, and their futures — which can ultimately contribute to or exacerbate challenges — such as delusions, hallucinations, negative symptoms, aggression, and self-injury — that impact a young person's ability to move towards their desired future. This course will enhance mental health professionals' facility to foster family members' understanding of the challenges that their loved one is experiencing. The instructor will present strategies for families that empower all members. There will be time to practice skills for building hope and empowerment, as well as interventions that can help increase sense of control and help to develop a positive identity of their loved one and family as a whole.

Objectives:

- Recognize two ways families can get their loved ones into the adaptive mode
- Describe at least one way to turn a complement into an empowering guided discovery question for the family
- Identify at least two ways that families enrich their family aspirations
- Pinpoint two ways family members can support each other's pursuit of aspirations

Intended Audience: all staff encouraged to attend

Friday, December 22

Recovery Oriented Cognitive Therapy (CT-R) PT 8: Grandiose Delusions

9:00-11:00 AM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part eight focuses primarily on utilizing CT-R to address grandiose delusions.

- Describe the CT-R approach to grandiose delusions
- Define and provide examples of grandiose delusions
- Identify key factors leading to an increase in psychotic symptoms

Intended Audience: all clinical staff

Recovery Oriented Cognitive Therapy (CT-R) PT 9: Treatment Planning/Bringing it all Together

11:15 AM-1:15 PM

Aaron Brinen, PsyD

Recovery-oriented Cognitive Therapy (CT-R) is an evidenced-based treatment modality frequently utilized in first episode psychosis (FEP) care. This 9-part course covers the core components of CT-R, implementation of the model, and addresses common barriers. Part nine focuses on treatment planning, integrating information from previous sessions.

- Identify support CT-R provides within the CSC treatment model
- Develop a participant-centered engagement plan
- Develop a plan to activate the "adaptive mode" of an FEP program participant
- Apply a CT-R approach in FEP practice

Intended Audience: all clinical staff

Shelby Arnold, PhD

Staff Psychologist, Beck Institute Center for Cognitive Therapy
 Shelby Arnold, PhD, is a Staff Psychologist at Beck Institute Center for Cognitive Therapy. She received her PhD in Clinical Psychology with a concentration in Forensic Psychology from Drexel University. Dr. Arnold has worked in a variety of forensic settings, including forensic assessment clinics, inpatient forensic hospitals, community diversion programs/problem-solving courts, and city-based forensic policy teams. She currently collaborates with a diverse set of forensic partners across the spectrum of justice-involvement to implement CT-R in their setting. Her research interests include evidence-based practices for justice-involved individuals and community diversion and other alternatives to standard prosecution, particularly for individuals with serious mental health challenges. She has published numerous peer-reviewed articles and book chapters on these topics, and is the co-author of Problem-Solving Courts and the Criminal Justice System, published by Oxford University Press.

Emily Becker-Haimes, PhD

Assistant Professor, Perelman School of Medicine, University of Pennsylvania; Clinical Director, Pediatric Anxiety Treatment Center at Hall Mercer (PATCH), Penn Center for Mental Health (CMH)
 Emily Becker-Haimes, PhD is the Fidelity Evaluator for the HeadsUp team. She is an Assistant Professor of Psychology at the Center for Mental Health, Department of Psychiatry, University of Pennsylvania Perelman School of Medicine. Emily is a clinical psychologist and implementation scientist dedicated to improving the quality of mental health services in community settings. She also holds expertise in the clinical assessment and treatment for youth with anxiety disorders and complex psychiatric comorbidities, as well as in measuring fidelity within the context of evidence-based practice implementation. She is delighted to be a part of the HeadsUp team and work to ensure that those with serious mental illness are able to access effective intervention.

Melanie Bennett, PhD

Professor of Psychiatry, University of Maryland School of Medicine
 Dr. Bennett is a psychologist and has been involved in research on treatment for early psychosis for the last decade. She has participated in funded research in this area and is active in training clinicians and programs throughout the state of Maryland on the different components of Coordinated Specialty Care. In 2020 she and her team - in collaboration with colleagues at Johns Hopkins, Sheppard Pratt, the University of Pittsburgh School of Medicine, and the University of Pennsylvania School of Medicine - joined NIMH's Early Psychosis Intervention Network, a national effort to create a national database to support research that will improve practice. This project supports the Connection Learning Health System, a Pennsylvania-Maryland partnership to support CSC programs and improve services in both states.

Aaron P. Brinen, PsyD

Assistant Professor of Clinical Psychiatry and Behavioral Sciences and Director of Psychotherapy Training Psychiatry Residency Program, Vanderbilt University Medical Center

Aaron P. Brinen, PsyD, is an Assistant Professor of Psychiatry and Behavioral Sciences at Vanderbilt University Medical Center, where he directs psychotherapy training in the psychiatry residency program. He is a primary developer of recovery-oriented cognitive therapy (CT-R) along with Aaron T. Beck, MD. Under the guidance of Dr. Beck, Dr. Brinen has worked to formalize and standardize the CT-R protocol for individual and group therapy settings, as well as for use in team-based psychiatric care and during inpatient treatment. He is a co-author of the manual of CT-R for serious mental health conditions, and has been active in the training of community therapists from around the world. Dr. Brinen is interested in researching the impact of recovery oriented cognitive therapy on inpatient and outpatient individuals. Additionally, he is interested in the crossover of different evidence-based treatments, particularly prolonged exposure for PTSD applied to individuals living with both PTSD and schizophrenia. He is the principal investigator in a study applying CT-R during medication management checks and also the supervisor for the WISEUP clinical trial, studying treatment for persecutory delusions.

Brianna Brisco

PEACE Program Graduate, Certified Peer Specialist

Brianna Brisco is a digital creator, artist, and empath. Brianna graduated from Parkway West High School, then completed her degree in acting and theater arts at Community College of Philadelphia, and most recently completed her certified peer specialist training. She is compassionate, kind, and loving. She aims to increase awareness of racism and is involved in efforts to support the community. She hopes to inspire people to stay in school and follow their dreams.

Monica Calkins, PhD

Professor of Psychology in Psychiatry; Co-Director, HeadsUp; Director, Clinical Research Assessment, Neurodevelopment and Psychosis Section; Associate Director, PERC

Monica E. Calkins, PhD, is the HeadsUp Co-Director who oversees outreach, education, training, and Coordinated Specialty Care program evaluation and fidelity. Dr. Calkins grew up in Philadelphia, attending Philadelphia public schools and earning a bachelor's degree from Temple University. She earned a doctorate in Clinical Science and Psychopathology Research from the University of Minnesota and completed a post-doctoral fellowship at the University of Pennsylvania before joining its faculty, currently Professor of Psychology in Psychiatry. Dr. Calkins' research and clinical work focuses on early identification and intervention in psychotic disorders, and she has authored more than 200 scholarly publications in this area. Her work and mission is to improve the lives and experiences of young people with psychosis and their families.

Jordane K. Carter

PEACE Program Graduate, Wildland Firefighter

Jordane K. Carter is a former participant and alumni of the PEACE program, by Horizon House. He is currently a Carpenter student at the Harpers Ferry Job Corps Civilian Center where he graduated the US Forest Service Wildland Firefighter program and recently worked in the Wayne National Forest to protect and preserve the forest from fires. He graduated from Martin Luther King High School at the top of his graduating class as a Valedictorian. His goal is to hopefully inspire and encourage others, especially those who have experienced similar past trauma and psychosis.

AJ DiBricida

PEACE Program Graduate

AJ DiBricida is involved in NA and has over a year of clean time. He often supports his family by watching his nieces and nephews. He's proud to be a calmer person today and has been enjoying life by eating healthy and going to concerts. AJ hopes to become a sponsor so he can help others stay clean like his sponsor helped him.

Arielle Ered, PhD

Postdoctoral Fellow, Neurodevelopment and Psychosis Section, Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania

Dr. Arielle Ered is a postdoctoral fellow at the University of Pennsylvania within the Neurodevelopment and Psychosis Section and a clinician at the Psychosis Evaluation and Recovery Center. Dr. Ered completed her doctorate in Clinical Psychology and Neuroscience at Temple University and a clinical psychology internship at Vanderbilt University Medical Center within the psychosis track. She is passionate about recovery-oriented treatment for psychotic disorders and focuses clinically on individuals on the psychosis spectrum who have experienced co-occurring trauma, as well as folks on the LGBTQ+ spectrum. Her research examines the impact of stress and trauma on individuals on the psychosis spectrum, both prior to onset of the disorder and in the first episode.

Rachel Frome, LSW

Licensed Social Worker

Rachel Frome, LSW is a therapist who worked with the PEACE program in Philadelphia for 2 years before transitioning to a group practice. Rachel was the therapist and co-developer of the PEACE Aftercare program, which works with participants who are planning to graduate CSC and transition to consistent long-term care. Rachel has focused on building trauma-informed practices to support participants in increasing confidence, self-advocacy, and community-supports as they leave CSC. Rachel has a background of 8 years working with non-profits on systems and organizational change and art facilitation. Rachel obtained her Bachelor of Social Work from Rutgers University and Master of Social Work from the University of Pennsylvania.

Paul Grant, PhD

Director, Beck Institute Center for Recovery-Oriented Cognitive Therapy

Paul Grant, PhD, is Director of the Beck Institute Center for Recovery-Oriented Cognitive Therapy (CT-R). With Aaron T. Beck, he originated CT-R and conducted foundational research to validate it. He is a recipient of awards from the National Alliance on Mental Illness, the University of Medicine and Dentistry of New Jersey, and the Association for Behavioral and Cognitive Therapies. Dr. Grant developed group, family, and milieu CT-R approaches, and directs large projects implementing CT-R nationally and internationally. He has developed innovative implementation tools and is involved in researching positive beliefs and teamwork culture change as mediators of successful CT-R outcomes. He is the co-author of Recovery-Oriented Cognitive Therapy for Serious Mental Health Conditions, Schizophrenia: Cognitive Theory, Research, and Therapy, and the forthcoming Thriving Together Through Schizophrenia.

Meredith Jacoby, BA

Outreach Coordinator, HeadsUp

Meredith is the HeadsUp Community Resources Coordinator and uses a variety of creative tools to help educate and inform people about early intervention resources for psychosis. After receiving a BA in psychology from Temple University, she has worked for over two decades in outreach and marketing for many organizations and businesses, including two of her own creation. She hopes her work will empower people who are struggling and will continue to shift societal stigma around serious mental illness.

Nev Jones, PhD

Assistant Professor, School of Social Work, University of Pittsburgh

Nev Jones PhD is an assistant professor in the School of Social Work at the University of Pittsburgh with an interdisciplinary background in philosophy and ethics, medical anthropology and psychology. Bringing personal experience of schizophrenia, her work focuses on bridging client, family and provider perspectives in the context of early psychosis and SMI services more broadly. She has consulted widely, both nationally and internationally, on improving clients experiences of care.

Joseph Kiefer, PsyD, RN

Psychologist

Dr. Joseph Keifer runs a private practice, Recovery-Oriented Solutions and Consulting (ROSC) and is a lecturer within the University of Pennsylvania School of Nursing. He received his doctorate in psychology (PsyD) from the Institute of Graduate Clinical Psychology at Widener University with a concentration in Cognitive-Behavioral Therapy/Acceptance & Commitment Therapy (CBT/ACT) and Health Psychology. He completed his postdoctoral fellowship at the Aaron T. Beck Psychopathology Research Center within the Perelman School of Medicine at the University of Pennsylvania. Joe has advanced training in Cognitive Behavioral Therapy (CBT), Recovery-Oriented Cognitive Therapy (CT-R), and Acceptance and Commitment Therapy (ACT). He worked with and received supervision from Dr. Aaron Beck one of the creators of CBT and CT-R. He has worked with individuals with serious mental health challenges and provided training and consultation to agencies implementing CT-R. Most recently, he joined the faculty at The Beck Institute for Cognitive Behavior Therapy where he previously worked as a staff psychologist. Joe has a background in nursing and is a registered nurse. As a nurse, he worked in the fields of critical care, acute psychiatric services, and detox nursing. Joe is interested in researching and utilizing Recovery-Oriented Cognitive Therapy to support and collaborate with nurses and other medical providers to help individuals with serious mental illness to achieve a life of their choosing. He has developed presentations on Recovery-Oriented Cognitive Therapy and its implementation by nurses for national and state nursing conferences.

Christian Kohler, MD

Professor of Psychiatry, Co-Director, HeadsUp Director, Clinical Director, Neurodevelopment and Psychosis Section Director, PERC

Christian Kohler, MD, is the co-director of HeadsUp. Dr. Kohler grew up in Austria and obtained a doctorate in medicine from Innsbruck University. He completed residencies in psychiatry at Wright State University and neurology at the University of Cincinnati, and subsequently a post-doctoral fellowship at the University of Pennsylvania. Dr. Kohler has been on the faculty at the University of Pennsylvania since the late 1990's and is currently Professor of Psychiatry and Neurology. He has participated in research on emotional processing, brain-related studies and novel treatments resulting in over 100 publications to date. Dr. Kohler has extensive experience in the treatment of severe mental illness and, in particular, of young persons with recent onset of psychosis - a challenging and rewarding area to pursue improvement in clinical symptoms and functioning.

Dennis Laughery, CPS
Certified Peer Specialist, ENGAGE

Dennis Laughery is a Certified Peer Specialist (CPS) for Wesley Family Services. Dennis is a valued member of the Coordinated Specialty Care Team of the ENGAGE Allegheny, First Episode Psychosis Program. Prior to working with ENGAGE, Dennis was providing peer support to adults and older adults who had a diagnosis of severe and persistent mental illness or co-occurring disorders as a CPS for Wesley. He was introduced to the professional role of peer support through his own recovery. Dennis is trained in working with older adults, those who have substance use histories and transition age youth and young adults living with early psychosis. He has obtained his Certified Recovery Specialist (CRS) Certification and actively shares his knowledge of his own recovery with the peers that he supports through his work with ENGAGE as well as his colleagues and team members. In Dennis's free time, he values being with his family; enjoying anything that he can do (preferably active and outdoors) with his two boys (Alec and Aiden) and his wife (Allison).

Francesca Lewis-Hatheway, PsyD
Staff Psychologist, Beck Institute for Cognitive Behavior Therapy

Dr. Francesca Lewis-Hatheway is a Licensed Psychologist at the Center. She received her Psy.D. from Ferkauf Graduate School of Psychology at Yeshiva University and completed her clinical internship at Long Island Jewish Medical Center. From a clinical perspective, Francesca is interested in providing Recovery-Oriented Cognitive Therapy to individuals with serious mental illness and disseminating evidence-based treatment for schizophrenia. Francesca's dissertation focused on reducing stress and burnout among staff members who provide psychiatric care, and this informs her current research interests which include utilizing mindfulness techniques to reduce stress and improve relationships among patients' families and caregivers.

Amber Margetich, PsyD
Psychologist, Beck Institute for Cognitive Behavior Therapy

Dr. Amber Margetich received her PsyD from the Graduate School of Applied and Professional Psychology at Rutgers University, with a focus on school psychology. She completed her pre-doctoral internship at the Wilmington VA Medical Center in Wilmington, Delaware, and her post-doctoral fellowship is with the Center for Recovery-Oriented Cognitive Therapy at Beck Institute. She is also a certified school psychologist in the state of New Jersey. Amber's dissertation focused on examining the relationship between exercise and anxiety sensitivity. She is particularly interested in how CT-R can support individuals with serious mental health conditions in residential and inpatient settings.

Chris Michaels, MSHSA
CEO, NAMI Keystone

Christine Michaels, MSHSA, is Chief Executive Officer of NAMI Keystone PA, the state organization in Pennsylvania for the National Alliance on Mental Illness mental health advocacy organization. Ms. Michaels has more than 35 years of experience in community mental health service delivery, social service agency legislative advocacy. Ms. Michaels serves on several planning councils and committees in Allegheny County and Pennsylvania, including the State 988 Advisory Arts degree in Sociology and a Master of Science in Health Services Administration.

Amenia Miller, MSED, MPhilEd
Counseling Psychotherapist, PERC

Amenia Miller, MSED, MPhilEd serves as the team lead and one of the primary therapists in the Psychosis Evaluation and Recovery Center (PERC) at the University of Pennsylvania. Prior to joining PERC, Amenia attained her bachelor's in psychology at the University of Pittsburgh and dual master's in professional counseling from the University of Pennsylvania, Graduate School of Education. She completed her counseling internship experience at Temple University Episcopal Extended Acute Care Unit, where she cultivated a passion for clinical work surrounding early prevention and clinical care for individuals experiencing psychosis spectrum disorders. Her goal is to provide a high standard of therapeutic care to individuals through cultivation of advocacy and activation of purpose in one's life.

Denise Namowicz, MSW, LCSW
Director, HOPE

Denise is a graduate of Maryland University (MSW) and Lock Haven University (BSW). She has more than 40 years' experience in the Health & Mental Health Field and Management. She is licensed Clinician and has held many management positions involving in Program Development, Integration and Implementation of Evidence Based Programs, Program Redesign, Quality Assurance, Peer and Family Peer Role Development. Her clinical experience is reflective in mental health and substance abuse with children, adolescents, adults and seniors through the practice modalities of individual, family, relationship/marital counseling and group therapy. Currently, Denise is the Director of HOPE (First Episode Psychosis Program) at Children Service Center. She is a Certified PCIT Therapist, Certified Peer Supervisor, State wide Trainer for First Episode Psychosis and Co Author of Pennsylvania Coordinated Specialty Care Programs for First Episode Psychosis: Six- and Twelve- Month Outcomes in Early Intervention in Psychiatry.

Peter Phalen, PhD
Assistant Professor, University of Maryland School of Medicine

Dr. Peter Phalen is an Assistant Professor in the Division of Psychiatric Services Research at the University of Maryland School of Medicine. His research is focused primarily on developing treatments for suicide and psychosis, as well as broader public mental health issues such as addiction and gun violence. He is currently leading an NIMH-funded clinical trial of Dialectical Behavior Therapy for people with psychosis who are at high risk of suicide. He is a practicing clinical psychologist.

Lindsey Pinto, LSW
Licensed Social Worker, Beck Institute for Cognitive Behavior Therapy

Lindsey Pinto is a Licensed Social Worker (LSW) who received her Master of Social Work degree from Simmons University, where she focused her training on implementing evidence-based treatment for adults involved in the justice system and those struggling with serious mental health challenges. She completed her master's degree internship program at the Worcester Recovery Center and Hospital in Worcester, Massachusetts, and at the Massachusetts Correctional Institute for women in Framingham, Massachusetts. Prior to joining Beck Institute, Lindsey worked for the Philadelphia Department of Behavioral Health (DBH) conducting comprehensive evaluations for individuals receiving treatment at Norristown State Hospital (NSH), or while incarcerated at the Philadelphia Department of Prisons (PDP). Lindsey's interests include utilizing Recovery-Oriented Cognitive therapy in forensic settings and throughout justice systems.

Joshua Riley, MD, PhD
Psychiatrist, ENGAGE

Dr. Joshua Riley has been the psychiatrist at the ENGAGE program through Wesley Family Services for Allegheny and Westmoreland counties for 3 years. He earned his undergraduate degree from the University of Cambridge before completing a PhD in Linguistics at the University of Maryland - College Park and an MD at the University of Kentucky School of Medicine. After medical school he completed residency training in psychiatry at Western Psychiatric Hospital/UPMC, during which he designed and co-lead an ACT for psychosis therapy group on an inpatient schizophrenia unit. In the past he also worked as a psychiatrist at Mon Yough Community Services. Currently he is a clinical assistant professor at the University of Pittsburgh and teaches an annual course on the history and philosophy of psychiatry to psychiatry residents. He is also in private practice in Pittsburgh at OCD Spectrum. He is especially interested in the intersection of OCD and psychosis and the overlap in psychotherapeutic approaches useful for both challenges, particularly Acceptance and Commitment Therapy. He is also interested in phenomenological approaches to understanding psychosis as a self-disorder and the implications for treatment.

Deepak Sarpal, MD
Assistant Professor of Psychiatry, University of Pittsburgh School of Medicine; Medical Director, STEP

Deepak K. Sarpal, MD, is an Assistant Professor in the Department of Psychiatry at the University of Pittsburgh School of Medicine. He also serves as Medical Director of the Services for the Treatment of Early Psychosis (STEP) clinic at UPMC Western Psychiatric Hospital. His research focuses on neural mechanisms associated with antipsychotic treatment response and clinical outcomes of psychotic disorders. His work has been supported by the National Institute of Mental Health, Brain & Behavior Research Foundation, and the Pittsburgh Foundation.

Alison Swigart, MD
Assistant Professor, Penn State Department of Psychiatry and Behavioral Health and Director, Penn State Community Psychiatry Program

Dr. Alison Swigart graduated from medical school at the University of Rochester School of Medicine and Dentistry and completed psychiatry residency training at Brown University. She is an Assistant Professor in the Penn State Department of Psychiatry and Behavioral Health and serves as Director of the Penn State Community Psychiatry program. She works as an attending psychiatrist at Pennsylvania Psychiatric Institute in Harrisburg, PA, where she focuses on treatment of individuals with First-Episode Psychosis as well as Schizophrenia across the lifespan. She has worked with participants in Pennsylvania Psychiatric Institute's CAPSTONE FEP program since 2018. She is actively involved in education of medical students, residents and fellows, and has received multiple awards for teaching.

Andreea Temelie, PharmD, BCPP
Clinical Pharmacist, University of Pittsburgh Medical Center

Dr. Andreea Temelie received her BS in psychology from the University of Michigan and PharmD from the University of Minnesota with an integrative interprofessional mental health focus and leadership emphasis. She completed psychiatric pharmacy residency training at UPMC Western Psychiatric Hospital. Following residency, Dr. Temelie expanded clinical pharmacy services within the UPMC ambulatory child/adolescent psychiatry service line through integration into several hospital-based clinics and partial hospitalization/intensive outpatient programs. As a board-certified psychiatric pharmacist, she provides clinical pharmacy services and education for patients and providers on evidence-based treatment for developmental and behavioral health conditions.

Elizabeth Thomas, PhD
Assistant Professor, College of Public Health, Temple University

Dr. Thomas is an assistant professor in the College of Public Health at Temple University. She is a psychologist and mental health services researcher with a background in psychiatric rehabilitation and recovery-oriented treatment for individuals with serious mental illnesses. Her research has particularly centered on early intervention in psychosis, treatment decision-making, and the role of peer specialists in fostering service engagement and community participation. Currently, Dr. Thomas is pursuing research on peer-delivered decision support to enhance emerging adults' engagement in early intervention services with support from a K08 Mentored Clinical Scientist Research Career Development Award from the National Institute of Mental Health. She is grateful for the profound influence that peer specialists have had on her work and understanding of how to best serve individuals with significant mental health issues.

R. Marie Wenzel, MSW, LSW
Executive Director, Hand2Paw Foundation

Marie Wenzel, LSW, has over fifteen years of experience in social services in the Philadelphia region. After earning her BA in Sociology and Masters in Social Work from Temple University, Marie has worked with a broad range of individuals and families accessing supportive services. Marie has spearheaded initiatives to increase access to innovative and quality mental health services for underserved populations, developed partnerships with community organizations to increase outreach efforts, and successfully navigated complex political environments to secure crucial funding, including over 6 years in the early psychosis field overseeing one of the three Philadelphia Coordinated Specialty Care Teams. Throughout her career, she has dedicated herself to promoting positive social change and improving the lives of marginalized people. She has been successful in developing and implementing innovative programs that align with the mission and goals of the organizations she's served.

Melanie Yabs, PharmD, MS, BCPP
Clinical Pharmacist, STEP

Melanie Yabs, PharmD, MS, BCPP is an outpatient psychiatric clinical pharmacist at Western Psychiatric Hospital (WPH), affiliated with the University of Pittsburgh Medical Center (UPMC). Dr. Yabs's clinical focus is on transitioning patients from inpatient to outpatient care and medication/side effect management at WPH's outpatient facilities, including Services for the Treatment of Early Psychosis (STEP). Dr. Yabs's passion for the treatment of psychosis spans over a decade as she helped run clinical trials for a long-acting injectable antipsychotic that many of her patients are now stabilized on. During her pharmacy residency, Dr. Yabs also conducted research on the outcomes of long-acting injectables in early psychosis.

Sarah Zagorac, OTD, OTR/L
Occupational Therapist, PEACE

Sarah Zagorac, OTD, OTR/L, is an occupational therapist at PEACE in Philadelphia, PA. Prior to joining PEACE, Sarah earned her bachelor's in neuroscience and psychology at King College, a master's in liberal arts at the University of Pennsylvania, and a doctorate in occupational therapy from Thomas Jefferson University. She has worked in behavioral research for eight years, six of which focused on psychosis research. Sarah is passionate about amplifying the voices of participants and increasing access to services.

Thank you to our sponsors & collaborators!

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Looking Ahead 9th Annual Conference Dates & Proposal Submission

The dates for next year's **9th Annual Early Psychosis Conference** will be from **November 18-22, 2024!**

If you or someone you know are interested in submitting a presentation proposal please fill out our HeadsUp Early Psychosis Conference **Proposal form**:
<https://form.jotform.com/233034588972162>

