



Supporting Students Experiencing Early Psychosis in Middle School and High School

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About 3 out of every 100 Americans will experience psychosis in their lifetimes, usually beginning in adolescence or young adulthood. A substantial research base confirms the effectiveness of Coordinated Specialty Care (CSC), a particular approach to supporting youth and young adults, including middle school and high school students, who are experiencing psychosis. This approach emphasizes early interventions that focus on keeping students engaged in school and other activities. Evidence shows that CSC results in improved outcomes and helps individuals experiencing psychosis stay on their life courses.

Schools can play an essential role in reducing the lag time between the emergence of psychosis and obtaining effective care. In this document, we present information to help educators recognize signs and symptoms of psychosis in students, and we suggest ways in which schools can help those students keep their lives on course and succeed in school.



SIGNS AND SYMPTOMS OF PSYCHOSIS

Psychosis can be caused by many things, including substance use, traumatic experiences, medical conditions (such as hyperthyroidism), and mental illness such as schizophrenia, depression, and bipolar disorder.

The most prominent symptoms of psychosis are delusions, which are ideas or beliefs held tightly despite contradictory evidence, and hallucinations, which involve perception in the absence of stimulation (e.g., hearing voices that others cannot). More generally, psychosis is thought of as a break from reality. In addition to delusions and hallucinations, other issues associated with psychosis include problems with attention and memory, disorientation, extremely disorganized thinking, and feeling outside their bodies.

Psychosis, however, rarely begins with such stark symptoms and can often be difficult to recognize. Early symptoms include gradual social withdrawal, distrust, and misperceptions. Students developing these symptoms may be both confused and embarrassed, and may not readily share their experiences with others. These students might be fearful that telling others about their symptoms or thoughts may lead to negative consequences because of the stigma associated with psychosis. Sometimes, they may hear voices discouraging them from confiding in others, or they may mistrust others' intentions.

School personnel, including teachers, coaches, staff, and administrators, are well-positioned to be helpful allies to both students and their families contending with psychosis. In fact, they can improve the likelihood of positive outcomes by supporting early recognition and referral to treatment. All school personnel may benefit from learning more about the emerging signs and symptoms of psychosis and how to support and sustain students experiencing psychosis, along with their families.

IDENTIFYING PSYCHOSIS IN STUDENTS

The long-term trajectory for people with psychosis is variable, yet research suggests that *recovery should be the expectation*. An essential factor in achieving a positive outcome is early identification and reducing the length of time between the onset of symptoms and treatment. When students are identified as having risk signs for psychosis, plans can be implemented to monitor developing symptoms and intervene early if they continue to progress.

WARNING SIGNS

There are no blood, genetic, brain scan, or other biological tests that can accurately diagnose psychosis, although medical tests may be appropriate to rule out certain medical conditions as the cause. Instead, a diagnosis usually depends on identifying symptoms and behaviors. Psychosis symptoms include hallucinations, delusions, odd behavior or speech, and a reduction in typical behavior and functions. The gradual onset of symptoms, their distressing nature, and societal stigma make it difficult for students to express concern.

HERE ARE SOME INDICATIONS THAT A STUDENT MIGHT BE EXPERIENCING PSYCHOSIS:

- Seeing, hearing, feeling, smelling, or tasting things that others cannot
- Being distracted by mild or nonexistent stimuli (e.g., being more sensitive to lights or sounds)
- Preoccupation with unusual ideas (e.g., “I will get a deadly disease if I take a shower in the locker room.”)
- Often saying things that do not make sense (e.g. using incorrect words, excessive rambling; going on tangents and being hard to follow in a conversation)
- Believing they are exceptionally better than others without any evidence (e.g., “I have a super high intellect”) or grossly distorted perceptions of their abilities (e.g., “I am a world-famous fashion designer.”)
- Feelings that there is something “off” with others or the world
- Feeling as if they are not in control of their own thoughts
- Decrease in self-care or hygiene
- Showing inappropriate emotion (e.g., laughing at sad things)
- A significant drop in grades
- Extreme fear
- Clear changes in sleep or eating habits

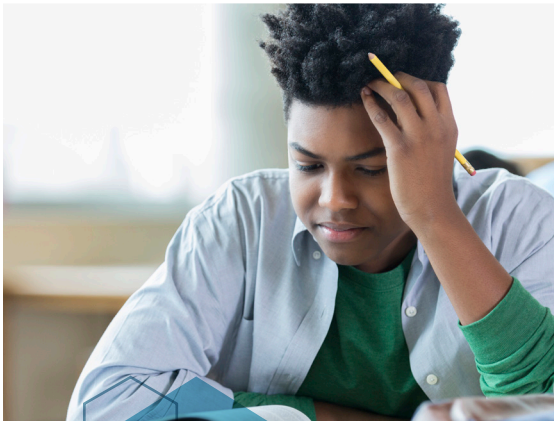
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- Spending more time in their room, altering their room
- Spending less time with friends, reporting friends have mistreated them (without evidence), or that others have told them to stay away from them
- Spending less time doing hobbies or sports they previously enjoyed
- Trouble thinking clearly and/or concentrating in class
- Decrease in or lack of motivation
- Decreased activity level
- Showing less emotion, or showing little expression or reaction to good or bad events

Some of these behaviors may be typical in young people. For example, high-school students can be gossipy, so it might be appropriate to be suspicious in some social situations. But an exaggerated response to a normal social interaction, or a persistent pattern of suspiciousness

without evidence, may warrant professional attention, especially if these things begin to affect the student's friendships or schoolwork. Seeing a mental health professional might help the student and his or her family learn if he or she is exhibiting healthy adolescent behavior, depressive or anxiety symptoms, or something more serious, such as psychosis. Early detection and intervention are strongly related to positive outcomes for students experiencing psychosis.



WHAT TO DO WHEN YOU SUSPECT PSYCHOSIS

Teachers, coaches, and other school staff members are often the first to observe early warning signs of psychosis and academic deterioration. When this occurs, school personnel should contact a school- or school-district-based health professional, such as a psychologist, social worker, or nurse, about their concerns. The clinician should then

engage the student's family in a way that is consistent with the school's policy. These school-based health professionals can refer students to a mental health professional or, if available, a specialty psychosis intervention program.

It is important to reach out to parents when symptoms are noticeable or causing problems for the student in school. Be thoughtful in presenting these concerns and be prepared to refer families to local resources for additional information. Understand that parents might be distressed or confused, which could affect their likelihood to pursue treatment. Teachers, staff, psychologists, and other professionals should also be sensitive to an individual's cultural or familial background. Psychosis can sometimes be difficult to distinguish from

various developmental, cultural, and environmental practices or beliefs that do not indicate psychopathology. Some cultural and religious beliefs may fall outside of what is considered typical for the average community, but are in fact very common within a particular family or culture (e.g., some groups may believe that ghosts or spirits talk to or visit them). If the student receives a diagnosis of psychosis, school staff members can familiarize themselves with the signs and symptoms of the illness to understand what the diagnosis means, and offer more comprehensive help in the classroom (see Accommodations section).

SUPPORTING STUDENTS AND FAMILIES

Ideally, students with psychosis in need of services will be enrolled in a comprehensive treatment program, such as that provided through **Coordinated Specialty Care (CSC)**. CSC is an evidence-based practice that involves a collaborative, recovery-oriented, multifaceted treatment approach focused on promoting individualized and integrated interventions based on a person's life goals.



A core component of CSC is Supported Employment and Supported Education, services provided by a dedicated member of the treatment team to enhance the student's work and educational experiences. It can be helpful for school psychologists and social workers to be familiar with available psychosis treatment methods and encourage students and their families to find clinicians and practices that work best for them. If a CSC program is available in the community (more than 250 exist throughout the United States), the student should be referred to that program. It is likely that the student will be working with his or her mental health provider to identify emotional triggers and implement coping mechanisms. Teachers can give students the space and support to practice these coping techniques inside the classroom and at school more generally.

Whatever intervention is selected, the goals of school personnel should be to help the student maintain healthy coping strategies and provide a supportive educational environment that meets the student's needs. School clinicians should be aware of any psychosis-related medications that the student is taking. Antipsychotic medication is often effective in ameliorating psychosis symptoms. These medications may help control symptoms such as delusions and hallucinations; however, they often have significant side-effects, including weight gain, lethargy, muscle weakness or tightening, shaking/tremors, or restlessness/pacing. Discontinuing use of antipsychotics is very common among students with psychosis and can lead to poor academic and social outcomes. Common reasons for poor adherence include frustration with medication side effects, disorganized thinking, and costs of treatment. To the extent that they can, school-based health professionals should encourage students to actively discuss their concerns with medications with their prescribers and work out a plan that best fits their individual needs. School nurses often can help the student describe (and write down) the pros

and cons of taking a particular medicine to help with prescriber discussions. When a plan is in place, school clinicians can support the student in implementing his or her medication plan and confer with the student’s treatment team to address any side effects or concerns about the medication.

Communicate with students’ families and mental health providers. Effective, ongoing communication among teachers, school-based health professionals, families, and a student’s mental health providers regarding the student’s behavior, symptoms, and functioning is a vital part of the educator’s involvement with students experiencing psychosis. Additionally, with student and family consent, providers can convey to the school-based health professionals information about any changes in the student’s care, such as new medications, modified treatment plans or safety concerns.

Be approachable and maintain consistent contact with students experiencing psychosis. For all professionals in the school, remaining a familiar face and having regular, informal contact with students may help reduce a student’s anxiety about seeking mental health

support. All students, but especially those with psychosis who might be suspicious or withdrawn, benefit from knowing there are adults to whom they can turn and who continue to value them and their aspirations. Knowing students on an individual basis also allows school professionals to consistently monitor and observe potential warning signs of psychosis.



SCHOOL-BASED MODIFICATIONS AND ACCOMMODATIONS

Federal laws guarantee students experiencing a mental illness or psychiatric disability access to a free, appropriate education that supports their individual needs and learning styles, just like students with other disabling conditions.

The Individuals with Disabilities Education Act (IDEA) is a federal law ensuring that students with any disabilities, including those caused by psychiatric illnesses, receive free and appropriate public education services specific to their individual needs in order to provide them with the same opportunities as students without disabilities. To be eligible for an **Individual Educational Program (IEP)** under IDEA, the student must have a disabling condition (diagnoses are helpful but not essential for this), the disability must be interfering with the student’s educational progress (e.g., academically or socially), and the disability must require specialized instruction, beyond what a typical teacher would be expected to provide. Under IDEA, the educational requirements (e.g., for graduation) may be changed and the student can receive “modifications” to make effective progress given the disability. An IEP is often implemented for students experiencing psychosis whose symptoms, such as delusions or paranoia, either interfere with or are worsened by regular classroom situations. For more information, see <https://sites.ed.gov/idea/regsg/c/e>.

Section 504 of Rehabilitation Act requires schools to provide appropriate supportive services for students with disabilities who do not require an IEP. With a **504 Plan**, the student may receive accommodations to meet regular academic requirements. These plans are established to protect students with disabilities from discrimination and give them access to the rights of all students. Helpful 504 Plans involve a thoughtful transition plan that considers the student's future goals and suggests ways to help the student make a successful transition to adulthood. For students with mild or occasional psychosis symptoms, a 504 Plan is often sufficient to support their effective progress.

Schools may offer **“Response To Intervention” (RTI)** plans, which allow them to immediately provide evidence-based supports for the student's condition. For students with psychosis, if symptoms cause sudden deterioration, an RTI plan may be implemented to immediately address circumstances at school that may be contributing to worsening symptoms. Often, students initially displaying psychosis symptoms may receive an RTI plan while their mental health status is more thoroughly evaluated by the school, outside mental health providers, or a psychiatric hospital. Sometimes medical conditions, such as hyperthyroidism, medication interactions, or substance use cause psychosis and treatment of these underlying conditions eliminates the symptoms (and need for an ongoing educational plan).

“We walk around, we go to school, we have drama...we are exactly
like you, we just have one extra obstacle in our lives.”
– **Stephanie**

Transitions from Hospital to School. Although not always necessary, and best avoided if possible, hospitalization may be required for some students experiencing psychosis. When this occurs, schools often work to implement a transition plan for the student's return to school. The best time to create a transition plan is *as soon as* the student's family notifies the school that the student is absent because of psychiatric symptoms or hospitalization. Developing a partnership among the family, providers, and school clinicians while the student is being treated can help ease the student's transition back to school. Waiting until hospital discharge often does not provide enough time and preparation for a thoughtful and successful reentry to school.

The transition plan might include accommodations such as providing the student with class notes or extending his or her assignment deadlines, identifying any emotional triggers or stressors, and providing a “safe place” for the student to go to during the school day if needed. Monitoring the success of the plan, and the student's readjustment to the school routine, helps support the student's transition back into the school building and each class; sometimes, the student may gradually return to classes, and spend part of the day with therapeutic staff. Keep in mind that students returning to school after hospitalization might experience feelings of shame. Communicating openly, warmly, and respectfully with such students can help mitigate this issue.



COMMON EDUCATIONAL INTERVENTIONS FOR PSYCHOSIS ARE BASED ON INDIVIDUAL NEEDS AND MAY INCLUDE:

- **School-based counseling:** Counselors should address psychosis symptoms, review school-related stressors, work collaboratively with the student on reaching his or her goals, and help with social well-being (e.g., social skills, reducing bullying). School-based counseling is usually provided to help the student access the school curriculum and engage meaningfully with peers at school; however, it is not intended to replace external, specialized mental health treatment.
- **Medication accommodations:** School nurses can help administer medication at school and teachers can allow students to leave class to receive medication or address side-effects (e.g., thirst, hunger, fatigue, jitteriness.).
- **Identifying triggers for distress:** Certain people or situations can be triggers for hallucinations or other symptoms. Schools can identify these triggers and work to minimize their impact by helping the student develop effective coping skills.
- **Providing alternative environments in the school to decrease psychosis symptoms:** Quiet spaces to complete work or exams can be identified, both inside (e.g., corner) or outside (e.g., library or counselor's office) of the classroom.
- **Alternative content and assignments may need to be provided:** For example, if a student is distressed by certain characters in literature or in history, offering an alternative curriculum that will not trigger or worsen the distress may be appropriate.
- **Preferential seating:** Having the option of sitting away from distracting peers or noisy areas can help students address intruding noises that may increase their stress, psychosis symptoms, and inattention.
- **Extra time to complete exams:** Students with psychosis may be distracted by delusions or hallucinations, as well as the sedating effects of antipsychotic medications, so extra time can be appropriate.
- **Flexible deadlines on assignments:** Symptoms can ebb and flow, so extra time may need to be provided, particularly for complex or long-term projects.
- **Classroom assistance:** Teachers or aides can provide class notes or record classes to help the student stay focused on the relevant information, since psychosis symptoms may interfere with attention to the material presented by the teacher.
- **Alternatives to public speaking assignments:** For some students with psychosis, speaking in front of their peers can exacerbate psychosis symptoms. Presenting the work in a different format, perhaps recorded or just for the teacher, would be less stressful.
- **One-on-one educational aide:** Aides can shadow students to help them reach their academic goals and serve as a calming and trusted adult presence.
- **Extra assistance in organization:** School staff can help students organize homework, review assignment logs, and provide them with home-school communication sheets.
- **Help in applying to and enrolling in post-secondary school:** Counselors should continue to help students complete college applications (e.g. financial aid assistance, application guidance, etc.)

Available accommodations should address the individual’s unique needs. For example, a student with psychosis might have difficulty staying awake or paying attention in class because of the sedating effects of antipsychotics. A school could support that student by offering note-taking assistance, breaks to lie down, and extra time for completing exams. The list above is not comprehensive. Creativity and attention to the needs of the individual can be very helpful. Establishing an ongoing collaborative, partnered relationship with the student and his or her family best positions schools to refine and adapt school-based interventions.

SAFETY

Safety concerns come into play when symptoms are severe and a student loses touch with reality. Adolescents with psychosis may engage in suicidal or other dangerous behaviors. Establishing and maintaining their safety and ensuring a stable school environment should take priority, especially in an acute episode when symptoms are severe.

School-based health professionals should immediately be notified of an acute episode. They should always ask students and caregivers, sensitively but directly, about any suicidal thoughts, actions, or plans the students might have, and coordinate close and continuous observation of students who communicate any intention to harm themselves or others. School-based health professionals should also consult with parents and counsel them on how to

eliminate their child’s access to any potentially lethal items, such as firearms, prescription drugs, or alcohol. They should encourage families to prepare for emergent safety concerns and provide them with detailed information on how to access local crisis intervention services, such as community-specific 24-hour crisis hotlines and other “warm-lines” that offer an alternative to police or emergency medical services. In addition, all school personnel should be attuned to recognizing and responding to bullying or other forms of mistreatment that a student with psychosis might experience.

REDUCING STIGMA IN SCHOOLS

Societal stigma around people experiencing psychosis often leads to delays in getting care, added shame, and/or co-occurring depression. School leaders can help minimize negative outcomes by creating cultures of inclusivity and non-judgment around diverse identities. All school staff members should be aware of stigmatizing words they may casually use, such as “crazy,” “psychotic,” or “bipolar” to refer to students who appear to be in a bad mood or who are acting irritable. This may leave any impressionable student who might be listening with a negative (and inaccurate) notion of what “psychosis” or “bipolar” actually mean. By being more precise and stating instead, “That student seems upset,” school staff members can alter the stigma that is often attached to mental health terms and disorders. Establishing and maintaining a supportive, non-stigmatizing environment will help all students feel safer and more comfortable in disclosing to educators any mental health concerns they might have about themselves or their peers. This might also increase early recognition of students with emerging mental health symptoms.

The majority of people with psychosis are not aggressive and do not commit violent acts towards others. People with psychosis are far *more likely* to be the victim of violence or bullying than to be perpetrators. It is important to look out for signs of bullying—whether that is physical aggression, taunting, or derogatory comments referring to a student with psychosis. Such vigilance is necessary because students with psychosis might not share with teachers their experiences at school. Additionally, it is common for individuals with psychosis to have feelings of shame regardless of others’ actions. School staff members can lessen this burden by encouraging these students and letting them know that they can reach their goals, regardless of their current setbacks.

If there are concerns about potential violence, it is important to connect the student with services and communicate appropriately to providers, caregivers, and law enforcement.

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Education collaborated to develop a free 90-minute training for school personnel to help them identify common risk factors associated with violent behaviors, understand the role of protective factors, and know strategies to effectively respond to situations of concern: [Addressing the Risk of Violent Behavior in Youth: Know the Signs of Youth Violence and How to Identify and Reduce Risk in Schools](#).

Increasing general knowledge about psychosis is a good way to ensure that students get the help they need when they need it, and it creates a more inclusive and less stigmatizing community. School leaders (e.g. principals, administrators) can set the tone around mental health awareness. They can formally introduce psychoeducational initiatives into the school curricula (e.g., through literature, films, or materials about psychosis and mental health) and provide learning resources for students, staff members, and parents. By providing teachers with access to contemporary, evidence-based materials about mental health, school leaders can ensure that they are well-informed about early warning signs of psychosis and resources that are locally available, should a concern about a student’s mental health arise.

Teachers also can address mental health issues in their classrooms to encourage sensitivity and awareness around mental health generally, and psychosis specifically. For instance, certain movies can provide students with a more appropriate (and engaging) understanding of psychosis. Teachers also can inform students about psychosis warning signs and local support services. One of the best ways to convey a meaningful message to students is to use a curriculum that combines mental health facts with human experiences, including personal stories about experiencing mental health issues directly and supporting others with mental health issues. Catering to teenage interests (e.g. pop culture references, celebrity stories, social media) also can enhance their interest in mental health issues. Schools may consider hosting discussion-oriented sessions that provide students with tangible resources and referral information for specialized mental health services. This same information can be shared with parents through student/teacher conferences or PTA meetings.



HOPE & RECOVERY

Most young people with a psychotic disorder do not have persistently impairing symptoms; rather, these symptoms tend to ebb and flow. It is important to keep in mind that young people with psychosis are more similar than they are different from those without psychosis—with regard to their stories, interests, feelings, stressors, relationships, friends, families, and dreams. It is the responsibility of school professionals to remain hopeful, to share that hope with students, and to remember that recovery should be expected with treatment and support.

“I’ve been given the opportunity to see the world from a different perspective and I’ve been given the challenges to mold me into a stronger person.”

– Zac

INTERNET RESOURCES

TO EDUCATE

More Information about Early Psychosis

Recovery After an Initial Schizophrenia Episode (RAISE):

A National Institute of Mental Health (NIMH)-funded research initiative focused on improving early identification and intervention for psychosis. The RAISE website provides detailed information on psychosis, recovery-oriented treatment programs and other relevant resources for patients and families affected by psychosis:

<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml>

Prodrome and Early Psychosis Program Network (PEPPNET):

A national, interactive network of experts that shares current and comprehensive information about early psychosis and promotes access to effective treatment options:

<https://med.stanford.edu/peppnet/earlypsychosis.html>

uthink:

An educational resource that guides school staff members and young people through the experience of mental illness, and shows them how to deal with related issues:

https://marylandeip.com/_static/meip/uploads/files//uthinkresourceforschools.pdf

An Inventory & Environmental Scan of Evidence-Based Practices for Treating Persons in Early Stages of Serious Mental Disorders:

An informational tool focused on meeting the needs of those suffering from serious psychiatric illnesses. This resource provides detailed examples of various coordinated specialty care models that can help consumers better understand, and perhaps choose among, evidence-based practices:

<https://www.nasmhpd.org/sites/default/files/Environmental%20Scan%20%202.10.2015.pdf>

NIMH State Health Administrators and Clinics:

A range of treatment and educational materials compiled by the National Institute of Mental Health can be found at:

<https://www.nimh.nih.gov/health/topics/schizophrenia/raise/state-health-administrators-and-clinics.shtml>

Maryland Early Intervention Program:

A Maryland specialized treatment team with an informative website;

<https://marylandeip.com/eip-resources#!Voices-of-Recovery>

<https://marylandeip.com/>

<http://mdbehavioralhealth.com/training>

On Track NY:

An innovative treatment program for adolescents and young adults in New York with an informative website;

<http://www.ontrackny.org/>

National Alliance on Mental Illness (NAMI):

A national platform for families and individuals experiencing psychosis to find information on local support groups, advocacy, psychoeducation and other mental health resources:

<https://www.nami.org/About-NAMI>

NAMI, Understanding Psychosis:

A detailed guide, specific to psychosis, that provides resources for aiding in recovery and explains how to navigate all aspects of rehabilitation after psychosis:

<http://www.namihelps.org/namiunderstandingpsychosisbooklet2016.pdf>

Voices of Recovery:

The Center for Practice Innovations at Columbia Psychiatry New York State Psychiatric Institute provides an inspirational collection of personal accounts of overcoming psychiatric challenges, including psychosis:

<https://vimeo.com/user23094934/consumer-and-family-portal>

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