

# Mental Health Technology Transfer Centers Network: The Early Psychosis National Working Group



New England (HHS Region 1)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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# Mission:

The Early Psychosis National Working Group of the MHTTC Network developed resources and provided technical assistance on early psychosis, including first episode psychosis (FEP) and clinical high risk for psychosis (CHR), across the US states and territories, as well as for American Indian/Alaska Native and Hispanic/Latino populations. The mission of the Early Psychosis Working Group was to provide leadership, collaborate with other national groups, and develop training and educational resources to support the Network in assisting the implementation of evidence-based practices for people experiencing a First Episode Psychosis (FEP) or who were considered at Clinical High Risk (CHR).

See here for a link to the pdf of the group website:

<https://www.dropbox.com/scl/fi/np32hzoukruxzckbfqu6z/Early-Psychosis-Mental-Health-Technology-Transfer-Center-MHTTC-Network.pdf?rlkey=64lw8psnttivix2nxbd6xjchj&dl=0>

## Objectives:

Disseminate information via the MHTTC Regional and National Focus Area Centers across the US states and territories, including specific populations throughout the MHTTC Network and its audience.

Educate the Network on issues pertaining to treatment for FEP/CHR.

Promote already-developed resources and/or develop new training and technical assistance resources for the Network to use.

Guide policy development related to FEP/CHR best practices.

By sharing ideas, better understanding perspectives, and contributing to collective solutions, the Working Group expanded the impact for each Center on the regions and communities served, as well as the whole MHTTC Network.

The Early Psychosis Working Group met monthly or bimonthly, with several sub-working groups formed to address specific needs of clinicians across the Network.



# Projects:

## Subgroups:

### PEPPNET directory:

This group worked with the Psychosis-Risk and Early Psychosis Program Network (PEPPNET) to update their directory of early psychosis programs across the country by ensuring that each region's programs are included

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

### Antiracism and Cultural Responsiveness (ACR):

This sub-working group focused on developing tools to promote culturally responsive clinical practices within the early psychosis workforce. In collaboration with the EPINET Racial Equality TA Tools and Resources Team, the ACR aimed to create a centralized website that provided resources and materials related to culturally responsive care in FEP.

### Early Psychosis Online Course:

A 4-hour course was designed to provide a basic orientation for new staff and trainees beginning to work in coordinated specialty care programs for individuals experiencing early psychosis. Each course module is co-presented by individuals with professional and lived-experience expertise. The goal of the course is to engage new staff through presentations and interactive exercises in an automated format, allowing supervisors to focus more on addressing individualized needs rather than covering basic information.

The course is available for free on this website until Dec 2025.

<https://www.healthknowledge.org/course/index.php?categoryid=105>

After December 2025 this course will be freely available on these websites:

<https://www.cbhknowledge.center/>

<https://www.mapnet.online/providers>

### Rural Peer Support:

This sub-working group collaborated with the National Association of State Program Directors (NASMHPD), the NASMHPD Research Institute (NRI) and PEPPNET to connect with states that identified rural needs for psychosis care as a top priority in a recent survey. The group engaged national experts and communities that had begun developing rural models, enabling interested states to learn from these initiatives. The subgroup aimed to identify current models and strategies used in rural areas, define common elements, and share this information across the Network.

# Projects:

The group met for nearly two years with the goals of:

- learning about various models and strategies currently used in rural areas, while exploring the literature for additional models for consideration;
- defining common elements in models and/or approaches to planning and implementation; and
- disseminating that information across the MHTTC Network, to states and communities.

The group has participation from 16 U.S. states with new states joining as they become aware of the group. The subgroup aimed to identify current models and strategies used in rural areas, define common elements, and share this information across the Network.

- **Chairs:** Maria Monroe-DeVita, Ph.D, Northwest MHTTC and University of Washington SPIRIT Center and Washington State Center of Excellence in Early Psychosis
- **Members:** Ted Lutterman, Ph.D. Kristin Neylon, M.A., Mihran Kazandjian, M.A. (NASMHPD), Steven Adelsheim, M.D., Judith Dauberman, Ph.D. (PEPPNET), Crystal Smith, Ph.D. (Alaska), Gustavo Perez, Ph.D. (Arizona), Tara Niendam, Ph.D., Stephania Hayes, Ph.D. Katie Pierce, Ph.D. (California), Kelsey Johnson, MPH, John Knutsen, Ph.D., Alexis Romanow, LICSW, Vera Muñiz-Saurré, CPS, MPH (Massachusetts), Sarah Lynch, LCSW & Kristen Woodberry, MSW, Ph.D (Maine), Cathy Adams, LMSW, ACSW, CAADC (Michigan), Piper Meyer-Kalos, Ph.D. (Minnesota), Bess Friedman, Ph.D. (New Mexico), Carrie Sarcione, MPH, Kelly Aschbrenner, Ph.D., Meghan Santos, LICSW (New Hampshire), Deb Hrouda, Ph.D., & Nicholas Breitborde, Ph.D (Ohio), Tamara Sale, MA, Katherine Hayden-Lewis, Ph.D. (Oregon), Molly Lopez, Ph.D., Samantha Reznik, Ph.D., Jennifer Baran-Prall, LCSW (Texas), Helen Wood, DClinPsy, Stephen DeVoe, MPH, MS, & Wilda White, MBA, JD (Vermont), Mackenzie Tennison, MA, Cammie Perretta, MSW, LICSW, Rebecca Daughtry, LICSW (Washington), Sara Olinger, MSW, APSW, Monique Larson, MSSW (Wisconsin)

# Regional Products

## Northwest

[www.SPIRITCenter.org/training-resources](http://www.SPIRITCenter.org/training-resources)

## New England

The New England Mental Health Technology Transfer Center (MHTTC) developed several impactful products and initiatives, including:

**Culturally Responsive Care for Early Psychosis Series:** A series designed to address the importance of cultural responsiveness in early psychosis intervention.

[Culturally Responsive Care for Early Psychosis Series](#)

**Culturally Responsive Care Podcast:** Aimed at raising awareness and sharing knowledge on key topics in early psychosis, the podcast featured insights from experts and individuals with lived experience.

[Culturally Responsive Care Podcast Series](#)

**Webinar Series - Psychosis Informed Care in Community Outpatient Settings:** This five-part webinar series focused on delivering practical skills for clinicians, combining brief lectures and role-play scenarios with input from both those with both professional and lived experience.

[Webinar Series - Psychosis Informed Care in Community Outpatient Settings:](#)

**Clinical Briefs:** A series of clinical briefs developed to support evidence-based best clinical practices for treating individuals with early psychosis.

[Clinical Briefs Series](#)

**Psychopharmacology Consultation Series:** A monthly series that provided early psychosis providers with consultations on psychopharmacological treatment, offering expert advice to enhance clinical decision-making.

[Psychopharmacology Consultation](#)

**Learning Collaborative:** This initiative fostered a collaborative environment for early psychosis providers across the New England region and beyond, encouraging the sharing of best practices and supporting ongoing professional development.

(search “learning collaborative”)

[Learning Collaborative](#)

# Regional Products

**Massachusetts Strategic Plan in Early Psychosis Care Conferences:** Annual conference focused on policy development and early psychosis care  
<https://www.mapnet.online/past-events> (search “conferences”)

## South-Southwest

### **The 2022 South Southwest MHTTC FEP Conference:**

The 2022 South Southwest MHTTC First Episode Psychosis (FEP) Conference took place from June 1-3, 2022 both virtually and in-person in Austin, TX. This year's theme of Innovation and Sustainability highlighted not only the radical advancement within early psychosis programs over the past decade but also the continued transformation of mental health structures and research serving youth and young adults living with psychosis. The conference was an overwhelming success that brought people together over 450 people. Conference presentations included The Student Lived Experience Perspective, Centering Peer and Family Support, At the Intersections of Psychosis and Marginalization, and Celebrating First Episode Psychosis Transformation in the South Southwest Region.

### **The 2024 South Southwest MHTTC FEP Conference**

The 2024 South Southwest MHTTC First Episode Psychosis (FEP) Conference was held virtually from June 5-6, 2024. The 2024 theme, Pausing with Purpose: Guiding FEP Care with Human Connection, focused on the crucial role of human connection in effective FEP care. The theme underscored the importance of fostering genuine relationships among those involved in FEP care, including team members, young people in services, family and other supporters, as well as connecting with ourselves. Over 1,000 people joined together virtually to explore how we foster self-compassion, genuine relationships between providers, young people, and families, and on our teams within complex systems. Conference presentations included Finding Connection When Realities Don't Match, I'm Not Invisible: Envisioning Rights-Centered Care, and Centering Human Connection in Leadership: How to Foster Collaborative Teams to Advance Early Psychosis Care.

# Regional Products

## **The South Southwest MHTTC Case Conceptualization Series for FEP**

The case conceptualization series brought together FEP providers, including therapists, skills trainers, and team leaders, from across the south southwest region to learn about how case conceptualization can guide team-based, recovery-oriented FEP services. The three-part series included nine sessions and covered the basics of case conceptualization and three different evidence-based approaches for case conceptualization: Cognitive Behavior Therapy for Psychosis (CBT-P), Culturally Informed Therapy for Schizophrenia, and Compassion Focused Therapy for Psychosis. Approximately 100 attendees explored through didactics and experiential learning how case conceptualization can be used on an individual and team basis to support young people with FEP. Slides and resources from each of the presentations are available online.

All resources are available on the Texas Institute for Excellence in Mental Health (TIEMH) website:

<https://sites.utexas.edu/mental-health-institute/projects/ssw-mhttc/>



# Reflections

"I am very thankful to sit among experts in this difficult yet rewarding work of First Episode Psychosis. I have been able to learn from others and gain valuable resources to share within our Great Lakes region."

– *Sherrie Nichols, MS, LMFT, Co-Director, Great Lakes MHTTC*

"I am very thankful to have participated in this workgroup. Everyone was so helpful in helping build and/or find resources that I was able to distribute throughout the Mid America region. I was very inspired to continue this work and build more resources. Being a part of this group has really expanded my knowledge of what can be done when working with those who are experiencing early psychosis. The materials and products that were delivered really helped me to push the boundaries of what can be done and really reinforced why we do what we do."

– *Marla Smith, MS, LMHP, LMHC, Mid America MHTTC*

"I have felt so lucky to be part of this working group over the last 5+ years! I have had the opportunity to connect with colleagues across the country to develop meaningful products to advance early psychosis care and to support clinicians who are doing this challenging work."

– *Michelle Friedman-Yakoobian, PhD, New England MHTTC*

As someone who has been involved with early psychosis efforts nationally and in several different states, I have been grateful to the entire working group for the efforts to link and coordinate service expansion, training and support across the range of topics from rural early psychosis work to school based interventions to broad training efforts in early psychosis. I have learned so much from this team, which has brought critical training to the many regions across the country, targeted populations needing additional support, and nationally. And I have been grateful to the co-chairs of this group who have put in the additional time to link this network to the other SAMHSA and NIMH funded early psychosis efforts to ensure great coordination without duplication. Thank you!

– *Steven Adelsheim, National Coordinating*

# Reflections

“My collaboration with the Mental Health Technology Transfer Center (MHTTC) began during my undergraduate studies at Northeastern University as part of my co-op experiential cornerstone learning program. Over the past two years, I've had the privilege of playing a role in developing training content for the grant. This included producing and directing an online course on the basics of coordinated specialty care, as well as a podcast series focused on culturally responsive care in early psychosis.

Reflecting back on the most meaningful aspects of the podcast series, one experience that stood out to me was the chance to open a dialogue between various groups—those just entering the field, like me; seasoned providers; and individuals with lived experience of a mental health condition. Lola Nedic and I are still very appreciative that our guests hopped on the series without much broadcasting experience and shared their perspectives openly, thoughtfully, and courageously on neglected topics in the field in which we all find ourselves in!

I think opening a dialogue such as this one on a public-facing platform felt very meaningful to me because it embodied our sites goals -- supporting mental health care providers through their navigation of culturally responsive care -- in a way that's helpful and easy to understand. We introduced providers to the latest thinking on culturally responsive care and were able to scratch the surface of where it stands now, where it's headed, and the next steps from the perspectives of those actively providing care.”

— *Joey Rodriguez, New England MHTTC*

“It has been such a privilege to collaborate with this working group! I have felt so grateful to learn from, develop products with, and be inspired by the expertise and passion of colleagues throughout the country who are so committed to improving the lives of people in the early course of psychosis. I am particularly appreciative of the amazing leadership of the group's co-chairs, as well as the national coordinating office! I also greatly valued the culturally responsive care subgroup meetings and the resources we were able to develop, including a clinical brief and podcast series. I sincerely hope to have other opportunities to partner with the wonderful individuals in this early psychosis working group!”

— *Raquelle Mesholam-Gately, New England MHTTC*

# Reflections

“On a personal note, as someone with lived experience, it was so meaningful to collaborate with professionals and peers from across the regions. I learned so much, and feel very inspired by everyone's amazing work in their respective regions, clinics, and university settings.”

— *Amanda Kay Lipp, Pacific Southwest MHTTC*

“Participating in this workgroup has been an immensely enriching and fulfilling experience for each of us. The rapid implementation of FEP programs, involving numerous interacting systems and local contexts, requires constant adaptation and innovation in our training and technical assistance approaches. This workgroup has provided a space to creatively, thoughtfully, and critically engage with the challenges of our work in real-time. It has validated the complexities of this type of training while fostering constructive solutions.

The generosity of the workgroup members in sharing their expertise, feedback, and support has been invaluable. For instance, when we identified the need for case conceptualization support in our region, the workgroup offered continuous feedback, helping us shape programming by anticipating potential barriers based on their own experiences. The group showed us support and compassion as challenges arose, such as helping us address discriminatory comments during one of our programs. Another highlight of our time together has been celebrating each regional MHTTC's accomplishments. We've made it a priority to pause and uplift the progress we see in each other's work. The impact of this collaboration and generosity extends far beyond the impact to our individual projects to the building of a community.

We've been inspired and uplifted by one another, creating a supportive and compassionate community dedicated to improving FEP services and access. We are confident that the impact and sense of community we've built here will endure long after the workgroup itself. We are grateful to each member of the workgroup and extend particular gratitude to Drs. Michelle Friedman-Yakoobian and Maria Monroe DeVita for their dedication to servant leadership without which the creation of this community would not have been possible!”

— *Jennifer Baran-Prall, LCSW, Molly Lopez, PhD, Samantha J. Reznik, PhD, South Southwest MHTTC*