

Center for  
**Mental Health  
Implementation Support**



# **Clinical High Risk for psychosis: History (and a refresher)**

May 29, 2026

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## **Recording for Today's Session**

Please note that we are recording the didactic portion of today's session. While we will not record any group discussions, the recording from today's presentation may be considered for posting on the CMHIS Learning Lab for public use and/or be made available to attendees.





# Agenda

- 1. CMHIS introduction**
  - 2. Planning team and participant introductions**
  - 3. History of CHRp presentation**
  - 4. Breakout groups**
  - 5. Breakout group share outs**
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# Accreditation Information



**Stanford**  
MEDICINE

Stanford Center for  
Continuing Medical Education

## **DISCLOSURE STATEMENT**

Stanford Medicine adheres to the Standards for Integrity and Independence in Accredited Continuing Education.

The content of this activity is not related to products or the business lines of an ACCME-defined ineligible company. Hence, there are no relevant financial relationships with an ACCME-defined ineligible companies for anyone who was in control of the content of this activity.

## **ACCREDITATION STATEMENT**

In support of improving patient care, Stanford Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

## **American Medical Association (AMA)**

Stanford Medicine designates this live activity for a maximum of 1.50 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## **American Psychological Association (APA)**

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibly for the content of the programs.

## **ASWB Approved Continuing Education Credit (ACE) – Social Work Credit**

As a Jointly Accredited Organization, Stanford Medicine is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards have the final authority on courses accepted for continuing education credit. Social workers completing this activity receive 1.50 continuing education credits.

**Questions? Email: [stanfordcme@stanford.edu](mailto:stanfordcme@stanford.edu)**

# Reminder: Pre-Event Survey



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- You will receive a brief survey during today's session.
- We are required to evaluate our services to maintain funding, and hope you will assist us.
- Your Input matters!

# Why CMHIS?

We all want clients to have the best mental health care



Organizational and practice change is hard



- Most technical assistance (TA, implementation support) is light touch
- Mental health providers need intensive support to embed new complex or organization-level interventions

# Why CMHIS?



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- Bring the ‘how’ of practice change
  - Grounded in *implementation science*, the study of how to successfully prepare for, implement, and sustain effective practices and programs in routine settings
- Provide targeted and intensive support
- Desire to listen, walk beside, and help navigate roadblocks

# What We Do:



# What We Do

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## Events & Activities

Targeted/intensive events focused on real-world practice change.



## Consultation & Coaching

Hands-on, tailored problem-solving to help your team navigate roadblocks.



## Resources

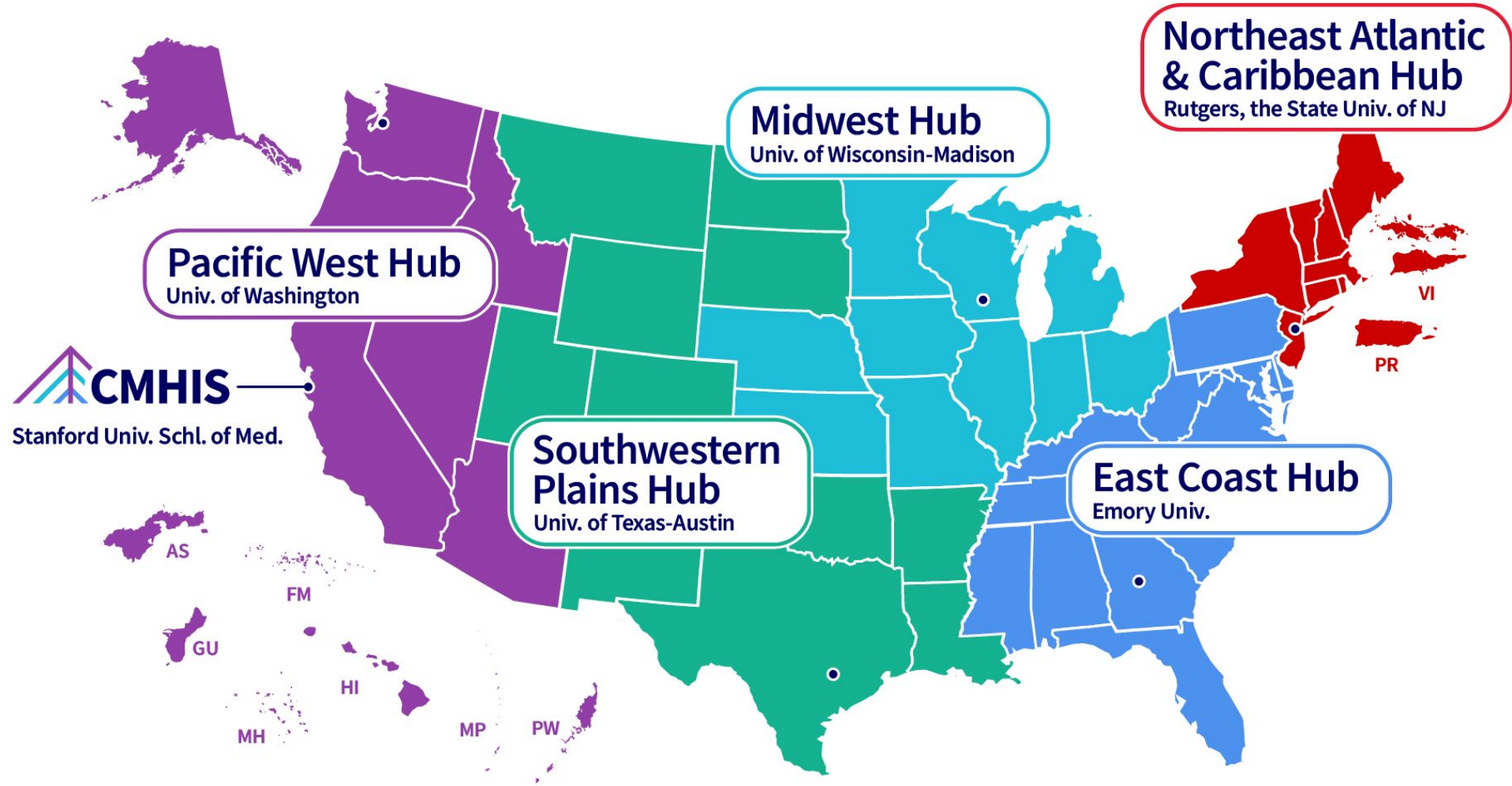
Practical tools and guides to get started, improve quality, and sustain services.



## Online Learning

Experts at your fingertips through online courses and recorded sessions in our CMHIS Learning Lab.

# Who We Are:



# Who We Serve:



- Organizations that oversee or directly provide mental health services
- Grantees funded by SAMHSA's Center for Mental Health Services

System Leaders and  
Administrators

Implementation/Change  
Leaders

Policy Makers and  
Fundors

# How We Can Help

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- What we do:

- Support in preparing for, implementing, and sustaining effective mental health prevention, treatment, and recovery practices programs
- Community-based services

- What we don't do:

- Clinical training on specific practices/programs
- Direct aid to obtain a grant, funds to support organization or specific project
- Support to implement a new level of care



# **Introductions**



# CMHIS and PEPPNET Team



## **Denise D. Williams, Ph.D.**

Denise D. Williams, PhD, is a Project Coordinator with the Center for Mental Health Implementation Support (CMHIS) at the Stanford University School of Medicine, where she supports implementation initiatives focused on strengthening how mental health services are delivered. Her work focuses on helping organizations translate research into practical, sustainable strategies that improve care and support meaningful systems change.



## **Heather Gotham, Ph.D.**

Dr. Heather J. Gotham is a Clinical Professor in the Department of Psychiatry & Behavioral Sciences, and member of the Center for Dissemination and Implementation in the Division of Public Mental Health & Population Sciences.

She is PI/Director of the SAMHSA-funded Center for Mental Health Implementation Support (CMHIS), which works through five bi-regional Hubs to provide implementation support to mental health organizations in how to prepare for, implement, and sustain effective mental health practices.

# CMHIS and PEPPNET Team



## **Kate Hardy, Clin.Psych.D**

Kate Hardy, Clin.Psych.D is a Clinical Professor at Stanford University and California Licensed Psychologist who has specialized in working with individuals with psychosis for over 20 years in research, service development and clinical settings. Dr. Hardy received her doctorate in clinical psychology from the University of Liverpool, United Kingdom and completed her post-doctoral fellowship at UCSF. She directs the INSPIRE Training center, is the Co-Director of the INSPIRE Psychosis clinic, co-leads the national Psychosis-Risk and Early Psychosis Program Network (PEPPNET) and is President Elect of IEPA: Early Intervention and Prevention in Mental Health Association. She has published numerous papers and co-edited two books including *Intervening Early in Psychosis: A Team Approach* and *Decoding Delusions: A Clinician's Guide to Working with Delusions and Other Extreme Beliefs*. She provides psychosocial interventions for individuals with psychosis and their families and is an internationally recognized trainer in CBT for psychosis and early psychosis models of care.



## **Apurva Bhatt, M.D.**

Apurva Bhatt, M.D., is a child, adolescent and adult psychiatrist and Clinical Assistant Professor at Stanford University School of Medicine. She is director of the Child INSPIRE Early Psychosis clinic at Stanford Children's and works in INSPIRE/INSPIRE360 Early Psychosis clinics which offer Coordinated Specialty Care for early psychosis. She contributes to early psychosis program development in California (through EPI-CAL Center of Excellence as the Psychiatric Provider Team Lead) and nationally through PEPPNET. She co-chairs the American Academy of Child and Adolescent Psychiatry Adolescent Psychiatry Committee and Early Psychosis work group.

# CMHIS and PEPPNET Team



## **Zhanna Elberg, M.D.**

Zhanna Elberg, M.D., is a child, adolescent, and adult psychiatrist and Assistant Professor of Clinical Psychiatry at the University at Buffalo Jacobs School of Medicine and Biomedical Sciences. She has worked in the field of early psychosis for more than a decade and serves as Program Director of OnTrackNY@ECMC, a coordinated specialty care program for individuals experiencing early psychosis. Dr. Elberg is also Co-Chair of the Early Psychosis Workgroup at the American Academy of Child and Adolescent Psychiatry.



## **Jason Schiffman, Ph.D.**

Jason Schiffman, a professor at UC Irvine, earned his Ph.D. in Clinical Psychology from USC. His research advances the identification and treatment of individuals at risk for psychosis, reducing stigma, and promoting health for all. With over 225 publications, he has secured over \$20 million in funding. Dr. Schiffman co-founded three university-community partnerships, including a SAMHSA-funded CHRP program, and is among the few certified trainers of the Structured Interview for Psychosis Risk Syndromes. He also consults for CHRP programs nationwide.

# CMHIS and PEPPNET Team



## **Tushita Mayanil, M.D.**

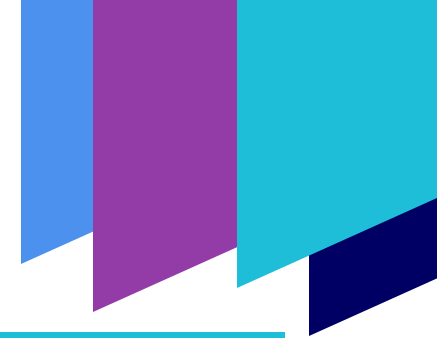
Tushita Mayanil is a child and adolescent psychiatrist at the University of Pittsburgh's Western Psychiatric Hospital and Assistant Professor at the University of Pittsburgh School of Medicine. She is the Medical Director of Pittsburgh's Clinical High for Psychosis program Hope Team and has worked towards implementing a system of care approach and broadening the scope of education and awareness in the community in the field of early psychosis. She is a co-investigator in early psychosis/CHR-P trials EPINET and PROCAN and enjoys mentoring trainees in this field.



## **Steven Adelsheim, MD**

Steven Adelsheim, MD, is a clinical professor of psychiatry at Stanford and Director of the Stanford Center for Youth Mental Health and Wellbeing. Dr. Adelsheim's work focuses on improving access to early mental health support for young people, reducing stigma, and building community-based systems of care. Dr. Adelsheim co-leads PEPPNET, the national clinical network for early psychosis programs, which was recently part of the SAMHSA TA Center for Early Serious Mental Illness and is a consultant to the NIMH funded EPINET network. He has led statewide and national initiatives to expand youth-designed support models such as allcove centers, early psychosis programs, and school mental health services, all with an effort to expand youth voice and involvement.

# CMHIS and PEPPNET Team



## **Judith Dauberman, Ph.D.**

Judith serves as the training and learning manager at the Stanford Center for Youth Mental Health and Wellbeing, and a training manager for Stanford Department of Psychiatry faculty online education programs. Her current areas of focus include managing a national early psychosis network, developing a youth mental health survey, codeveloping a learning community, and creating and implementing a virtual training program. Judith holds a doctorate degree in Educational Psychology from Stanford University.


# Participant Introductions




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## **Please introduce yourselves!**

If you are attending with your team, please identify one person to do a quick 20-30 second introduction of your team, and we ask that when you and your team members are being introduced to have your cameras on.



**Overview of Clinical High Risk for  
psychosis**



**But first – let's get on the same page ...**

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# Early Detection of Psychosis



The identification of young people at risk of developing psychosis and subsequent intervention with the aim of preventing, delaying or ameliorating transition to psychosis while also addressing current distress and functioning.

# What's in a name?

- At-Risk Mental State
- Ultra High Risk
- Clinical High Risk for psychosis (CHRp)

Not 'prodromal'



This Photo by Unknown Author is licensed under CC BY-NC

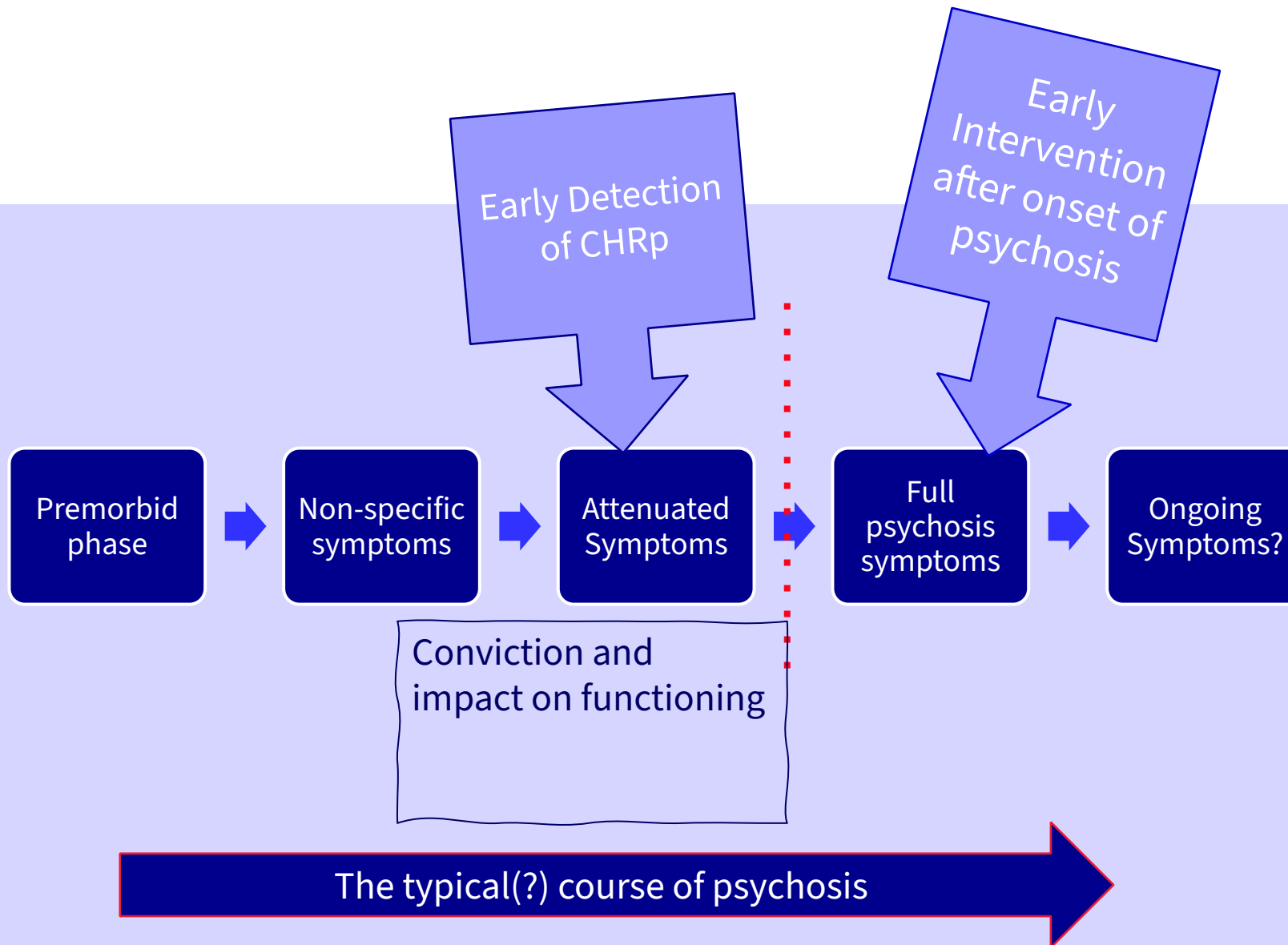
# Clinical High Risk for psychosis

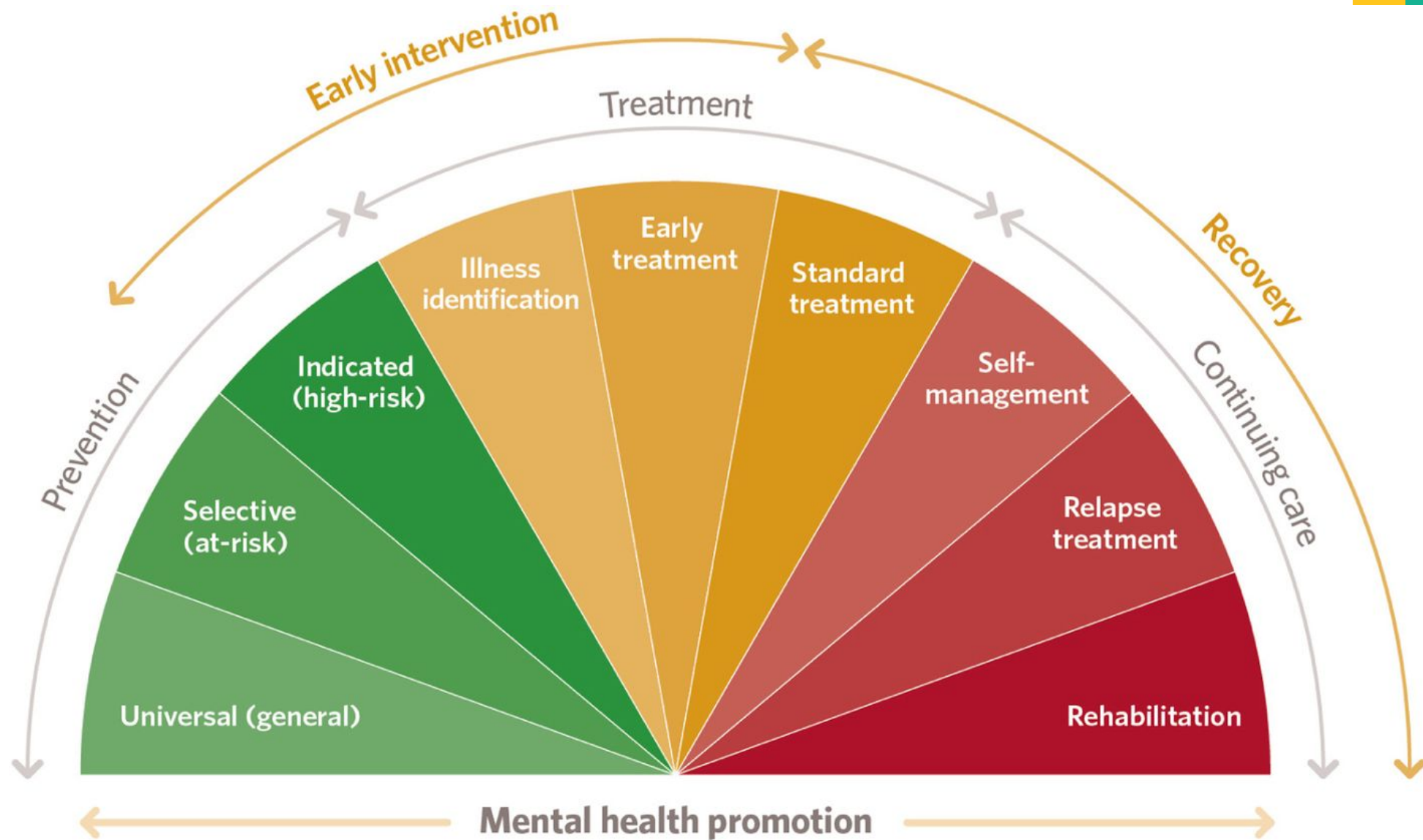


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Conceptualized as:

1. An early form of psychosis
2. Distressing and impairing
3. A heightened vulnerability to developing threshold psychosis
4. Not a prodrome





# CHRp: A (Brief) Step Back in Time



Patrick D. McGorry

## “A stitch in time”... the scope for preventive strategies in early psychosis

**Abstract** Preventive endeavours in psychotic disorders have been hampered by many obstacles over the past century. One important barrier has been the corrosive pessimism which has attached to the treatment prospects for schizophrenia in particular since the time of Kraepelin, and the isolation of this disorder from progressive models of preventive intervention which operate in general health care. This paper outlines a rationale, logic and model for realistic preventive efforts in early psychosis, focusing on indicated prevention in the pre-psychotic phase and early intervention from the onset of frank psychotic symptoms through the early years of illness. The latter is discussed through a series of clinical challenges which will be familiar to clinicians during this phase of illness. The existing evidence is introduced and the gaps indicated. It is argued that the case for a preventive approach possesses more than face validity alone, and that momentum is building for a significant paradigm shift. If this to be securely based and durable, it will need to become increasingly evidence based and demonstrate cost-effectiveness. The nature of the evidence and the strategy for its assembly are also considered.

of the early pioneers, quoting from the Bleuler to support one's perspective, sympathy with the views of Kraepelin and Bleuler, observed in the neuroleptic era, were heavily and understandably influenced by the devastation wrought by the unchecked erosive force of the disorders they witnessed. Kraepelin in particular, at least initially, through his concepts and classification, became the architect of an entrenched pessimism which continues to exert its influence. Yet even he hints at some preventive implications of early diagnosis.

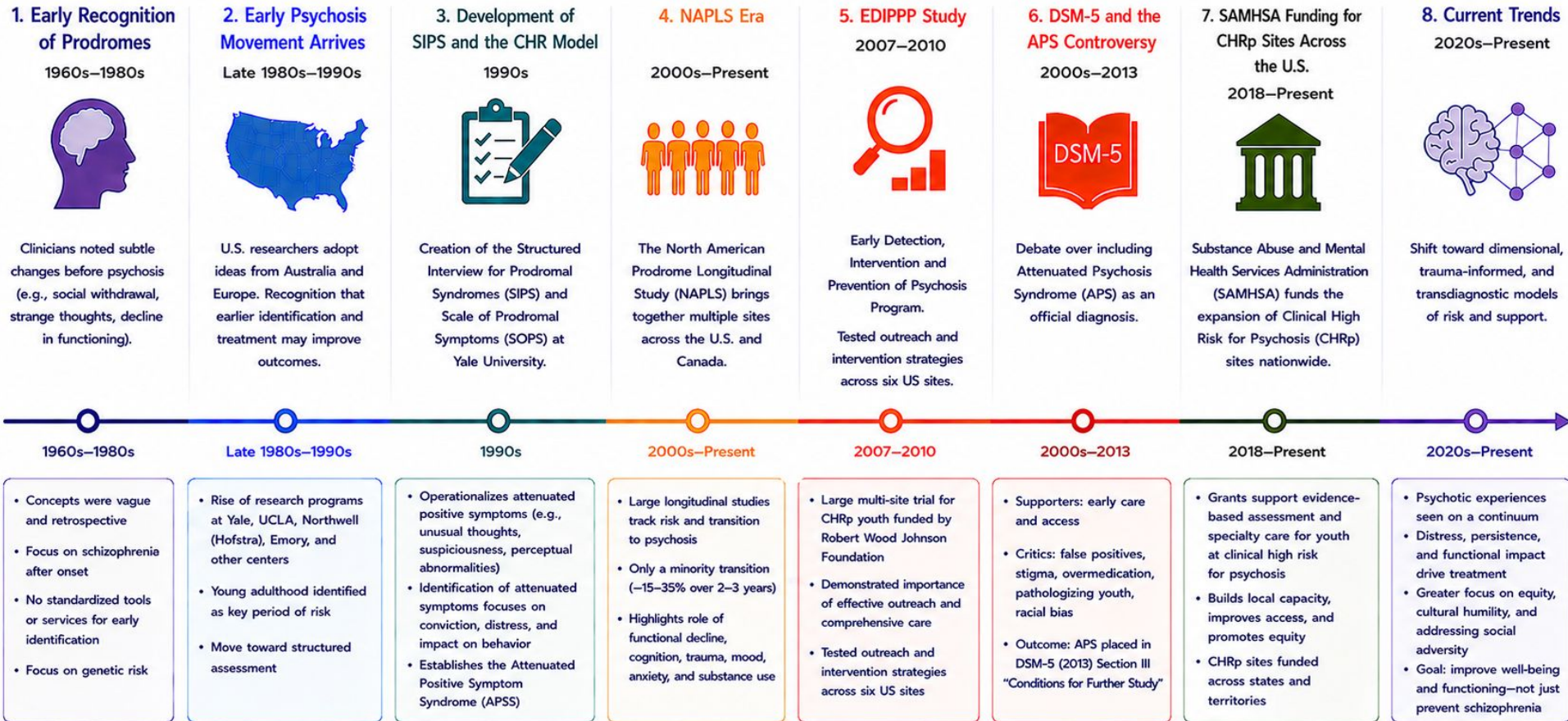
Sullivan also observed many years ago: “The psychiatrist seems too many end states and deals professionally with too few of the pre-psychotic” (Sullivan 1927). This is undoubtedly true of a range of mental disorders not merely the psychoses; nevertheless, the surprisingly prolonged delays in treatment for first-episode-psychosis patients (Loebel et al. 1992) and the concentration of those patients with the most persistent and disabling forms of illness in services mean that the sensitivity of the average clinician to the issues and preventive possibilities sur-

“It is of the greatest practical importance to diagnose cases of dementia praecox with certainty and at an early stage” (Kraepelin 1896/1987, pp 13–24).

“The sooner the patients can be restored to an earlier life and the less they are allowed to withdraw into the world of their own ideas, the sooner do they become socially functional” (Bleuler 1980/1987, pp 59–74).

# The History of Detecting Attenuated Symptoms of Psychosis in the United States

*From early observations to modern, youth-focused, trauma-informed care*



*This timeline reflects major developments in the United States, many were influenced by international research and ongoing collaboration. It is not an exhaustive list of work done in this area.*

# Discussion Points: Challenges of CHRp



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Low conversion rates to psychosis

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Limited predictive value of CHRp assessment

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Unclear impact of CHRp services on DUP

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Attenuated psychosis symptoms are transdiagnostic and comorbidity is common

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Cost effectiveness

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Stigma associated with the CHRp label

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Potential for iatrogenic harm

Moritz et al., 2019; Ajnakina et al 2019; Yung et al. 2021



# **Breakout groups**



# What we heard you want from the CHR-P LC

Real-world support across these areas:

- **Program launch and clinic structure**

- Workflows, procedures, referrals, service duration, and embedding CHR-P within current services.

- **Sustainability, billing, and funding**

- Reimbursement, grants, philanthropy, bundled rates, and support for non-billable roles and activities.

- **Outreach, recruitment, and education**

- Advertising, school and community partnerships, family engagement, and rebuilding referral pathways.

- **Screening, assessment, and feedback**

- Common practices, SIPS alternatives, efficient reports, diagnostic feedback, and EHR documentation.

- **Treatment models and supports**

- Psychosocial interventions, groups, peer support, trauma-informed care, and moving beyond evaluation-only models.

- **Younger adolescents and families**

- Serving ages 12 to 16, child-friendly language, family involvement, age requirements, and transitions.

- **Integration with FEP/CSC and systems**

- Level-of-care triage, medical and agency integration, rural access, and cross-state collaboration.

- **Complex presentations and best practices**

- Clinical fit with autism, OCD, substance use, eating disorders, dissociation, LGBTQIA+ considerations, and transdiagnostic models.

*LC focus: practical implementation, shared problem-solving, and examples from programs doing the work.*

# Breakout Groups: Reflect on your CHR-P program and what would be most useful from this LC



## Program strengths

What are 2–3 things your program is doing well? These might include outreach, assessment, family engagement, integration with FEP/CSC services, staffing, training, sustainability, or other areas.

## Current challenges

What are the biggest challenges your program is facing right now? These could be clinical, operational, financial, staffing-related, referral-related, or related to serving specific populations.

## Topics for the Learning Community

What topics would you most like to see covered in future LC meetings? What kinds of shared resources, consultation, examples, or discussion would be most helpful?

- **Program launch and clinic structure**

- Workflows, procedures, referrals, service duration, and embedding CHR-P within current services.

- **Sustainability, billing, and funding**

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## Be ready to share a brief summary with the larger group:

some strengths, one challenges, and topics your group would like the LC to address.



**What's next?**



# June CHRp Learning Community Session



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**Topic:** Clinical High Risk for Psychosis and Autism

**Didactic Presenter:** Apurva Bhatt. M.D.

**Date and time:** June 12, 2026, 9:00-10:30am PST/12:00-1:30pmEST

# Office Hours



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**Office hours will be offered two times throughout the series, dates and times below. More information on how to attend office hours is forthcoming.**

July 24, 2026: 9:00-10:00am PST/12:00-1:00pm EST

September 25, 2026: 9:00-10:00am PST/12:00-1:00pm EST

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**SCAN ME**

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Learn more about us on our website:

<https://www.cmhisupport.org/>

Reach out to us with questions:

[cmhis@cmhisupport.org](mailto:cmhis@cmhisupport.org)

Follow us on LinkedIn:

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# Pre-Event Evaluation

We are required to evaluate our services to maintain funding, and hope you will assist us.

Please complete the following brief (5 minute) [anonymous feedback form](#) so we can tailor our services to your needs.

