

Considerations for CHRp in Adolescence: Schools and workforce development

September 18, 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.



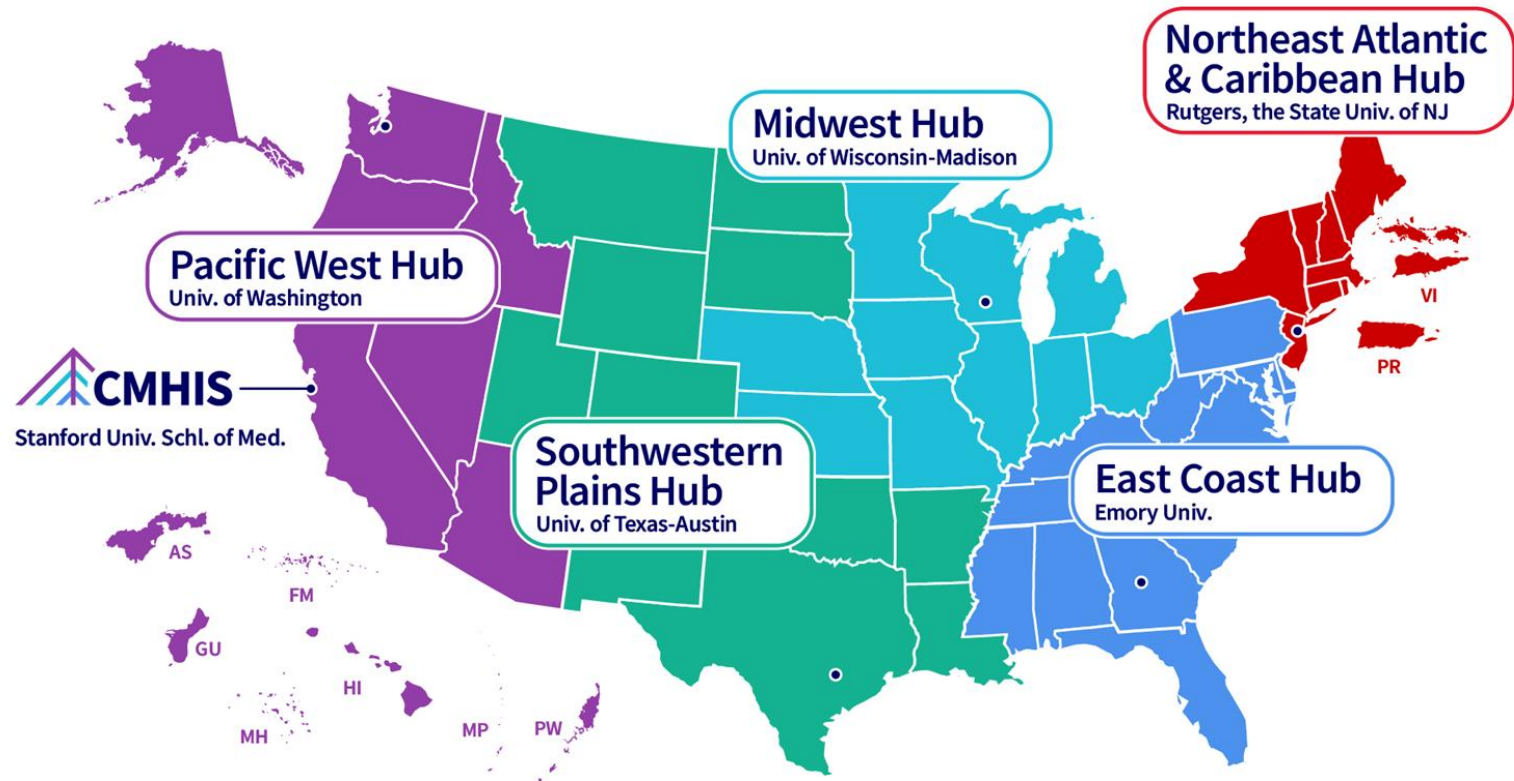


Agenda

1. Introductions
 2. Early childhood development considerations
 3. Workforce development in CHRp
 4. Accommodations
 5. Outreach and Engagement
 6. Collaboration around students who have CHR-P
 6. Breakout group activity
 7. Breakout group share-outs
 8. Closing
- 

CMHIS and Our Services

- Events focused on real-world practice change
- Hands-on, tailored problem-solving to help your team navigate roadblocks
- Practical tools and guides to get started, improve quality, and sustain services
- Expert access at your fingertips through online courses and recorded learning sessions



CMHIS and PEPPNET Team



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Learning objectives

1. Identify indicators of clinical high risk for psychosis across child and adolescent developmental stages.
2. Describe the role of school partnerships in identifying and referring youth at clinical high risk for psychosis.
3. Analyze workforce limitations in clinical high risk for psychosis services and develop strategies for creating effective partnerships.
4. Develop individualized accommodation plans for youth at clinical high risk for psychosis.





CHR-P Through a Developmental Lens

Zhanna Elberg MD

University at Buffalo Jacobs School of Medicine
OnTrackNY



Why Development Matters



- CHR-P commonly emerges during adolescence and young adulthood—a period of rapid developmental change.
- Symptoms are heterogeneous, subthreshold, and often occur alongside depression, anxiety, trauma, substance use, and neurodevelopmental differences.
- Developmental stage should shape assessment, engagement, treatment, and outcomes.

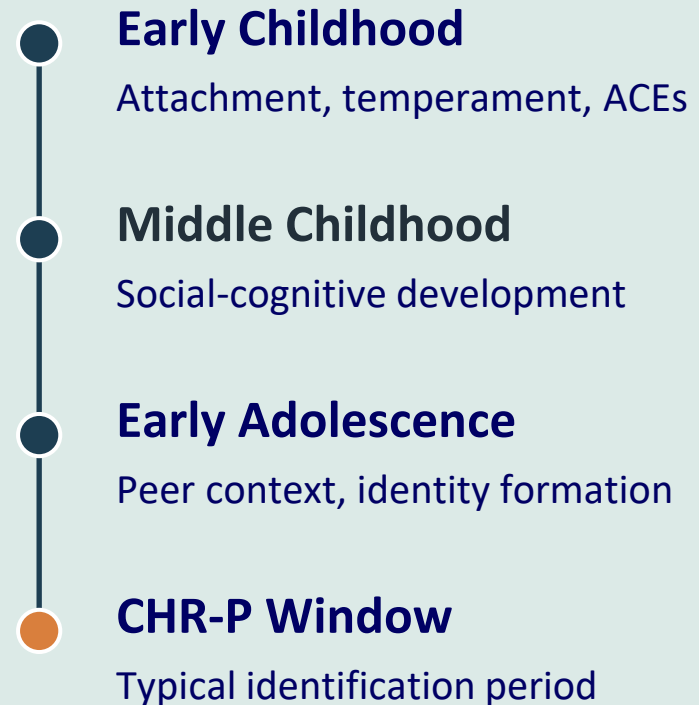
Early Childhood Development

Early attachment quality, temperament, and adverse childhood experiences (ACEs) shape later vulnerability and resilience trajectories.

Subtle early neurodevelopmental markers — motor, language, and social-cognitive delays — appear as documented antecedents in some CHR-P trajectories.

Family functioning and early environment inform how programs later engage families, not just adolescent clients.

DEVELOPMENTAL TIMELINE



Adolescent Development

	EARLY ADOLESCENCE 10–13	MIDDLE ADOLESCENCE 14–16	LATE ADOLESCENCE 17+
Independence	Emotionally breaks from parents; prefers friends to family	Confident about emerging independence, yet ambivalent about separation	Growing belief in the capacity for independence and integration
Cognition	Concrete thinking still predominates	Fascinated by a new capacity for considering issues	Ability to think abstractly unfolds more fully
Career & Life Plans	School Centered Vague and unrealistic plans	Emerging ideas — a vague mix of modeling and aspiration	Transition Planning; More specific goals and steps; benefits from mentoring
Intimacy & Sexuality	Sexual curiosity	Sexual experimentation	Emerging capacity for intimacy and caring

The slide features a dark blue background with decorative geometric patterns at the top and bottom. These patterns consist of multiple parallel lines in shades of teal and purple, forming a series of connected triangles and zig-zags. A large, white-outlined rectangle is centered on the slide, containing the main title.

Expanding School Partners

Why Schools are Critical Partners



- Schools see youths daily across academic, social, and behavioral domains and are often the first place developmental changes become visible.
- Teachers, counselors, and nurses often notice functional decline (attendance, grades, social withdrawal) before families or clinicians do and can ease entry into care.
- Strong school partnerships can shorten pathways to care and reduce reliance on crisis-driven entry points such as emergency departments.
- Close school collaboration builds referral pathways both to and from CHR-P services, and connects youths to non-clinical supports (family, housing, education accommodations).

Building School Partnerships

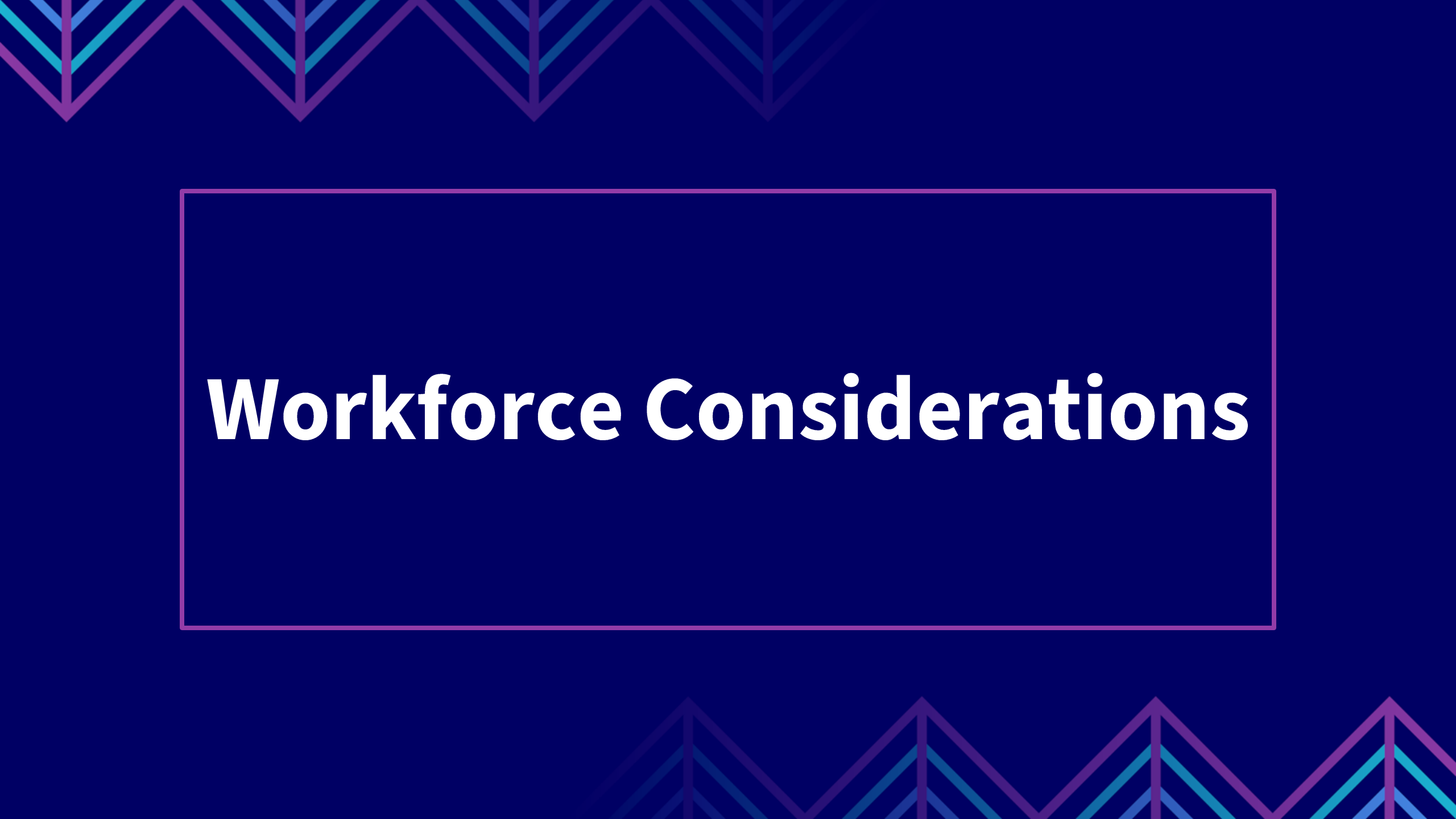


- **Map and Prioritize Districts:** Identify schools and districts near your program; prioritize by referral volume, existing relationships, and unmet need
- **Train School Based Staff:** Offer ongoing consultation and training to counselors, psychologists, and nurses on CHR-P signs, language, and warm hand-off pathways.
- **Keep training low burden:** Offer brief, practical, repeatable sessions rather than lengthy one-time trainings (educational staff have numerous trainings).

Building School Partnerships



- **Addressing Stigma:** Frame CHR-P concerns in terms of academic and behavioral functioning, not only psychiatric risk.
- **Formalize Referral Pathway:** Establish clear points of contact, simple referral steps, consent process, tiered response/triage protocols
- **Bi-directional partnership:** close feedback loops, share outcomes
- **Bring in Lived experience:** Involve young people and families in shaping school-facing materials and outreach — they surface blind spots clinicians miss.



Workforce Considerations

Adapting Assessment & Treatment to Development



- **Assessment:** Gold-standard CHR-P tools validated only from age 11+ younger youths and those with developmental delays need reworded, clarified questionnaires and broader assessment domains. Comfort in assessing youth with neurodevelopmental disorders
- **Treatment:** Evidenced based materials adapted for CHRp youth.
- **Family:** Incorporates caregivers, addressing family/social stigma, tailoring psychoeducation to the youth, and building motivation when caregivers initiate treatment

Treatment Adaptations



HOPE WORKBOOK: A THERAPY COMPANION FOR YOUNG PEOPLE WITH UNUSUAL EXPERIENCES

Hope Team, Pittsburgh, PA
www.hopeteam.pitt.edu



Table Of Contents

- 01 Treatment Goals
- 02 What is Clinical High-Risk for Psychosis?
- 03 Healthy Habits
- 04 Coping with Stress
- 05 Feelings
- 06 ABCs
- 07 ABCs (Practice Sheets)
- 08 Unhelpful Thinking Styles
- 09 Formulation
- 10 Testing Your Thoughts
- 11 Cannabis Use and Unusual Experiences (Optional)

maynilt@upmc.edu

Workforce to Match Developmental Tasks



Core competencies:

- **Developmental psychopathology + child/adolescent assessment:** Distinguishing risk symptoms from normative adolescent experience and common comorbidities — anxiety, mood, trauma, substance use.
- **Family engagement:** Navigating family systems in age-appropriate ways
- **School consultation and educational supports:** Framing goals around school functioning and developmental milestones, not symptom reduction alone
- **CBT-informed interventions and care coordination**
- **Substance use, trauma, and neurodevelopmental assessment**
- **Youth Systems of Care literacy**
- **Transition planning across child → adult systems:** Preparing adolescents for the shift into young adulthood, higher education, or workforce systems.

Strategies for Building Workforce Capacities



- Training Pipelines: partner with local universities and internship programs to build a recruitment pipeline early
- Build community partnerships for training/consultation and bidirectional referral pathways
- Mentorship/consultation opportunities
- Involve young people with lived experience in program design, advisory boards, and peer support

Summary: Developmental Adaptations in CHRp Implementation



- PROGRAM DESIGN → Flexible age/developmental pathways
- ASSESSMENT → Evidence based assessment tools when available/developmental baseline/functioning
- ENGAGEMENT → Youth + family + school/community supports as appropriate
- TREATMENT → Evidence-based care adapted to developmental stage
- OUTCOMES → Symptoms + school/college/work + relationships + developmental progress
- WORKFORCE → Explicit developmental competencies + consultation



Part 2: Accommodations

Jason Schiffman, Ph.D.

University of California, Irvine



Supported Education

Comparing Case Management, Supported Employment, and Supported Education

	Case Management	Supported Employment	Supported Education
Similarities	All consumers are eligible.	All consumers are eligible.	All consumers are eligible.
	Staff must have interviewing skills, goals setting, advocacy, compassion, hope.	Staff must have interviewing skills, goals setting, advocacy, compassion, hope.	Staff must have interviewing skills, goals setting, advocacy, compassion, hope.
	Staff partners with consumers to help them achieve their goals.	Staff partners with consumers to help them achieve their goals.	Staff partners with consumers to help them achieve their goals.
Differences	Staff coordinates, manages, and accounts for services.	Staff provides employment services.	Staff provides education services.
	Staff must have broad social service background, coordination, advocacy and linking skills, knowledge of community resources.	Staff must know world of work, job development, job coaching, employment accommodations, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI).	Staff must know education system, financial aid, personal support, academic accommodations.

Supported Education: 8 Principles



1. Access to education with positive forward progress
2. If a student wants to go to school, they should get these services
3. Early is better
4. Educational support integrated with MH care
5. Not time limited
6. Client driven
7. Strengths-based
8. The role of student is meaningful

Supported Education: Identifying Strengths and challenges

Examples of Strengths and Potential Problems

Academic

- | | |
|---|---|
| ☐ Concentration | ☐ Motivated |
| ☐ Study skills | ☐ Inspires others |
| ☐ Meeting deadlines | ☐ Asking questions in class |
| ☐ Time management | ☐ Answering questions in class |
| ☐ Getting to class on time | ☐ Taking notes |
| ☐ Stamina | ☐ Getting along with instructors |
| ☐ Parking | ☐ Clarifying assignments |
| ☐ Oral reports | ☐ Completing reading assignments |
| ☐ Taking tests | ☐ Completing homework |
| ☐ Exam preparation | ☐ Memorizing |
| ☐ Writing papers | ☐ Reading comprehension |
| ☐ Self advocacy | ☐ Listening |
| ☐ Attention span | ☐ Remembering instructions |
| | ☐ Other _____ |

Coping issues

- | | |
|---|--|
| ☐ General anxiety | ☐ Medication management |
| ☐ Restlessness | ☐ Symptom management |
| ☐ Easily overwhelmed | ☐ Sleep patterns |
| ☐ Life style | ☐ Stress management |
| ☐ Food management | ☐ Physical health |
| ☐ Making friends | ☐ Energetic |
| ☐ Racing thoughts | ☐ Unexpected changes |
| ☐ Easily distracted | ☐ Perfectionism |
| | ☐ Other _____ |

Supported Education

<https://files.eric.ed.gov/fulltext/ED540223.pdf>

Barriers to Education Checksheet

The following list includes common themes that serve as barriers for individuals to return or sustain their educational involvement. Use this checklist as a starting point to assess and strategize options for overcoming educational barriers.

Check the barriers that apply to you.

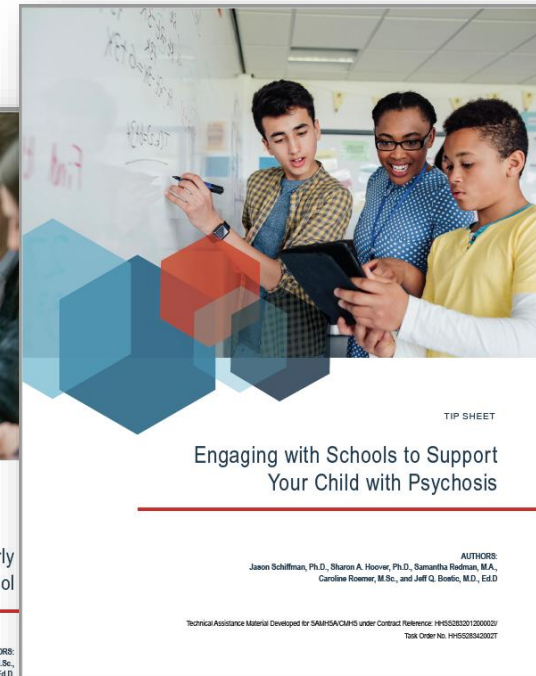
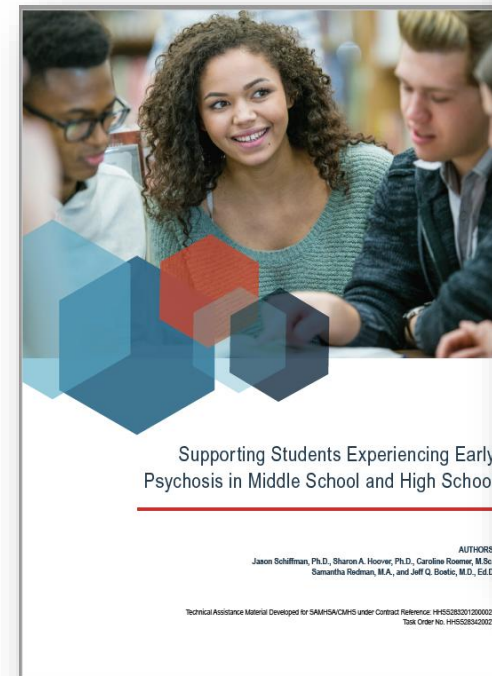
- ☐ Transportation. (For example, I don't have a car, and don't know how to take a bus.)
- ☐ Past failures and negative education experiences. (For example, I don't do well taking tests.)
- ☐ Side effects from medication. (For example, my meds make it hard to concentrate in class.)
- ☐ Symptoms. (For example, depression gets in the way of doing anything.)
- ☐ Academic learning skills. (For example, I'm not up to date on computers skills that I know I need for classes.)
- ☐ Fears of the unknown. (For example, when I was in college before, I didn't have a disability; what if I get sick?)
- ☐ Lack of support. (For example, I don't understand the college catalog and course requirements; I need help.)
- ☐ Funding. (For example, I need a work-study option; I don't have money to go to school.)
- ☐ Low self-esteem. (For example, I'm used to hearing how sick I am and wonder what I can really do.)
- ☐ Need accommodations. (For example, regular classes go too fast. I need someone in class who will help me out, keep me up to date and up to speed with what's going on.)
- ☐ Stigma. (For example, no one in school is as old as I am. What if someone finds out I'm a consumer?)
- ☐ Physical disability. (For example, I have a brain injury and am wheelchair-bound; it's hard to keep up.)
- ☐ Other commitments. (For example, I am in Alcoholics Anonymous (AA) right now and that takes a lot of time.)
- ☐ Don't want to commit time because of unknown results. (For example, I might have a crisis and have to go to the hospital; what if I can't finish a degree.)

Educational accommodations

- Students with or at clinical high risk for psychosis may be eligible for an **Individualized Education Program (IEP)**
- **504 Plan** also an option
- Accommodations
 - NASMHPD/SAMHSA

Engaging with Schools to Support Your Child with Psychosis, Schiffman J, Hoover S, Roemer C, Redman S, Bostic J 2018

Supporting Students Experiencing Early Psychosis in Middle School & High School, Schiffman J, Hoover S, Roemer C, Redman S, Bostic J 2018





Some Possible Accommodations

- Therapy
- Medication Support
- Symptom Triggers
- Alternative Environments
- Preferential Seating
- Extra Time
- Flexible Deadlines/Assignments
- Classroom Help (e.g., notes)
- One-on-One Aide
- Organizational Support

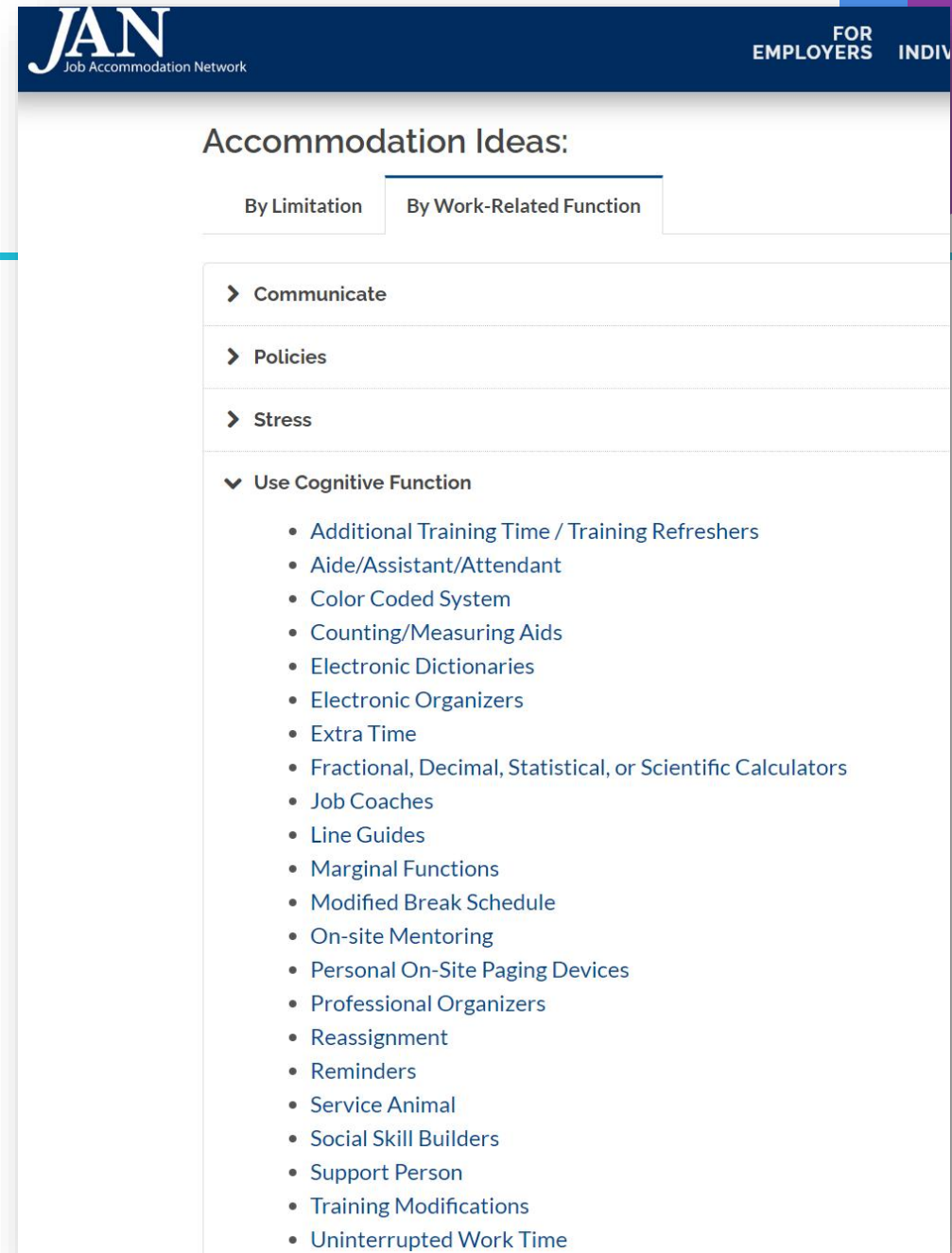
Supported Ed Accommodation

Academic Problems and Accommodations	
Problem	Accommodation
■ Concentration	■ Tape recorder
■ Note taking	■ Tape recorder, note taker
■ Test anxiety	■ Individually proctored test in a quiet location, ■ Extra time to complete test
■ Unable to express thoughts	■ Change test format on essay tests
■ Easily distracted	■ Tape record class, books on tape
■ Performance anxiety	■ Written assignments rather than spoken
■ Anniversary dates that cause problems	■ Flexible time for assignments, ■ Assignments given in advance
■ Short attention span	■ Tape recorder, books on tape
■ Extreme restlessness	■ Leaving class for breaks
■ Anxiety about parking	■ Special parking permit
■ Dry mouth	■ Having beverages in class

Job Accommodation Network

A good place to scour for ideas

https://askjan.org/disabilities/Schizophrenia.cfm?cssearch=4404578_1



The screenshot displays the JAN (Job Accommodation Network) website interface. At the top, the JAN logo is visible on the left, and the text "FOR EMPLOYERS INDIV" is partially visible on the right. Below the header, the page is titled "Accommodation Ideas:". There are two tabs: "By Limitation" and "By Work-Related Function". The "By Work-Related Function" tab is selected. Under this tab, there are four categories: "Communicate", "Policies", "Stress", and "Use Cognitive Function". The "Use Cognitive Function" category is expanded, showing a list of 25 accommodation ideas:

- Additional Training Time / Training Refreshers
- Aide/Assistant/Attendant
- Color Coded System
- Counting/Measuring Aids
- Electronic Dictionaries
- Electronic Organizers
- Extra Time
- Fractional, Decimal, Statistical, or Scientific Calculators
- Job Coaches
- Line Guides
- Marginal Functions
- Modified Break Schedule
- On-site Mentoring
- Personal On-Site Paging Devices
- Professional Organizers
- Reassignment
- Reminders
- Service Animal
- Social Skill Builders
- Support Person
- Training Modifications
- Uninterrupted Work Time

Accommodation Central

Another good place
to scour for ideas

The screenshot displays the Accommodation Central website interface. At the top, the logo "ACCOMMODATION central" is visible, along with navigation links for "ACCOMMODATIONS", "LEARNING LIBRARY", and "COMMUNITY". A search bar contains the text "Search Accommodations" and a dropdown menu is set to "Entire Site". Below the search bar, there are two tabs: "ACADEMIC NEED" and "FUNCTIONAL NEED", with the latter being selected. Under the "FUNCTIONAL NEED" tab, several checkboxes are listed: "Attention", "Fine Motor", "Organization/Planning", "Sensory", "Significant Cognitive Disability", "Focus" (which is checked), and "Behavior". Below these checkboxes, there is a link "Focus | reset filters" and a button "Find accommodations". The main content area is titled "Search Results" and indicates "31 results matching your search". There are six result cards displayed in a 2x3 grid:

- Amplification Devices**: Amplification of speech for students with hearing or focus difficulties. Includes a heart icon.
- Chunking**: Breaking assignments or text into chunks.
- Sketchbook**: Used for drawing and/or taking notes as a non-distracting, appropriate way to reduce anxiety in the classroom.
- Preferential Seating**: Seating a student in a location that is most beneficial for their learning.
- Individualized Structured Reminders**: Providing structured reminders to keep a student on task. Includes a heart icon.
- Peer Tutoring**: Using peers as co-teachers.

<http://acentral.education/search?functionalNeeds%5B%5D=focus>

When being creative...



Individualize

Teachers, nurses,
counselors, admin,
coaches

Mindful of stigma

Be proactive with
schools

Follow the lead of
your client/family

Recovery should be
the expectation



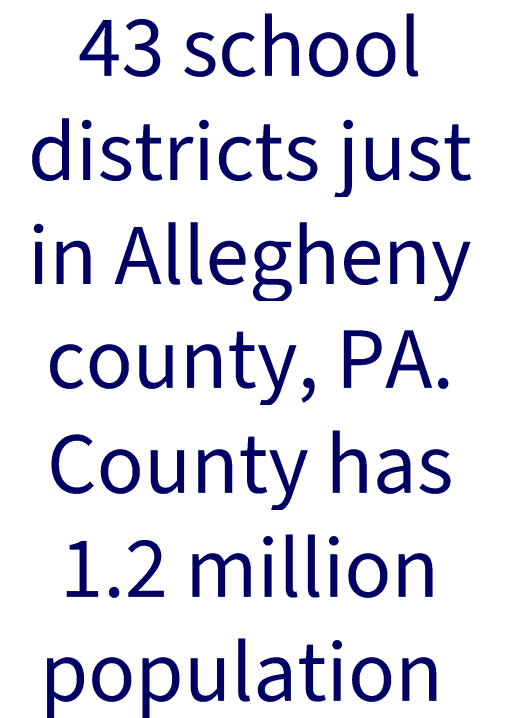
Part 3: Real Life Programmatic Examples and Resources



Tushita Mayanil, MD

**University of Pittsburgh
Hope Team**





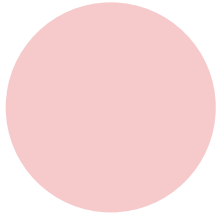
Schools and mental health



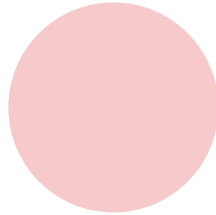
- Very hard to get into the school systems.
- Overwhelmed, one counselor for 100-400 students.
- Teachers and staff are sometimes functioning as case managers helping with basic needs.
- Training/ continuing education has some component of mental health, not a lot.
- Psychosis awareness is minimal.
- Sometimes only interface is a crisis or truancy or student returning from the hospital.

The slide features a dark blue background with decorative geometric patterns at the top and bottom. These patterns consist of multiple parallel lines in shades of teal and purple, forming a series of connected triangles and zig-zags.

Approach : grassroots



COLD CALLING



EMAILING: 120 EMAILS



NETWORKING



BACK TO SCHOOL
NIGHTS



YMCA, YOUTH CENTER



HEALTH/EDUCATIONAL
FAIRS



SCHOOL RN



SCHOOL
SECURITY/RESOURCE
OFFICER

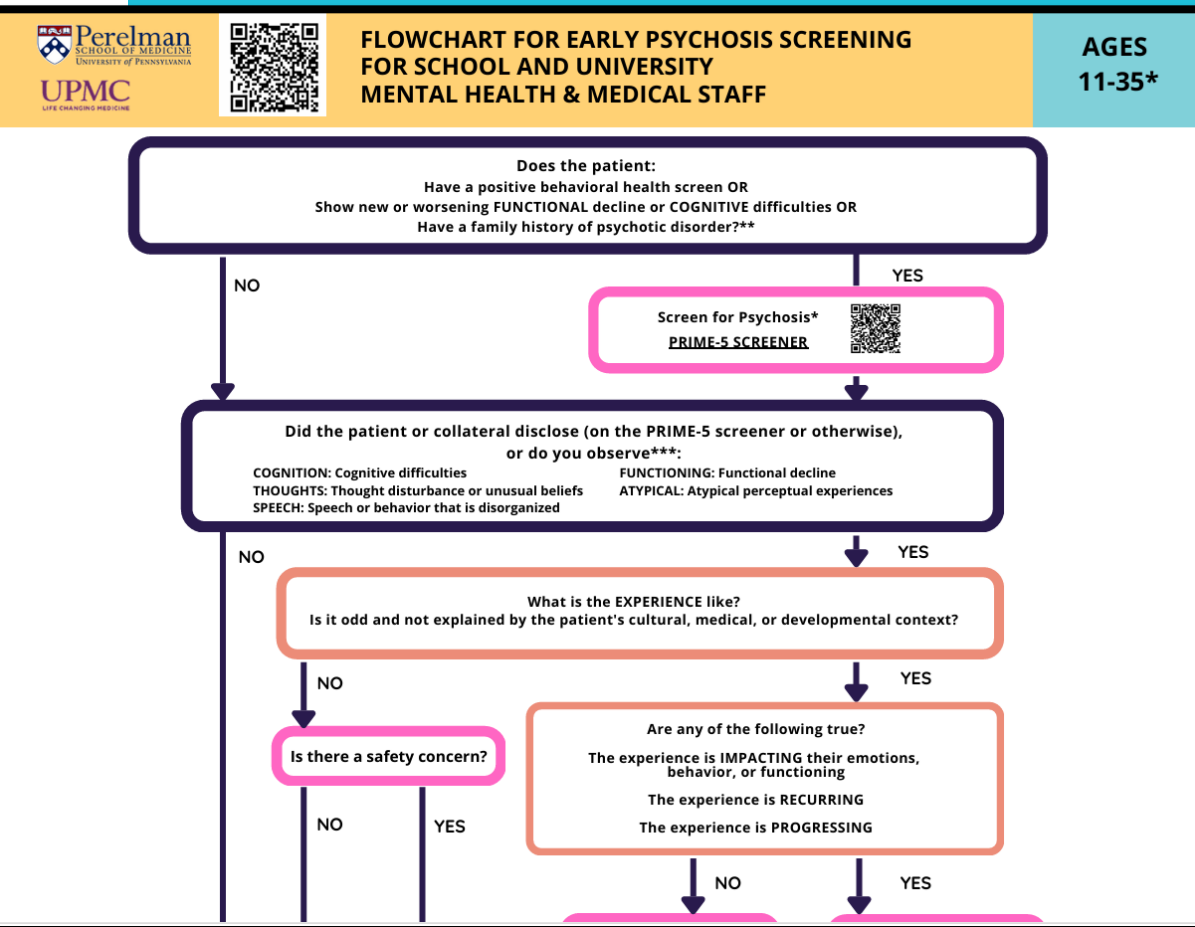


TEACHER CONTINUING
CREDITS/ IN SERVICE



Approach : Top Down

Flow chart for schools and colleges



Online Screener

1 Start 2 Page 2 3 Page 3 4 Page 4 5 Preview 6 Complete

This assessment tool was created for individuals 11+ years old. If you/family member/client, are not 11 years old, please contact your local Mental Health agency.
The following screen asks about your personal experiences. It asks about your sensory, psychological, emotional, and social experiences. Some of these questions may seem to relate directly to your experiences and others may not. Please read each question carefully and answer all questions.

*** indicates a required field**

How did you hear about us? *

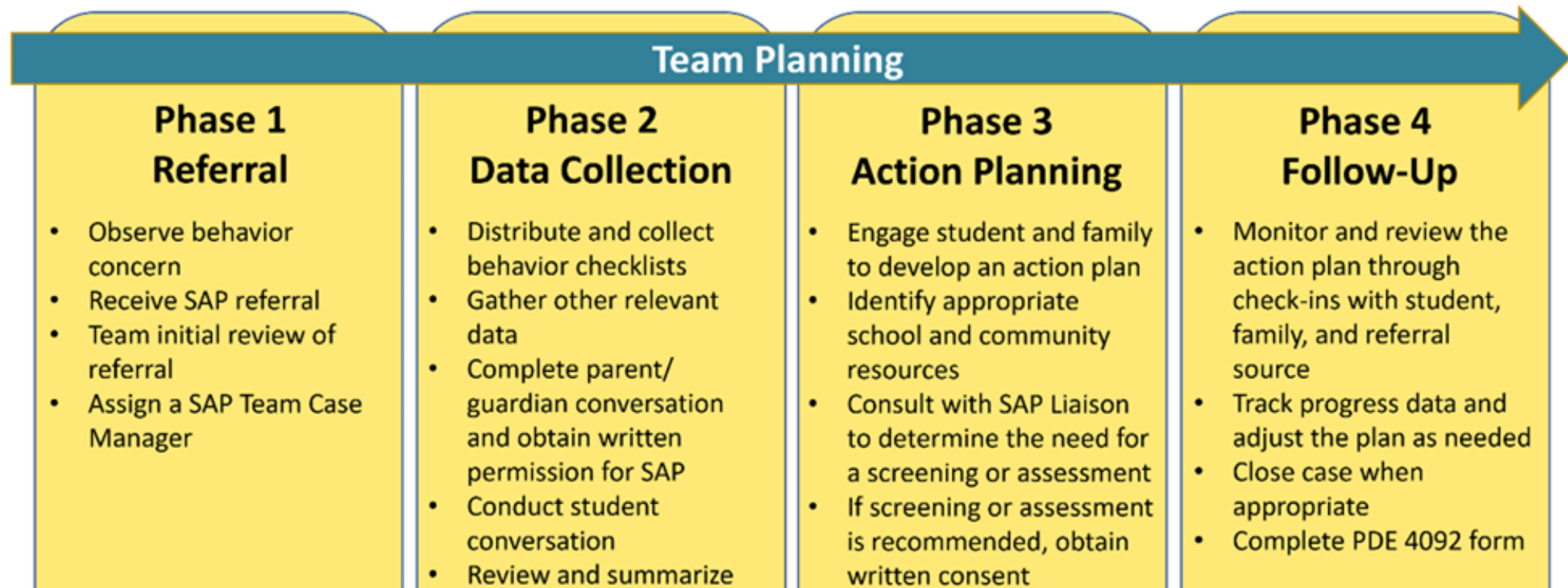
- ☐ Outreach event
- ☐ University Counseling Center
- ☐ Google/Online Search
- ☐ Online Training
- ☐ Clinician/Treatment Provider
- ☐ Other
- ☐ Prefer not to respond/don't know

[Online Screener | HOPE TEAM](#)

[School & University Professionals - HeadsUp](#)

Learning your Systems of Care

SAP Best Practice by Phase:



Professional conferences

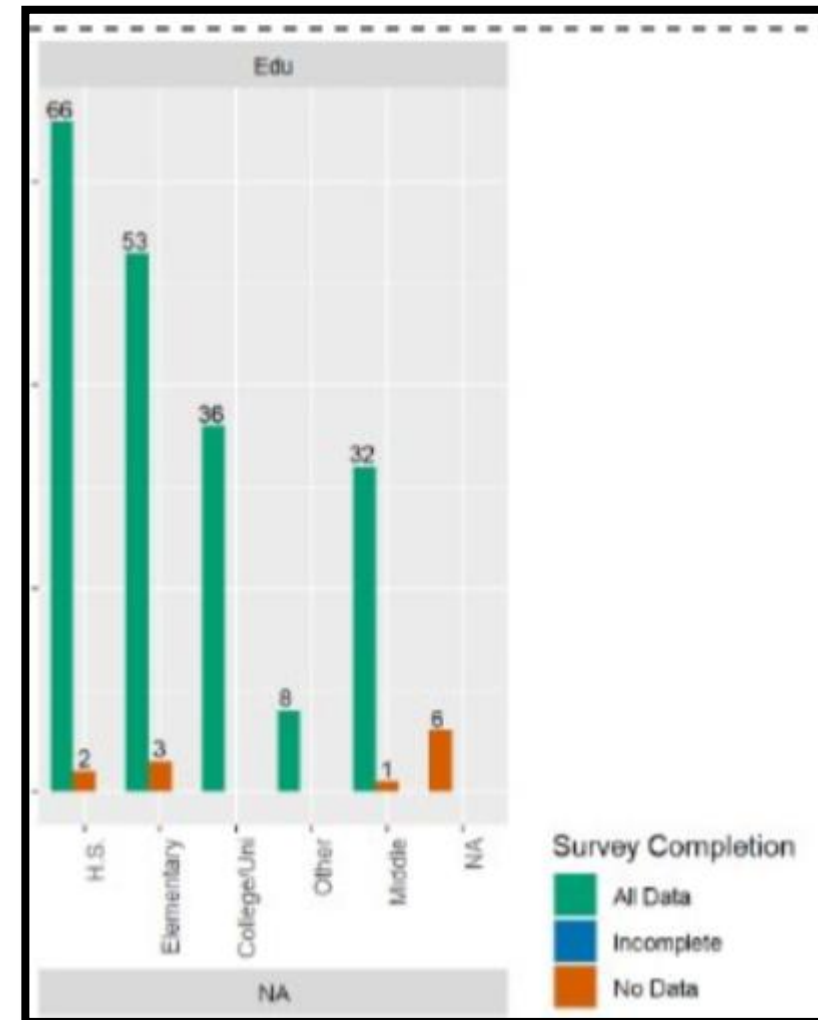
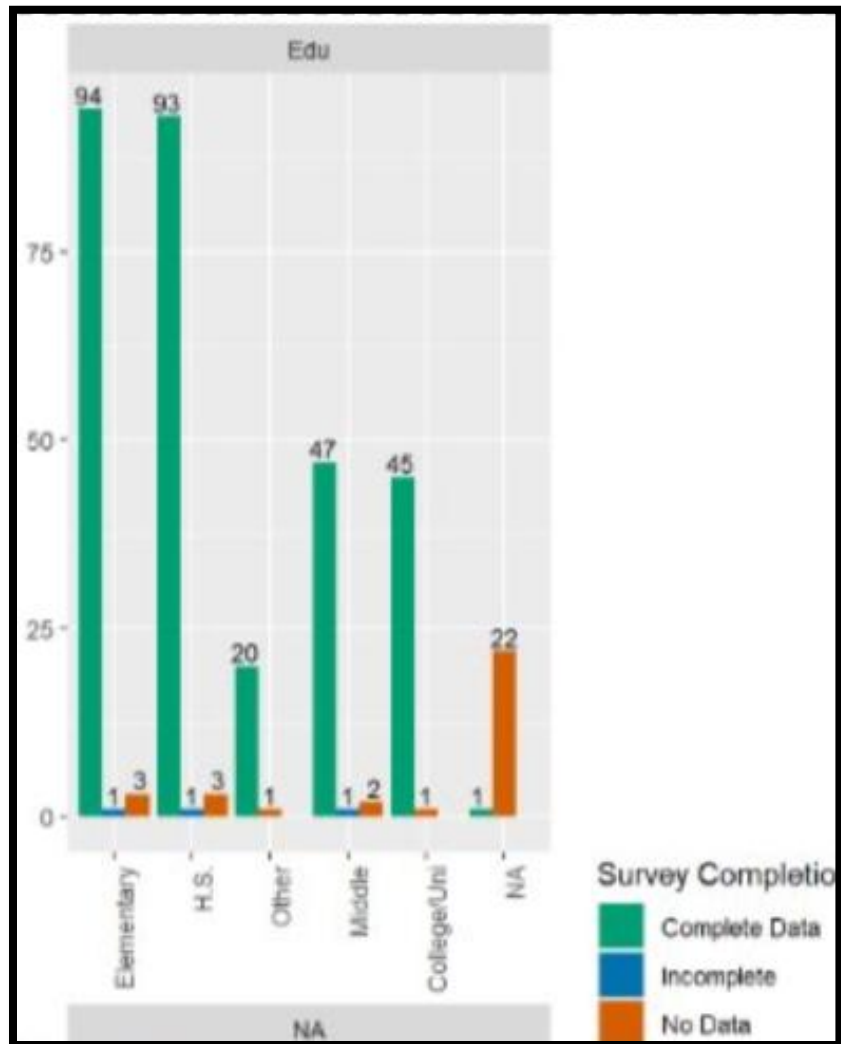


State school psychologist and counselor conferences

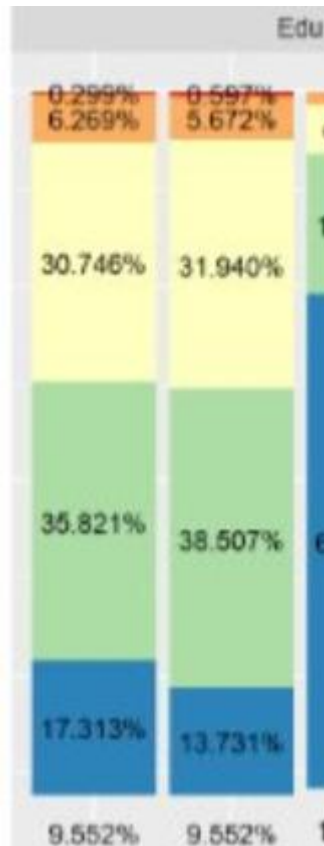
NAMI, connection with schools

- 
-
- Presentation usually included : information about clinical high of psychosis , psychosis spectrum, differential, referral information.
 - Length: 15-60 min, informational only vs. full in service.
 - In person/virtual
 - Stigma reduction

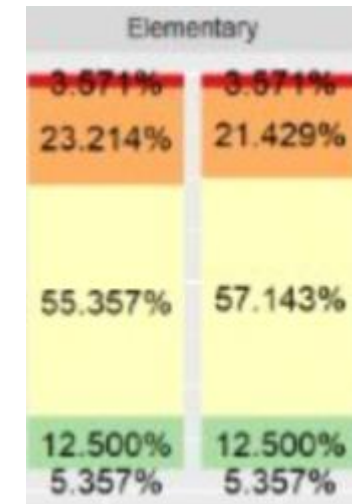
Educational # of responses pre and post



Pre- survey and post survey



Responses (Knowledgeable)





Apurva Bhatt, MD
Child INSPIRE
INSPIRE
INSPIRE360



Systematically supporting students with CHRp



- Parent/caregiver education around CHRp is key
 - Structured psychoeducation/feedback sessions throughout enrollment in your program is key
 - Empowers them to effectively advocate with their child
- Stigma and other factors can impact how caregivers speak about their child's diagnosis(es) to school teams
- Many caregivers are not aware of the supports that their child could be entitled to in school settings
- All CHRp program staff must understand school systems of support to be able to navigate the process (and not just the SEES)

Federal Laws (Briefly)



- Two federal laws guarantee a **free and appropriate public education (FAPE)** and provide services or accommodations to eligible students with disabilities in the USA
 1. Section 504 of the Rehabilitation Act of 1973 (Section 504)
 2. Individuals with Disabilities Education Act (IDEA)

Section 504 (Rehabilitation Act of 1973)



- Section 504 defines an individual with a disability as a person who:
 - Has a physical or mental impairment that substantially limits a major life activity
- Physical or mental impairments include
 - Physiological disorder or condition
 - Cosmetic disfigurement
 - Anatomical loss affecting a body system (organ system)
 - Psychological/mental disorders

Section 504 (Rehabilitation Act of 1973)



- Evaluation
 - does NOT include formal testing
 - Considers info from a variety of sources (doctor's notes, parent notes, test scores, observations)
 - A medical diagnosis is NOT required under Section 504
- Once a child has been deemed eligible for accommodations, a 504 plan is developed
- Parent participation is not an entitlement right (depends based on individual school district rules)
- No additional funding for supports through 504 plan

Individuals with Disabilities Education Act (IDEA)



- To qualify for IDEA, a child must meet the criteria of at least 1 of 13 disability categories
 - intellectual disability
 - hearing impairment (including deafness)
 - speech or language impairment
 - visual impairment (including blindness)
 - serious emotional disturbance (referred to in this part as “emotional disturbance”)
 - an orthopedic impairment
 - Autism
 - traumatic brain injury
 - an Other health impairment ("OHI")
 - a specific learning disability
 - deaf-blindness
 - multiple disabilities,

CHRp

Individuals with Disabilities Education Act (IDEA)



- Evaluation: the school MUST have written authorization from a child's parent/guardian before they can evaluate the child
- Eligibility for IDEA must be determined by a qualified team of professionals, including:
 - Child's teacher(s)
 - School Psychologist
 - Principal
 - Parents
 - Other school personnel
- The team should use information from different sources (parents, doctor's notes or letters, progress reports/notes from teachers, past academic records, test results including formalized assessments)
- No cost to parents for these evaluations

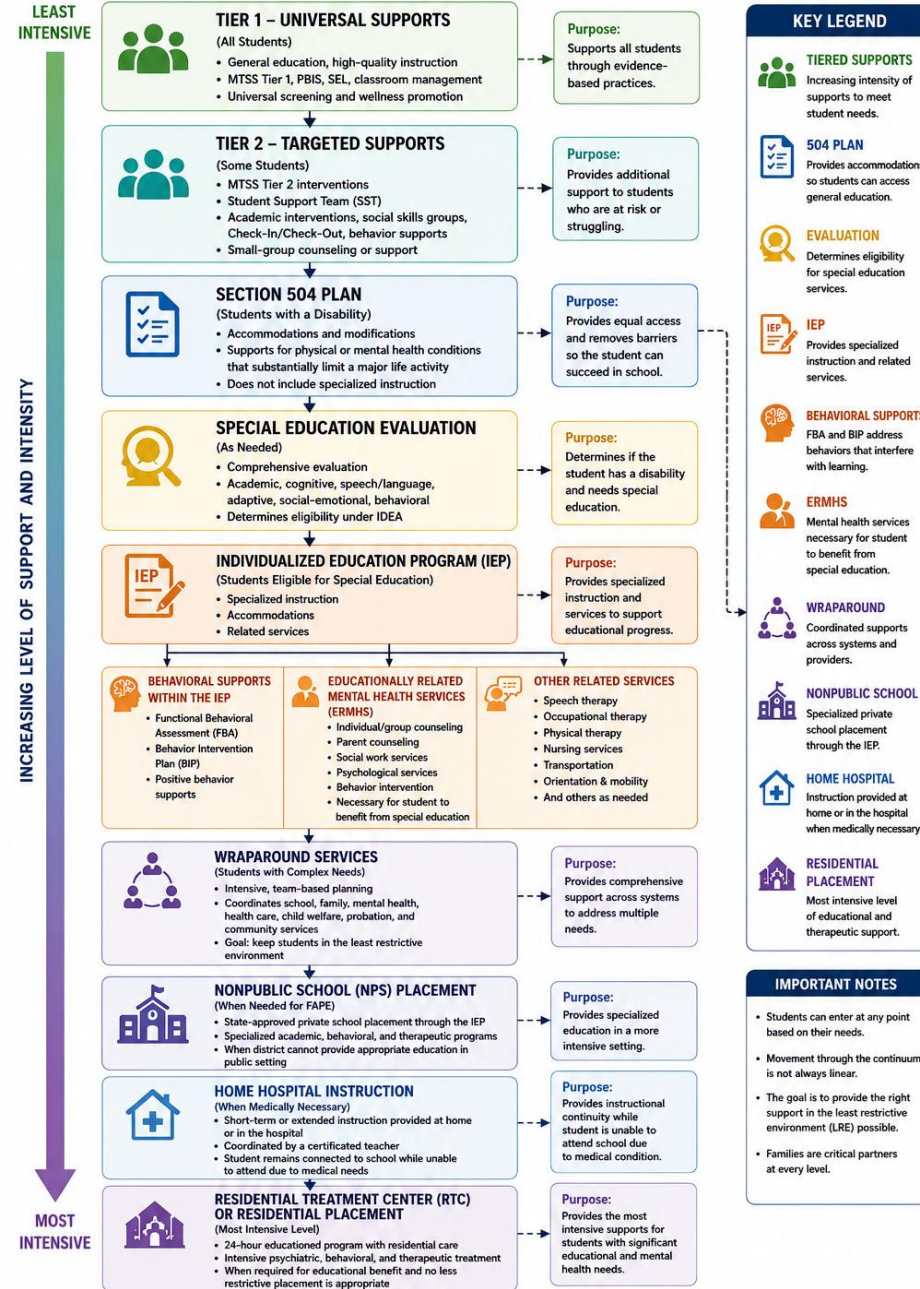
Individuals with Disabilities Education Act (IDEA)



- When a child qualifies under IDEA, they receive an Individualized Education Program (IEP)
- Per IDEA, children with disabilities MUST be taught in the least restrictive environment
 - Regular classroom as much as possible with appropriate related services/aids
 - Removal from classroom should only occur when severity of the disability is such that even with services/aids, the child cannot learn
- Child is re-evaluated at least every 3 years (Triennial IEP)
- Schools have access to federal funding for services for a child qualifying under IDEA (speech therapist, occupational therapist, etc)

CONTINUUM OF SCHOOL-BASED MENTAL HEALTH AND EDUCATIONAL SUPPORTS

A Multi-Tiered System of Supports From Universal Supports to Intensive Services



CONTINUUM OF SCHOOL-BASED MENTAL HEALTH AND EDUCATIONAL SUPPORTS

A Multi-Tiered System of Supports From Universal Supports to Intensive Services

LEAST
INTENSIVE

ORT AND INTENSITY



TIER 1 – UNIVERSAL SUPPORTS

(All Students)

- General education, high-quality instruction
- MTSS Tier 1, PBIS, SEL, classroom management
- Universal screening and wellness promotion

Purpose:

Supports all students through evidence-based practices.



TIER 2 – TARGETED SUPPORTS

(Some Students)

- MTSS Tier 2 interventions
- Student Support Team (SST)
- Academic interventions, social skills groups, Check-In/Check-Out, behavior supports
- Small-group counseling or support

Purpose:

Provides additional support to students who are at risk or struggling.



SECTION 504 PLAN

(Students with a Disability)

- Accommodations and modifications
- Supports for physical or mental health conditions that substantially limit a major life activity
- Does not include specialized instruction

Purpose:

Provides equal access and removes barriers so the student can succeed in school.



SPECIAL EDUCATION EVALUATION

(As Needed)

- Comprehensive evaluation
- Academic, cognitive, speech/language, adaptive, social-emotional, behavioral
- Determines eligibility under IDEA

Purpose:

Determines if the student has a disability and needs special education.

KEY LEGEND



TIERED SUPPORTS

Increasing intensity of supports to meet student needs.



504 PLAN

Provides accommodations so students can access general education.



EVALUATION

Determines eligibility for special education services.



IEP

Provides specialized instruction and related services.



BEHAVIORAL SUPPORTS

FBA and BIP address behaviors that interfere with learning.

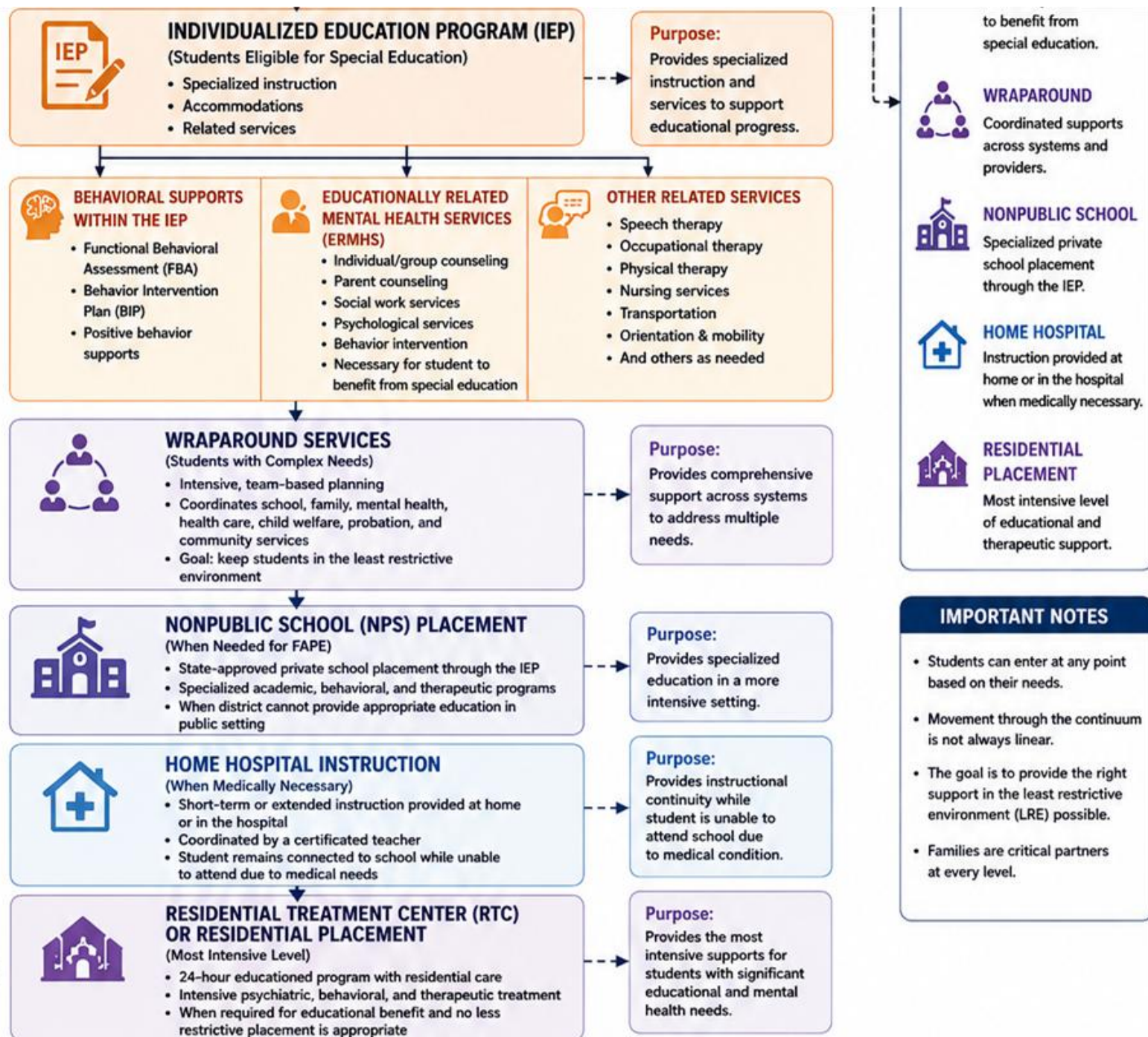


ERMHS

Mental health services necessary for student

INCREASING LEVEL OF SUPPORT

MOST
INTENSIVE



Procedurally



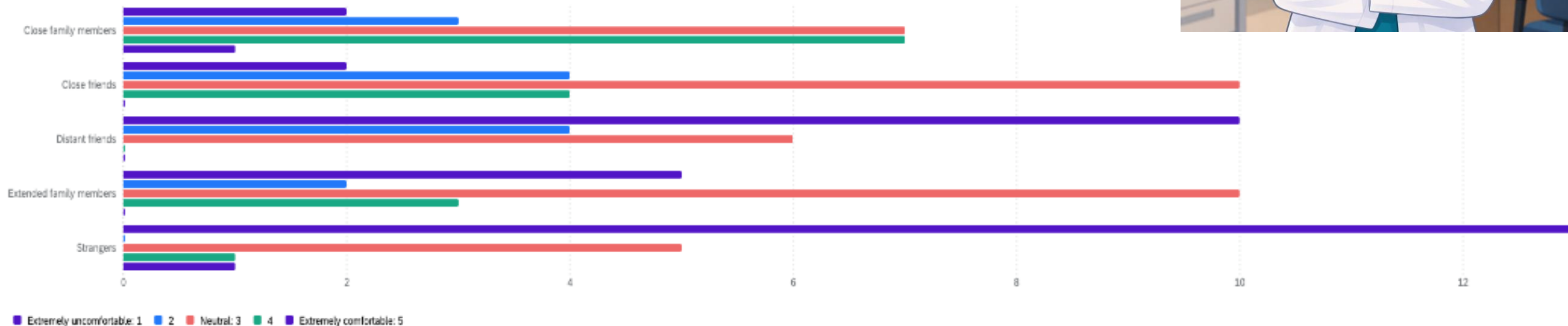
- Parent/Guardian must sign a release of information for clinical staff to be able to coordinate care w/school staff
 - HIPAA and FERPA laws restrict what information can be shared and with whom
- Most often, clinical providers write letters of support for school accommodations to help children access their education
- Not all programs have supported education specialists (SEES)
- School teams often need education around CHRp and how to best support students with this
- Caregivers may have hesitation around advocating for accommodations

Child INSPIRE (no SEES)

- In our clinic, if we recommend academic/school accommodations, we **always** offer families to join them in their meeting with the school team
- Data (pre-published) we collected from the parents/caregivers in our clinic:



What is your comfort level in talking about your child's/family member's mental health diagnosis to the following people: 20 ⓘ



Child INSPIRE Clinic Procedures



- When we join school meetings (most often SST, 504 or IEP meetings):
 - Invited by the caregiver/guardian with ROI on file
 - Virtual and time boxed (~15-30 min)
 - Introduce myself, warm demeanor
 - “Happy to go over their diagnoses/treatment and how this might impact their participation in school”
- Normalize that it’s common for folks not to know about CHRp
 - Offer to provide staff training
- When educating about CHRp diagnosis, must convey hope-filled recovery oriented mindset and debunk myths about psychosis
- Pay attention to IEP eval results and qualifications (ED, OHI, SLD, etc), accommodations and goals
- Be thinking about the continuum of support, least restrictive environment

Go first with honey. If not effective, bring spice



- Most school team members are not aware of psychosis or CHRp
- Stigma and discriminatory practices in schools is real
 - Inappropriately restrictive environments
 - Facing disciplinary consequences for behaviors 2/2 disability
- Often due to lack of understanding around student behaviors coupled with lack of humility
- Know when to reach out to Educational advocates
 - Parents Helping Parents
- Educational Lawyers

More training on this



- PEPPNET/MHTTC Webinars 3 part series:
 - <https://med.stanford.edu/peppnet/PEPPNETWebinars.html>
- AACAP Annual meeting October 2026

Want to Receive More Support? Take a Deeper Dive from this Event?



SCAN ME

- We can be your problem-solving partners!
- We provide hands-on, tailored consultation and coaching to help your team navigate roadblocks.
- We'll include contact info for your Hub reps in the follow-up email from today's session.

A photograph of a rustic wall. The wall is constructed from various materials: corrugated metal sheets, vertical wooden planks, and horizontal wooden planks. Two rectangular openings, possibly for windows or doors, are visible in the upper half of the wall, framed by corrugated metal. In the lower half, a horizontal wooden plank serves as a base for a sign. The sign consists of two pieces of wood joined together, with the words 'THANK YOU.' painted in a bold, teal-colored, sans-serif font. The bottom of the image shows a dark, out-of-focus foreground, likely a road or path, and some green grass is visible at the base of the wall.

THANK YOU.