Additional Information on the CAPPS Externship

The goal of this “clinical assessment and psychosocial treatment” placement is to provide opportunities for students to develop clinical skills in working with patients with serious mental illness and their families, and the opportunity to contribute to ongoing research efforts. The expectation is that students are involved for approximately 17-20 hours per week. Students participate in assessments with patients and families and treatment provision (case management and family based interventions).

Clinical Assessment
Students will receive training in the administration of the Structured Interview for Prodromal Syndromes (SIPS) and Structured Clinical Interview for DSM-IV Axis I Disorders (SCID), along with other measures in a comprehensive diagnostic battery. They will administer the battery to patients and parents, and together with supervisors, will determine working diagnoses and eligibility for participation in the CAPPS program. Students will conduct approximately 1-2 assessments per week, will write a brief report following each assessment, and will be asked to summarize findings and to make recommendations for treatment at monthly multidisciplinary team meetings. Students will also administer similar batteries to control subjects.

Psychosocial Treatment

Case Management and Individual and Family Interventions
Students will be trained to conduct informed consent and needs assessment interviews with families and individuals and to propose a treatment plan, which may include school, individual, family, psychiatric and/or group interventions. The student will either provide referrals for these treatments, or provide some aspects of the treatment him/herself determined on a case-by-case basis. Ongoing case management will be provided, including crisis intervention and brief individual and family therapy opportunities for select patients. Externs will be trained to provide psychoeducation to individuals and families about the prodromal state, reasons for early intervention, biological bases for mental disorders, diathesis-stress theories, psychopharmacological treatment, psychological treatment, school interventions, and recommendations for creating a protective environment.

Family Focused Treatment
Students will be trained to provide early intervention Family Focused Treatment (FFT) for adolescents and young adults who are at high clinical risk for developing a thought disorder and their families. This is a manualized approach focusing on psychoeducation, communication training and problem solving that has been adapted from the manual for Family Focused Treatment for Children and Adolescents who are at risk for bipolar disorder (FFT-HR; (Miklowitz, George, & Taylor 2006). FFT will consist of 18 sessions (12 weekly sessions; 6 biweekly sessions) with individual families over the course of six months. The focus of this treatment is on delaying and possibly preventing the onset and/or worsening of prodromal symptoms. In addition, the treatment will actively target the prevention of functional disability.
Outreach
Students will be given the opportunity to participate in community outreach and education efforts. Such opportunities could include presenting at career day fairs to middle school and high school students.

Research
Students will also be given the opportunity to code Family Problem Solving Interactions that are administered throughout the course of FFT treatment.

Training
Intensive training for students will be provided during the months of July and August. Training topics include:
- Assessment of the Prodrome
- Screening Instruments to Facilitate Research and Early Intervention During the Prodrome
- Neuropsychology and the Prodrome
- Family Research Conducted on the Prodrome and First Episode Psychosis
- Psychopharmacology in the Prodrome
- An Interdisciplinary Team Approach to Treating the Prodrome
- Individual and Family Treatment of Serious Mental Illness
- Psychoeducational Multi-Family Group Treatment of Serious Mental Illness
- Crisis Management – Assessing and Managing Suicidality and Homicidality
- School Interventions – Individual Educations Plans, Non Public Schools, and Beyond
- Community Resources – Job Corps, Board and Care Facilities, SSI, etc.

CAPPS Demographics
67% male, 33% female; mean age =17.28; 53% Caucasian, 24% Hispanic, 17% Other, 7% African American, 6% Asian American

Summary of Extern Activities:
**Supervision:**
To be arranged– individual supervision
1.5 hours per week – treatment group supervision
1 hour per week – assessment group supervision

**Treatment Provision:**
2 hours per month – informed consent and needs assessment interview
4 hours per week – case management/ individual or family joining sessions
1.5 hours every week for 18-week periods – family focused treatment

**Assessment:**
5 hours per week – administration of SIPS and SCID

**Preparation/Charting:**
4 hours per week – preparing for treatment and writing assessment and treatment notes

**Optional:**
2 hours per month – outreach activities
1-2 hours per week – research activities