Dear Mental Health Professionals:

**Promoting Prevention** is the theme for this issue of the INTERFACE Newsletter, which features the upcoming MSPP and Freedman Center program: Overcoming the Immunity to Change: Opening a New Pathway to Improvement. We are also highlighting a unique community program called the CEDAR Clinic which is for young people (ages 14-30) who are experiencing new or worsening symptoms that may be warning signs for psychosis - scroll down to learn more!

We hope you will find the information helpful and share it with your clients as appropriate.

INTERFACE continues to receive overwhelmingly positive feedback from both providers and families. We recently heard from Melissa Seastead, LICSW who gave us permission to share her response:

"I love Project INTERFACE! The staff does an excellent job at selecting high quality and appropriate referrals for my practice. My clients are always satisfied with their experience with Project INTERFACE as well."

INTERFACE has expanded to Groton-Dunstable, if you know of a provider in this area that might be interested in being included in our database, please e-mail us at moreinfo@projectinterface.org.

_As always, please let us know if you have openings for new clients, if you have updates to your INTERFACE provider profile or if you know a provider who would like to participate in INTERFACE._

If you have not yet updated your provider profile, please e-mail us at updates@projectinterface.org to receive instructions for easy online updating.
Highlights from Recent Research

"Advances in the Early Intervention of Psychosis"
by Michelle Friedman-Yakoobian, Ph.D., clinical team leader, Center for Early Detection, Assessment and Response to Risk (CEDAR)

Excerpted from NAMI Beginnings; Spring 2011; Issue 18.

Prodrome to Psychosis
Contrary to popular belief, psychosis does not come out of the blue. Typically, a young adult will experience several months or years of milder symptoms that cause challenges with school and social functioning. This period of time is known as the "prodrome to psychosis." However, the signs of prodrome to psychosis are usually difficult to recognize and may be misunderstood as signs of depression, drug or alcohol abuse, late-onset attention deficit/hyperactivity disorder (ADHD) or even a normal phase of adolescence. It is not until a young person develops clear signs of a first psychotic break that the symptoms are clearly recognized.

Learn more at:

Tips: The Dos and Don'ts for Talking With A Young Adult Who May Be At Risk for Psychosis

by Michelle Friedman-Yakoobian, Ph.D., clinical team leader, Center for Early Detection, Assessment and Response to Risk (CEDAR)

Excerpted from NAMI Beginnings; Spring 2011; Issue 18.

Do...

1. Spend time with the person and keep lines of communication open. It is easiest to express your concerns in a helpful, non-threatening way when you maintain regular contact and communication. Even if the young adult has been withdrawing from you, continue to invite him or her to join you for dinner, go for a walk or talk on the phone, but also be willing to take no for an answer if the young adult is not up for it.

2. Express your concerns. Be open and honest as much as possible. In a gentle, non-judging way, let the young adult know that you have noticed that he or she seems to be going through a tough time or seems to be experiencing changes and that you are available to listen and help when he or she is ready to talk about it.

3. Let the young adult know he or she is not alone. Between 4-17 percent of young adults report experiencing sub-clinical (mild), psychotic-like symptoms. These experiences are not rare and there could be a number of reasons why they occur. Letting the young adult know that you are familiar with what he or she is going through and that he or she is not alone can be very reassuring.

4. Let the person know that there is hope and practical help available. Clarify what the young adult may want to gain from seeking help. Balance talking about what the young adult wants and what you think would be helpful. Both medical and psychological therapies (for the individual and his/her family) can help to reduce symptoms, distress and daily difficulties associated with clinical risk.

5. Be patient and avoid pushing too hard. When you first express your concerns, the young adult may not want to talk about it. Let the young adult know that you respect his or her privacy—but are available to talk and share information about potentially helpful resources when he or she is ready. Then keep the lines of communication open with the young adult so he or she can warm up to the idea of talking with you about his or
her concerns.

**Don't...**

1. Ignore changes in functioning or recurrent odd behavior as being "just a phase" or "teenagers being teenagers." Contrary to popular belief, research has found that it is not typical for adolescence to be a time of significant turmoil and distress. While increases in privacy concerns are common, it is not typical for teenagers to refuse contact with friends for long periods of time or to withdraw significantly from family relationships. If you know a young adult who has recently begun to withdraw from others, behave oddly and/or struggle at school and with friends, it is important to offer support and help. There can be a number of reasons why this can be happening. A careful assessment can help the young adult (and you) better understand what is going on and what types of services and supports can help. Ignoring early warning signs delays early treatment, which has the best chance of being effective.

2. Act as if you are giving dreadful news when talking about risk for psychosis. There is a lot we now know about treating psychosis and there is much hope for recovery- especially when it is treated early. Talking with the young adult about risk can provide an important opportunity for the young adult to better understand what is happening to him or her and to get effective treatment that can prevent further distress and negative changes in functioning. If you are comfortable talking directly about the symptoms and daily difficulties as treatable, the young adult will often take your lead and feel reassured. Using everyday language such as "stress" and "changes in experiences or functioning" is also helpful in normalizing the young adult’s experiences.

3. Push too hard or argue with the young adult if he or she denies that anything is wrong. If the young adult denies experiencing challenges or refuses to talk with you about your concerns, respect his or her privacy and let him or her know that you are there to help if and when he or she wants to talk. You might gently describe some specific behavioral changes that you have noticed (e.g., "I have noticed that, since December, you have been spending a lot of time in your room, your grades have gone down and you have been wearing sunglasses most of the time. I know that a lot of young adults can experience stress during their senior year of high school and sometimes it can help to talk to someone about it. I am here if you decide you want to talk").

4. Do not give up and do not forget to take care of yourself in the process. The young adult may seem more interested in engaging in treatment at some points in time more than others. Steps forward may often be followed by steps backwards as well. To help a young adult get into treatment and stick with it, you may have to try several times and even enlist the help of other family members and friends. Keep a sense of priorities and avoid "sweating the small stuff." Focus your efforts on the important activities and tasks that matter the most in the long run (e.g., school, well-being/safety and relationships) and not so much on the smaller things (e.g., keeping a room clean). Keep your perspective. The young adult did not choose to have these difficulties. Rather, he or she is currently being challenged by a significant change in functioning that may be due to a neurodevelopmental process or disorder. Lastly, maintain your own positive daily routines and keep in touch with your best supports to recharge your batteries. You cannot help the young adult if you are not caring for yourself first.

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**Spotlight on Upcoming Programs**

**Overcoming the Immunity to Change: Opening a New Pathway to Improvement**

**Date:** Feb 25, 2012  
**Time:** 9am- 4:30 pm  
**Location:** MSPP, 221 Rivermoor Street, West Roxbury  
**Instructor:** Robert Kegan, PhD  
**Program Codes:** RK60  
**CE Credits:** 6 CE Credits  
**Fee:** $135
The program will introduce participants to the way one novel, and increasingly influential, approach to coaching has evolved from the field of adult-developmental psychology. Its successful use with coaching clients in public and private sectors in the US, Eastern and Western Europe, South America, Japan, China, and Singapore suggests its global, cross-cultural applicability. Its orientation to self-improvement through self-understanding and active experimentation make it highly transferable to the therapeutic context. Its biggest "business advantage," which attendees will directly experience, is the way it quickly sets up a new pathway for improvement, regularly leaving clients engaged, energized, and feeling that their expectations for an initial session have been exceeded. The usual pathway to improvement is what we call "the New Year's Resolution approach," which involves a sincere goal, plans to accomplish it, an emotional commitment to carry out the plan, and the effort to "power through" to success. Like most New Year's resolutions, this approach, while commendable, seldom produces sustainable results. Our approach is about first bringing into fuller awareness the brilliant mental system we have created which, while protecting us, MUST generate exactly those behaviors which will prevent the change we genuinely want! Once we see the system, and the key assumptions that anchor it, we can take up specific behavioral experiments, aimed not first at improvement, but at seeing whether we can change our minds. Lasting change follows from these changes of mind, the altering of our "immunities to change."

The program will be largely interactive and experiential, with "teaching patches" interspersed "when you're not looking." Participants should come expecting to "try on" a form of practice as it relates to themselves, rather than to "hear about" a form of practice which has been applied to others. The program will help each attendee develop the mental equivalent of an X-ray (so-named because it makes something visible that is usually invisible). Each participant receives a one-page organizer that tracks and co-ordinates a sequence of discoveries they will make over the session. The discoveries take place through a recurring sequence that starts with my posing a question, then gives them a quiet minute for reflection, then invites them to check in with a partner (pair-sharing), and then moves to our considering, as a whole group, what has happened thus far, via the participation of 2 or 3 "public players," volunteers who are willing to "go public" with the gradual development of their own X-rays. This keeps the session fresh, spontaneous, and its main focus is work that is arising right in the room. The public players' X-rays are shown on a large screen via Tablet technology that allows me to "write directly on my laptop screen," Smart board-like. The climax of the discoveries comes when people see that their genuine improvement goal (e.g., "to get more organized, focused, disciplined") is matched by a formerly hidden, competing commitment (e.g., "to never slow down and have to be with myself," or "to not feel imprisoned by anything that smacks of routine"), which makes all the behaviors they earlier identified as OBSTRUCTING their goal (e.g., "taking more and more work") now completely SENSIBLE because they can see that it also supports their hidden commitment. Their X-ray is, in effect, a picture of themselves with one foot on the gas pedal, and another on the brake. There is enormous energy in such a vehicle, but the car isn't going anywhere. The program than moves on to show participants the variety of ways they can use their X-ray to support changes that were not before as possible.

Dubbed "one of Harvard's most entertaining professors" by The London Times and "everyone's favorite developmental psychologist" by Ken Wilber, Robert Kegan has spent a lifetime studying adult development—and what we do to prevent it. He and Harvard colleague Lisa Lahey are credited with uncovering a hidden mechanism that keeps people from making exactly those changes they most want to see in themselves. In this fast-moving, interactive, and experiential session, Kegan will help each of us to see our own "immunity to change," and their approach to helping people overcome it, which has now attracted the interest of coaches on every continent.

The session you are about to experience has been conducted with CEOs and the CIA; K-12 and university educators and administrators; bankers and firefighters; software engineers and management students; psychologists, psychiatrists, executive coaches, and human resource officers; government leaders, international business consultants, state judges, church leaders, attorneys, journalists and physicians. Participants should come expecting to have a good time while doing some hard and valuable introspective work. The process Kegan and Lahey have built emphasizes safety in the process of personal discovery. Participants are encouraged to set the pace that works best for them throughout the session.

Upon completion of the program the student will be able to:

- See a new pathway for improvement around a specific goal of their own (e.g., 'to be more comfortable promoting their services'; or 'to better handle interpersonal conflict')
- Utilize a unique, custom-designed map (the "X-ray") providing them (a) a new understanding of why
they currently cannot make progress, and (b) a new route to solution--i.e., the critical assumptions that
must be tested and altered in order for them to create durable change

- See demonstrated the foundations of a new approach to coaching and performance improvement they
can consider integrating into their current practice

Pre-registration requested.

WebCode=EventDetail&evt_key=379a9bca-2c17-47ec-ad59-545fa52a9a48

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