



Back from the Edge: Tiffany Martinez (PIER Program, Portland, Maine)

Tiffany Martinez was at college when she began to notice her mind “playing tricks” on her—and was lucky enough to get help from the PIER program

In 2005, Tiffany Martinez graduated near the top of her class in high school. Then, as a freshman at University of Southern Maine, she seemed to hit a wall.

“My mind was playing tricks on me,” she recalls. “I was seeing shadows, and then I would hear things—not loud, but they were there. It was really scary.

“Doing harmful things to myself was on my mind,” she says. “I didn’t want to verbalize it at first. It was embarrassing.”

The symptoms became more intrusive. Soon, it was hard for Martinez to leave her dorm room. If she did manage to leave, she often thought that the tall trees in the courtyard outside were going to fall on her. Worried about her welfare, her aunt and several of Martinez’s friends from school convinced her to go to the university health center.

The school nurse who met with Martinez had just attended a seminar conducted by a staff member of the Portland Identification and Early Referral (PIER) program at the Maine Medical Center.¹ There, she had learned about early signs of psychosis—seeing or hearing things that are not there; persistent thoughts that do not go away after receiving logical or accurate information; and other cognitive and sensory changes, such as not being able to think straight, focus, or speak coherently and being overly sensitive to sensory input.

Martinez had many of the signs, so the nurse referred her to PIER for evaluation.

“People who don’t know anything about psychosis wouldn’t necessarily know these early symptoms,” says Sarah Lynch, MSW, who evaluated Martinez and admitted her to the PIER program. “What parents would see is a young person shutting down and

¹ PIER was the initial model for RWJF’s *Early Detection, Intervention and Prevention of Psychosis Program*. See the Program Results Report online at www.rwjf.org/en/research-publications/find-rwjf-research/2013/10/early-detection-and-intervention-for-the-prevention-of-psychosis.html.

withdrawing. Maybe he seems depressed or they are frustrated because he is not doing anything they ask him to do. They might see a change of behavior, and they're not sure if it's teenage rebellion.

“Even for clinicians, they learn a lot in our trainings about how subtle the symptoms can be, and what questions to ask, and the way to ask the questions,” she says.

At PIER, Martinez entered into a comprehensive program of treatment, counseling, and psychoeducational support. Because she was at college, and had few relatives nearby, family therapy was not part of her treatment plan. She met with psychiatrist James Maier, MD, who prescribed medication that helped her manage the symptoms. And she met regularly with Lynch, who helped her learn ways to control the stress that exacerbated her symptoms and encouraged her to reengage with her life.

“She was reinforcing anything good that I had been doing,” Martinez says, “and encouraging me to get back into things I had done before, like exercise and movement, and trying to be more social and not so isolated. Problem-solving skills were the big thing.”

The road back from the edge was not easy, Martinez says. “If you're having severe paranoia, it is hard to trust and attend and show up,” she says. “I remember Sarah had to come pick me up at school, because I wouldn't want to leave campus. I was too afraid.”

Martinez has progressed in what she calls “baby steps.” “I still have issues with adherence and going to therapy and just dealing with mental health in general,” she admits. “But I did feel constantly supported. I never felt judged. When you're afraid to expose yourself—to be able to say those things without feeling judged is huge.”

PROMOTING EARLY INTERVENTION

William R. McFarlane, MD, a leading clinician and researcher in early psychosis prevention, launched PIER in 2000. A key component of the program is community outreach—getting the message about early signs of psychosis to those people who have regular contact with youth. Once in treatment, clients and their families participate in multifamily psychoeducation groups where they learn how to communicate better, manage stress, and deal with the fallout from the illness.

As clients learn to manage their symptoms and their lives better, PIER staff helps them reengage in school and work and other activities that are important to them.

In its first four years of operation, PIER had been shown to be effective in mitigating the debilitating impact of psychotic symptoms and in many cases preventing full-blown psychosis altogether. In 2007, RWJF funded PIER to lead the *Early Detection, Intervention and Prevention of Psychosis Program* (EDIPPP), a nationwide replication of

the PIER model at five sites around the country.² The organizations using PIER’s model of outreach and psychoeducational intervention are reporting outcomes for clients that are significantly better than standard treatment.

For Martinez, early intervention has helped her turn the corner. After two years in the PIER program, Martinez’s symptoms had subsided and she understood the steps to take if they arose again. She finished college and, in 2011, enrolled in the master of nursing program at University of Southern Maine. She is studying to be a family psychiatric mental health nurse practitioner—a natural progression, she says. “All my experiences and the things I got interested in along the way have led me to this point. It sort of unfolded.”

Martinez also has become an advocate for early intervention. She shared her story at a national meeting of EDIPPP in March 2013 and returned to Washington in May to participate in an advocacy day sponsored by the American Academy of Child and Adolescent Psychiatry.

Her experiences give a human face to mounting evidence suggesting that the worst effects of psychosis can be averted with proper treatment. “When you develop schizophrenia, you drive off a cliff,” McFarlane says. “So imagine you could stop the process already underway. You’re driving down the road toward a psychotic episode, and you either drive off the cliff or you don’t.”

“We are really redefining mental illness to include its onset stage the same way we have done with cancer and heart disease,” McFarlane says. “If someone has angina, would you wait to provide services for their illness? No. Now we know that angina is the possible lead up, but not always, to a major heart attack. We will have to get there with mental illness.”

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² RWJF’s title for this program is *National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults*. That is the name that appears on the RWJF website. In the field, the program is known by the title used in this report.