

To most people, **Katie** looked fine. She often seemed a little tired and maybe a little sad, but this hardly qualified as unusual for a 16-year-old-girl trying to deal with adolescence.

In reality, Katie was struggling badly. Despite her many talents and the support of friends and family, Katie's internal world was in turmoil. Though she continued to pass her school assignments in on time, and her parents heard good things at open houses and parent/teacher conferences, she was living in abject fear.

Katie thought that she might be losing her mind. And she was changing – only it took a while for people to notice. She still participated in extra-curricular activities, seemed to enjoy spending time with her friends and worked as a babysitter at the day care center. The warning signs were well hidden.

Someone like Katie, who always set high standards for herself, doesn't draw attention if they "slip" a little. But Katie stopped washing her hair, lost interest in her appearance and began to hand in muddled school assignments late – or not at all. Few people that Katie interacted with could see all the pieces or recognize that these slight changes in her behavior formed a disturbing pattern. It took awhile for all of these changes to attract attention.

Katie was lucky. One of her teachers did notice and asked to speak alone with her at the end of class one day. At first, she was uncomfortable talking, but eventually she opened up. Katie described the disturbing thoughts she had, often in class, and how difficult it was to shake them. One time, she imagined seeing something awful happen to her classmates and sometimes she thought

she saw a boy watching her through the hall door window...but there was never a boy there. Every once in a while, especially in the cafeteria, she thought she heard someone calling her name or seemed to overhear other students talking about her. But when she asked her close friends, they denied it.

Her concentration was off so she really didn't hear what was being said in class. And sometimes when the teacher wrote on the board, Katie fought the urge to scream and run out of the room. In biology class, she often asked to leave the room because the noise of the fish tank filter was so disturbing to her. The overhead lights in class often seemed too bright so she began to keep her head down.

The teacher who approached Katie quickly realized that she was not only serious, but very upset and very anxious. She discovered that Katie's friends thought she was having a rough time, but were not sure why. To them, Katie had a nice home, a nice boyfriend, and a part-time job she enjoyed.

While the teacher could not say for certain what was affecting Katie, she knew that some of what she was experiencing went beyond depression – in particular her experiences of the bright lights, loud noises, and the assault of jumbled thoughts.

Katie and the teacher talked with the school social worker who was able to get help for her situation. Both the teacher and the social worker had been taught to notice and recognize the early indicators of a severe mental illness in adolescents and young adults, so Katie was referred to Maine's Portland Identification and Early Referral (PIER) Program.

PIER is a treatment research program providing confidential assessment and services for young people who are at risk of severe mental illness. In addition, from its base at the Maine Medical Center, PIER operates as administrator for the Robert Wood Johnson funded Early Detection and Intervention for the Prevention of Psychosis Program (EDIPPP). As EDIPPP's National Program Office, PIER monitors the development and progress, as well as provides support and resources to participating research sites around the country that are building the evidence for early detection programming.

What is unique about PIER is not the treatment methods, which are all standard, empirically validated approaches. The critical feature, and the one that led directly to Katie's recovery, is actually the outreach work of the PIER team to general medical practitioners, mental health professionals, school professionals, and the population at large in order to educate and inform them about the early signs of psychosis. This alliance is transforming the way we address severe mental illness — for good.

In Katie's case, as with many others in the Portland area since PIER was established, the program initially provided a confidential assessment and, with her permission, developed an intervention plan that included her family. The multi-disciplinary PIER team was able to help Katie stay in school. They delivered ongoing family guidance and support, provided comprehensive and supportive education about symptoms and behaviors, and utilized an effective combination of psychosocial treatments with appropriate medication and monitoring of symptoms.

Today, Katie's symptoms are markedly reduced and she has developed effective coping skills for those occasional symptoms that do occur. Her grades are back up and she is once again exhibiting the passion for life that was the hallmark of her real personality. Because of PIER, the school staff, and her health providers, Katie has the opportunity to live a healthy, rewarding, and productive life.