

# Case Conceptualization Series

Culturally Informed therapy for Schizophrenia  
(CIT-S): A Family Focused Intervention

Amy Weisman de Mamani, Ph.D.

University of Miami



✓ TREATMENTS THAT WORK

# Culturally Informed Therapy for Schizophrenia

A Family-Focused Cognitive Behavioral Approach

CLINICIAN GUIDE

AMY WEISMAN DE MAMANI  
MERRANDA MCLAUGHLIN  
OLIVIA ALTAMIRANO  
DAISY LOPEZ  
SALMAN SHAHEEN AHMAD

OXFORD

# Objectives

## Day 1

### *Goals:*

- Review the literature that supports CIT-S and understand the key components of the treatment.
- Review empirical studies that demonstrate efficacy of the intervention
- Hypothetical case example of the collectivism module

## Day 2

### Goals:

- Brief review of key components of CIT-S
- Hypothetical case example of the psychoeducation and spirituality modules

## Day 3

### *Goals:*

- Brief review of key components of CIT-S
- Hypothetical case example of the communication training and problem solving modules

# Schizophrenia

- Is one of the most severe forms of mental illness, characterized by impairments in many domains including thinking, mood, and functioning
- Affects approximately 1% of the population worldwide

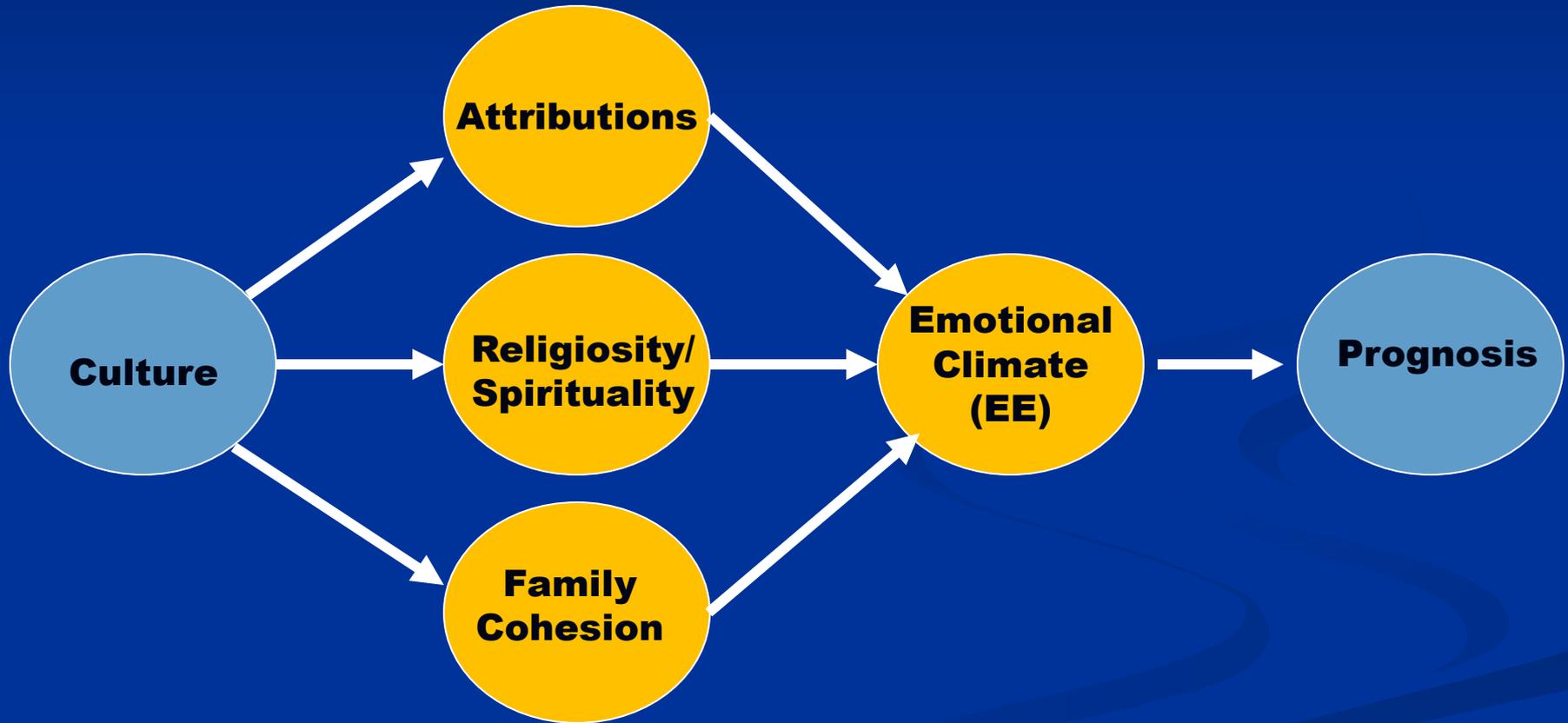
# However

- African Americans have a higher prevalence and worse prognosis
- Yet many other minoritized ethnic and racial groups, especially from more traditional, often developing cultures, have a better prognosis

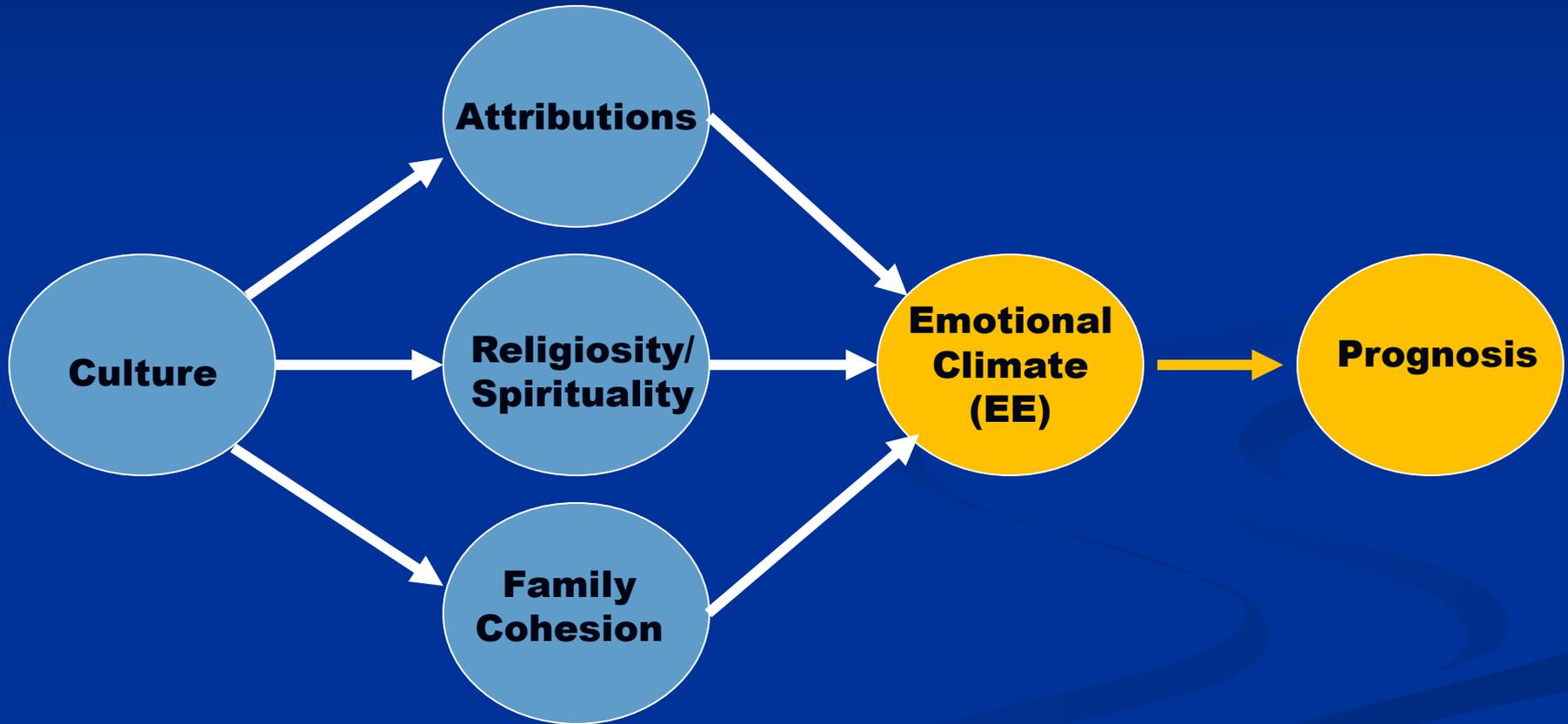
# World Health Organization Studies (WHO)

- The WHO (1973; 1979; 1994). Conducted a series of studies
  - standardized assessment procedures
  - numerous sites around the world
- Results consistently showed that people with schizophrenia and other psychotic spectrum disorders who resided in the industrialized West had less favorable outcomes than their counterparts who resided in developing countries

# Critical Constructs



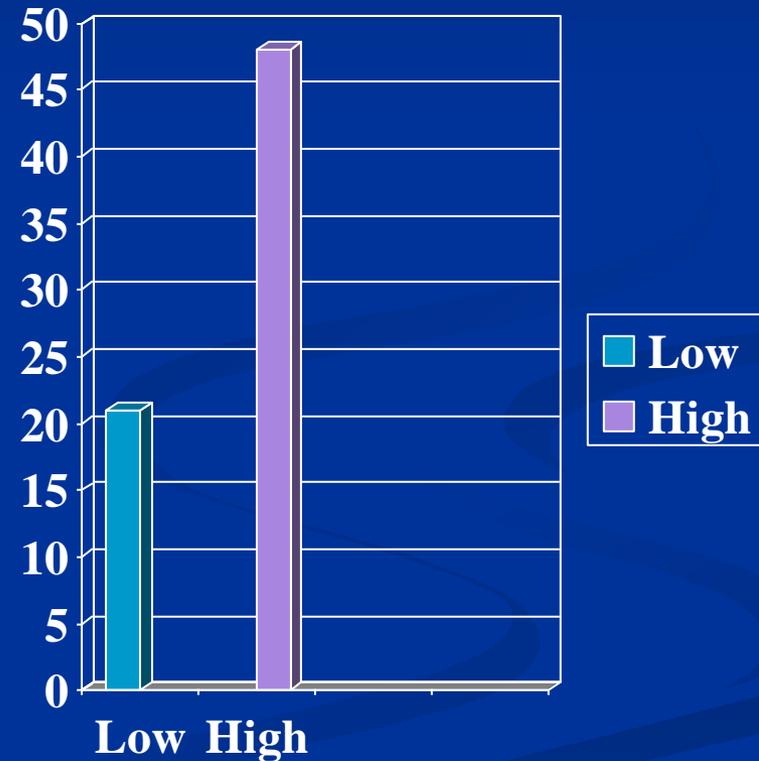
# Critical Constructs



# Expressed Emotion (EE)

- Is a measure of the amount of criticism, hostility, and emotional overinvolvement in a household.
- Is generally assessed using the Camberwell Family Interview or the Five-Minute Speech Sample.

% relapse



# Prior Studies

- Anglos were 3 to five times more likely to be rated as high EE (depending on the instrument used to measure EE) when compared to Latinos.



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Psychiatry Research 151 (2007) 107–113

PSYCHIATRY  
RESEARCH

[www.elsevier.com/locate/psychres](http://www.elsevier.com/locate/psychres)

## Expressed emotion and interdependence in White and Latino/Hispanic family members of patients with schizophrenia

Amy G. Weisman de Mamani <sup>a,\*</sup>, Jennifer A. Kymalainen <sup>b</sup>,  
Grace A. Rosales <sup>b</sup>, Jorge C. Armesto <sup>b</sup>

<sup>a</sup> University of Miami, Department of Psychology, P.O. Box 248185, Coral Gables, FL 33146-2070, USA

<sup>b</sup> University of Massachusetts Boston, Boston MA, USA

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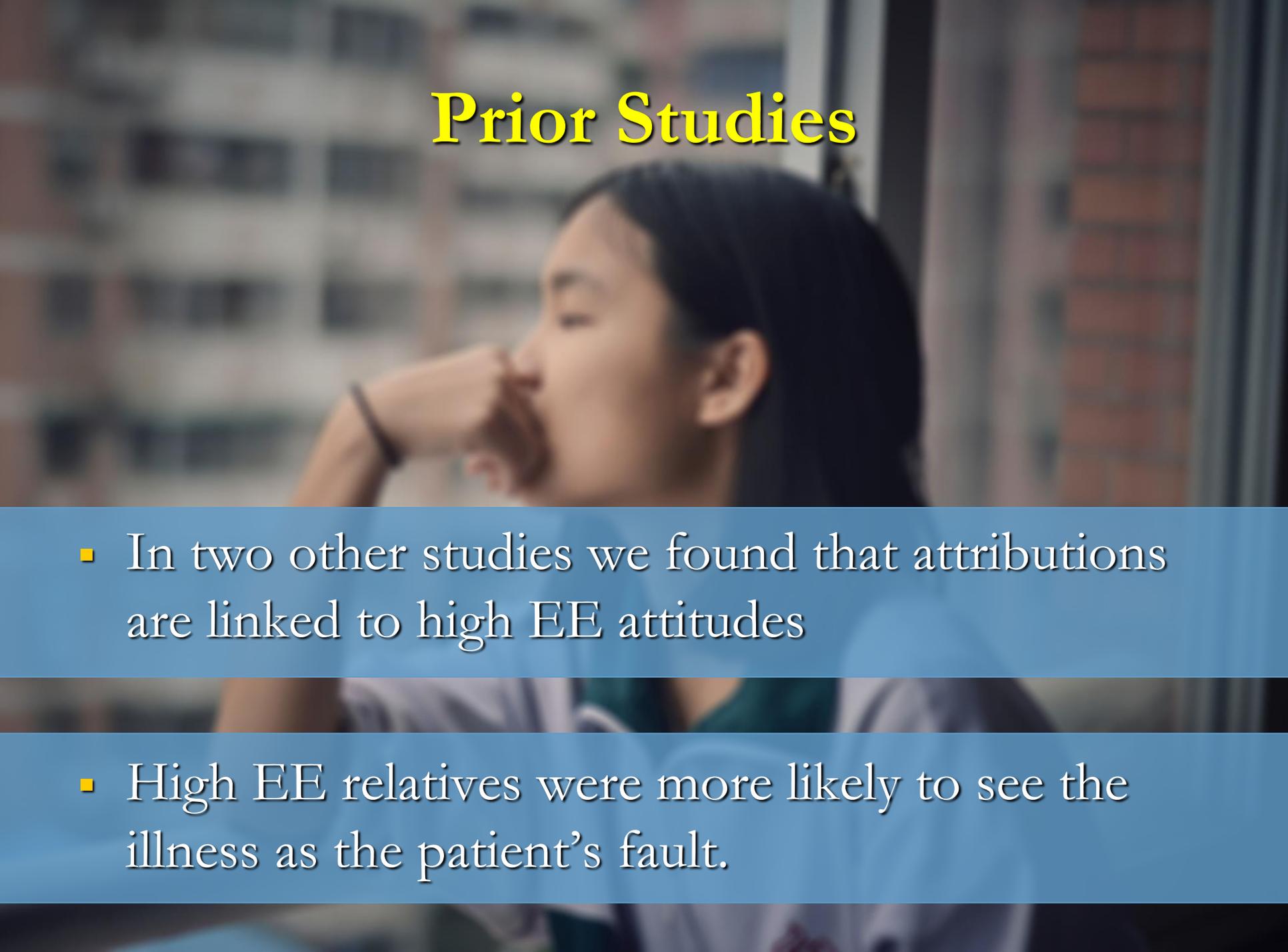
### Abstract

This study examined associations among ethnicity, expressed emotion (EE) and interdependence in a sample of 41 Latino/Hispanic and White family members of patients with schizophrenia. EE was assessed using both the Camberwell Family Interview (CFI) and the Five Minute Speech Sample (FMSS). These measures were found to be highly concordant for rating EE. However, the CFI appears to identify high EE more often than does the FMSS. Whites were designated as high EE significantly more often than were Latinos/Hispanics, regardless of assessment method. Using the interdependence subscale of the Self-Concept Scale, we found a strong trend for Latino/Hispanics to report a more interdependent self-construal than did Whites. However, contrary to expectations, interdependence was not found to mediate the relationship between ethnicity and EE. EE and interdependence may both play a role in the better course of illness observed for patients from traditional cultures. However, these two constructs may relate to patient functioning through different mechanisms.

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**Keywords:** Schizophrenia; Family; Expressed emotion; Interdependence; Ethnicity

# Prior Studies

A young woman with dark hair, wearing a light purple shirt, is shown in profile from the chest up. She is resting her chin on her right hand, looking thoughtfully out of a window. The background is a blurred view of a city street with buildings.

- In two other studies we found that attributions are linked to high EE attitudes
- High EE relatives were more likely to see the illness as the patient's fault.

# Prior Studies

- This was true for Anglos

Journal of Abnormal Psychology  
1998, Vol. 107, No. 2, 355–359

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0021-843X/98/\$3.00

## Expressed Emotion, Attributions, and Schizophrenia Symptom Dimensions

Amy G. Weisman  
University of Massachusetts at Boston

Keith H. Nuechterlein, Michael J. Goldstein,  
and Karen S. Snyder  
University of California, Los Angeles

Using a sample of 40 Anglo American family members of schizophrenic patients, the present study replicates and lends cross-cultural support for an attribution–affect model of expressed emotion (EE). Consistent with attribution theory, the authors found that highly critical relatives (high-EE) viewed the illness and associated symptoms as residing more within the patient's personal control as compared with less critical relatives (low-EE). A content analysis classified the types of behaviors and symptoms most frequently criticized by relatives. Symptoms reflecting behavioral deficits (e.g., poor hygiene) were found to be criticized more often than symptoms reflecting behavioral excesses (e.g., hallucinations). In line with an attribution–affect framework, relatives may be less tolerant of behavioral deficits because they are viewed as intentional, whereas behavioral excesses are easily recognized as core symptoms of mental illness.

# Prior Studies

- ..... and Hispanics alike

Journal of Abnormal Psychology  
1993, Vol. 102, No. 4, 601-606

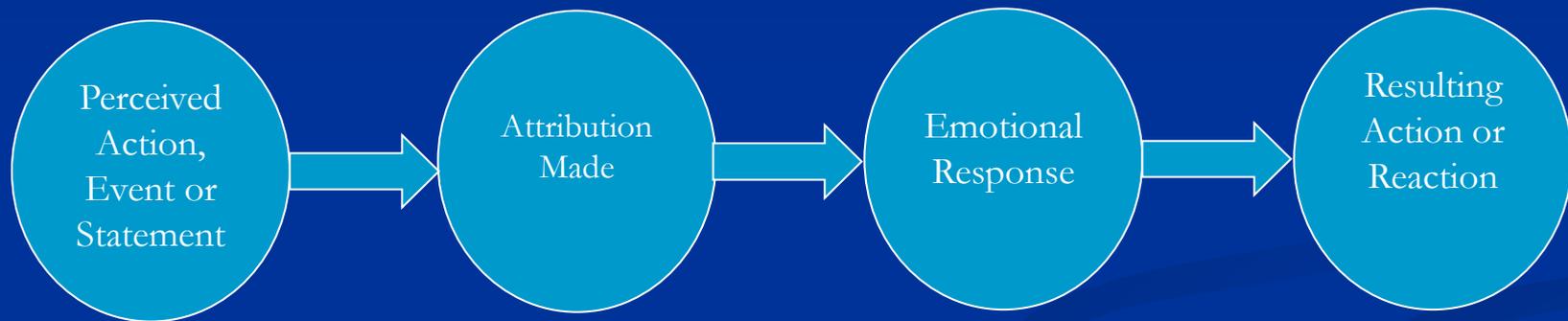
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0021-843X/93/\$3.00

## An Attributional Analysis of Expressed Emotion in Mexican-American Families With Schizophrenia

Amy Weisman, Steven Regeser López, Marvin Karno, and Janis Jenkins

In this study we tested an attributional model of expressed emotion (EE) among Mexican-American families. A sample of 46 key family members of schizophrenic patients were measured on three dimensions: affect toward patient, controllability attributions, and level of EE. Consistent with an attributional model, we found that high EE families (defined on the basis of critical comments) viewed the illness and associated symptoms as residing within the patient's personal control, more so than did low EE families. We also found that attributions held by family members are related to their affective reactions. Specifically, family members who perceived the patient as having control over the symptoms of schizophrenia tended to express greater negative emotions such as anger and annoyance toward the patient than did family members who viewed the symptoms as beyond the patient's personal control. An examination of the types of affects found and their relationship to EE status is discussed, along with implications for this research.

# Weiner's Attribution-Affect Theory



# Prior Studies

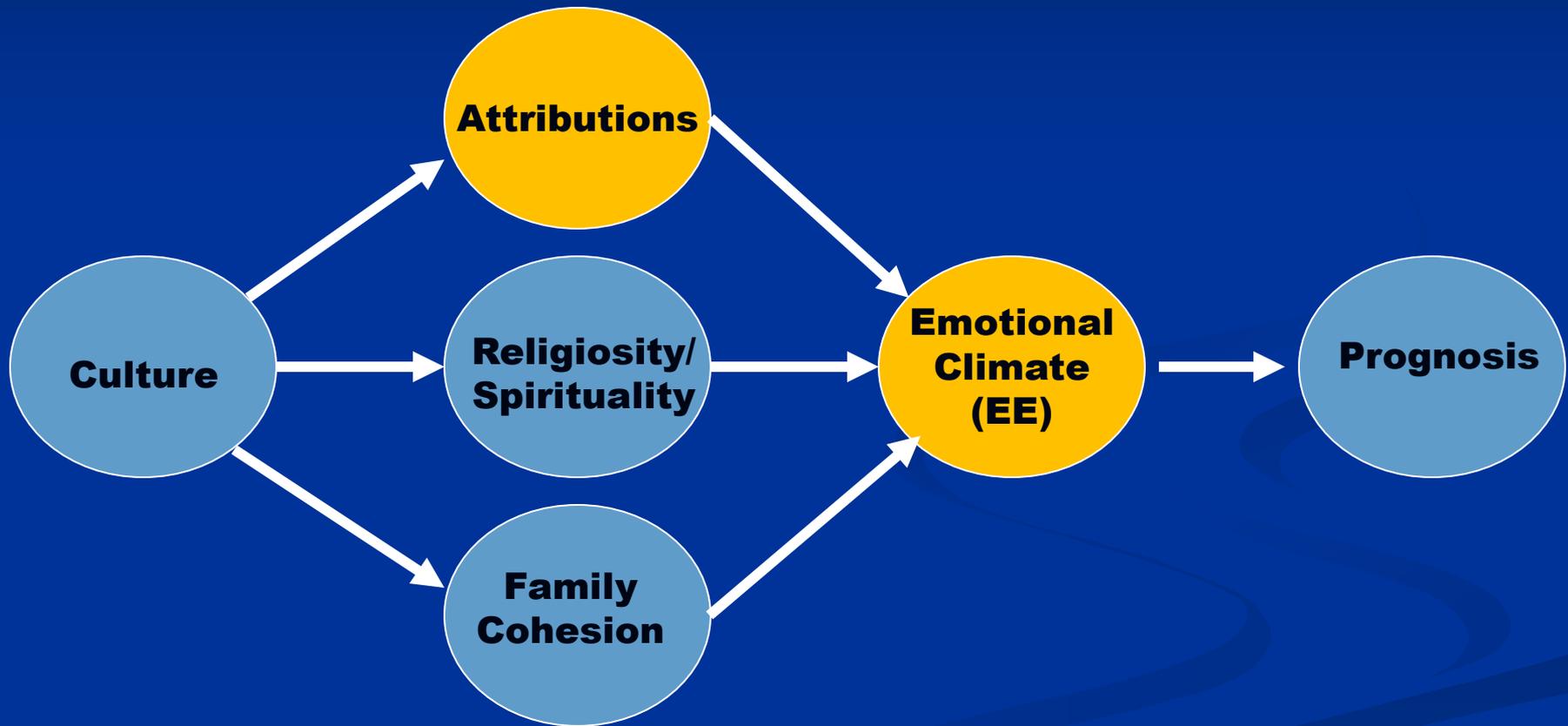
Anglo Americans made more controllable attributions towards the schizophrenia symptoms and expressed more intense unfavorable and less intense favorable emotions, and less willingness to help their hypothetical sibling with SMI, than did their Mexican counterparts.

## **An Attributional Analysis of Emotional Reactions to Schizophrenia in Mexican and Anglo American Cultures<sup>1</sup>**

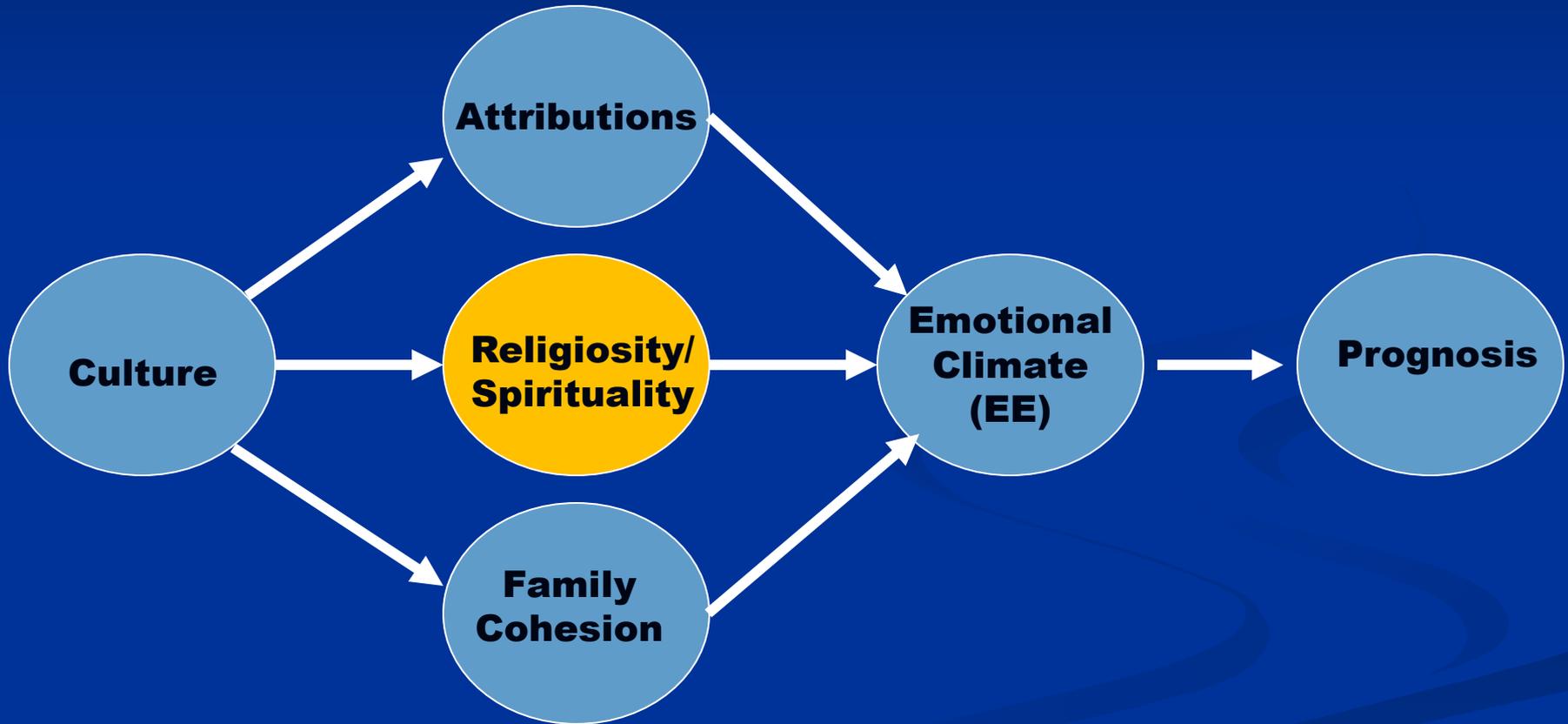
AMY G. WEISMAN<sup>2</sup> AND STEVEN R. LÓPEZ  
*University of California, Los Angeles*

The present study uses attribution theory to identify factors that may lead to unfavorable emotional reactions toward patients with schizophrenia and to highlight factors that may contribute to the observed inverse relationship between industrial status of a country and schizophrenia outcome. University students from Mexico and the U.S., 2 countries differing in industrial status, served as participants. Eighty-eight Mexicans from Guadalajara and 88 Anglo Americans from Los Angeles, California read vignettes of a patient described to meet DSM-IV criteria for schizophrenia. In one vignette, the patient's disorder was characterized by predominantly positive symptoms (e.g., hallucinations, delusions), whereas in the other vignette negative symptoms (e.g., social withdrawal, apathy) predominated. In support of an attributional approach, negative symptoms were associated with greater perceived control than were positive symptoms. Correspondingly, negative symptoms were found to provoke more intense negative affect and less intense positive affect than were positive symptoms. Some national and gender differences were also found.

# Critical Constructs



# Critical Constructs



# Prior Studies

- One relative said:

*“I only ask God to give us patience to bear all this. To survive what comes up, right. What can we do? It’s out of our hands. So, we have to be cool and calm to get through it.”*

## ORIGINAL ARTICLES

### Shifting Blame Away From Ill Relatives *Latino Families’ Reactions to Schizophrenia*

Amy G. Weisman, PhD,\* Luisa G. Gomes, BA,† and Steven R. López, PhD‡

**Abstract:** The present study examined attributions, emotions, and help-giving of 24 relatively unacculturated Latino-Americans toward a family member with schizophrenia. Ninety-one percent of participants had been rated as low in expressed emotion (low-EE) in an earlier study using a sample that overlaps with the present study. Low-EE refers to relatives who express few critical attitudes when talking about a mentally ill family member. Study findings indicate a link between relatives’ emotions and their reported help-giving behavior. In support of attribution-affect theory, relatives who reported feeling more compassion toward an ill family member also reported exerting more effort to help their relative cope with the illness. A qualitative analysis of relatives’ views, values, and behaviors was also conducted with the aim of better understanding low-EE relatives’ perceptions, which may serve to buffer schizophrenia relapse. We observed the following three main categories of attributions: (1) most participants accepted the patient as having a legitimate illness, (2) the majority of participants viewed interpersonal problems or other external environmental stressors as causing or exacerbating the disorder, and (3) many participants implicated God in their causal attributions and also reported turning to religion as a source of hope and comfort in coming to terms with the patient’s illness. Together, the quantitative and qualitative data suggest that efforts to augment positive or favorable emotions in key family members may be most important in establishing a low-EE family environment.

(*J Nerv Ment Dis* 2003;191: 574–581)

a poor course of illness (reviewed in Butzlaff and Hooley, 1998; Kavanagh, 1992). After being discharged from a hospital, patients with schizophrenia who return to family environments reflecting hostile, critical, or emotionally overinvolved attitudes (high-EE) have been found to have a poorer course of illness than those patients who return to low-EE homes in which relatives do not hold as many of these negative attitudes (e.g., Brown et al., 1972; Vaughn and Leff, 1976). In fact, patients who return home to live with relatives designated as high-EE are approximately twice as likely to relapse than are those patients who return to low-EE homes (Bebbington and Kuipers, 1994; Kavanagh, 1992). Expressed emotion among relatives has been found to be a strong predictor of relapse in patients with schizophrenia in the United States across different ethnic groups (e.g., Karno et al., 1987; Vaughn et al., 1982) and in many other countries (e.g., Brown et al., 1972; Ivanovic et al., 1994).

Several studies in the past decade offer support for an attribution-affect model developed by Weiner (1980), which suggests that people’s attributions toward the actions of another person are related to the emotional responses that they have toward that person. Hooley (1985) was the first to suggest that an attributional model may apply to relatives’ reactions to schizophrenia. In the past decade, a number of studies have tested an attributional model of EE and have

# Prior Studies



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Cognitive and Behavioral Practice 17 (2010) 348–357

Cognitive and  
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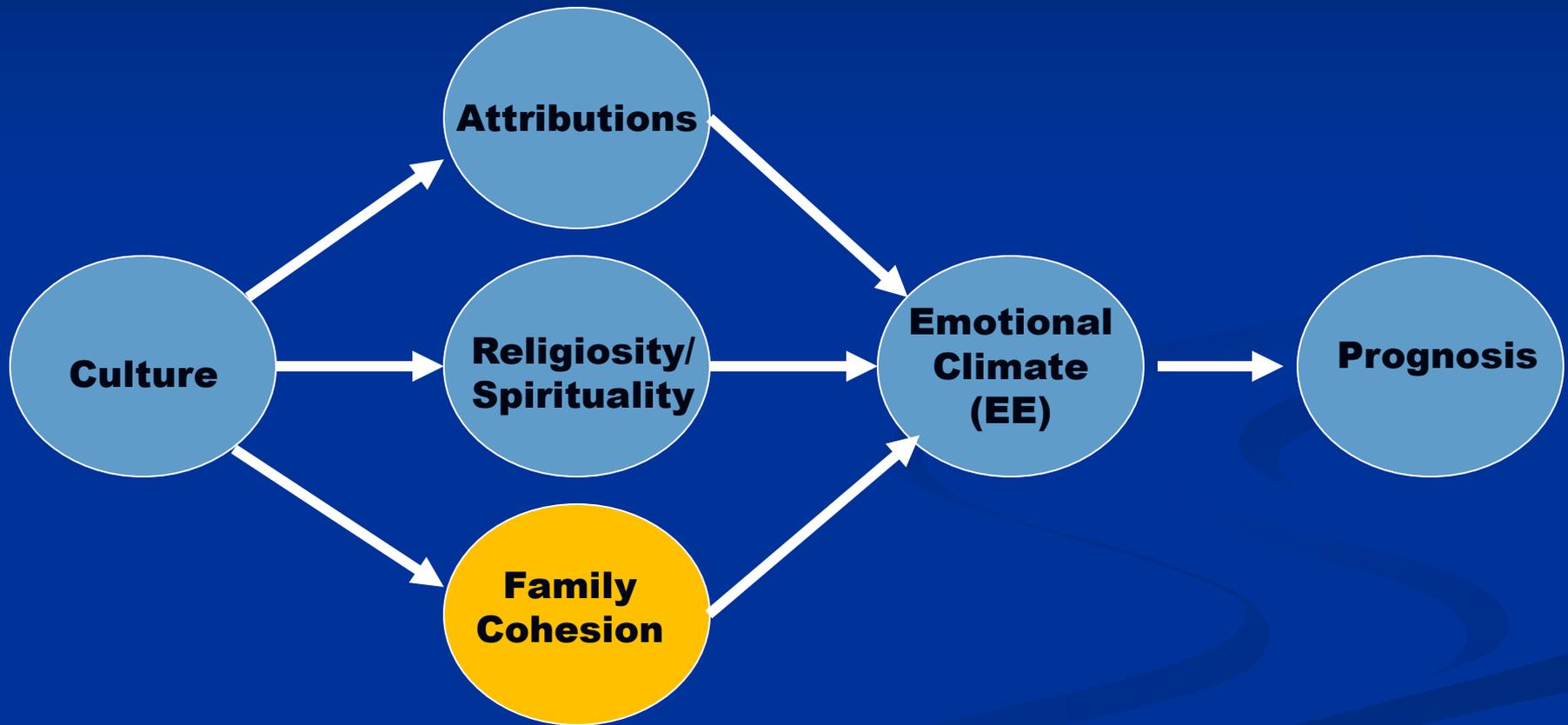
[www.elsevier.com/locate/cabp](http://www.elsevier.com/locate/cabp)

## **Incorporating Religion/Spirituality Into Treatment for Serious Mental Illness**

Amy G. Weisman de Mamani, Naomi Tuchman, Eugenio A. Duarte  
*University of Miami*

*This paper examines whether religion and spirituality (R/S) should be incorporated into treatment for patients with serious mental illness. This question merits attention, especially in light of the strong presence of R/S in the United States and, in particular, among members of ethnic minorities. While the literature is somewhat mixed, prior research supports the view that incorporating adaptive R/S elements into treatment for patients with serious mental illness is beneficial, particularly for patients who do not exhibit severe psychotic symptoms. Drawing from our experiences in developing a family-focused Culturally-Informed Therapy for Schizophrenia (CIT-S), we will also highlight the importance of addressing spiritual issues within minority populations. In the second half of this paper, we will present several case illustrations of how R/S issues were used in CIT-S to help patients make sense of adverse situations and obtain much-needed support and coping resources outside the treatment room. Findings from this study indicate that religion and spirituality can often be incorporated into treatment in a way that coalesces with patients' values and enhances treatment gains. Future research should investigate how therapists' own R/S values interact with those of their clients, and whether congruency in R/S values has any impact on treatment efficacy.*

# Critical Constructs



# Prior Studies

- Perceiving one's family as cohesive and supportive is associated with better general emotional well-being (less stress, less anxiety, and less depression) for patients and caregivers, and for patients, is also associated with fewer specific psychiatric symptoms

## Ethnicity, Family Cohesion, Religiosity and General Emotional Distress in Patients With Schizophrenia and Their Relatives

*Amy Weisman, PhD,\* Grace Rosales, MA,† Jennifer Kymalainen, MA,† and Jorge Armesto, MA†*

**Abstract:** This study included a sample of 57 Anglo-American, Latino American, and African American patients with schizophrenia and their family members. Findings indicate that for patients, as hypothesized, increasing perceptions of family cohesion was associated with less general emotional distress and fewer psychiatric symptoms. For family members of Latino and African American descent, greater self-reported family cohesion also appeared to have a protective effect against emotional distress, as hypothesized. However, no association was found between family cohesion and general emotional distress for Anglo-American family members. Interestingly, no relationship was found between patients' and their relatives' views of their family environment. Thus, researchers and clinicians working with families are encouraged to attain separate assessments of the family environment from each individual member. Contrary to expectations, religiosity was not associated with patient or family member emotional distress or with patient psychiatric symptoms. Study implications are discussed.

**Key Words:** Schizophrenia, culture, family cohesion, religiosity, general emotional distress.

*(J Nerv Ment Dis 2005;193: 359–368)*

patients' specific symptoms (e.g., hallucinations, delusions, blunted affect) and their more objective social (e.g., marriage) and occupational functioning. While these areas of study are important, few studies have examined important correlates of patients' more general emotional well-being, such as their subjective feelings of depression, anxiety, and stress.

Schizophrenia also appears to take its toll on patients' loved ones (Bogren; 1997; Molewyk Doornbos, 1986). Many studies have examined how family members' behaviors (e.g., caregiver burden, expressed emotion) relate to patient symptoms and relapse rates. However, with a few exceptions (e.g., Bogren, 1997; Winefield, 2000), most studies do not examine factors that might alleviate relatives' own emotional distress. This topic is important because growing evidence indicates that a considerable reduction in the quality of life of patient caregivers can arise from the continuous responsibility for the health and psychological care of a disabled family member (Winefield, 2000). It is important to view patients with schizophrenia and their relatives as any other family, characterized by healthy functioning, a variety of strengths, and

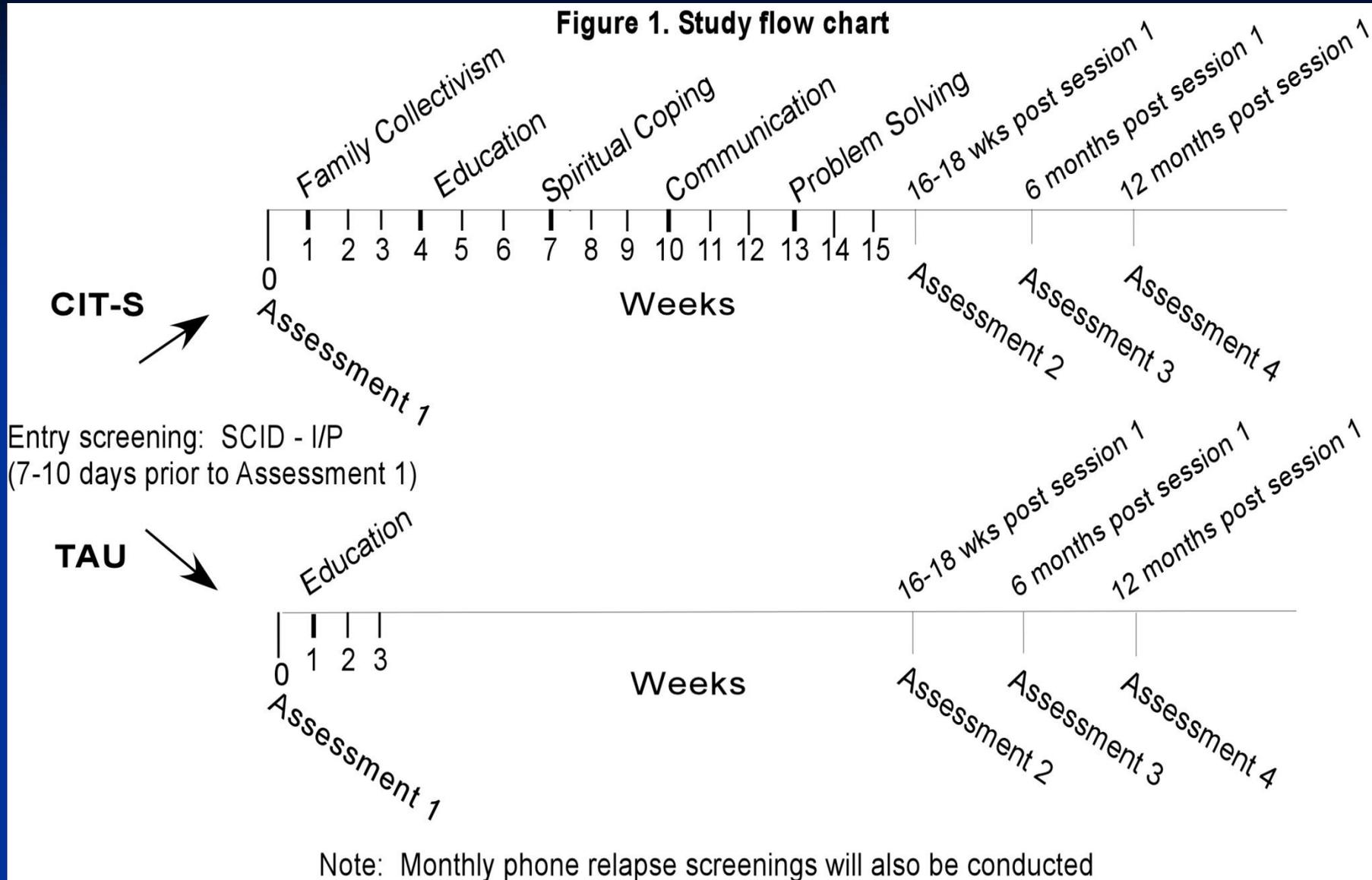
# Culturally Informed Therapy for Schizophrenia (CIT-S)

- 1) Family Collectivism
- 2) Education
- 3) Spiritual Coping
- 4) Communication Training
- 5) Problem-Solving Skills Training

# Summary

- CIT-S contains:
  - five segments
  - 15 weekly sessions
- **Primary hypothesis:** Families who receive this treatment will fare better in terms of both psychiatric symptoms and general emotional well-being

**Figure 1. Study flow chart**



Note: Monthly phone relapse screenings will also be conducted

# Measurements

- SCID
- BPRS
- Five Minute Speech Sample (FMSS)
- Suinn-Lew
- Revised Causal Dimension Scale
- Family Environment Scale (FES)
- Singelis
- Intrinsic/Extrinsic-Revised Scale
- Religious Coping Activities Scale
- BDI
- BAI
- DASS
- Modified Burden Assessment Scale
- Quality of Life Inventory
- Modified Schizophrenia Knowledge Questionnaire
- COPE
- Self-Conscious Emotions for Schizophrenia Questionnaire
- MARS
- Religious Delusions Assessment
- Abbreviated Multidimensional Acculturation Scale
- Concurrent Psychotherapy
- Drug Use Questionnaire (DAST-20)
- Michigan Alcohol Screening Test (MAST)
- Beck Cognitive Insight Scale

# Fidelity Study

Revista Interamericana de Psicología/Interamerican Journal of Psychology - 2009, Vol. 44, Num. 2, pp. 342-351

ARTICULOS | 342

## *Client Characteristics and Therapist Competence and Adherence to Family Therapy for Schizophrenia*

Radha G. Carlson  
Amy G. Weisman de Mamani<sup>1</sup>  
*University of Miami, USA*

### **Abstract**

This study aims to clarify how therapist competence/adherence relates to client characteristics, consumer satisfaction, and dropout rates for family interventions for schizophrenia. As hypothesized, less severe psychiatric symptoms and lower ratings of family difficulty were related to greater therapist competence/adherence in several non-specific and treatment specific domains of treatment. Aspects of greater competence/adherence were also related to lower dropout rates and higher consumer satisfaction. Contrary to expectations, general emotional distress and family cohesion were not related to competence/adherence. This study suggests that clinicians and researchers may want to take client characteristics into account when evaluating therapist performance and choosing clients who are most suitable for therapy.

*Keywords:* Schizophrenia; Competence/adherence; Family therapy.

### **Relaciones entre las Características de Clientes y la Competencia y Adherencia de Terapistas a una Terapia Familiar para la Esquizofrenia**

### **Compendio**

Este estudio examina la manera en que la competencia/adherencia del terapeuta se relaciona con características del cliente, la satisfacción del cliente y la terminación prematura en intervenciones familiares para el tratamiento de la esquizofrenia. Como fue predicho, síntomas psiquiátricos menos severos e índices más bajos de tensión familiar fueron relacionados con niveles más altos de competencia/adherencia en los terapeutas, en varias áreas específicas y no específicas de tratamiento. Índices de más competencia/adherencia también fueron relacionados con índices más bajos de terminación prematura e índices más altos de satisfacción del cliente. Contrario a predicciones, la aflicción emocional general y la cohesión de familia no tuvieron relaciones con la competencia/adherencia. Este estudio sugiere que terapeutas e investigadores deberían tomar en cuenta las características de sus clientes en el proceso de evaluar el rendimiento del terapeuta y escoger clientes más apropiados para terapia.

*Palabras clave:* Esquizofrenia; Competencia/adherencia; Intervenciones familiares.

# Therapist Competence/Adherence

## Following Therapy Modules

Family Collectivism	4.90
Education	6.12
Spirituality	6.00
Communication	6.07
Problem Solving	6.57
<b><u>Total</u></b>	<b>5.56</b>

## Proscribed Behaviors

Disrespect	7.00
Blame	6.97
Challenging Delusions	6.87
Other Techniques	7.00
Inaccurate Information	7.00
<b><u>Total</u></b>	<b>6.97</b>

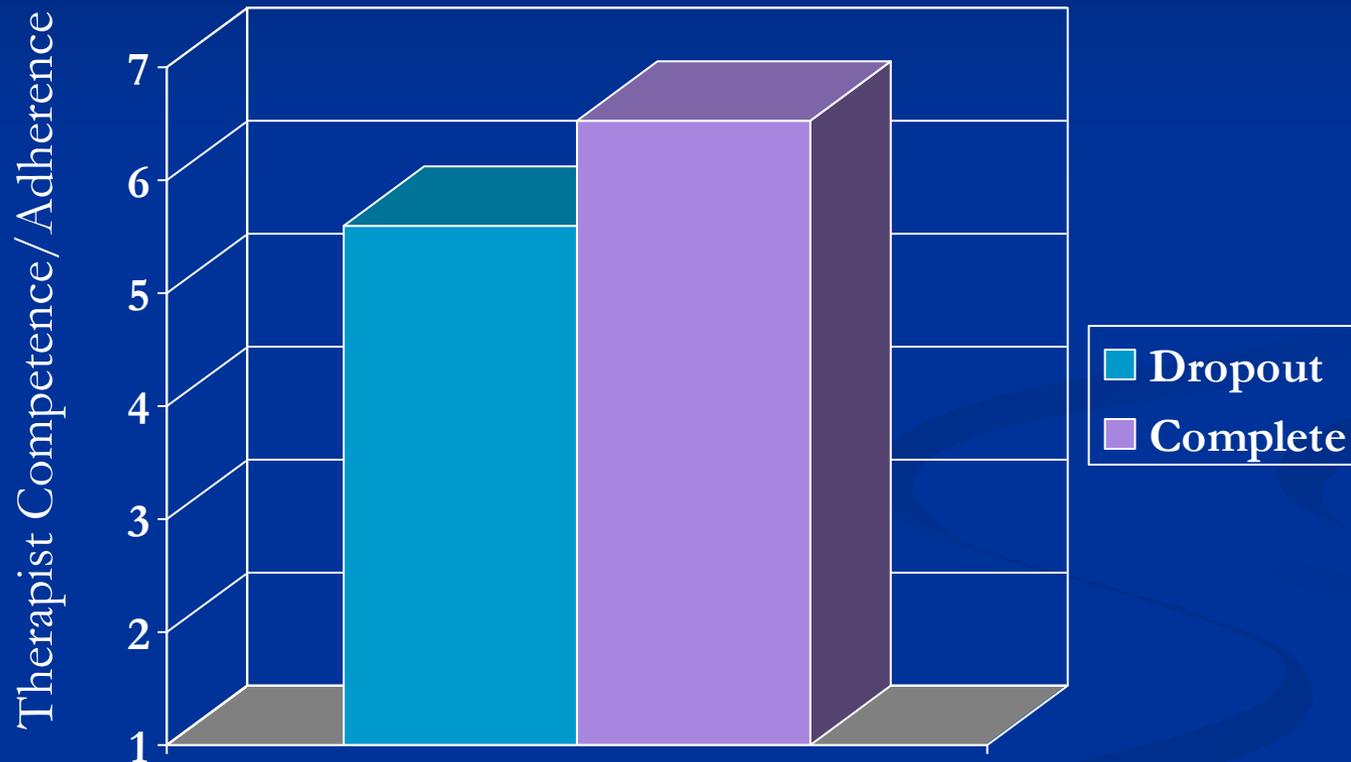
## General Skills

Rapport	5.98
Pacing	5.47
Problem specification	6.23
Homework	3.41
Trouble shooting	6.40
Session command	5.58
Cultural sensitivity	7.00
<b><u>Total</u></b>	<b>5.73</b>

## **Adherence/Competence Total**

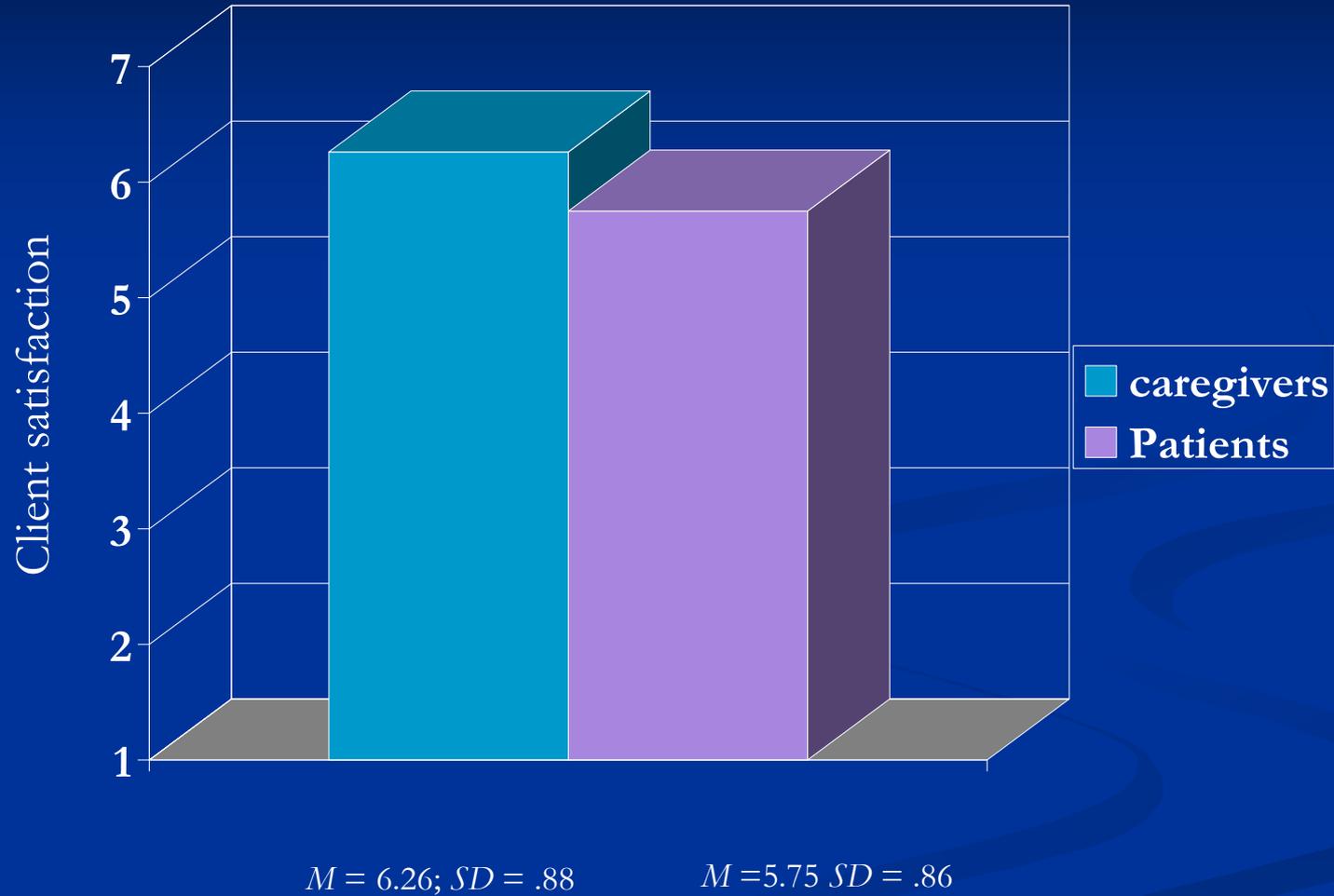
**6.17**

# Therapist Competence/Adherence and Dropout Rates

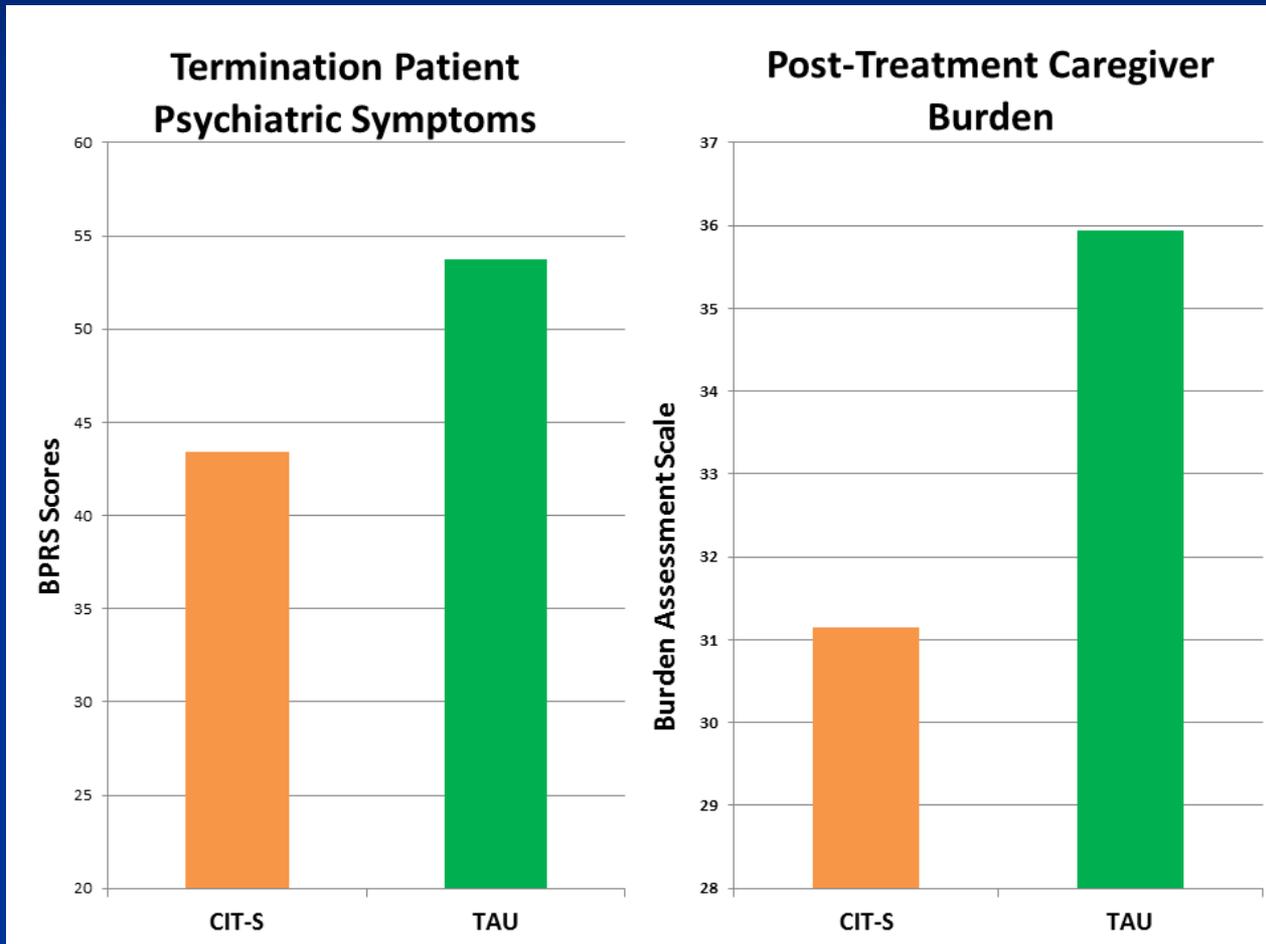


$p < .01$

# Client Satisfaction



# CIT-S versus TAU



# Outcome Studies

Journal of Family Psychology  
2014, Vol. 28, No. 6, 800–810

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0893-3200/14/\$12.00 <http://dx.doi.org/10.1037/fam0000021>

## A Randomized Clinical Trial to Test the Efficacy of a Family-Focused, Culturally Informed Therapy for Schizophrenia

Amy Weisman de Mamani, Marc J. Weintraub, Kayla Gurak, and Jessica Maura  
University of Miami

Research strongly suggests that family interventions can benefit patients with schizophrenia, yet current interventions often fail to consider the cultural context and spiritual practices that may make them more effective and relevant to ethnic minority populations. We have developed a family focused, culturally informed treatment for schizophrenia (CIT-S) patients and their caregivers to address this gap. Sixty-nine families were randomized to either 15 sessions of CIT-S or to a 3-session psychoeducation (PSY-ED) control condition. Forty-six families (66.7%) completed the study. The primary aim was to test whether CIT-S would outperform PSY-ED in reducing posttreatment symptom severity (controlling for baseline symptoms) on the Brief Psychiatric Rating Scale. Secondary analyses were conducted to test whether treatment efficacy would be moderated by ethnicity and whether patient–therapist ethnic match would relate to efficacy and patient satisfaction with treatment. Patients included 40 Hispanic/Latinos, 14 Whites, 11 Blacks, and 4 patients who identified as “other.” In line with expectations, results from an ANCOVA indicated that patients assigned to the CIT-S condition had significantly less severe psychiatric symptoms at treatment termination than did patients assigned to the PSY-ED condition. Patient ethnicity and patient–therapist ethnic match (vs. mismatch) did not relate to treatment efficacy or satisfaction with the intervention. Results suggest that schizophrenia may respond to culturally informed psychosocial interventions. The treatment appears to work equally well for Whites and minorities alike. Follow-up research with a matched length control condition is needed. Further investigation is also needed to pinpoint specific mechanisms of change.

Psychotherapy  
2016, Vol. 53, No. 1, 57–67

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0033-3200/16/\$12.00 <http://dx.doi.org/10.1037/psr0000038>

## The Effect of a Culturally Informed Therapy on Self-Conscious Emotions and Burden in Caregivers of Patients With Schizophrenia: A Randomized Clinical Trial

Amy Weisman de Mamani and Giulia Suro  
University of Miami

**Objective:** Caring for a family member with schizophrenia often results in high degrees of self-conscious emotions (shame and guilt/self-blame), burden, and other serious mental health consequences. Research suggests that ethnic and cultural factors strongly influence the manner in which family members respond to mental illness. Research further indicates that certain cultural practices and values (spirituality, collectivism) may assist family members in coping with the self-conscious emotions and burden associated with caregiving. With this in mind, the authors have developed a family-focused, culturally informed treatment for schizophrenia (CIT-S). **Method:** Using a sample of 113 caregivers of patients with schizophrenia (60% Hispanic, 28.2% Caucasian, 8% African American, and 3.8% other), the authors assessed the ability of CIT-S to reduce self-conscious emotions and caregiver burden above and beyond a 3-session psychoeducation (PSY-ED) control condition. They further examined whether self-conscious emotions mediated the relationship between treatment type and caregiver burden. **Results:** In line with expectations, CIT-S was found to outperform PSY-ED in reducing guilt/self-blame and caregiver burden. Furthermore, consistent with hypotheses, reductions in guilt/self-blame were found to mediate the changes observed between treatment type and caregiver burden. Although caregivers in both treatment groups demonstrated significant posttreatment reductions in shame, CIT-S was not found to outperform PSY-ED in reducing levels of this construct. **Conclusions:** Results suggest that caregivers of patients with schizophrenia may respond well to a treatment that specifically taps in to their cultural beliefs, values, and behaviors in helping them cope with schizophrenia in a loved one. Study implications and future directions are discussed.

# Recent Study

- CIT-S also outperforms TAU in reducing depression, anxiety and stress in caregivers
- Fostering greater family cohesion in CIT-S appears to be one of the mechanisms that drove the enhanced efficacy of CIT-S relative to TAU.

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2018, Vol. 86, No. 1, 1–14

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0022-006X/18/\$12.00 http://dx.doi.org/10.1037/ccp0000257

## The Mediating Effect of Family Cohesion in Reducing Patient Symptoms and Family Distress in a Culturally Informed Family Therapy for Schizophrenia: A Parallel-Process Latent-Growth Model

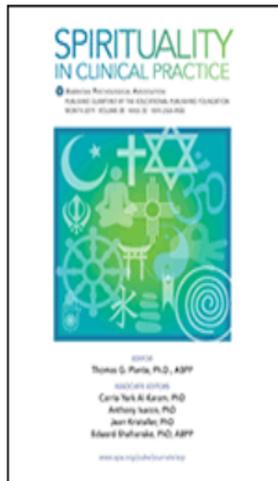
Caitlin A. Brown and Amy Weisman de Mamani  
University of Miami

**Objective:** Although both patients with schizophrenia and their caregivers report elevated levels of depression, anxiety, and stress (DASS), affective symptoms in patients and family members seldom constitute a primary treatment focus. The present study tested whether a culturally informed family therapy for schizophrenia (CIT-S) outperformed standard family psychoeducation (PSY-ED) not only in decreasing patient schizophrenia symptoms, but also in decreasing individual DASS. Because CIT-S fostered family cohesion throughout treatment, we predicted that increases in family cohesion would mediate treatment effects. **Method:** Participants included 266 patients and family members nested within 115 families, randomized to the CIT-S or PSY-ED conditions. We specified a series of multilevel latent growth and latent change models to examine direct effects of CIT-S on patient schizophrenia symptoms, individual DASS, and family cohesion over time. Next, we used parallel-process growth models to test the indirect effect of CIT-S on decreasing patient and caregiver psychopathology over time via changes in family cohesion. **Results:** The CIT-S treatment significantly reduced patient schizophrenia symptoms from baseline to follow-up ( $\gamma = -1.72$ , 95% confidence interval [CI] [-2.83, -0.60]), as well as individual DASS ( $\gamma = -4.39$ , 95% CI [-6.44, -2.34]) from baseline to termination. In line with treatment goals, CIT-S increased family cohesion from baseline to midpoint ( $\gamma = 0.93$ , 95% CI [0.06, 1.80]). The CIT-S-related change in cohesion mediated changes in DASS ( $\gamma = -0.87$ , 95% CI [-1.47, -0.27]), but not patient symptoms. **Conclusion:** By integrating the family's cultural context into treatment, clinicians may foster family dynamics that enhance treatment outcomes and promote broad improvements in mental health.

### What is the public health significance of this article?

This study found that a culturally informed family therapy for schizophrenia (CIT-S) had a lasting impact on reducing patient symptoms. In addition, by increasing family cohesion, CIT-S decreased patient and caregiver depression, anxiety, and stress. For a family seeking treatment for 1 member with schizophrenia, therapists may enhance patient gains by incorporating relevant cultural variables into treatment.

**Keywords:** schizophrenia, latent-growth modeling, multilevel mediation, family therapy, psychosis



Journal Information

Journal TOC

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### A pilot study to assess the feasibility and efficacy of a transdiagnostic, religiously/spiritually-integrated, culturally informed therapy.

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Weisman de Mamani, A., Lopez, D., McLaughlin, M. M., Ahmad, S. S., & Altamirano, O. (2022). A pilot study to assess the feasibility and efficacy of a transdiagnostic, religiously/spiritually-integrated, culturally informed therapy. *Spirituality in Clinical Practice*. Advance online publication.

<https://doi.org/10.1037/scp0000308>

The aim of this pilot study was to test the feasibility of tailoring a religiously/spiritually integrated, culturally informed therapy for schizophrenia (CIT-S) to a broader group of individuals who may be experiencing a range of common and uncommon psychological concerns. CIT is a cognitive behavioral intervention that is considered “culturally informed” because therapists use structured exercises and techniques to extract beliefs, behaviors, metaphors, scriptures, and traditions from participants’ own ethnic, cultural, and religious/spiritual (R/S) backgrounds and use these to help them cope with their presenting mental health concerns. In this pilot study, 24 participants with general mental health concerns or serious mental illness completed the group intervention and a pre- and post-session psychological assessment battery. In line with study hypotheses, at treatment termination, relative to treatment entry, participants endorsed significantly improved quality of life

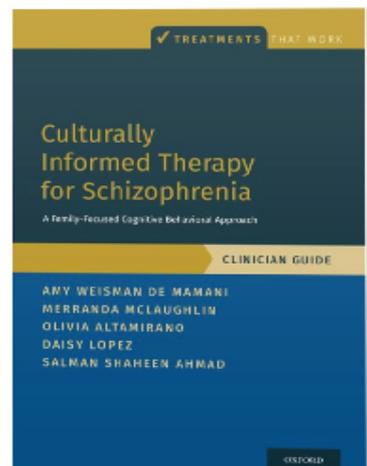
# Summary

- CIT-(S) appears:
  - To decrease psychiatric symptoms for clients
  - To help family members feel less burdened, depressed, and anxious, improves QoL
  - To increase perceptions of collectivism and religious/spiritual coping techniques.

# Culturally Informed Therapy for Schizophrenia

*A Family-Focused Cognitive Behavioral Approach, Clinician Guide*

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*"This book is a gem. Culturally Informed Therapy for Schizophrenia provides the keys to unlocking the healing power of families to help a loved one with schizophrenia. In an easy to use, step-by-step manual, supplemented with accessible handouts and worksheets for family members, the clinicians are guided in establishing a collaborative relationship with families aimed at improving the collective health and well-being of all members—a 'must read' for all clinicians working with individuals who have serious mental illness."*

Kim T. Mueser, PhD, Boston University

- Details how to incorporate culture into therapy in a sensitive and effective manner
- Dispels misconceptions that religion should not be discussed when treating individuals suffering from psychosis
- Provides accessible case vignettes to illustrate how clinicians can easily incorporate this program in their practice

**Amy Weisman de Mamani** is a Professor at the University of Miami and a licensed Clinical Psychologist. **Merranda McLaughlin**, **Olivia Altamirano**, **Daisy Lopez**, and **Salman Shaheen Ahmad** are Predoctoral Clinical Psychology graduate students, working under the guidance of Dr. Amy Weisman de Mamani.

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