



Providing Culturally Responsive Care and Addressing Cross-Cultural Barriers in Early Psychosis

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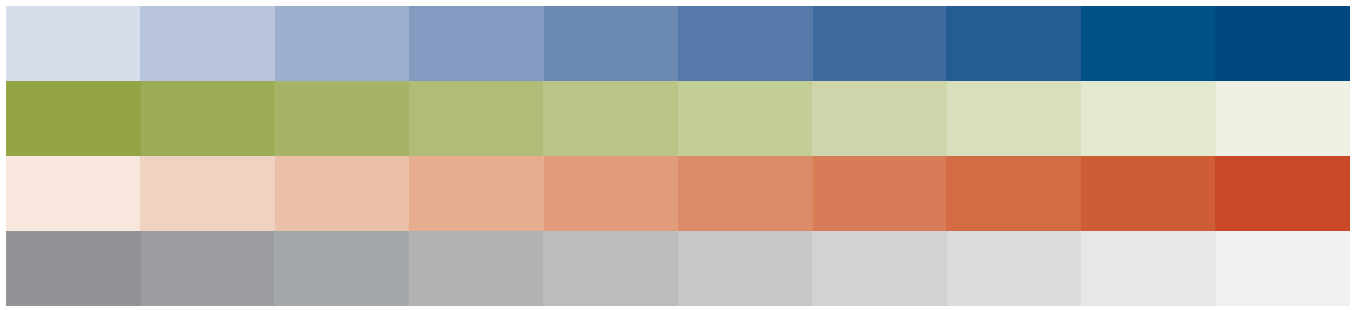
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This clinical brief is intended to introduce mental health providers to the current understanding of culturally responsive care in early psychosis by providing an overview of culturally responsive tools and models for early psychosis (EP) care and highlighting the need for the continued development of a culturally responsive care (CRC) model within EP care.

What do we mean by culture?

Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life cycle stages, ceremonial rituals, and customs, as well as moral and legal systems. Cultures are open, dynamic systems that undergo continuous change over time; in the contemporary world, most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experience (APA, 2022).



The Issue

The research literature has consistently found links between experiences of psychosis and cultural or systemic influences. For example, this relationship is characterized by higher incidence rates of psychosis among systemically disadvantaged groups (Kirkbride, 2012; Gratton 2023), poorer treatment engagement rates for immigrant groups (Ouellet-Plamondon, 2015), and enhanced exposure to social stressors and systemic racism, which exacerbate the severity of psychotic symptoms among groups facing racial marginalization (Barrio, 2003; Janssen, 2018; DeLuca, 2022). These troubling disparities speak to the need for culturally responsive treatment modalities to ensure that EP care is accessible to and appropriate for families of all cultures.



Each individual has a unique understanding of the psychotic experience, and a provider's approach can have a powerful influence on how this is conceptualized throughout care. A CRC approach can help the provider understand how culture shapes an individual, as well as their and their family's willingness to engage in treatment, and what recovery means for that individual. By honoring and incorporating the individual's cultural explanatory model of their mental health experience, CRC addresses the social fabric influencing diagnoses and utilizes it to guide diagnostic decisions (Lewis-Fernandez, 2017). In addition, a CRC approach has the potential to create a working differential between cultural groups experiencing mental illness due to discrimination, social exclusion, and systematic oppression, and groups being misdiagnosed by culturally limited clinical models of symptom interpretation (Bello & Musa, 2022). Therefore, it is imperative that a clear set of values, goals, and standards for CRC are well defined and developed to best serve the individuals who experience EP.



Brief Review of the literature

Culture shapes EP in ways that are complex, subtle, and meaningful (Jones, 2016). It can affect how individuals in care understand their experiences and their treatment, how their symptoms present, how and when they ask for help, and how they feel about receiving help (Lewis-Fernández, 2014). Further, culture influences how providers deliver treatment, how they communicate with their patients, and how they understand their patients' views (Bello, 2021; Lewis-Fernández, 2014).

By utilizing a CRC framework, providers can learn about their patients' cultures and experiences, which can create an opportunity for self-integration. This mobilizes providers to challenge any biases or stereotypes that may influence treatment (Muñoz, 2007). Recognizing and appreciating patients' cultures can help providers understand their patients' values, needs, and beliefs, as well as establish therapeutic relationships between patients and providers (Jarvis et al., 2019).

Providing CRC operates on the assumptions that:

- We are all cultural beings, and all groups are multicultural
- Cultural identities and experiences are of value
- Cultural diversity directly impacts processes and outcomes
- Culturally informed therapy can facilitate cultural or historical intergenerational trauma repair and healing (Chen et al. 2008)



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Providing CRC requires the provider to practice:

- [Cultural humility](#)
- Some specific examples include working with patients who identify as:
 - [Latinx](#)
 - [LGBTQ+](#)
 - [Transgender](#)
- Understanding personal bias and using [person centered language](#)
- Learning and fostering an appreciation for groups different from their own
- Recognizing that [identities are dynamic and intersectional](#)
- Engaging in [lifelong learning](#)

(American Psychological Association 2017; Lewis-Fernández et al. 2018; Muñoz 2007).



Modalities of Culturally Responsive Care

There are several models of CRC that providers can utilize across the continuum of care for EP. These include:



1. Shifting Cultural Lenses—Treatment Phase Model (SCL-TPM)



2. Power Threat Meaning Framework (PTMF)



3. Cultural Formulation Interview (CFI)



4. Culturally Adapted Cognitive Behavioral Therapy for Psychosis (CaCBT-p)



5. Delivering Culturally Competent Care in FEP

1. Shifting Cultural Lenses—Treatment Phase Model (SCL-TPM)

What is the SCL-TPM?

The SCL-TPM provides a practical framework for mental health providers to address the unique cultural needs of individuals experiencing EP by focusing on (a) preferred language, (b) health literacy levels, and (c) communication needs across engagement, assessment, and intervention (Ramírez, 2020).

How can the SCL-TPM be uniquely helpful in EP care?

Providers utilizing the SCL-TPM may find it instrumental in shaping a mutual narrative between themselves and individuals experiencing EP (Regeser López, 2020). This shared narrative can prove highly valuable during semi-structured interview prompts in establishing the foundation of a therapeutic relationship. Active and consistent adjustment of perspective throughout the course of care can enhance providers grasp of the onset, severity, and specific nature of the individual experiencing psychosis.

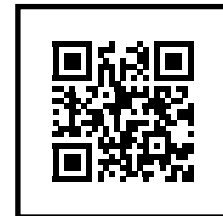


Where can I find the SCL-TPM?



A brief overview of the SCL-TPM with associated references can be found here:

<https://mhttcnetwork.org/sites/mhttc/files/2020-06/IR%20Cultural%20and%20Linguistic%20care%20for%20EPsy.pdf>



[IR Cultural and Linguistic care for EPsy.pdf](https://mhttcnetwork.org/sites/mhttc/files/2020-06/IR%20Cultural%20and%20Linguistic%20care%20for%20EPsy.pdf)

How else can the SCL-TPM provide unique and valuable EP care?

The SCL-TPM can guide providers in applying tools/models in treatment. The example provided below illustrates what the SCL-TPM might look like when applied across various clinical and counseling domains.

1. Engagement & Establishing Rapport

Accessing, exploring, and understanding the individuals' view

This may look like:

- Intentionally creating a space together that is different than the space in society they are usually finding themselves in
- Considering provider privilege, validating feelings the individual may have about working with someone who is culturally different from them

2. Assessment

An ongoing understanding & clarification of the individual's presentation and definition of the problem throughout care

This may look like:

- Cultural Formulation Interview (CFI)
- Iowa cultural understanding assessment (ICU)

3. Theory

Contextualizing social and environmental factors (e.g., cultural determinants of psychosis and cultural sources of stigma) in applicable frameworks

This may look like:

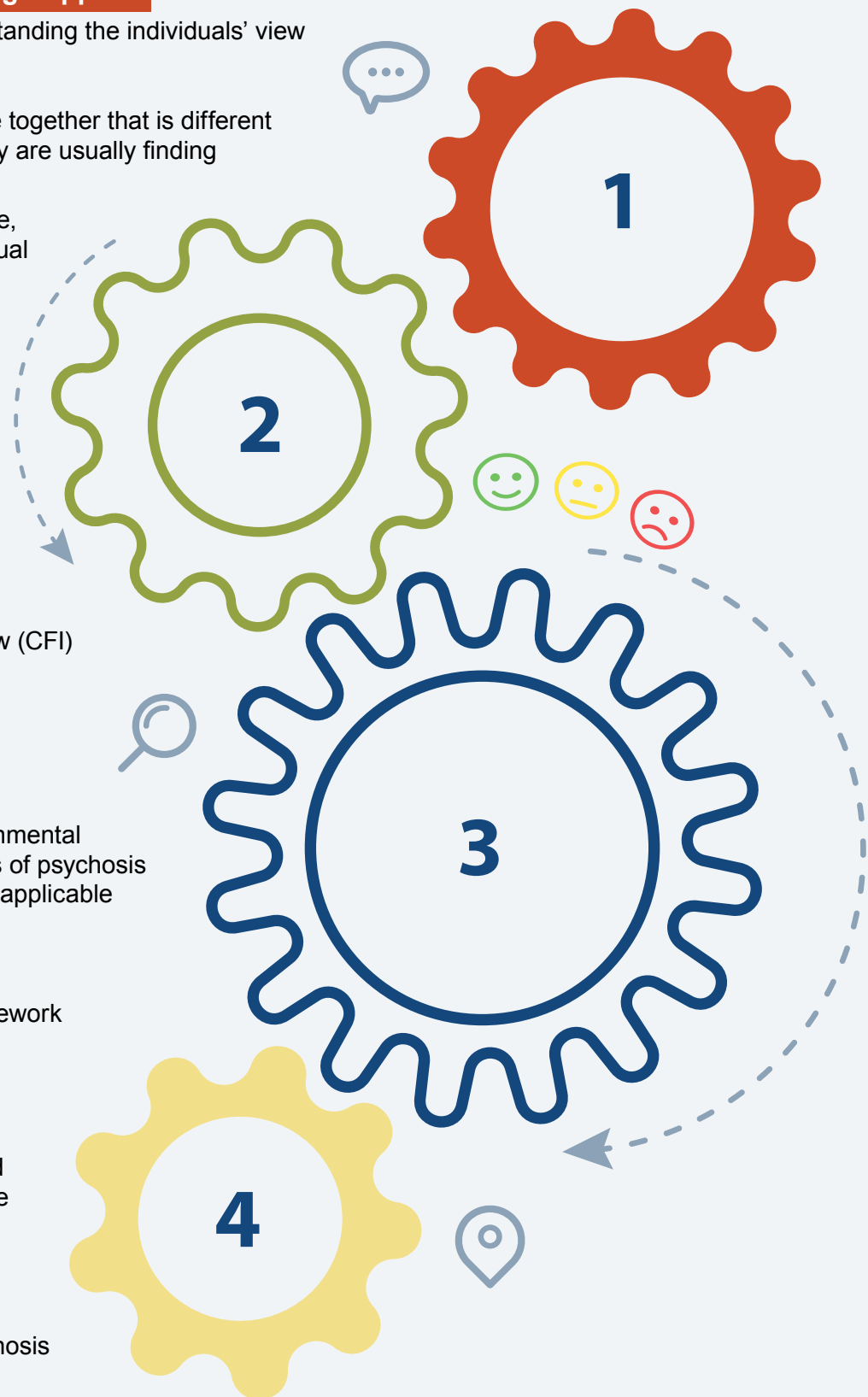
- Power Threat Meaning Framework (PTMF)

4. Intervention

Oscillating between individual and provider views of "methods" as the intervention evolves

This may look like:

- Culturally adapted Cognitive Behavioral Therapy for Psychosis (CaCBT-P)



2. Power Threat Meaning Framework (PTMF)

What is the PTMF?

The PTMF is an alternative method to understanding and identifying psychiatric illnesses (Johnstone & Boyle, 2020). The PTMF recognizes the “existence of widely varying cultural experiences and expressions of distress” by withholding any stigmatizing and dismissive labels and assumptions (Johnstone & Boyle, 2018).

The PTMF aims to support and strengthen clinical practices by being cognizant of both an individual’s cultural differences and social stressors by:

- Emphasizing the need for a “socially informed, rights-based approach” (Higgs, 2020)
- Connecting the economic and social structures of our society to the presentation and experience of mental illnesses (Boyle, 2020)
- Offering a way of thinking about how people from different cultures understand and experience distress (Johnstone & Boyle, 2018)



What does the PTMF look like in early psychosis care?

The framework poses four questions to individuals, families, or social groups aimed at understanding the patient’s life experiences, and how they have affected, or even lead to their illness (Pilgrim, 2020):

1. “What has happened to you?”
2. “How did it affect you?”
3. “What sense did you make of it?”
4. “What did you have to do to survive?”

This framework recognizes “the existence of widely varying cultural experiences and expressions of distress,” by withholding any stigmatizing and dismissive labels and assumptions (Johnstone & Boyle, 2018).

When can I use the PTMF?

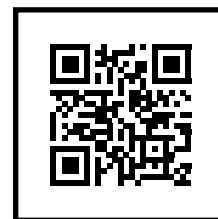
The four questions which outline the PTMF emphasize a holistic approach to recovery. These questions are actively used and revisited throughout all phases of an individual’s care.

Where can I find the PTMF?



The PTMF Manual can be found at the PTMF website, or here:

<https://cms.bps.org.uk/sites/default/files/2022-07/PTM%20Guided%20Discussion.pdf>



[PTM Guided Discussion.pdf](https://cms.bps.org.uk/sites/default/files/2022-07/PTM%20Guided%20Discussion.pdf)

3. Cultural Formulation Interview (CFI)

What is the CFI?

The CFI (APA, 2013) is a structured interview protocol within the Diagnostic and Statistical Manual Fifth Edition (DSM-V). The CFI helps the provider gather information essential to produce a *cultural formulation* of significant mental health experiences. The CFI aims to improve culturally sensitive diagnosis and treatment by focusing clinical attention on the patient's perspective and social context (Jarvis, 2020). Through this interview, providers can ask patients open-ended questions to piece together how their patients' culture may inform their symptom presentation and their experience of their condition. As such, the CFI establishes a shared decision-making process that allows the patient to be an active participant in their own care. By involving the individual in care, the provider-patient relationship can be strengthened, and patients may freely share their experiences with providers.



How can the CFI be uniquely helpful in early psychosis detection and assessment?

Research suggests that symptom presentation differs cross-culturally (Lewis-Fernandez, 2017). Because the CFI can be especially helpful in disentangling experiences that may be culturally bound, it can provide unique clarity for what may be signs of risk for developing psychosis. For example, the CFI includes several questions asking the patient how their family members, friends, or other people in their community might perceive their experiences (Aggarwal, 2020), which can be helpful in assessing a patient's explanatory model for psychotic experiences, level of insight, social connection, and social cohesion from a multidimensional perspective.

How else can the CFI provide unique and valuable assessments?

The CFI Informant Version (CFI-I) is administered to a family member or other close confidant of the patient at intake. Including family members or other informants can be instrumental in practicing culturally responsive care. The CFI can help providers understand multiple perspectives of the patient's problem, which can help arrive at a culturally responsive conceptualization and treatment plan. Additionally, involving natural supports in care can comfort patients, aid in building a therapeutic alliance, and support ongoing recovery.

Where can I find the CFI?

- The CFI can be found in the DSM-V, or on the [APA website](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf)
 - https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf
- The CFI-I can be found in the DSM-V, or on the [APA website](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM-5-TR/APA-DSM5TR-CulturalFormulationInterviewInformant.pdf)
 - <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/DSM-5-TR/APA-DSM5TR-CulturalFormulationInterviewInformant.pdf>
- On demand training in the CFI can be accessed [here](#)
 - [CFI Online Training Module | Center of Excellence for Cultural Competence | CECC \(nycculturalcompetence.org\)](https://www.nycculturalcompetence.org/)



4. Culturally Adapted Cognitive Behavioral Therapy for Psychosis (CaCBT-p)

What is CaCBT-p?

CaCBT-p (Naeem, 2023) builds upon the foundational principles of CBT-p (Wykes et al., 2008) and contextualizes them in an array of factors such as education, social class, family upbringing, and religion from a cultural perspective.

What does CaCBT-p look like in early psychosis care?

Throughout therapy, the chief aim of CaCBT-p (Naeem, 2023)

is to curate a maintenance formulation that is characterized in the individual's:

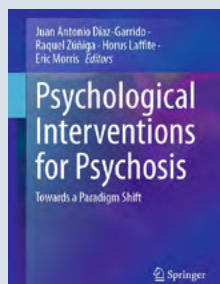
- Culture – including cultural practices, religion, and spirituality
- Context – assessing the abilities and characteristics of the healthcare system
- Cognition's Cultural Context – understanding cultural influences on thought processes and beliefs/symptoms

CaCBT-p applies the same basic principles as standard CBT-p with an emphasis on the impact of culture on mental health. *When taking cultural factors into consideration during care, a CaCBT-p formulation may look like:*

1. Early Life Experiences: Considerations
 - Influences from ethno-cultural and religious backgrounds
 - Impact of early migratory stressors
 - First or subsequent generation impacts
2. Core Beliefs/Schemas
 - Formed based on early life experiences
 - Include cultural concepts and individualistic or collective perspectives
 - Consider influences from ethno-cultural and religious reference groups
3. Unhelpful Assumptions
 - Common themes defining rules for living or assumptions
 - Consider idioms of distress and cultural models
 - Explore the impact of acculturation
 - Interpretation of symptoms in relation to cultural beliefs and norms



Where can I find more information on CaCBT-p?



More information on CaCBT-p can be found here:

https://link.springer.com/chapter/10.1007/978-3-031-27003-1_7



[Culturally Adapted CBT for Psychosis](#)

5. Delivering Culturally Competent Care in FEP

What is OnTrack’s Culturally Competent Care in EP manual?

OnTrack is a mental health treatment program for individuals experiencing EP (<https://ontrackny.org>). “Delivering Culturally Competent Care in FEP” is a manual developed by OnTrack that acknowledges how both the culture of the provider and the person being treated can influence the course of treatment. OnTrack highlights three core principles to culturally competent care in FEP: cultural competence, understanding biases, and using person-centered language.



How can OnTrack’s materials be uniquely helpful in early psychosis services?

This manual helps providers identify the specific dimensions in which culture can influence treatment. These dimensions are:

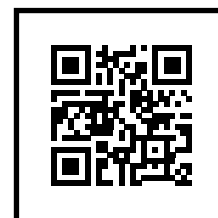
- Religion and spirituality
- Family culture
- Language barriers
- Gender and sexuality
- Youth culture

The manual uses case studies to give specific, concrete examples to help providers understand how to navigate each dimension of a patient’s culture.

Where can I find OnTrack’s Culturally Competent Care in EP Manual?



More information on can be found here:
<https://nyculturalcompetence.org/wp-content/uploads/2019/09/Delivering-Culturally-Competent-Care-OnTrackNY-Guide.pdf>



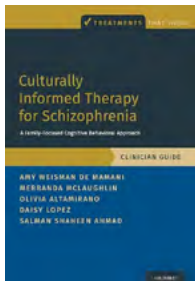
[Delivering Culturally Competent Care in FEP](https://nyculturalcompetence.org/wp-content/uploads/2019/09/Delivering-Culturally-Competent-Care-OnTrackNY-Guide.pdf)

Conclusion

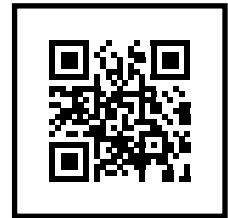
The frameworks, models, and tools currently in place are a good starting point for providers interested in practicing CRC. However, there is a need for the development of CRC-focused fidelity tools to support providers in CRC implementation. These fidelity tools can incorporate core principles of CRC and ensure that providers are guided through every step of the therapeutic process.

Additional resources

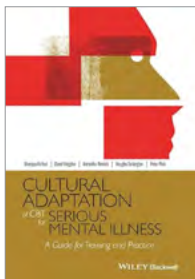
Culturally Informed Therapy for Schizophrenia: A Family-Focused Cognitive Behavioral Approach, Clinician Guide offers a family-focused cognitive behavioral approach designed for managing schizophrenia spectrum disorders. CIT-S focuses on patients' cultural beliefs, practices, and traditions as tools for conceptualizing and managing mental illness with a primary aim to enhance the quality of patients' lives in ways that respect their values and reflect their cultural norms.



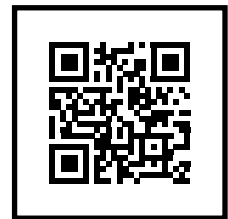
A link to the book: https://www.amazon.com/Culturally-Informed-Therapy-Schizophrenia-Family-Focused-ebook/dp/B08Y96P5H1/ref=sr_1_1?crid=ZGOCCO9CU26B&keywords=on+Culturally+Informed+Therapy+for+Schizophrenia&qid=1685989235&s=books&sprefix=on+culturally+informed+therapy+for+sc



Cultural Adaptation of CBT for Serious Mental Illness: A Guide for Training and Practice offers a comprehensive guide designed to enable CBT practitioners to effectively engage people from diverse cultural backgrounds by applying culturally sensitive therapeutic techniques. Adapts core CBT techniques including reattribution, normalization, explanation development, formulating, reality testing, inference chaining and resetting expectations.



A link to the book: <https://www.amazon.com/Cultural-Adaptation-Serious-Mental-Illness/dp/1118976193>



References

- Aggarwal, N. K., & Lewis-Fernández, R. (2020). An Introduction to the Cultural Formulation Interview. *FOCUS*, 18(1), 77–82. <https://doi.org/10.1176/appi.focus.18103>
- American Psychiatric Association. (2013). Cultural Formulation Interview. In *Diagnostic and statistical manual of mental disorders* (5th ed.).
- American Psychological Association. 2017. Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- Barrio, C., Yamada, A., Atuel, H., Hough, R., Yee, S., Berthot, B., Russo, P. (2003), A tri-ethnic examination of symptom expression on the positive and negative syndrome scale in schizophrenia spectrum disorders. *Schizophrenia Research*, 60(2-3): 259-269. [https://doi.org/10.1016/S0920-9964\(02\)00223-2](https://doi.org/10.1016/S0920-9964(02)00223-2)
- Bello, I., & Musa, D. (2022, March 3). *CSC Basics: Culturally Responsive Coordinated Specialty Care for Early Psychosis* [Webinar] New England MHTTC. <https://mhttcnetwork.org/centers/new-england-mhttc/product/eplc-understanding-and-treating-psychosis-and-other-mental>
- Burkhard, C., Cicek, S., Barzilay, R., Radhakrishnan, R., & Guloksuz, S. (2021). Need for ethnic and population diversity in psychosis research. *Schizophrenia bulletin*, 47(4), 889-895.
- Boyle, M. (2020). Power in the power threat meaning framework. *Journal of Constructivist Psychology*, 35(1), 27–40. <https://doi.org/10.1080/10720537.2020.1773357>
- Chen, E.C., Kakkad, D. and Balzano, J. (2008), Multicultural competence and evidence-based practice in group therapy. *J. Clin. Psychol.*, 64: 1261-1278. <https://doi.org/10.1002/jclp.20533>
- Cho, H. L. (2019). Can Intersectionality Help Lead to More Accurate Diagnosis? *The American Journal of Bioethics*, 19(2), 37–39. <https://doi.org/10.1080/15265161.2018.1557279>
- Consensus Statement on Principles and Practice in Early Psychosis (2002) In *Implementing Early Intervention in Psychosis: A Guide to Establishing Early Psychosis Services* (eds Edwards, J. & McGorry, P. D.), pp. 145–155. London: Dunitz.
- Grattan, R., Mehta, A. Clifford, A. (2023) Disparities in Psychosis Risk Symptoms for New Zealand Māori May Be Explained by Systemic Stressors and Inappropriate Conceptualization of Culturally Normative Experiences. *Schizophrenia Bulletin*. <https://doi.org/10.1093/schbul/sbad085>
- Henrich, J., Heine, S. J., & Norenzayan, A. (2010). Most people are not WEIRD. *Nature*, 466(7302), 29-29.
- Heshmat, S. (2014, December). Basics of Identity. *Psychology Today*. <https://www.psychologytoday.com/us/blog/science-choice/201412/basics-identity>
- Higgs R. N. (2020). Reconceptualizing Psychosis: The Hearing Voices Movement and Social Approaches to Health. *Health and human rights*, 22(1), 133–144.

- Janssen, I., Hanssen, M., Bak, M., Bijl, R., De Graaf, R., Vollebergh, W., . . . Van Os, J. (2003). Discrimination and delusional ideation. *The British Journal of Psychiatry*, 182(1), 71-76. doi:10.1192/bjp.182.1.71
- Jarvis, G. E., Iyer, S. N., Andermann, L., & Fung, K. P. (2020). Culture and Psychosis in Clinical Practice. *A Clinical Introduction to Psychosis*, 85–112.
- Johnstone, L., & Boyle, M. (2018). The power threat meaning framework: An alternative nondiagnostic Conceptual System. *Journal of Humanistic Psychology*, 002216781879328. <https://doi.org/10.1177/0022167818793289>
- Johnstone, L., & Boyle, M. (2020). *The power threat meaning framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society.
- Jones, N., Kelly, T., & Shattell, M. (2016). God in the brain: Experiencing psychosis in the postsecular United States. *Transcultural Psychiatry*, 53(4), 488-505.
- Kirkbride, J. B., Errazuriz, A., Croudace, T. J., Morgan, C., Jackson, D., Boydell, J., ... & Jones, P. B. (2012). Incidence of schizophrenia and other psychoses in England, 1950–2009: a systematic review and meta-analyses. *PloS one*, 7(3).
- Lewis-Fernández, R.(2017) Are there disorders for which the use of Cultural Formulation Interview is most important? <https://youtu.be/kxovVPxM4dY>
- Lewis-Fernández, R., Aggarwal, N. K., Hinton, L., Hinton, D. E., & Kirmayer, L. J. (Eds.) . (2016). *DSM-5 handbook on the Cultural Formulation Interview*. Washington, DC: American Psychiatric Publishing.
- Lewis-Fernández, R., Aggarwal, N. K., Bäärnhielm, S., Rohlof, H., Kirmayer, L. J., Weiss, M. G.,Jadhav, S., Hinton, L., Alarcón, R. D., Bhugra, D., Groen, S., van Dijk, R., Qureshi, A., Collazos, F., Rousseau, C., Caballero, L., Ramos, M., & Lu, F. (2014). Culture and psychiatric evaluation: operationalizing cultural formulation for DSM-5. *Psychiatry*, 77(2)130–154.
- Lillas, C., & Marchel, M. A. (2015). Moving Away from WEIRD: Systems-Based Shifts in Research, Diagnosis, and Clinical Practice. *Perspect. Infant Men. Health* 23: 10, 15, 13.
- Naeem, Farooq, Saiqa Naz, and Peter Phiri. “Culturally Adapted CBT for Psychosis.” *Psychological Interventions for Psychosis: Towards a Paradigm Shift*. Cham: Springer International Publishing, 2023. 125-139.
- Oluwoye O, Stiles B, Monroe-DeVita M, Chwastiak L, McClellan JM, Dyck D, Cabassa LJ, McDonnell MG. (2018). *Racial-Ethnic Disparities in First-Episode Psychosis Treatment Outcomes From the RAISE-ETP Study*, 69(11),1138-1145. doi: 01176/appi.ps.201800067. PMID: 30152275; PMCID: PMC6395511.
- Ouellet-Plamondon, C., Rousseau, C., Nicole, L., & Abdel-Baki, A. (2015). Engaging immigrants in early psychosis treatment: a clinical challenge. *Psychiatric Services*, 66(7), 757-759

- Pilgrim, D. (2020). A critical realist reflection on the power threat meaning framework. *Journal of Constructivist Psychology*, 35(1), 83–95. <https://doi.org/10.1080/10720537.2020.1773359>
- Regeser Lapez, Steven; Ribas, Ana C; Sheinbaum, Tamara; Santos, MarÃa M; BenalcÃazar, Aldo; Garro, Linda; Kopelowicz, Alex (2020). Defining and assessing key behavioral indicators of the Shifting Cultural Lenses model of cultural competence. *Transcultural Psychiatry*, 136346152090959–. doi:10.1177/1363461520909599
- Ramírez García, J., Maura, J., & Kopelovich, S. (2020). Culturally and Linguistically Responsive Care for Early Psychosis.
- S. Ben-David & D. Kealy (2020) Identity in the context of early psychosis: a review of recent research, *Psychosis*, 12:1, 68-78, DOI: 10.1080/17522439.2019.1656283
- Thalmayer, A. G., Toscanelli, C., & Arnett, J. J. (2021). The neglected 95% revisited: Is American psychology becoming less American? *American Psychologist*, 76(1), 116.
- World Health Organization (2002) World Health Report 2001. Mental Health: New Understanding. New Hope Geneva: WHO.
- Wykes, T., Steel, C., Everitt, B., & Tarrrier, N. (2008). Cognitive behavior therapy for schizophrenia: Effect sizes, clinical models, and methodological rigor. *Schizophrenia Bulletin*, 34(3), 523–537.



Do you have questions that you would like us to address in future clinical briefs?

Do you want further information about specialized assessment or treatment for early psychosis?

WEBSITES

MHTTC Early Psychosis Working Group

<https://mhttcnetwork.org/centers/global-mhttc/early-psychosis>

New England MHTTC Early Psychosis Learning Collaborative

<https://mhttcnetwork.org/centers/new-england-mhttc/news/early-psychosis-learning-collaborative-eplc>

Massachusetts Psychosis Network for Early Treatment

<https://www.mapnet.online>

Response to Risk Research

<https://www.responsetorisk.org>

The CEDAR Clinic

<https://cedarclinic.org>

SPIRIT Lab

<https://uwspiritlab.org/early-psychosis>

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This EPLC is part of an initiative by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s New England Mental Health Technology Transfer Center Network (MHTTC), which provides training, technical assistance, and tool and resource development to enable states and mental health practitioners to provide recovery-oriented practices within the context of recovery-oriented systems of care.

[Early Psychosis Learning Collaborative \(EPLC\) | Mental Health Technology Transfer Center \(MHTTC\) Network \(mhttcnetwork.org\)](https://mhttcnetwork.org)