

Cultural Considerations in Early-Stage Psychosis Care

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Icahn School of Medicine at Mount Sinai

March 31, 2021, 11:00am-12:30pm



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network

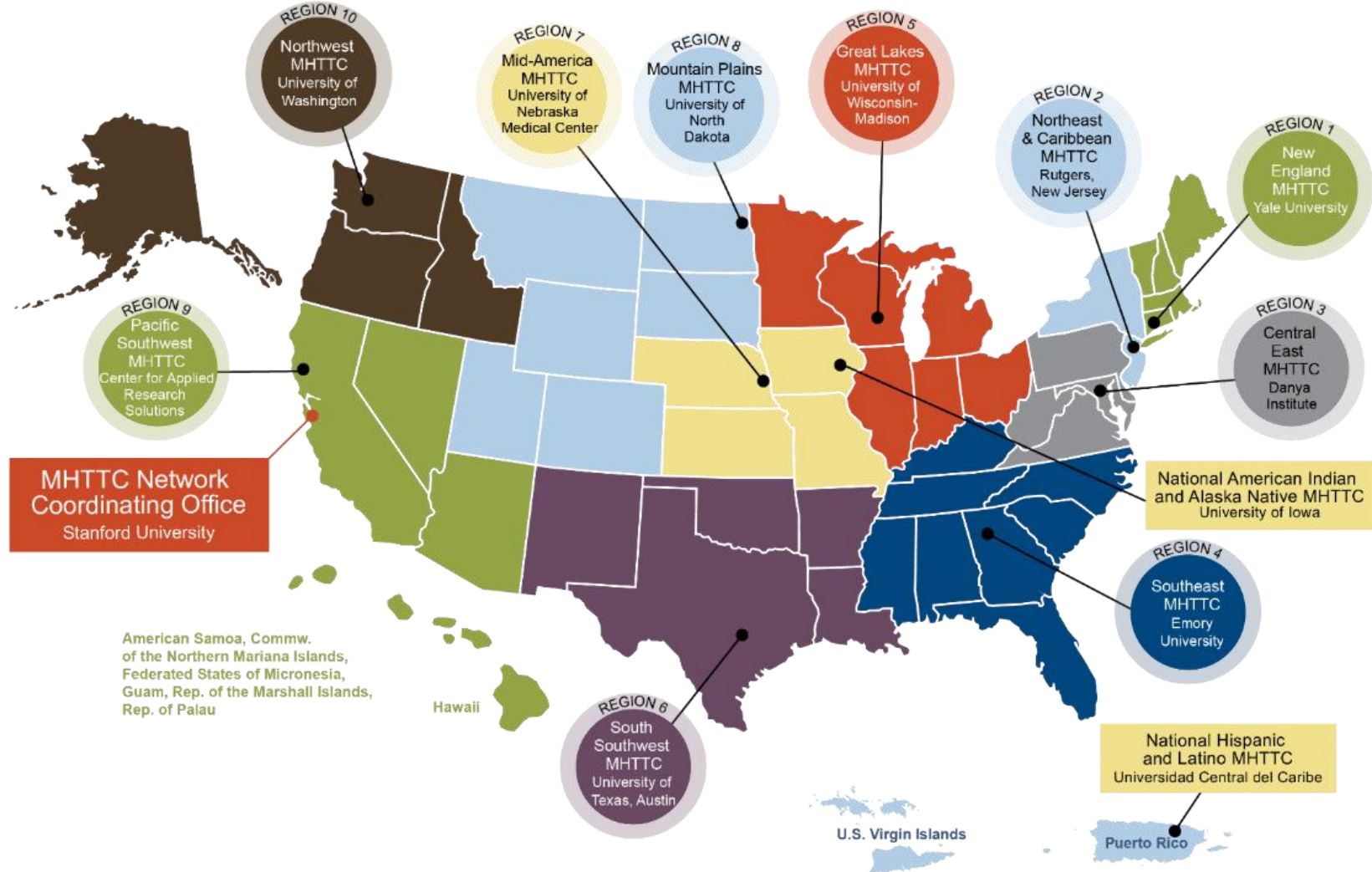


MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



Central East MHTTC Goals

Funded by SAMHSA to:

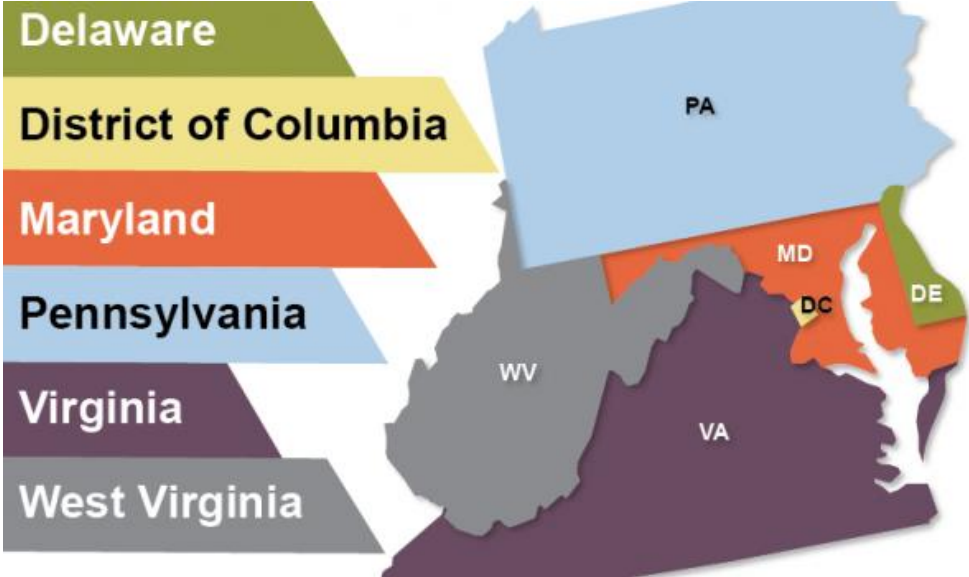
- **Accelerate** the adoption and implementation of mental health related evidence-based practices
- **Heighten** the awareness, knowledge, and skills of the behavioral health workforce
- **Foster** alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers
- **Ensure** the availability and delivery of publicly available, free of charge, training and technical assistance

MHTTC Purpose

The MHTTC Network vision is to unify science, education and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care.



Central East Region 3



THE DANYA INSTITUTE



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At the time of this presentation, Tom Coderre served as Acting Assistant Secretary for Mental Health and Substance Use at SAMHSA. The opinions expressed herein are the views of the speakers, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

Background



- Clinical psychologist by training and a current NIMH-T32 Postdoctoral Fellow specializing in the early stages of psychosis.
 1. see patients at risk for psychosis for individual, group, and family therapy.
 2. conduct research on psychosis.
 3. help with training and outreach.
- I am passionate about mental health education (particularly psychosis), stigma reduction, and equitable, culturally responsive, evidence-based care.

Agenda

1. Defining the Issue
2. Community Engagement, Outreach, & Education
3. Screening & Assessment
4. Treatment
5. Research
6. Summary & Next Steps

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Psychosis: Big picture

- Approximately 1%-3% develop a psychotic disorder in their lifetime.
- 100,000 adolescents and young adults develop a first episode of psychosis each year in the US.
- Estimated economic burden of \$156 billion in the US.
- Significant individual impact (earlier mortality, lower QoL).
- Although there are negative outcomes associated with psychosis, it is important to note that many individuals who experience psychosis can and do lead full and successful lives.
- Additionally, many individuals who experience psychosis report positive changes afterwards (e.g., personal strength; spiritual growth).



Psychosis



- Not a diagnosis
- Diverse set of experiences, including loss of touch from reality (hallucinations, delusions)
- Commonly associated with schizophrenia-spectrum disorders, but may be present in mood disorders, trauma, substance use, etc.
- **“Early-stage psychosis”** = first signs and experiences

Early-stage psychosis

Psychosis-risk (aka Clinical High Risk [CHR] for psychosis, or... ultra-high risk... “prodrome”... etc.)

- warning signs; sub-threshold
- psychosis-like experiences that resemble psychosis, but do not rise to the same level of severity and frequency; doubt is also intact
- ~22% develop a psychotic disorder (Fusar-Poli et al., 2020)

First-Episode Psychosis (FEP)

- first signs of a threshold/full episode
 - most have a CHR phase before developing a FEP

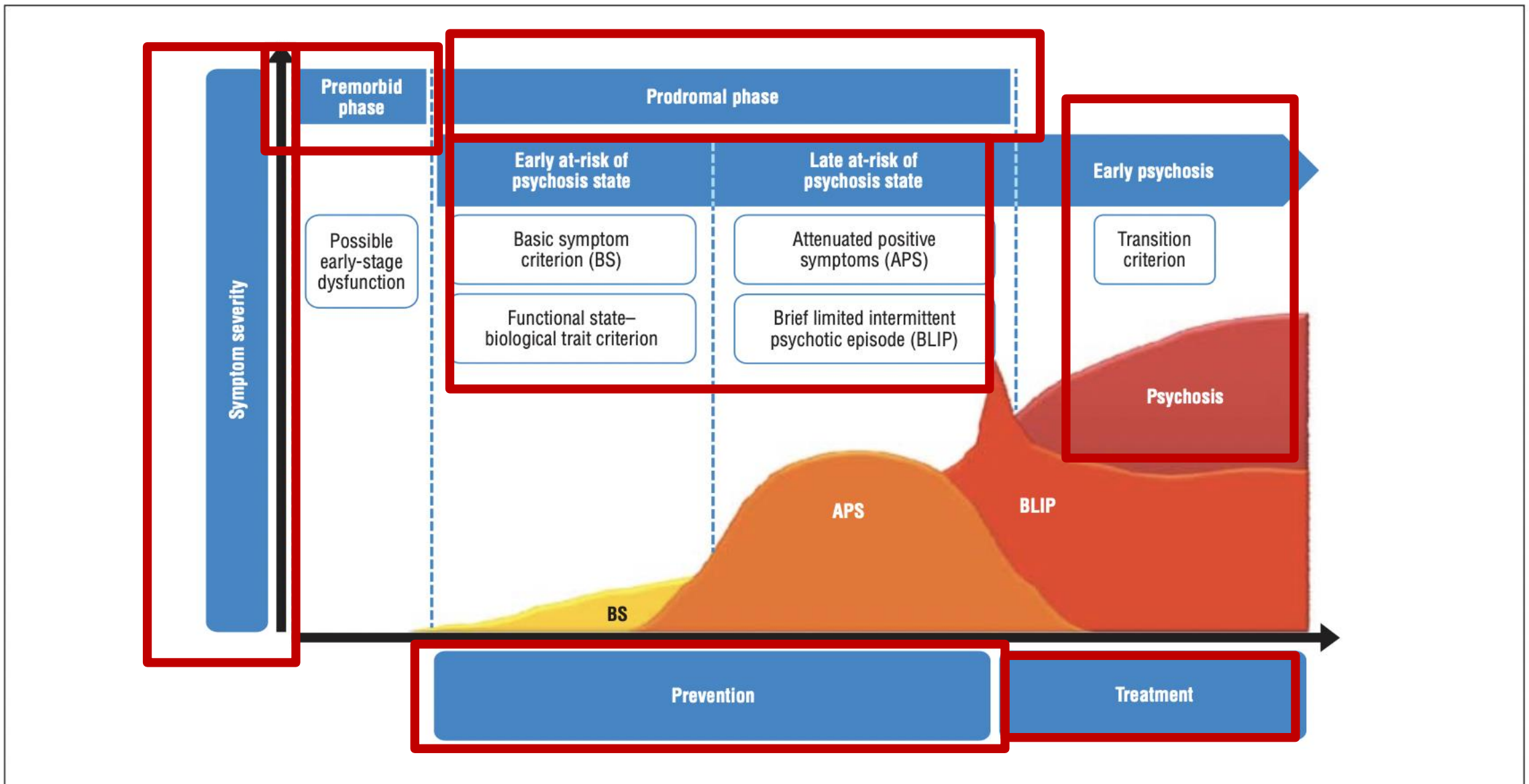
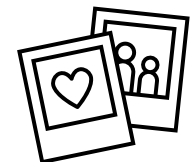


Figure 3. Model of psychosis onset from the clinical high-risk state. The higher the line on the y-axis, the higher the symptom severity.

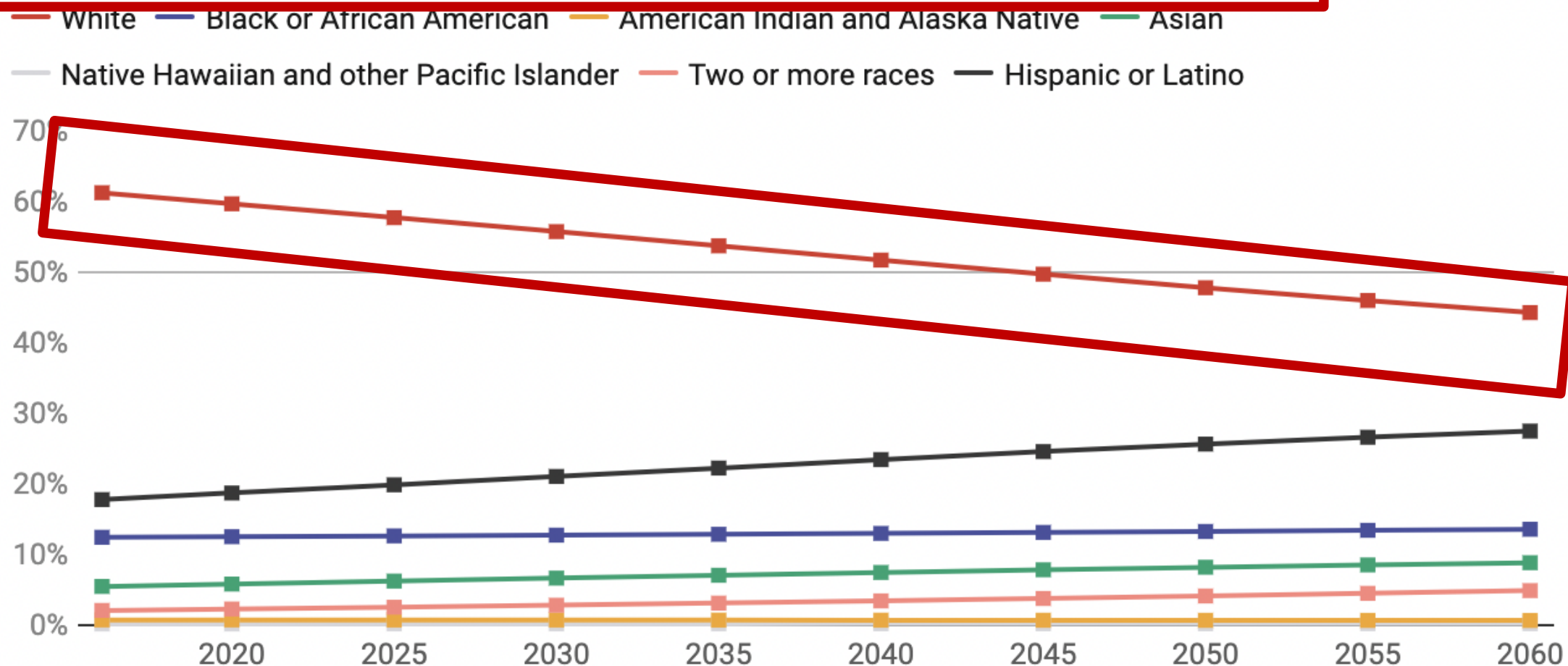
Culture

- “Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations
 - *includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems...*
- most individuals and groups are exposed to *multiple cultures*, which they use to fashion *their own identities* and make sense of experience. These features of culture make it *crucial not to overgeneralize cultural information or stereotype* groups in terms of fixed cultural traits” (American Psychiatric Association, 2013, italics added)



Projected race/ethnicity breakdown

After 2045, non-Hispanic whites will likely make up less than half of all Americans.

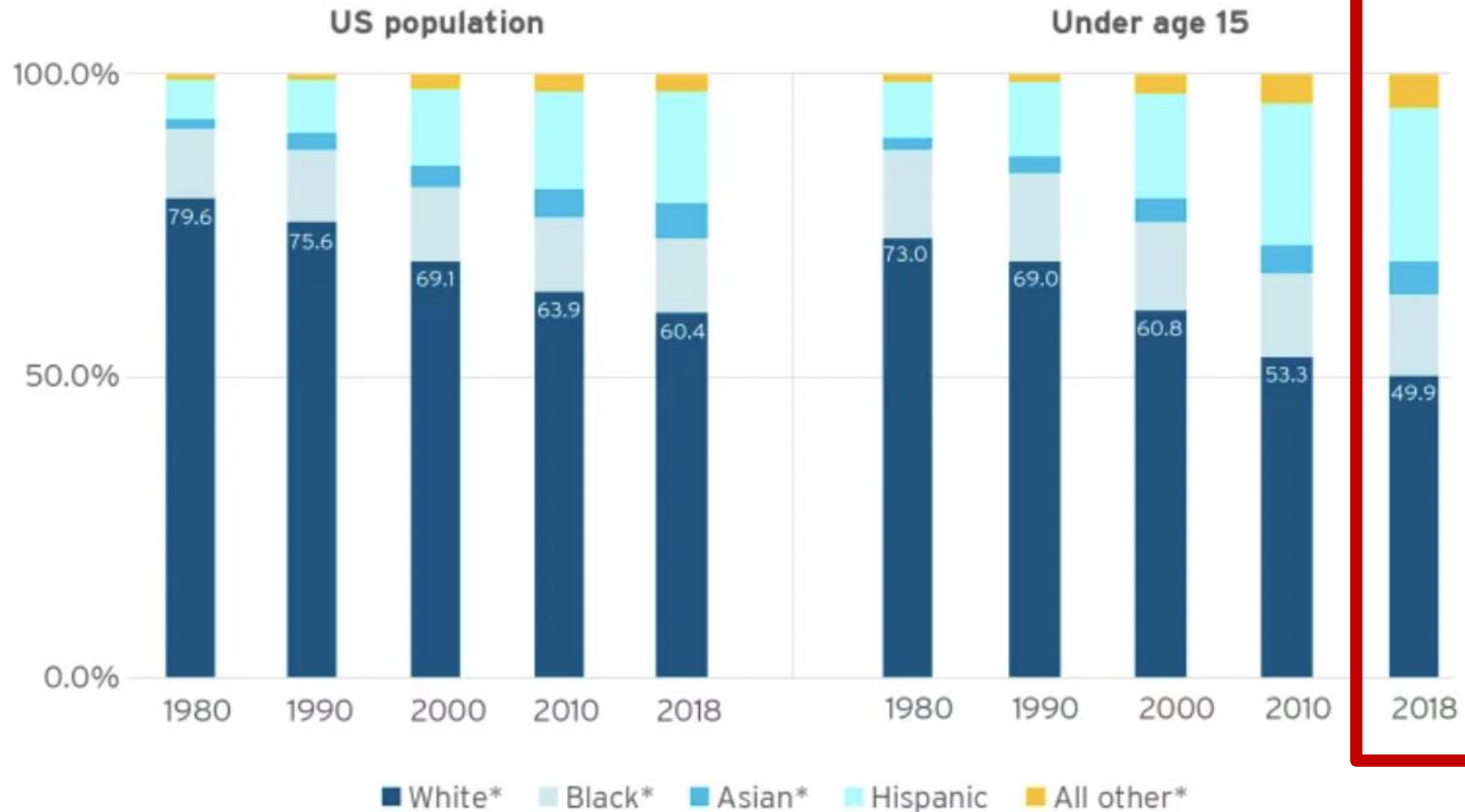


All groups not Hispanic or Latino unless specified otherwise.

Chart: The Conversation, CC-BY-ND • Source: [U.S. Census Bureau](#) • [Get the data](#)

FIGURE 1

Race-ethnic profiles of US population and children under 15, 1980-2018



* Non-Hispanic members of racial group
Source: William H. Frey analysis of US Census population estimates released June 20, 2019

Early-stage psychosis importance

- Approximately 20% of clinical samples are at psychosis-risk (Woods et al., 2019)
- As noted: 100,000 young people in the US develop a FEP each year (Heinssen et al., 2014)
- Early treatment for individuals at psychosis-risk or experiencing a FEP can help individuals live fulfilling lives and achieve their recovery goals (clinical, functional, and otherwise) (Correll et al., 2018; Fusar-Poli, 2020)
- **Early-stage psychosis intervention efforts will be most effective if they are culturally responsive** (Jones et al., 2021)

Psychosis + Culture

Psychosis and culture are deeply intertwined.

- Societal, environmental, and cultural factors can strongly influence psychosis development, tx, and prognosis
- Racism in the mental health field and “psychosis”
- Explanations of and beliefs about psychosis can differ cross-culturally (tx implications)



Societal, environmental, and cultural factors

- Political dissent
 - “sluggish schizophrenia” in USSR + Eastern Europe (Merskey & Safran, 1986)
 - civil rights movement in the US (Metzl, 2010)
- High-income v. low-income countries (Padma, 2014)
 - cultural explanations?
 - urbanicity (DeVylder et al., 2018)
- Pollution (Newbury et al., 2019)
- Police victimization (DeVylder et al., 2017)
- Neighborhood crime (Wilson et al., 2016)
- Acculturative stress (DeVylder et al., 2013)
- Stress sensitivity (Gibson et al., 2014)
- Stigma (Evans-Lacko et al., 2012; Pescosolido et al., 2019)



Stigma

PUBLIC OPINION

By Bernice A. Pescosolido, Bianca Manago, and John Monahan

Evolving Public Views On The Likelihood Of Violence From People With Mental Illness: Stigma And Its Consequences

DOI: 10.1377/hlthaff.2019.00702
HEALTH AFFAIRS 38,
NO. 10 (2019): 1735-1743
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The People-to-People Health
Foundation, Inc.

Perceptions regarding potential violence and support for coercion generally rose over time—significantly so for schizophrenia. By

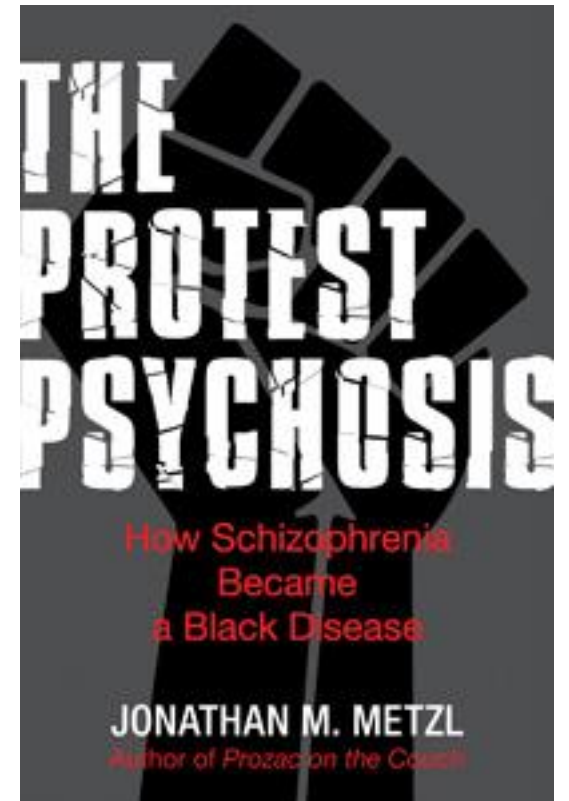
Racism (and other discrimination)

- racism & discrimination → psychotic experiences (Karlsen et al., 2005; Pearce et al., 2019)
- Mis-diagnosis and over-diagnosis (Moore, 2000)
 - American Psychiatric Association apology

January 18, 2021

Historical Addendum to APA's
Apology to Black, Indigenous and
People of Color for Its Support of
Structural Racism in Psychiatry

In this document, the APA hopes to elaborate on some past events that have contributed to structural racism's pervading presence today.



Immigrants, stress, and psychosis



Schizophrenia Research
Volume 150, Issue 1, October 2013, Pages 223-228



Acculturative stress and psychotic-like experiences among Asian and Latino immigrants to the United States

Jordan E. DeVlyder ^{a, b} ✉, Hans Y. Oh ^a, Lawrence H. Yang ^{b, c}, Leopoldo J. Cabassa ^{a, d}, Fang-pei Chen ^a, Ellen P. Lukens ^{a, b}

Acculturative stress items

Limited contact with family and friends

Interaction hard due to difficulty with English language

Difficult to find work due to Latino/Asian descent

Do not have the same respect in US as in country of origin

Questioned about legal status

Treated badly due to poor/accented English

Felt guilty about leaving family/friends in country of origin

Think might be deported if go to social/government agency

Avoid health service due to INS

Migration history and risk of psychosis: results from the multinational EU-GEI study

Published online by Cambridge University Press: 10 February 2021

CURRENT EVENTS

Lesson of the Day: A Rise in Attacks on Asian-Americans

RESEARCH AND PRACTICE 

Association of “#covid19” Versus “#chinesevirus” With Anti-Asian Sentiments on Twitter: March 9–23, 2020

Yulin Hswen, ScD, MPH, Xiang Xu, MS, Anna Hing, MPH, Jared B. Hawkins, PhD, John S. Brownstein, PhD, and Gilbert C. Gee, PhD

Frameworks and cornerstones

Frameworks

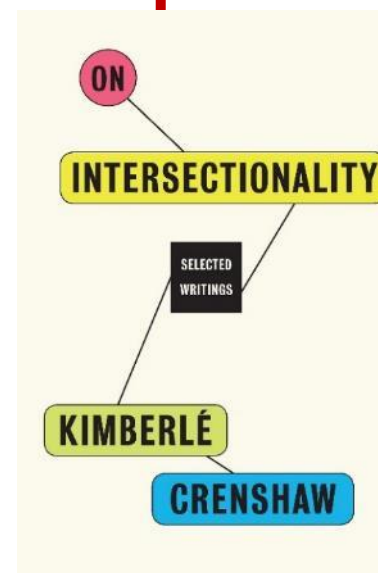
- Intersectionality (Crenshaw, 1990)
 - “ADDRESSING” Model (Hays, 1996)
 - Age and generational influences
 - Developmental or other
 - Disability
 - Religion (or spirituality)
 - Ethnic and racial identity
 - Socioeconomic status
 - Sexual orientation
 - Indigenous heritage
 - National origin
 - Gender identity

Addressing the Complexities of Culture and Gender in Counseling

Pamela A. Hays

Cornerstones of early-stage psychosis work

- Community Engagement, Outreach, & Education
- Screening & Assessment
- Services/Treatment
 - Family involvement



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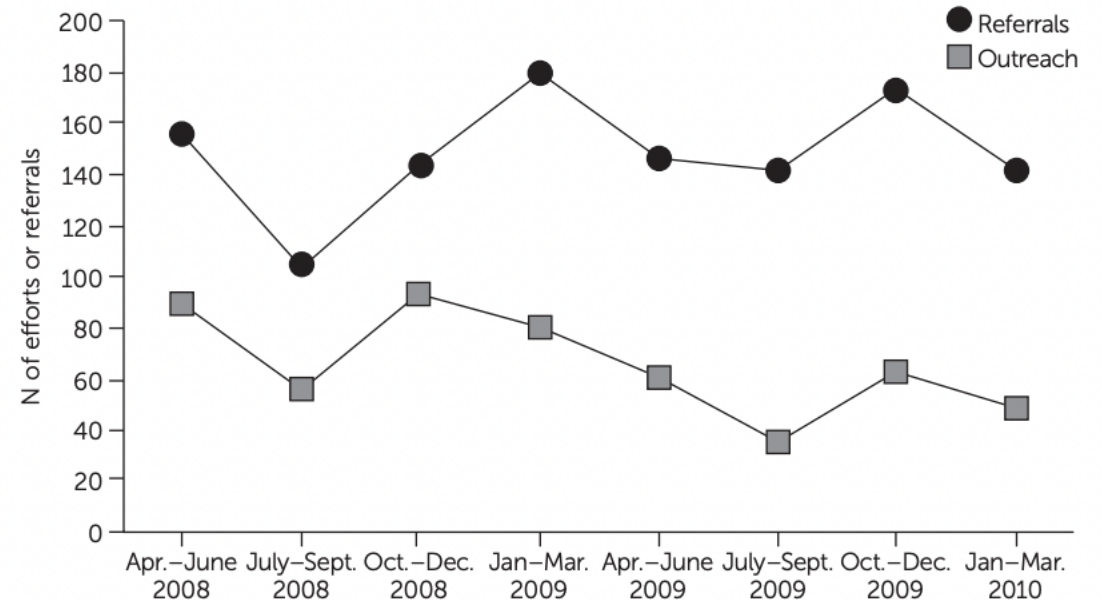
Early Detection, Intervention and Prevention of Psychosis Program: Community Outreach and Early Identification at Six U.S. Sites

Sarah Lynch, L.C.S.W., William R. McFarlane, M.D., Brenda Joly, Ph.D., Steven Adelsheim, M.D., Andrea Auther, Ph.D., Barbara A. Cornblatt, Ph.D., M.B.A., Margaret Migliorati, L.P.C.C., J. Daniel Ragland, Ph.D., Tamara Sale, M.A., Elizabeth Spring, R.N., Roderick Calkins, Ph.D., Cameron S. Carter, M.D., Rebecca Jaynes, L.C.P.C., Stephan F. Taylor, M.D., Donna Downing, M.S., O.T.R.L.

Take home messages

- Connect with “gatekeepers”, especially for recent immigrants
- Be aware that name recognition of big medical centers may hinder outreach to some community providers because of an “ivory tower” perception
 - *(and perhaps also historical injustices and racism)*
- Practice cultural humility regarding differing understandings of “psychosis”
 - May want to focus on: impact on functioning, and how “psychosis” fits into overall health and wellness
- Consistent outreach efforts are important

FIGURE 2. Outreach efforts by and referrals to the Early Detection, Intervention and Prevention of Psychosis Program, 2008–2010^a



New Mexico has a large Latino and Native American population. Some cultures have a different interpretation of the cluster of symptoms that Western medicine considers “psychosis.” For example, during a presentation to behavioral health staff at a Native American charter school, the presenters were interrupted as they listed the signs of psychosis by a staff member who said, “You just described a medicine person in my culture.” The nature of psychosis and how it might be interpreted required cultural sensitivity and a focus on functioning. We presented warning signs in terms of their impact on work and school, such as “difficulty speaking or understanding others” or “trouble with reading comprehension and writing.” The Michigan staff found that at health fairs with diverse audiences, they were asked to talk more broadly about overall mental health and wellness.

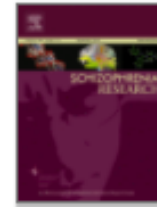
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Screening



Schizophrenia Research
Volume 158, Issues 1–3, September 2014, Pages 11-18



Psychosis risk screening: A systematic review

Emily Kline, Jason Schiffman  

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<https://doi.org/10.1016/j.schres.2014.06.036>

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Abstract

Despite the wealth of evidence linking duration of untreated psychosis to critical illness outcomes, most clinicians do not utilize any formal evaluation tools to identify attenuated or emerging psychotic symptoms. Given the costs associated

Early-stage psychosis screeners

Screeners (two that are commonly used):

1. Prime-Revised with Distress (12 items; Miller, 2004)
2. Prodromal Questionnaire (e.g., PQ-16; Ising et al., 2012; Loewy et al., 2005)

Prime-Revised with Distress (items 1-4)

Within the past year:	Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
1. I think that I have felt that there are odd or unusual things going on that I can't explain.	0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me. N/A	0	1	2	3	4	5	6
2. I think that I might be able to predict the future.	0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me. N/A	0	1	2	3	4	5	6
3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.	0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me. N/A	0	1	2	3	4	5	6
4. I have had the experience of doing something differently because of my superstitions.	0	1	2	3	4	5	6
When this happens, I feel frightened or concerned, or it causes problems for me. N/A	0	1	2	3	4	5	6

Prime-Revised with Distress: Cultural Considerations

- Race, age, and contextual factors influence responding and scoring on the Prime
- Research continues in this area

Evidence for Differential Predictive Performance of the Prime Screen Between Black and White Help-Seeking Youths

Zachary B. Millman, M.A., Pamela J. Rakhshan Rouhakhtar, M.A., Jordan E. DeVlyder, Ph.D., Melissa E. Smith, Ph.D., Peter L. Phalen, Psy.D., Scott W. Woods, M.D., Barbara C. Walsh, Ph.D., Brittany Parham, Ph.D., Gloria M. Reeves, M.D., Jason Schiffman, Ph.D.

The impact of age on the validity of psychosis-risk screening in a sample of help-seeking youth

P.J. Rakhshan Rouhakhtar^a, Steven C. Pitts^a, Zachary B. Millman^a, Nicole D. Andorko^a, Samantha Redman^a, Camille Wilson^{a,1}, Caroline Demro^{a,2}, Peter L. Phalen^b, Barbara Walsh^c, Scott Woods^c, Gloria M. Reeves^b, Jason Schiffman^{a,*}

Associations between Race, Discrimination, Community Violence, Traumatic Life Events, and Psychosis-Like Experiences in a Sample of College Students

Pamela J. Rakhshan Rouhakhtar, Steven C. Pitts and Jason Schiffman *

Community Psychosis Risk Screening: An Instrument Development Investigation

Lauren M. Ellman^{1,*}, Jason Schiffman^{2,3}, Vijay A. Mittal⁴

Prodromal Questionnaire-16 (items 1-6)

THE 16-ITEM VERSION OF THE PRODROMAL QUESTIONNAIRE (PQ-16)

		If TRUE: how much distress did you experience?			
		None	Mild	Moderate	Severe
1.	I feel uninterested in the things I used to enjoy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2.	I often seem to live through events exactly as they happened before (déjà vu).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3.	I sometimes smell or taste things that other people can't smell or taste.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4.	I often hear unusual sounds like banging, clicking, hissing, clapping or ringing in my ears.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5.	I have been confused at times whether something I experienced was real or imaginary.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6.	When I look at a person, or look at myself in a mirror, I have seen the face change right before my eyes.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Credit: [Psychosis Screening website](#)

Prodromal Questionnaire: Cultural Considerations

REVIEW ARTICLE

- "It is unclear whether different thresholds may be appropriate for different cultures given that some of the items may be indicative of cultural differences rather than positive symptomology" (Savill et al., 2018, p. 11)
- Research continues in this area, too

Psychosis risk screening in different populations using the Prodromal Questionnaire: A systematic review

Mark Savill¹  | Jennifer D'Ambrosio¹ | Tyrone D. Cannon² | Rachel L. Loewy¹

Racial discrimination is associated with distressing subthreshold positive psychotic symptoms among US urban ethnic minority young adults

Deidre M. Anglin · Quenesha Lighty ·
Michelle Greenspoon · Lauren M. Ellman

Measurement Invariance of the Prodromal Questionnaire–Brief Among White, Asian, Hispanic, and Multiracial Populations

David C. Cicero¹, Alexander Krieg¹, and Elizabeth A. Martin²

Overall: More work to be done...

- Cultural factors remain understudied in psychosis-risk screening and assessment research. Some practical suggestions include considerations of:
 - 1. Culture and context**
 - *Culturally-sensitive interview techniques (allowing time to discuss contextual factors such as discrimination, social deprivation, trauma, etc.); assessing cultural competence of clinicians*
 - 2. Comorbidity**
 - *Graduate training and continuing education; re-training; validity check-ins*
 - 3. Developmentally-informed conceptualization**
 - *Stay current on early-stage psychosis literature and youth norm literature; acknowledge dynamic nature of adolescence and young adulthood*

Individual Differences and Psychosis-Risk Screening: Practical Suggestions to Improve the Scope and Quality of Early Identification

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Frameworks

- Intersectionality (Crenshaw, 1990)
 - “ADDRESSING” Model (Hays, 1996)
 - Age and generational influences
 - Developmental or other
 - Disability
 - Religion (or spirituality)
 - Ethnic and racial identity
 - Socioeconomic status
 - Sexual orientation
 - Indigenous heritage
 - National origin
 - Gender identity



Primary Clinician’s Manual



Delivering Culturally Competent Care in FEP

- IV. Main Themes and Best Practices
 - A. Theme: Religion and Spirituality
 - 1. Sub-themes, Scenarios and Best Practices..
 - B. Theme: Family Culture.....
 - 1. Sub-themes, Scenarios and Best Practices:..
 - C. Theme: Language Barriers
 - 1. Sub-themes, Scenarios and Best Practices..
 - D. Theme: Gender and Sexuality.....
 - 1. Sub-themes, Scenarios and Best Practices..
 - E. Theme: Youth Culture
 - 1. Sub-themes, Scenarios and Best Practices..

General treatment principles

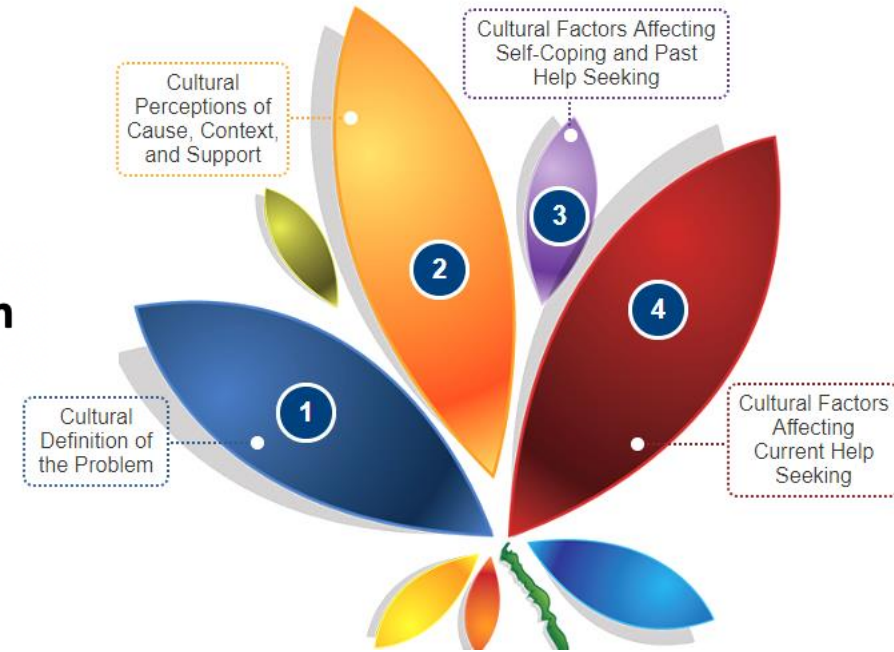
- Practice cultural humility
 - Self-reflection
 - Open discussions of cultural dynamics/identities → positive therapeutic alliance + tx outcomes (Owen et al., 2016; Vasquez, 2007)
- Be aware of differences in acculturation
- Respect cultural beliefs
- Use a cultural formulation approach
- Explore explanatory model of illness
- Use a strengths-based approach
- Negotiate a shared understanding: Find common ground

Step 3. Allow young people to explore their illness narrative.

During this step, clinicians are encouraged to ask a series of questions to help understand the meaning of psychosis from the young person's perspective. Ask young people a few questions to help them explore their narrative, such as:

- What do you call this problem?
- What do you believe caused this problem?
- What course do you expect it to take?
- What do you think this problem does to your body?
- How does it affect your body and your mind?
- What do you fear the most about this problem?
- What do you fear most about treatment?

Cultural Formulation Interview (CFI)—Informant Version



[CFI Online Module](#)

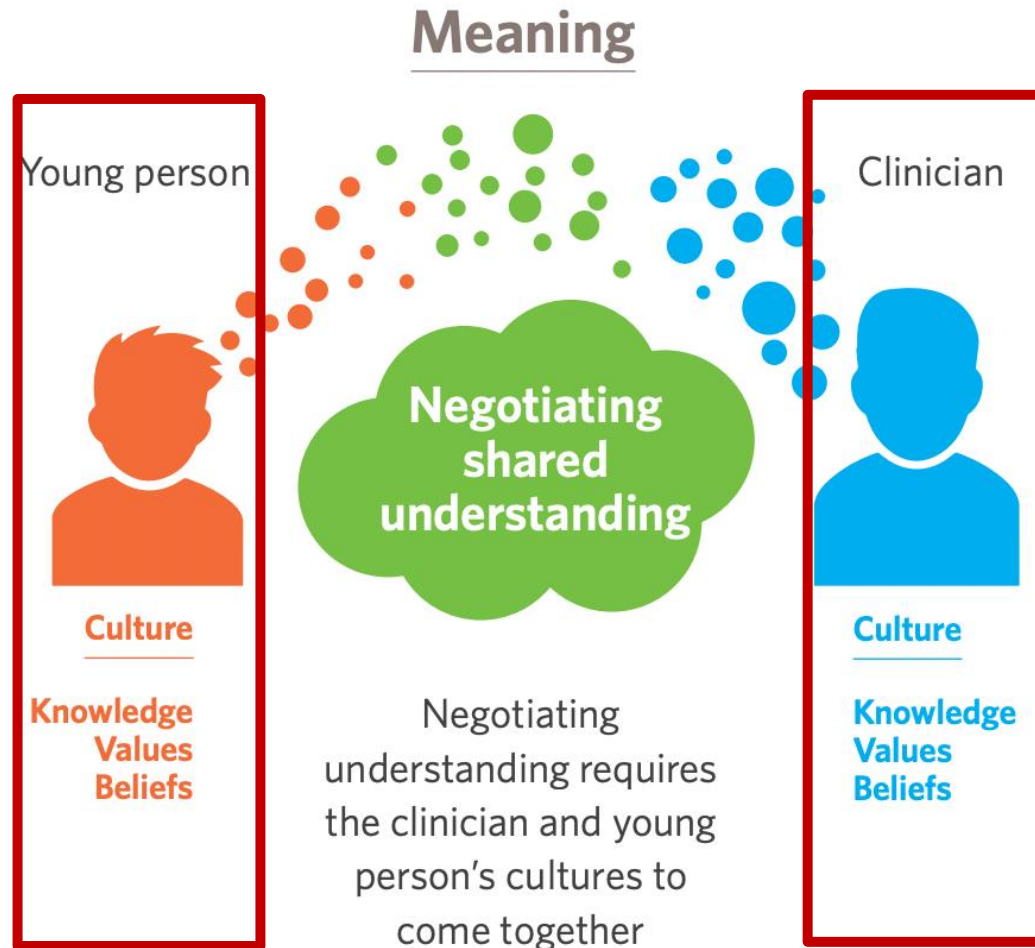
Original Article | Published: 21 January 2017

“I Got to Voice What’s in My Heart”: Participation in the Cultural Formulation Interview—Perspectives of Consumers with Psychotic Disorders

[Anjana Muralidharan](#) , [Rebecca M. Schaffner](#), [Samantha Hack](#), [Danielle R. Jahn](#), [Amanda D. Peebles](#) & [Alicia Lucksted](#)

Treatment

Figure 1. Finding common ground for treatment



Composite patient example [\(Orygen website\)](#)

Case study: Maria

Maria is a 23-year-old Italian female who moved to Australia 3 years ago, to study at University. She migrated from a small village in the south of Italy, her three brothers were murdered by the mafia 4 years ago. Her parents raised money to help her move to Australia as they were concerned for her life. As Maria is the only daughter, her family expect her to send money back home.

Initially, Maria went to a GP who diagnosed her with an anxiety disorder and referred her to a youth mental health service. She didn't attend the service because her mother said she had been cast the 'evil eye'. Maria followed her mother's evil eye treatment recommendations, including going to church to pray twice a week, lighting three candles for each of her dead brothers and wearing an amulet sent from Italy with special powers.

Maria's mental state significantly deteriorated over the next 3 months and her colleagues were concerned because she started talking to herself. Maria was referred to an early psychosis service where she disclosed she was hearing voices of her dead brothers saying that she had the evil eye and that her life was in danger. During the assessment she explained she had started carving an eye on the palm of her hand with a knife, in an attempt to deflect the evil eye. Due to her risk to self, distressing psychotic symptoms and PTSD, she was admitted into the adolescent inpatient unit.

The inpatient treating team worked in a culturally sensitive manner by respecting Maria's worldview when taking steps to negotiate treatment by finding common ground. This included:

Composite patient example (cont.d) [\(Orygen website\)](#)

- Respecting her belief that someone had cast the evil eye.
- Exploring what she thought would help with the evil eye, because the voices were causing distress and triggering past traumatic content.
- Searching for an Italian priest to dispel the evil eye.
- Exploring what was most important for her recovery which included 'to reduce the voices in my head so I am no longer haunted by memories of my brothers' murders so I can return to work and send money to my parents'.
- Suggesting a trial of medication that help reduce the powers of the evil eye that could be easily combined with the treatment of the holy water and the Italian priest.
- Managing Maria's concerns about her distress from symptoms and poor sleep by using medical treatment such as antipsychotic medication.
- Finding an Italian priest and making arrangements for Maria to attend church to pray and perform rituals with the holy water.

The treatment team was able to find common ground and negotiate a combined treatment approach between Maria's explanatory model and the biomedical model. Maria reported that the voices had reduced to whispers and that she was no longer experiencing intrusive memories of her brothers and their murders. She returned to her normal sleeping patterns and said she felt ready to return to her part-time job.

Windows of Opportunity in Early Psychosis Care:

Navigating Cultural Dilemmas
about Religion and Spirituality



Spiritually Informed Interventions and Psychotic Disorders: A Systematic Review of Randomized Controlled Trials


Patricia R. Turner¹  and David R. Hodge^{1,2} 

Local considerations

Early-Stage Psychosis Services in the US


- Baseline: Black patients were less likely to have private insurance, more likely to be homeless or transient, had significantly poorer quality of life, more severe disorganized symptoms, and worse neurocognition, but less alcohol use (v. White patients)
- Among persons in usual community care, non-Hispanic blacks scored significantly higher throughout treatment on positive and disorganized symptoms (v. non-Hispanic whites), and non-Hispanic blacks were less likely than non-Hispanic whites to receive individual therapy
- Families of Hispanic participants in usual community care were less likely than non-Hispanic white families to receive family psychoeducation
- Families of non-Hispanic black participants were less likely than those of non-Hispanic white participants to receive family psychoeducation in specialized treatment
- No health insurance → early discharge

Racial-Ethnic Disparities in First-Episode Psychosis Treatment Outcomes From the RAISE-ETP Study

Oladunni Oluwoye , Ph.D., C.H.E.S., Bryan Stiles, B.A., Maria Monroe-DeVita, Ph.D., Lydia Chwastiak, M.D., M.P.H., Jon M. McClellan, M.D., Dennis Dyck, Ph.D., Leopoldo J. Cabassa, Ph.D., M.S.W., Michael G. McDonell, Ph.D.

Published Online: 28 Aug 2018 | <https://doi.org/10.1176/appi.ps.201800067>

Demographic, psychosocial, clinical, and neurocognitive baseline characteristics of Black Americans in the RAISE-ETP study

Arundati Nagendra ^a , Nina R. Schooler ^{b, c}, John M. Kane ^{c, d, e, f}, Delbert G. Robinson ^{c, d, e}, Kim T. Mueser ^g, Sue E. Estroff ^h, Jean Addington ⁱ, Patricia Marcy ^c, David L. Penn ^{a, j}

[Schizophr Res.](#) Author manuscript; available in PMC 2021 Feb 1.

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[Schizophr Res.](#) 2020 Feb; 216: 523–525.

Published online 2020 Jan 3. doi: [10.1016/j.schres.2019.12.004](https://doi.org/10.1016/j.schres.2019.12.004)

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NIHMSID: NIHMS1548005

PMID: [31902559](https://pubmed.ncbi.nlm.nih.gov/31902559/)

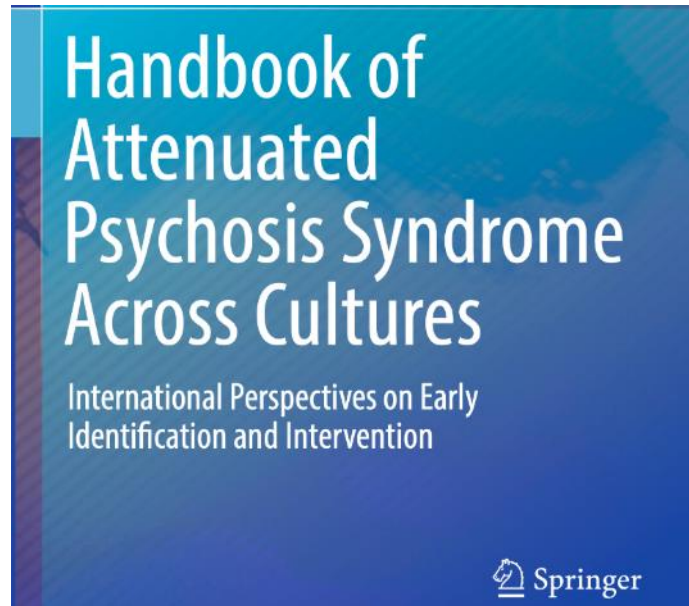
The Impact of Early Family Contact on Quality of Life among non-Hispanic Blacks and Whites in the RAISE-ETP trial

Oladunni Oluwoye, PhD, CHES,^a Liat Kriegel, PhD, MSW,^a Karl C. Alcover, PhD,^a Michael T. Compton, MD, MPH,^b Leopoldo J. Cabassa, PhD, MSW,^c and Michael G. McDonell, PhD^a

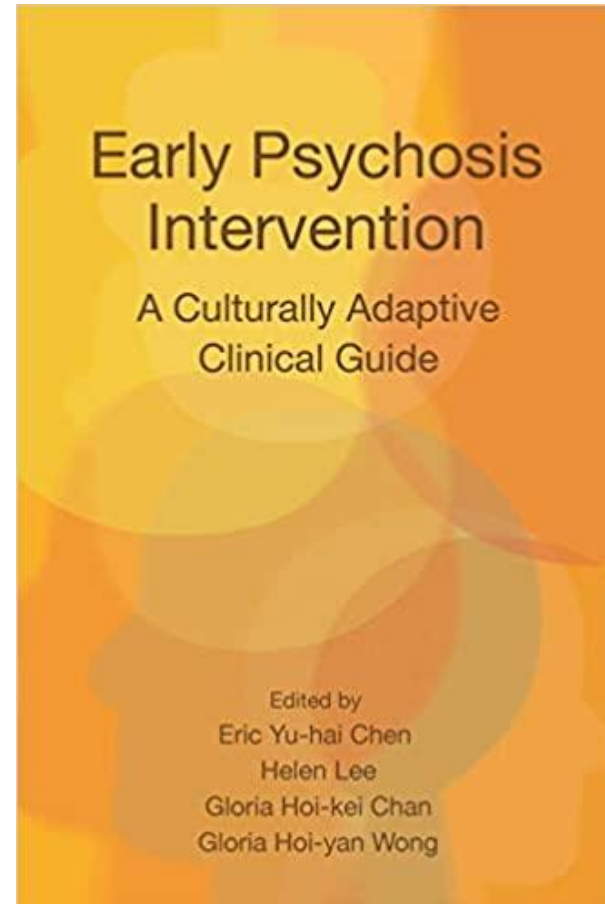
Predictors of Early Discharge From Early Intervention Services for Psychosis in New York State

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International considerations



Preliminary Evaluation of Culturally Adapted CBT for Psychosis (CA-CBTp): Findings from Developing Culturally-Sensitive CBT Project (DCCP)



- African-American/US Black youth
- Asian-American
- Latinx in the US
- Australasian
- Switzerland & Germany
- Indonesian
- Canada
- Mexico
- Brazil
- Nigeria
- China
- Japan
- India
- Denmark
- Spain
- Hong Kong
- Singapore
- South Korea
- Pakistan

Agenda

1. Defining the Issue
2. Community Engagement, Outreach, & Education
3. Screening & Assessment
4. Treatment
- 5. Research**
6. Summary & Next Steps

Future steps

- Collect basic transcultural data in research and create a more inclusive research process (Deriu et al., 2018)
 - Native language, ethnicity, place of birth, migration, etc.
 - Interpreters and cultural formulations embedded
- Work “upstream” (Anglin et al., 2020)
 - Targeting social risk factors
 - Value-based care
 - Assessing and addressing social disadvantages - a shared responsibility of professionals across systems

Agenda

1. Defining the Issue
2. Community Engagement, Outreach, & Education
3. Screening & Assessment
4. Treatment
5. Research
- 6. Summary & Next Steps**

Summary & next steps

Summary

- Psychosis and culture are intertwined
- Early-stage psychosis intervention works
- Early-stage psychosis intervention efforts will be most effective if they are culturally responsive and intersectional

Next Steps

- Ensure services are accessible and equitable
- Continue to develop and refine culturally sensitive and inclusive services
- Engage in active self-reflection and training
- Actively recruit and compose diverse treatment teams
- Develop reciprocal and collaborative community partnerships

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Evaluation Information

As part of receiving funding through SAMHSA to provide this training, the Central East MHTTC is required to submit data related to the quality of this event. At the end of today's presentation, please take a moment to complete a brief survey about today's training.

Questions



Upcoming Event with Dr. Joseph DeLuca

Early Psychosis and the Justice System: Prevention and Intervention Strategies

April 21, 2021

2:00pm – 3:30pm ET

[Registration link](#)

Appreciation



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