



This Evidence-Based Practice Brief was prepared in collaboration with the Oregon Research Institute

Culturally and Linguistically Responsive Care for Early Psychosis

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The Audience

This practice brief is intended to help mental health providers (1) enhance their cultural awareness, and (2) incorporate culturally and linguistically responsive care to individuals experiencing early psychosis.

The Issue

The growing diversity of the United States highlights the importance of *inclusion* among those at risk for and experiencing early psychosis. Emerging literature suggests higher incidence rates of psychosis among individuals of Black descent³ lower treatment and medication adherence rates for immigrant groups⁷, and less access to individual and family-based psychotherapy among Hispanic and African American populations⁸. These troubling disparity trends along ethnic and racial lines speak to the need for evidence-based guidance on how to ensure that early psychosis care is accessible to and appropriate for families of all cultures.

The Approach

As a foundation, early psychosis care teams can draw from the National Standards for Culturally and Linguistically Appropriate Services (CLAS) which were developed to help eliminate health care disparities by

Key Points

- The National Standards for Culturally and Linguistically Appropriate Services (CLAS) were developed to help eliminate health care disparities by providing a framework for individuals and healthcare organizations to implement Culturally Responsive Care (CRC).
- CRC is an approach that is both respectful and responsive to cultural beliefs and practices, preferred languages, health literacy levels, and communication needs.
- The shifting cultural lenses model aims to develop provider skills and encourages clinicians to switch between their definition of the problem and that of their client.
- Across all phases of care, the potential impact of cultural and social determinants of service utilization should be assessed for and integrated into the shared narrative.

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providing a framework for individuals and healthcare organizations to implement Culturally Responsive Care⁶. This framework describes CRC as an approach that is both respectful and responsive to cultural beliefs and practices, preferred languages, health literacy levels, and communication needs. Despite challenges in executing rigorous research on CRC, there is emerging evidence that it is linked with retention in treatment as well as with the development of mutual understanding between clinicians and clients during treatment sessions². In behavioral health care, CRC has been conceptualized using the tripartite model involving the ongoing development of: (a) cultural awareness of oneself, (b) cultural awareness of the individuals with whom we interact; and (c) skills to improve therapeutic relationships with clients based on the application of cultural awareness.

The Techniques

The shifting cultural lenses model for psychosis nicely illustrates the ongoing development of cultural awareness into skills-based therapeutic interactions⁴. This model encourages clinicians to switch between their definition of the problem and that of their client. For example, a client with psychosis who is experiencing occupational challenges may define his presenting problem as not being a “good son” in not providing for his family, while the clinician may define his presenting problem as negative symptoms of psychosis that impair his vocational functioning. Thus, this model encourages clinicians to oscillate between the cultural views of the therapist and client, with the ultimate goal that both presenting problems will be thoughtfully addressed. Table 1 outlines CRC (Culturally Responsive Care) skills that can aid in this process across the engagement, assessment, and intervention phases of care.

As shown in Table 1 below, in the engagement and assessment phases, the therapist focuses on eliciting patient’s views, their definition of the presenting problem and expectations of how therapy can be useful. These discussions may also include therapists’ disclosure of their own views which sets the stage for the development of a shared therapist-patient narrative as treatment progresses. Across all phases of care, the potential impact of cultural and social determinants linked to psychosis service utilization should be assessed for and integrated into the shared narrative⁹. For example, explanatory models of mental illness, such as a belief that symptoms are caused by an imbalance in the nervous systems (referred to as “Nervios” in Latinx populations) likely impact the individual’s definition of their health conditions, their help-seeking, as well as their expectations of healing. Similarly, in our Northwest region, cultural ideals that promote the hardiness and resilience of rural/frontier lifestyles often correspond to mistrust of mental healthcare; thereby highlighting the utility of tools such as the Cultural Formulation Interview⁵ that can assist in completing a culturally responsive assessment.



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Table 1: Shifting Cultural Lenses-Treatment Phase Model of CRC

	Engagement	Assessment	Intervention
Phase Focus	<u>Define</u> <ul style="list-style-type: none"> Psychosis in terms of “problem(s)/issues” leading to referral Establishing therapist-patient relationship roles (e.g., therapist as the helper) 	<u>On-going clarification of:</u> <ul style="list-style-type: none"> patient’s views of the presenting problem; and expectations of therapy and how therapy “works” <ul style="list-style-type: none"> develop shared view of the goals for treatment 	<u>Adapt the intervention to align with shared patient-therapist goals for treatment.</u> Shifting cultural lenses: oscillate between patient and therapist views of “methods” as the intervention evolves
Illustrative Cultural and social “determinants” of service utilization	<u>Assess the potential impact of the following across all phases of care:</u> <ul style="list-style-type: none"> Cultural determinants of psychosis and of service utilization <ul style="list-style-type: none"> Clients’ & caregivers’ narratives of their condition (e.g., explanatory model of illness) Cultural sources of stigma Family involvement; Living arrangements; Sources of Support Mistrust of healthcare, lack of confidence in mental health service providers Social determinants of psychosis and of service utilization (e.g., limited time and resources; unstable housing; vocational status; poverty; structural barriers; sources of stress in living and working settings) 		
Illustrative Practice & Tools	<ul style="list-style-type: none"> Cultural Formulation Interview Providing treatment and materials in the client’s preferred language Integrating natural supports, cultural brokers, and peers 	Shifting cultural lenses: (a) assess client’s views, (b) provide therapists’ views, and (c) develop shared (client-therapist) narrative	Shifting cultural lenses: selecting culturally consistent intervention techniques relevant to patients’ goals and aligned with therapist-client shared narratives

Regarding culturally responsive intervention techniques, a large body of research has focused on adapting interventions to better consider culture. Common modifications include adapting outward characteristics of the intervention (e.g., the language or presentation of materials), content (e.g., adding modules focused on spirituality), the intervention modality (e.g., multi-family groups), or developing original interventions for specific sub-populations¹. While a comprehensive review of this literature is outside the scope of the current brief, we present some intervention considerations within the shifting cultural lenses approach. Using the above example of the “good son,” the therapist may find it helpful to validate the client’s values of contribution, service, and responsibility, discuss the meanings behind his personal experiences of feeling inactive, and attach any therapeutic work/skill building to his clearly defined goals of reintegrating into the workforce. In addition, especially when working with youth, it may also be meaningful to incorporate natural support systems or peers with lived experience that can act as models of hope and resilience, promote social integration, and assist in skill building.

Why This Matters



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Healthcare workers as a whole can benefit from culturally responsive care because it targets specific skills service providers can use to work more effectively with individuals with a range of social, cultural, and ethnic backgrounds by considering the role of cultural and social contexts across the different types of early psychosis specialty care (e.g., skills training, psychoeducation) and phases of treatment (e.g., assessment/engagement, intervention). Better care leads to better outcomes.

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