Acting and Thinking Differently: Culturally-Competent Treatment for Psychosis

Date: December 16, 2020 @ 10:00 am | Online Event
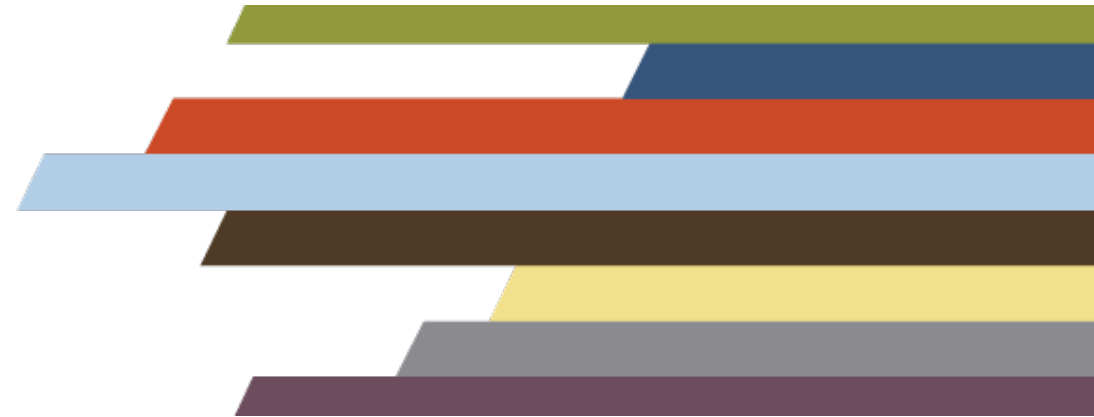
New England (HHS Region 1)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Dr. Yolanda Bogan, Professor
Dr. Huijun Li, Associate Professor

Florida A&M University, Department of Psychology

Housekeeping Information

Participant microphones will be muted - feel free to use the chat box below for comments and questions

If you have any questions during the webinar or any technical difficulties, please use the chat box below
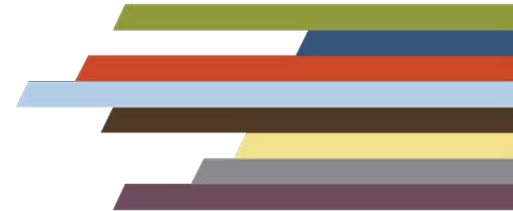
This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.

Information about CEUs will be sent in a follow-up e-mail

If you have questions after this session, please e-mail: newengland@mhttcnetwork.org

SAMHSA
Substance Abuse and Mental Health Services Administration

OUR TEAM

Yale Program for Recovery and Community Health

in partnership with

C4 Innovations,
Harvard University
Department of Psychiatry,
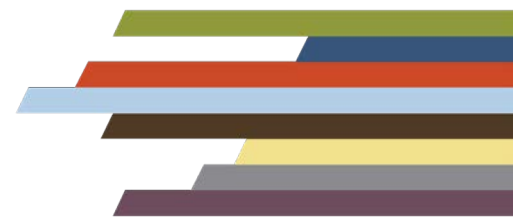and
Center for Educational
Improvement

New England MHTTC

Mission
To use evidence-based means to disseminate evidence-based practices across the New England region.

Area of Focus
Recovery-Oriented Practices, including Recovery Support Services, within the Context of Recovery-Oriented Systems of Care.
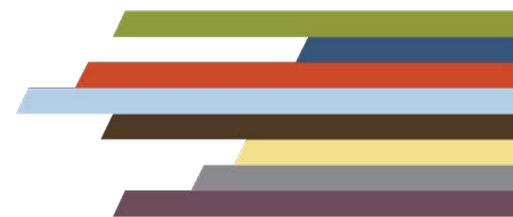
Ensuring Inclusion

To ensure the responsiveness of our work, we will actively develop and maintain a network of: government officials

- policy makers
- system leaders
- administrators
- community stakeholders
- providers
- researchers
- youth and adults
- and family members

from each of the six states to guide the New England MHTTC's activities.

To learn more about us
https://mhttcnetwork.org/newengland

Objectives

Present	Review	Discuss
Present how social and cultural experiences may impact increased risk for mental health	Review culturally-sensitive strategies for working with minority clients and families	Discuss the importance of culturally-competent mental health care for psychosis

Race and Ethnicity Information: Boston, MA, and US(%)

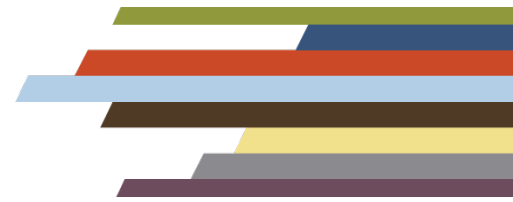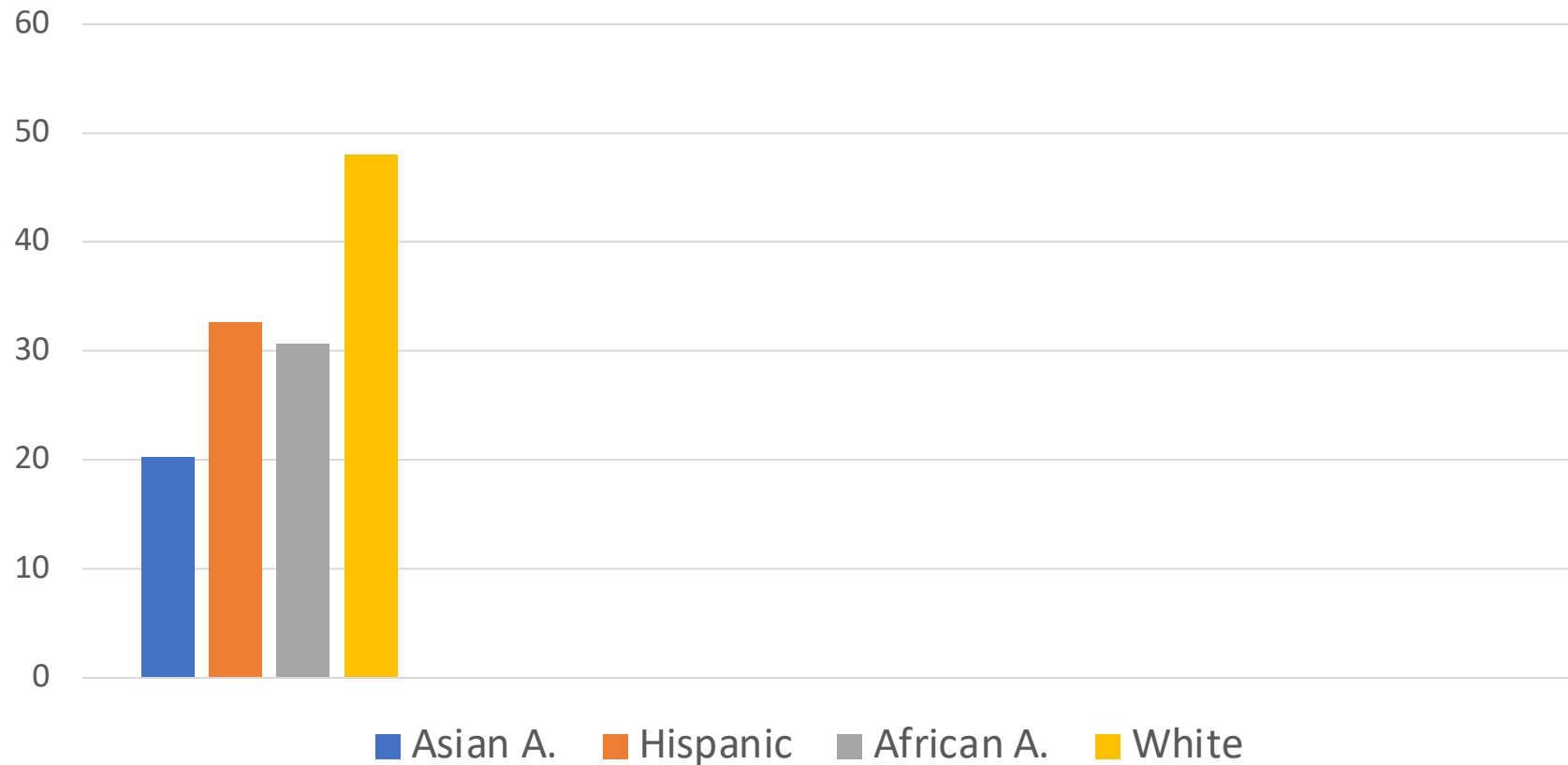| RACE/ETHNICITY	BOSTON (2019)	MA（2020）	US (2019)
White	52.6	80.6	76.3
Hispnic/Latino	19.7	12.4	18.5
Black	25.3	9.0	13.4
Asian	9.6	7.2	5.9
Native Hawaiian or other Pacific Islander	0	0.1	0.2
Two or more races	5.1	2.6	2.8

Differences in Reports of Stress by Race

% of adults reporting serious psychological stress in past 30 days (2015-2016)
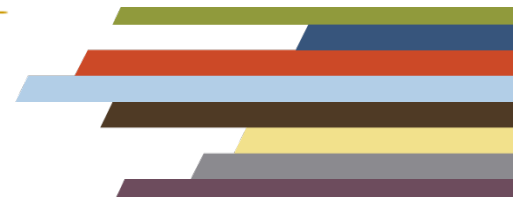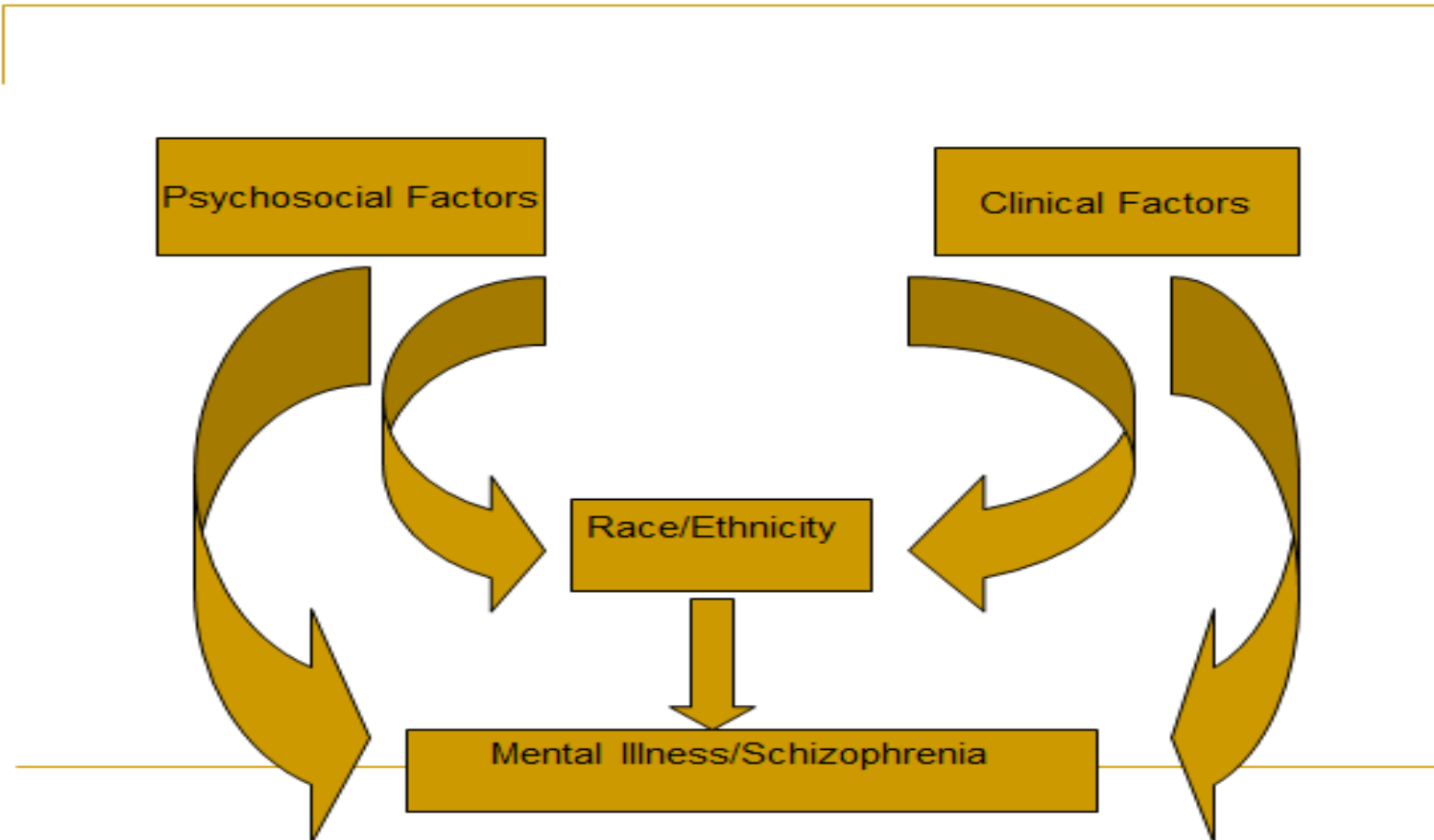
2020 www.psychiatry.org

Differences in Access to Treatment by Race

Mental Health Services Received in Past Year Among US Adults with
Any Mental Illness (2017)

Conceptual Framework
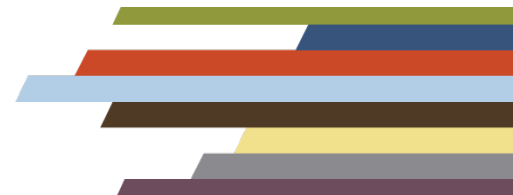
Acting/Thinking Differently

Depression

Withdrawal

Crying spells

Sleep disturbance

Appetite Disturbance

Concentration issues

Suicidal behavior

Anxiety

Fear

Avoidance

Rumination

Hyperarousal

Psychosis

Withdrawn

Flat affect

Confused thoughts

Disturbed perceptions
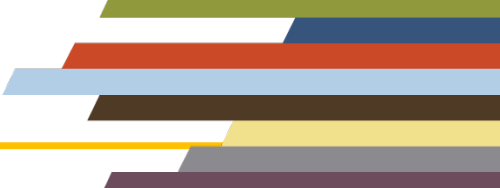
Hallucinations

Delusions

Psychosis

Altered perceptions, abnormal thinking, and odd behaviors.

May lose a shared sense of reality and experience themselves and the world in a distorted way.

- Hallucinations, such as hearing voices or seeing things that aren't there
- Delusions firmly held beliefs not supported by objective facts
- Thought disorder, which includes unusual thinking or disorganized speech

Negative symptoms

- Loss of
    - motivation
    - Pleasure in activities
    - Expression, difficulty showing emotions
    - normal functioning
- Reduced motivation and difficulty planning, beginning, and sustaining activities
- Diminished feelings of pleasure in everyday life
- "Flat affect," or reduced expression of emotions via facial expression or voice tone
- Reduced speaking and social withdrawal

Cognitive symptoms

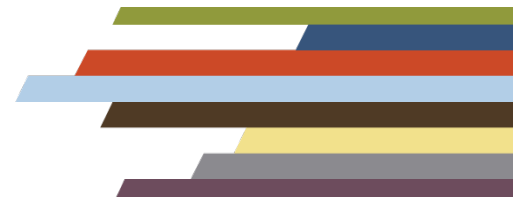INCLUDE SUBTLE OR PROMINENT PROBLEMS IN ATTENTION, CONCENTRATION, AND MEMORY

DIFFICULTY PROCESSING INFORMATION TO MAKE DECISIONS

PROBLEMS USING INFORMATION IMMEDIATELY AFTER LEARNING IT

TROUBLE FOCUSING OR PAYING ATTENTION

Differential Diagnosis for Psychosis

- Substance-induced psychosis
- Depression with psychotic features
  - Postpartum depression
- Bipolar disorder
- Brief reactive psychosis

Working with Asian Americans
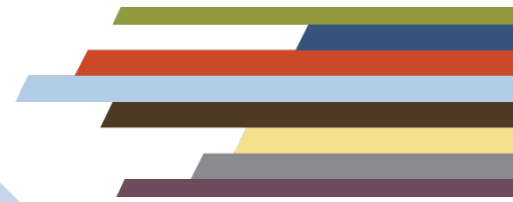
Cultural Understanding of Mental Illness

- Many Chinese immigrants do not report:
  - feeling sad, but rather
  - expressing boredom, meaningless, discomfort
  - symptoms of inner pressure
  - symptoms of pain, dizziness, and fatigue

- Diagnosis of depression of Chinese Americans

  is "morally unacceptably and experientially meaningless."

  (Kleinman, 2004)

Cultural Understanding of Mental Illness

"His parents had a poor understanding of schizophrenia and were extremely distrustful of mental health providers. They thought that his psychosis was caused by mental weakness and poor tolerance of a recent heat wave. They believed that they themselves could help by providing him with their own food and making him return to school. These …differences in beliefs caused the parents to avoid the use of mental health services." (U.S. Department of Health and Human Services 2001: 118)
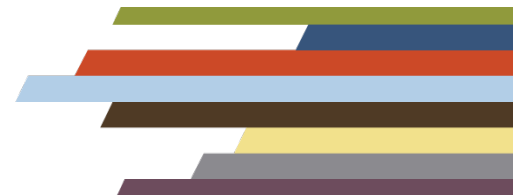
Cultural Understanding of Mental Illness

"Excessive thinking" serves several key functions in family members' understanding of mental illness.

- as a causal factor and a precipitant to mental illness

"In the period after illness exacerbation occurred and before formal diagnosis took place, excessive thinking was frequently utilized as a label and as a benign interpretation for symptoms such as paranoia and the delusional perseveration."
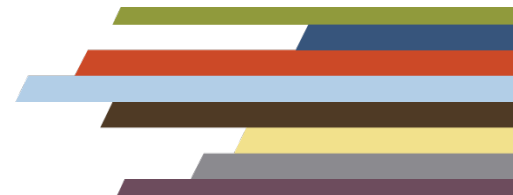
Yang et al., (2010).

Possible Misdiagnoses

Heap You's doctors thought she was crazy. The Cambodian immigrant kept saying her neck was going to explode (that she didn't want to move her neck because excessive "wind," bottled up in her body, might surge through her neck, break blood vessels, and kill her) , though an examination showed nothing physically wrong. One hospital put her on antipsychotic medication.

(http://www.boston.com/news/health/articles/2008/03/24/culture_gap/)

Stigma

Public Stigma

Stereotypes
Prejudice
Discrimination

Self–Stigma

Stereotypes
Prejudice
Discrimination

**Double Stigma
Among Ethnic
Minority
Groups**
Lower SES
Stereotypes
Prejudice
Discrimination
Maltreatment
Misdiagnosis
Distrust of
System

**Mental Heal
System/Prov**
Misdiagnosis
Inadequate Cu
Competence
Communicatio
Failures
Conscious and
Unconsciou
Stereotyping
Limited Acces

**Avoid Public & Self–
Stigma**

Preserve Self–Esteem, Self–
Efficacy, and Well-Being

**Avoid Public & Self–Stigma
and Interactions with
Mental Health System**
Preserve Self–Esteem, Self–
Efficacy, and Well-Being

Delayed or Aborted
Treatment; Potential for
Intensified Stereotypes,
Prejudice, &
Discrimination;
Family Stigma;
Increased Morbidity and
Mortality; Decreased
Well-being; Increased
Mental Disorders

High Treatment Attrition Rate: Why?

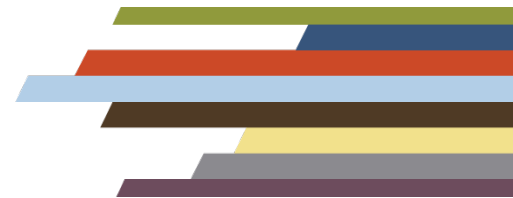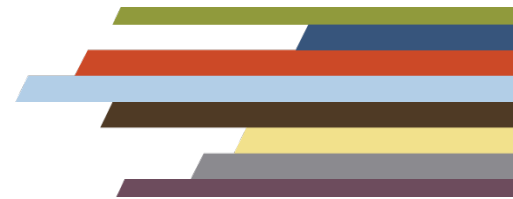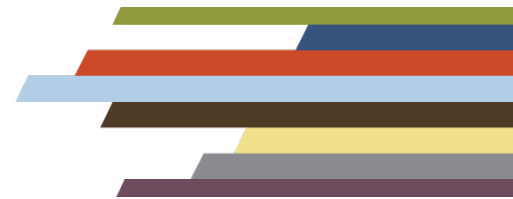|			
Lack of knowledge	Lack of transportation	Lack of trust	Family illness
Forgetting	Feeling too ill or too well	Inadequate English skills	Therapeutic relationship

Lack of Access to Services

Change Mind: Not a Surprise

They call you to cancel at the last minute for all kinds of reasons: sick, busy, the party did not want to come (sometimes, parents, children, husbands, wives, relatives make appointments for children, parents, wives and other relatives), changed their mind, or just feel fine now.

Counseling: Foreign Concept

- Professionals with diplomas on walls charging an arm and a leg for talking???

- Advice from respected elders and/or relatives is "*free?*

- *Why pay for talking?*

- *What can you do for me today?*

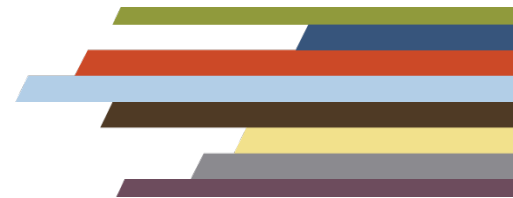- *What credibility do you have?*

- Stranger in "system" vs. family circle
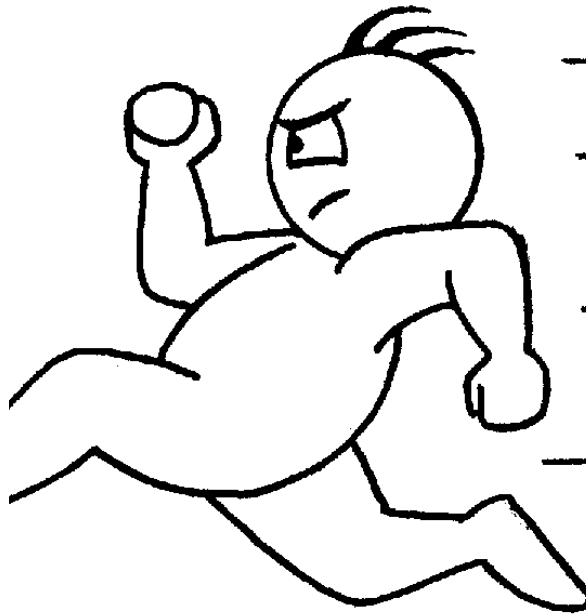
Alternative Treatment

Challenges in Treatment Efforts

- Expectation of therapist taking an active, direct role (Guru-Chela relationship) *(Nehi 1973, Narayan 1986)*

- Less accustomed to the more intimate doctor patient relationship seen in Western Medicine, privacy under-emphasized *(Naik et al 1998)*

Expect Quick Fix

- Resolve their long-standing problems in one session, producing instant results
- Expect exact and powerful approaches
- Everything will be fine if they follow instructions

Provide Culturally Appropriate Services

Provide	mental **health services in non-stigmatizing settings**
Address	barriers **directly**
Conduct	on-going **therapeutic relationship assessment**
Understand	"yes"
Provide	culturally **relevant treatment** •Integrate alternative treatment approaches

Strategies in Treatment Efforts

Take	Conduct	Use
intake **session as a treatment** session	suicide**/homicide risk assessment**	solution- **focused** therapy and take a more direct role

ADDRESSING THEIR PROBLEMS AND CONCERNS--USE THEIR LANGUAGE

-What do you call your/your child's problem/experience? What do others call it?

-What do you think caused it?

-Why do you think it has started now?

-How does it affect you/your child?

-How does it affect others?

-What kind of problems does it cause?

-How serious do you think it is?

-Do you think it will have a long course?

-What do you fear the most about your/your child's symptoms/difficulties?

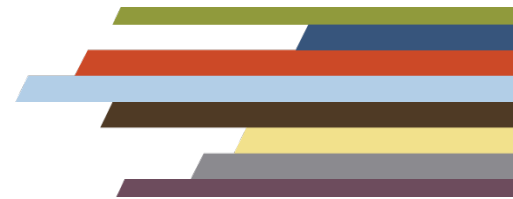-Do you think it needs treatment/intervention?

-Do you think treatment/intervention will help?

-What results do you think will emerge?

Adapted from Arthur Kleinman, "Patients and Healers in the Context of their Culture" (1980) University of California Press.
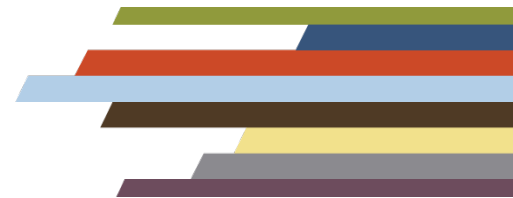
Working with African Americans

Factors Affecting Mental Health of African American Populations (Surgeon General's Report, 2000)

- Historical adversity, which translates into the socioeconomic disparities experienced by African Americans today.

- Socioeconomic status, in turn, is linked to poor mental health.

- Negative stereotypes and rejecting attitudes have decreased, but continue to occur with measurable, adverse consequences for the mental health of African Americans (Clark et al., 1999).

Barriers to Services: African Americans

- Socioeconomic disparities: health insurance, education, and resources
- Mental health stigma: Weakness, source of support and distress from faith community
- Provider bias and inequality of care

Supporting the Mind

The mind is an ever-changing dynamic that responds to internal and external stimuli

From ages 12-24, there is significant growth and maturation as never before (Siegel, Brainstorm)

Novelty-seeking

Increased emotional intensity

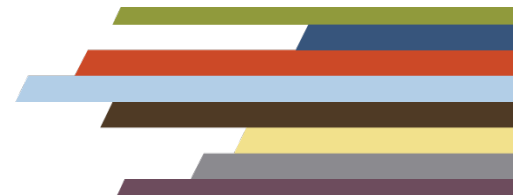Creative exploration

Social engagement* best predictor of well-being, longevity, and happiness throughout the lifespan

Siegel, D. (2013). Brainstorm: The power and purpose of the teenage brain. Jeremy P. Tarcher/Penguin: New York.
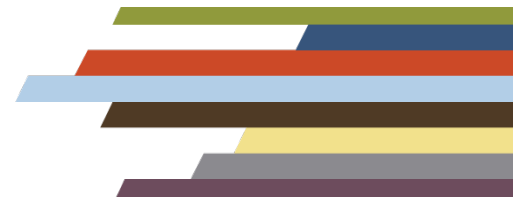
The Healthy Mind Platter (Siegel)

- How to stimulate neuronal activation and growth
  - Time In (Self-awareness/SIFT)
  - Sleep (Sleep Hygiene: 8-9)
    - Memory consolidation
    - Optimal insulin and food metabolism
    - Optimal immune function
    - Stress response
    - Optimal mental functioning : Attention, thinking, remembering, problem-solving, handling emotions, connecting with others
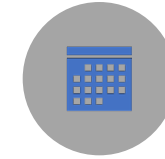
Siegel, D. (2013). Brainstorm: The power and purpose of the teenage brain. Jeremy P. Tarcher/Penguin: New York.
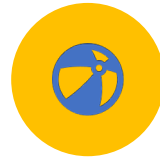
Healthy Mind Engagement

Focus Time: Working, flow
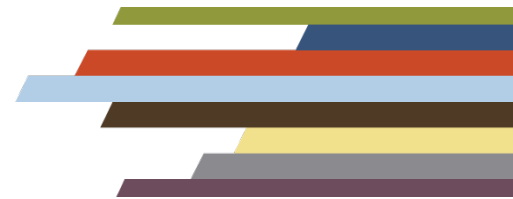
Downtime-leisure where there are no scheduled activities

Playtime-Specific time for fun

Physical-importance of movement addresses wholistic health

Connecting Time-connecting tri-directionally

2020 Stressors

- Health Pandemic
  - How are we impacted by increased isolation?
  - Loss of families and friends?

Impact of Isolation

- School
- Medical Care
- Death Rituals

APA President, Sandra L. Shullman, PhD

- "**We are living in a racism pandemic**, which is taking a heavy psychological toll on our African American citizens. The health consequences are dire. Racism is associated with a host of **psychological consequences, including depression, anxiety and other serious, sometimes debilitating conditions, including post-traumatic stress disorder and substance use disorders.** Moreover, the stress caused by racism can contribute to the development of cardiovascular and other physical diseases.

Racial Pandemic-false Police Reports

- False police reports against African-Americans

- https://www.nytimes.com/2020/07/06/nyregion/amy-cooper-false-report-charge.html

- https://www.dailymail.co.uk/news/article-8785121/Cops-storm-black-Texas-students-dorm-room-white-roommates-lied-said-threatened-them.html

- https://www.cnn.com/2018/05/09/us/yale-student-napping-black-trnd/index.html

RACIAL PANDEMIC-police shootings

Northeastern University

- "**Although Black people represented 12 percent of the population in the states we studied, they made up 25 percent of the deaths in police shootings**... By comparison, Matt Miller says, white people represented 62 percent of the population—and made up 54 percent of the deaths in encounters with police." (News@Northeastern)
- Police in the U.S. killed 164 Black people in the first 8 months of 2020. (CBS NEWS)
- https://interactive.aljazeera.com/aje/2020/know-their-names/index.html

Mental health Impact of anti-black racism:

- Data from the Census Bureau's Household Pulse Survey: June, 2020

- Black Americans who reported significant signs of anxiety or depression jumped from 36% to 41%.

- For Asian Americans, those with signs of anxiety or depression rose from 28% to 34%.

- For white Americans, rates of anxiety and depression remained relatively the same

- For Hispanic and Latino Americans, it decreased from 42% to 38%.

- George Floyd with his daughter

The unreasonableness of Anti-black racism

- For a man whose only weapon is reason there is nothing more neurotic than contact with unreason (Fanon)

What is the goal of adolescence?

- Integration of Identity

- Erik Erikson's psychosocial development

- Existential Question?
  - Who am I?
  - Do I matter?
- Fanon Questions:
  - Who are we?

Stages of Psychosocial Devt.

- Consistent with Franz Fanon's questions of:
- Who are we?
- Are we who we think we are?
- Are we all that we ought to be?

ERICKSON'S PSYCHOSOCIAL STAGES

Stages	Crisis	Favorable Outcome	Unfavorable Outcome
Childhood			
1st year of life	Trust vs. Mistrust	Faith in the environment and future events	Suspicion, fear of future events
2nd year	Autonomy vs. Doubt	A sense of self-control and adequacy	Feelings of shame and self-doubt
3rd through 5th years	Initiative vs. Guilt	Ability to be a "self-starter," to initiate one's own activities.	A sense of guilt and inadequacy to be on one's own
6th year to puberty	Industry vs. Inferiority	Ability to learn how things work, to understand and organize.	A sense of inferiority at understanding and organizing.
Transition years			
Adolescence	Identity vs. confusion	Seeing oneself as a unique and integrated person.	Confusion over who and what one really is.
Adulthood			
Early adulthood	Intimacy vs. isolation	Ability to make commitments to others, to love.	Inability to form affectionate relationship.
Middle age	Generativity vs. self-adsorption	Concern for family and society in general.	Concern only for self—one's own well-being and prosperity.

Possible Feelings/States of Being

Social Isolation
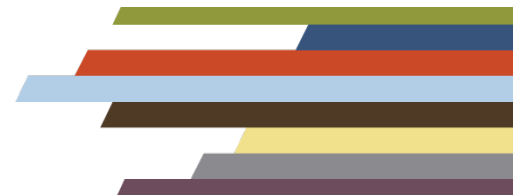
Self-estrangement

Sense of powerlessness

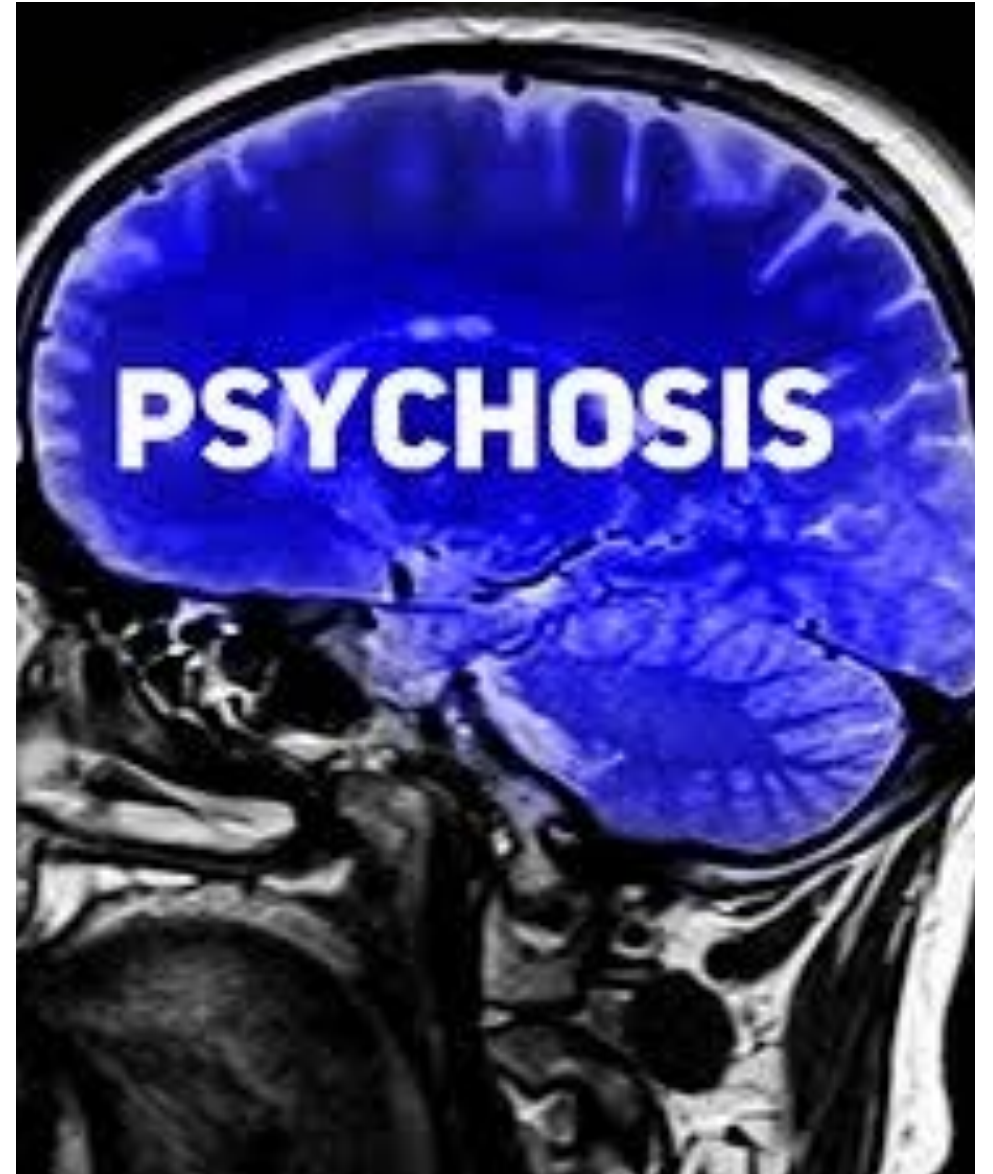Meaninglessness

Normlessness

Cultural estrangement

Disconnection contributes to mental distress

The experience of psychosis

- Cultural interpretation of mental illness

- Level of family support

- Vocational functioning

- Housing status

Jones, N. & Luhrmann, T.M. (2016). Providing culturally competent care: Understanding the context of psychosis. Psychiatric Times.

Access to Care

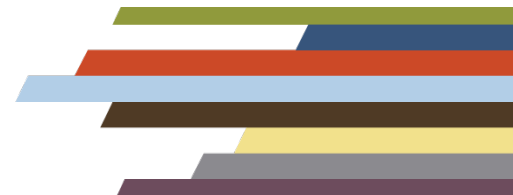Contact your health professional

Seek treatment

Medication adherence

Identify signs of possible relapse

- Antipsychotic Medication-atypicals **plus**
- Psychosocial Treatment
  - cognitive behavioral therapy
  - behavioral skills training
  - supported employment
  - cognitive remediation interventions

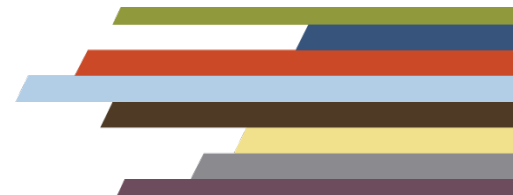- Family Education and Support, mixed results

Treatment

African Americans and psychiatry

- African Americans are **more likely to receive treatment with antipsychotic medications** during outpatient visits with a psychiatrist or general practitioner **compared to non-Hispanic whites**
- Having commercial insurance increases the likelihood of psychiatric hospitalization following an outpatient visit.
- Enabling factors predicting African American race during psychiatric admission
  - having commercial insurance
  - living in a home
  - having three or more prior psychiatric hospitalizations.
  - female

Hamilton, J. E., Heads, A. M., Cho, R. Y., Lane, S. D., & Soares, J. C. (2015). Racial disparities during admission to an academic psychiatric hospital in a large urban area. *Comprehensive Psychiatry, 63*, 113-122. doi:http://dx.doi.org/10.1016/j.comppsych.2015.08.010
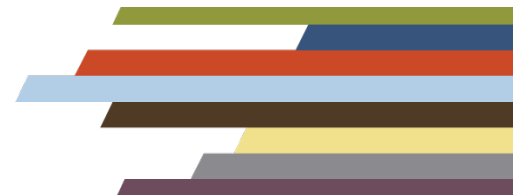
Racist Health Practices

- Tuskegee Syphilis Experiment

- Henrietta Lacks

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4354806/ (Scharff et al, 2010)

- https://www.baltimoresun.com/news/bs-xpm-1995-03-19-1995078058-story.html

- On 23 March 1945 Ebb Cade presented at the Oak Ridge Hospital with three fractures. Dr Friedell determined that as Cade was, as he characterized, a "well developed, well nourished" "colored male", he was suitable for experimentation with plutonium injection. Doctors left his fractures untreated for 20 days until after plutonium injections began on April 10 1945. He became known as HP-12 (Human Product-12), and was the first person to be injected with Pu-239. In order to test the migration of plutonium through his body, subsequently fifteen of Cade's teeth were extracted, and bone samples taken.
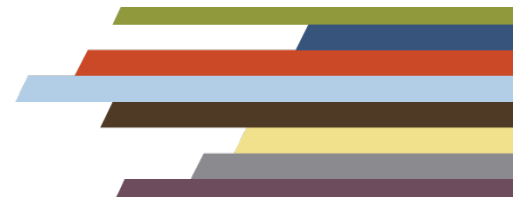
Family Provider Connection pre-treatment

- Establishing a connection between providers and family members of clients with FEP prior to treatment has an impact on client outcomes

- Among Black participants those whose family members had met with a provider prior to treatment had significantly higher scores throughout treatment than those who did not on **interpersonal relations item: social activity and intrapsychic foundation item: anhedonia**

Oluwoye O, Kriegel L, Alcover KC, Compton MT, Cabassa LJ, McDonell MG. The impact of early family contact on quality of life among non-Hispanic Blacks and Whites in the RAISE-ETP trial. *Schizophr Res*. 2020;216:523-525.
doi:10.1016/j.schres.2019.12.004 https://doi.org/10.1016/j.schres.2019.12.004
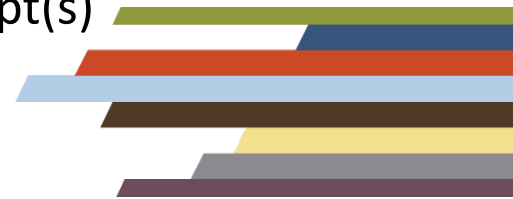
Temporal Risk of Suicide

- During emerging psychosis (i.e., prodromal phase)

- Immediately prior to hospitalization and immediately following discharge

- Several months following symptom remission (early recovery period)

- After first relapse (i.e., when realization occurs that illness is recurrent)

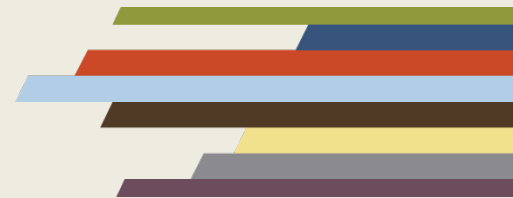# Risk factors for suicide in early psychosis

- Good premorbid functioning with high personal expectations
- High premorbid IQ
- Good insight
- Depression and/or hopelessness
- Substance abuse
- Male gender
- Single
- Unemployed
- Suicidal ideation and/or previous suicide attempt(s)

Culturally-competent Care for Psychosis

1. Respectful, curious engagement
2. Minimum use of diagnostic labels
3. Making meaning of voices

Jones, N. & Luhrmann, T.M. (2016). Providing culturally competent care: Understanding the context of psychosis. Psychiatric Times.
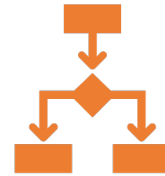
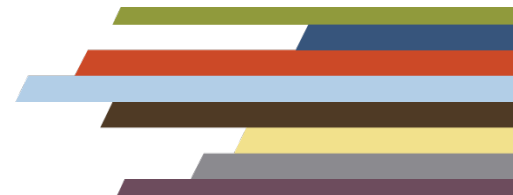# Provider Philosophy of Treatment

Strengths-based approach
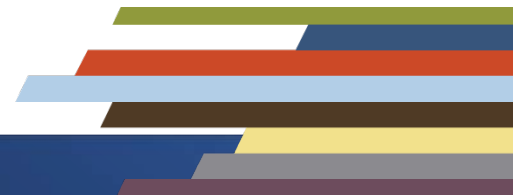
Respectful curiosity

Shared decision-making

Active engagement

ETHNIC Aspects of Clinical Treatment

- Explanation- What do you think these symptoms mean?

- Treatment-What are your expectations in our work together?

- Healers-Are their other sources of healing that we can call upon?

- Negotiate- Presenting treatment in a way that supports their beliefs and treatment efficacy.

- Intervention-How do we work together to develop and implement treatment?

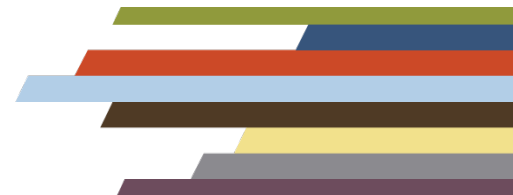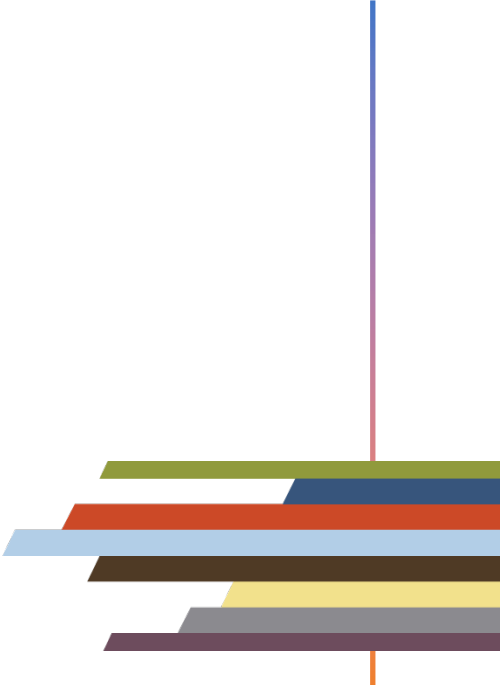- Collaborate-Engage family, community

What is Culture?

- "Culture has been defined as an integrated pattern of human behaviors including thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social nature (Pumariega et al. 2013).

- Hughes (1993) further defined culture as a socially transmitted system of ideas that "(1) shapes behavior, (2) categorizes perceptions, (3) names selected aspects of experience, (4) is widely shared by members of a particular society or social group, (5) is an orientating framework to coordinate and sanction behavior, and (6) conveys values across the generations."

Pumariega A.J. (2016) Cultural Factors in the Treatment of Psychosis. In: Pradhan B., Pinninti N., Rathod S. (eds) Brief Interventions for Psychosis. Springer, Cham. https://doi.org/10.1007/978-3-319-30521-9_11
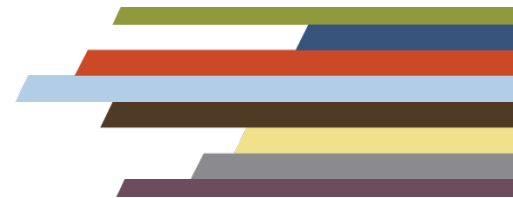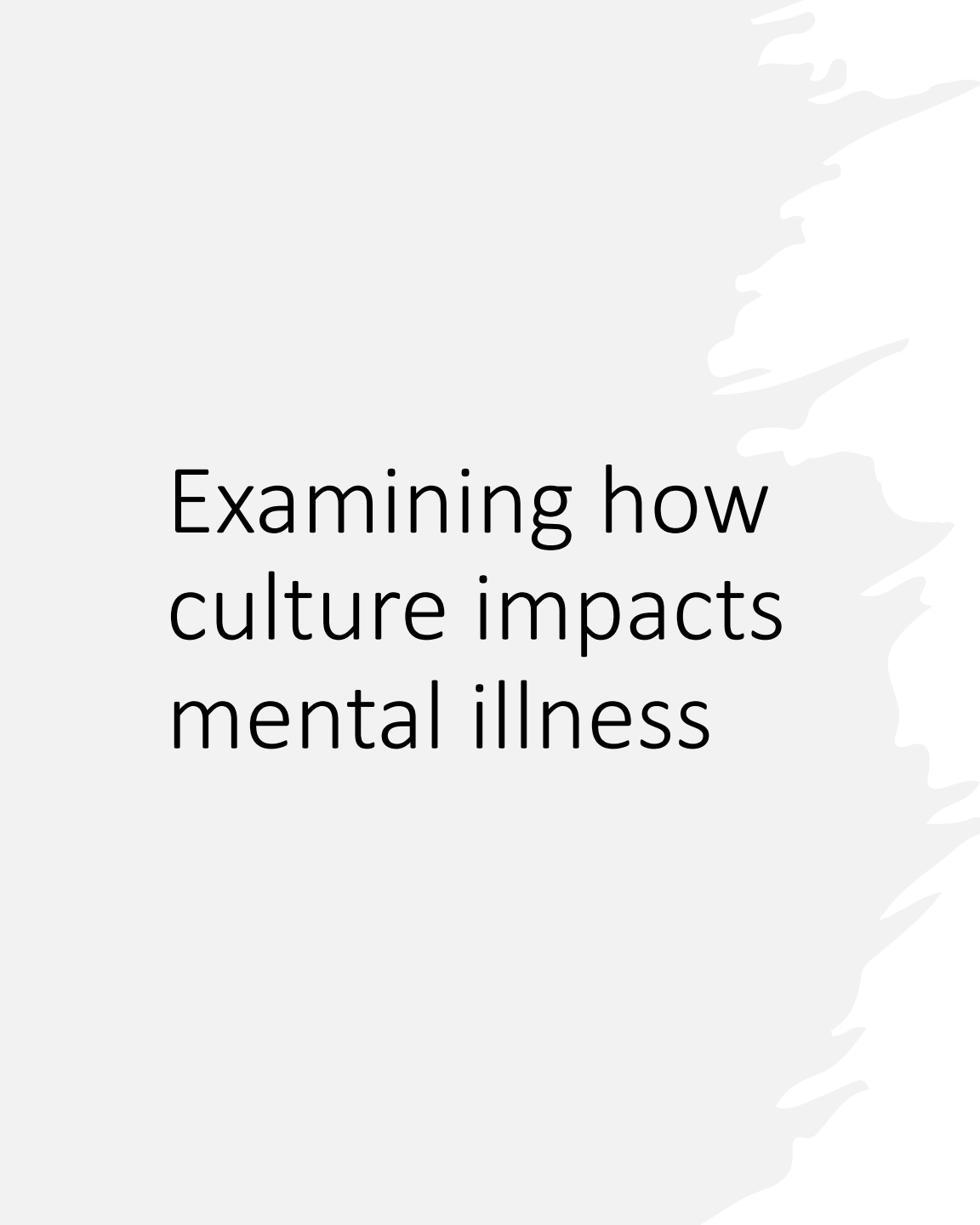
Cultural Strengths

- Spirituality
- Family flexibility
- Oral expression-poetry, rap, oration
- Community
- Rhythm/Movement
- Artistry/Music
- Non-materialism

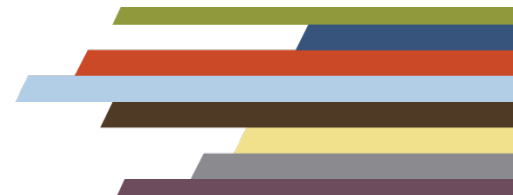# Roles of Culture in mental illness

- Question the current conception of culture according to the literature:
  - Pathogenic effects – Culture is a direct causative factor in forming or generating illness
  - Patho-selective effects – Tendency to select culturally influenced reaction patterns that result in psychopathology
  - Patho-plastic effect – Culture contributes to modeling or shaping of symptoms

Examining how culture impacts mental illness
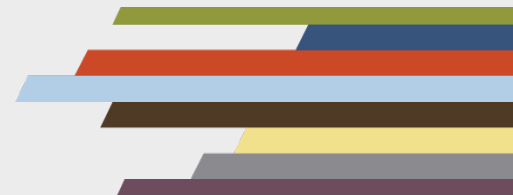
- Patho-elaborating effects – Behavioral reactions become exaggerated through cultural reinforcements
- Patho-facilitative effects – Cultural factors contribute to frequent occurrence
- Patho-reactive effects – Culture influences perception and reaction.

- **Culture influences the epidemiology, phenomenology, outcome, and treatment of schizophrenia and affective disorders.**

Influence of Culture

- Culture influences
  - Expression of pathology (e.g., visual hallucinations)
  - Medication issues: absorption, metabolism, and compliance, availability, affordability
  - Clinical practice
    - Coping
    - Stigma
    - Family involvement
    - Traditional healing practices
  - Psychotherapy Dynamics
    - Rapport and trust
    - Directiveness
    - Frequency of Treatment

Viswanath, B., & Chaturvedi, S. K. (2012). Cultural aspects of major mental disorders: a critical review from an Indian perspective. *Indian journal of psychological medicine*, *34*(4), 306–312. https://doi.org/10.4103/0253-7176.108193

African-Americans and Substance Use

- Alcohol use disorders were similar among Whites and Hispanics.

- **African Americans were more likely to report marijuana use disorders than Whites**.

- **Co-occurring alcohol and marijuana use disorders were more likely among African Americans as compared to Whites**.
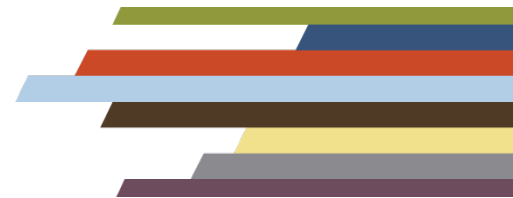
This cross-sectional study included 13,872 individuals and used data from the 2005–2007 National Survey on Drug Use and Health.

Pacek, L. R., Malcolm, R. J., & Martins, S. S. (2012). Race/ethnicity differences between alcohol, marijuana, and co-occurring alcohol and marijuana use disorders and their association with public health and social problems using a national sample. *The American journal on addictions*, *21*(5), 435–444. https://doi.org/10.1111/j.1521-0391.2012.00249.x

Impact of Cannabis on Psychosis

- Cannabis use is associated with an **earlier age of onset of psychosis** and more severe impairments in neurocognition.

- Continued cannabis use after the onset of psychosis is likely associated with **increased risk of illness relapse**, longer hospitalizations, and **more severe positive psychopathology**.

- There is also evidence for superior efficacy of clozapine for reduction of substance use and negative symptoms in patients with schizophrenia and comorbid cannabis use.

Miller, B. (2020). Novel insights on cannabis and psychosis. *Psychiatric Times.*
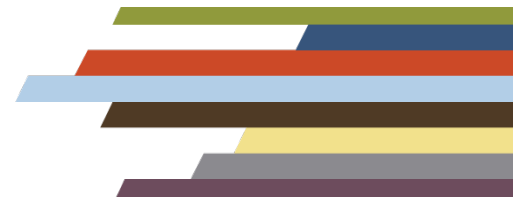
Substance Use and Schizophrenia

- Cannabis use is one of the most widely used drugs by patients with this diagnosis.

- Frequent and heavy use of cannabis is significantly associated with decreased cognitive functioning (with diminished effects following abstinence >72 hours.

- Cannabis use is a risk factor for psychosis with a clear dose-dependent relationship.

- **Individuals with substance induce psychosis may transition to schizophrenia. The risk level was 34%.**

Miller, B. (2020). Novel insights on cannabis and psychosis. *Psychiatric Times.*

Take Home Messages

- Be aware of the barriers of Asian American clients' experience

- Consider the cultural influences on African-Americans

- Be conscious of the challenges working with these clients

- Striving to provide culturally sensitive mental health services
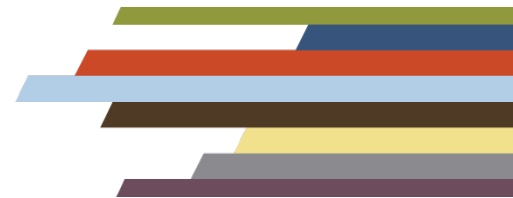
- When in doubt, consult

Contact Information

Yolanda K.H. Bogan, Ph.D.
- Yolanda.bogan@famu.edu

Huijun Li, Ph.D.
- Huijun.li@famu.edu
  - 850 599 3014

New England (HHS Region 1)

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Questions?

Visit: http://www.mhttcnetwork.org/newengland

E-mail: newengland@mhttcnetwork.org

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