



National Hispanic and Latino

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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

A Clinicians Guide to First Episode Psychosis for LatinX Youth

Dawn Halperin, LPCC CPRP

Director/Senior Program Therapist, Early First Episode Program UNM HSC

Mauricio Tohen, MD DrPH MBA

Distinguished University Professor and Chairman
Department of Psychiatry and Behavioral Sciences UNM HSC

Bess Friedman, MSc

Program Specialist, Early First Episode Program UNM HSC

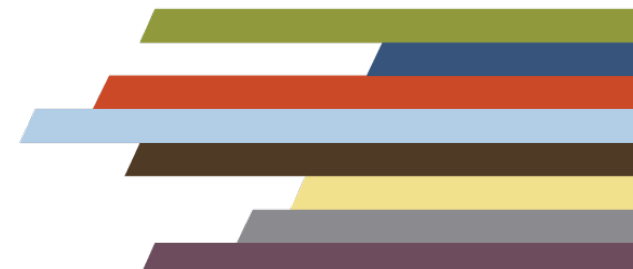
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AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
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AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

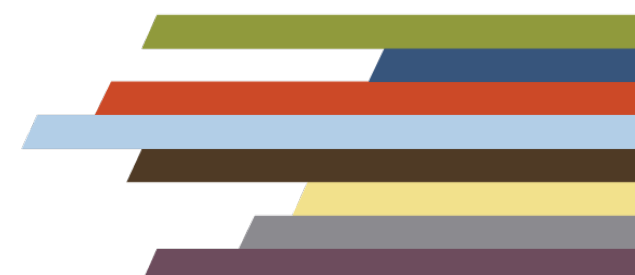
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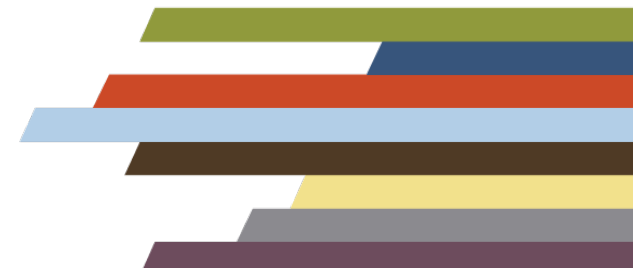
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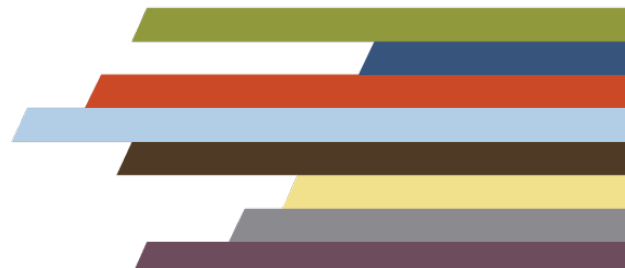


Authors Discloser

Dr. Tohen discloses that he has been a scientific consultant or has received funding from Abbott, Allergan, Alkermes, Lilly, AstraZeneca, BMS, GSK, Sunovion, Intracellular Therapies, Otsuka, Merck, J&J, Forest, Lundbeck, Roche, Teva, Minerva, Tecnofarma, Atlas Foundation, NIMH, and NARSAD. He was a Lilly employee (1997-2008)
His spouse was a Lilly employee (1998-2013)



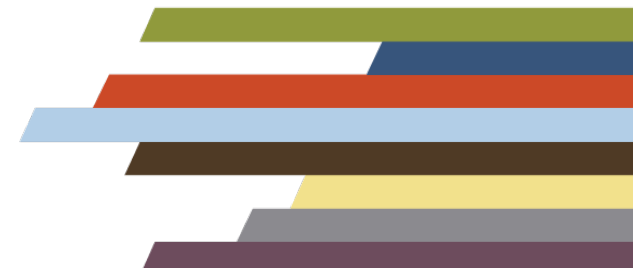
NEW MEXICO



Francisco Vázquez de Coronado



- Francisco Vázquez de Coronado assembled an expedition at Compostela in 1540–1542 to explore the mythical Seven Golden Cities of Cibola.
- 1540, the expedition encountered a group of Zuni Indians in New Mexico
- After taking over the Zuni Village and realizing there was no treasure, he sent his men in different directions and discovered the Grand Canyon and other major physical landmarks of the region.



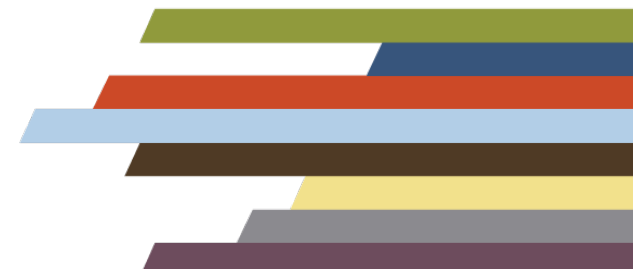
Juan de Oñate y Salazar – The last *Conquistador*



- In 1595, Philip II of Spain appointed **Juan de Oñate y Salazar** to organize the resources of the newly acquired territory.
- Born in Zacatecas, Mexico
- Founder the Province of Santa Fe de Nuevo México
- First colonial governor, acting from 1598 to 1610
- 1614, charged with mismanagement and excessive cruelty, found guilty and exiled to Spain to live out the remainder of his life.

NEW MEXICO

- 1598 Colonized by Spain
- 1848 Treaty of Guadalupe Hidalgo (Santa Fe de Nuevo México)
- 1912- 47th state
- 5th largest
- 6th -least densely populated
- Population 2,085,109 - 36th
- Albuquerque, population: 559,277
- Languages: English 69.7%, Spanish 28.5%, Navajo 3.5%, other 4.1%
- 9.4% Native Americans 2nd largest proportion after Alaska
- Major Native American- Navajo, Pueblo, and Apache
- 48% Hispanic of any race, highest of any state





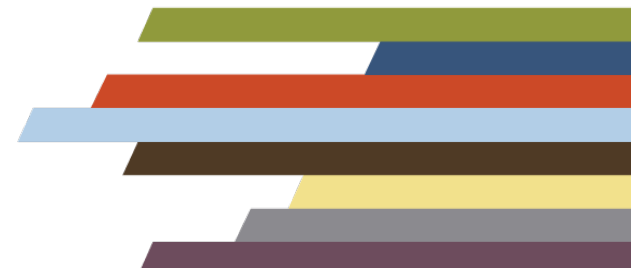
El Camino Real de Tierra Adentro

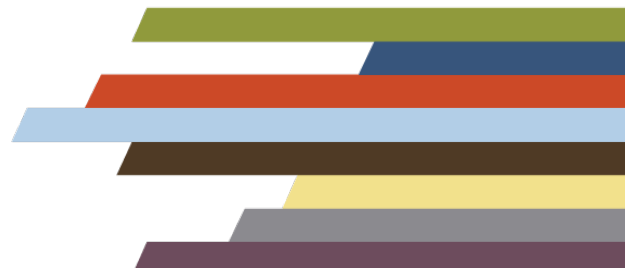
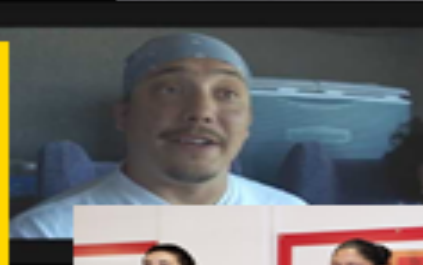


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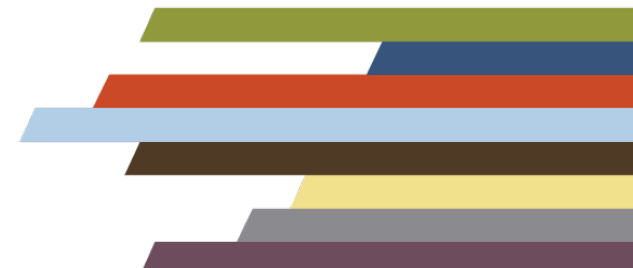
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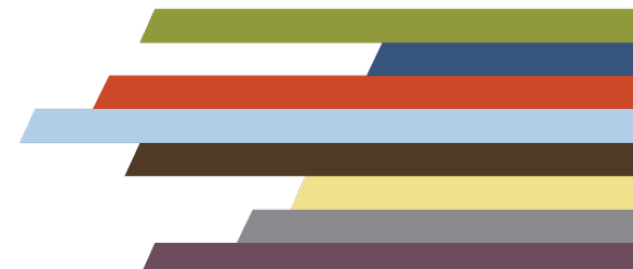
Objectives

1. Provide an overview of early psychosis and literature specific to LatinX youth.
2. Discuss clinician growth and awareness in ability to assess and explore cultural/ethnic identity, engage clients and families, and build rapport.
3. Review current evidence-based psychosocial and pharmacological interventions for FEP and applicability to this unique population.



Agenda

- **Introduction to First Episode Psychosis (FEP)**
- **Initial Engagement, Assessment and Family Involvement**
- **Psychosocial Interventions**
- **Pharmacological Treatment**
- **Conclusions**



What is Psychosis?



Psychosis can be described as a **change in how an individual experiences the world through perceptions, beliefs, thoughts and behaviors.**

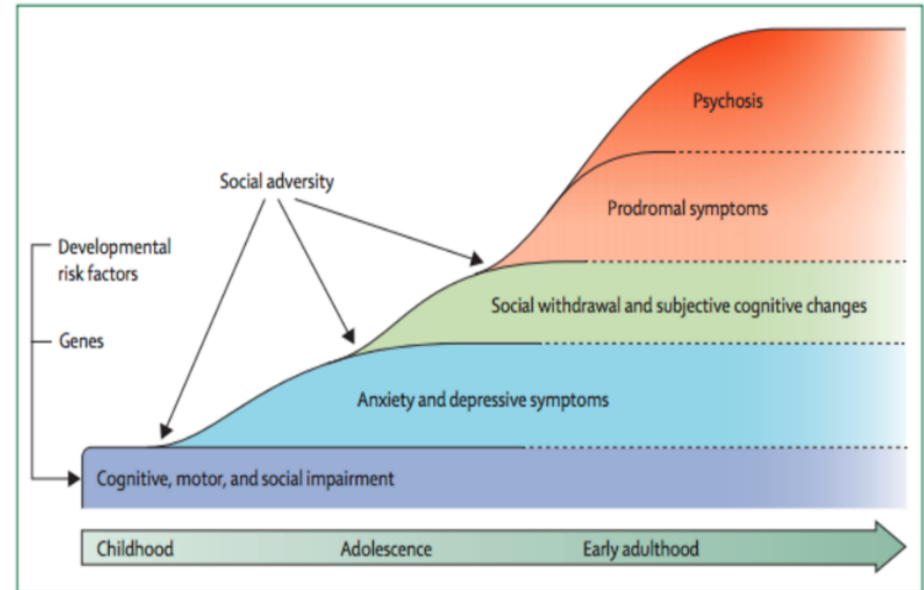
- **Positive symptoms** (e.g., hallucinations, delusions)
- **Negative symptoms** (e.g., amotivation, anhedonia)
- **Cognitive symptoms** (e.g., executive functioning skills)

Psychosis Spectrum: includes schizophrenia spectrum disorders as well as affective psychosis (bipolar disorder, major depressive disorder with psychotic features)

First Episode Psychosis (FEP)

First Episode: first occurrence of symptoms meeting threshold criteria for a psychotic disorder (in duration, frequency and severity)

- Not better explained by substance use or other medical condition
- **Onset** is most often late adolescence/early adulthood
- Decreased functioning and negative symptoms prior to positive symptoms



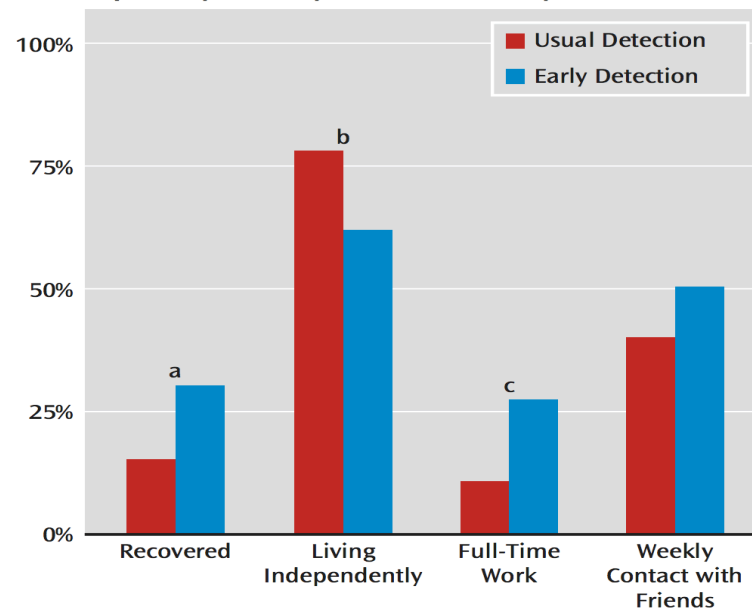
Howes, O.D. & Murray, R.M. (2014). Schizophrenia: an integrated socio-developmental cognitive model. *The Lancet*, 383 (9929), 1677-1687.

*** Diagnostic uncertainty is normal**

Early Intervention for FEP

- **The Critical Period:** interventions are more likely to be successful within the first 5 years after onset
- The longer the **Duration of Untreated Psychosis (DUP)**, the more challenging it becomes for a person to respond favorably to treatment
- **Reducing the DUP** can lead to:
 - ↑ Functioning
 - ↑ Quality of Life
 - ↑ Clinical Outcomes
 - ↓ Reduced Costs

FIGURE 2. Functional Outcome and Recovery in a 10-Year Follow-Up Study of Early Detection in Psychosis



^a Early-detection compared with usual-detection odds ratio=2.5, 95% CI=1.2–5.4, $p=0.017$.

^b Early-detection compared with usual-detection odds ratio=0.5, 95% CI=0.2–0.9, $p=0.027$ (corrected $\alpha=0.017$).

^c Early-detection compared with usual-detection odds ratio=3.1, 95% CI=1.3–7.3, $p=0.007$ (corrected $\alpha=0.017$).

Hegelstad et al. (2012). Long-Term Follow-Up of the TIPS Early Detection in Psychosis Study: Effects on 10-Year Outcome. *The American Journal of Psychiatry*, 169 (4), 374 - 380.

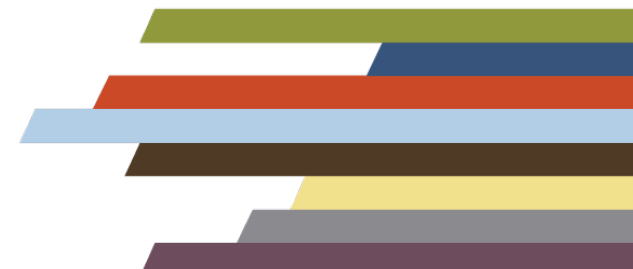
Coordinated Specialty Care (CSC)

Aim to **reduce DUP** by...

- Increasing psychosis literacy through outreach
- Rapid referral and assessment process

Provide **outpatient services**

- Multidisciplinary team
- Small caseloads
- Community based
- Individualized focus
- Promote philosophies of **recovery**, **resiliency** and **shared decision making**

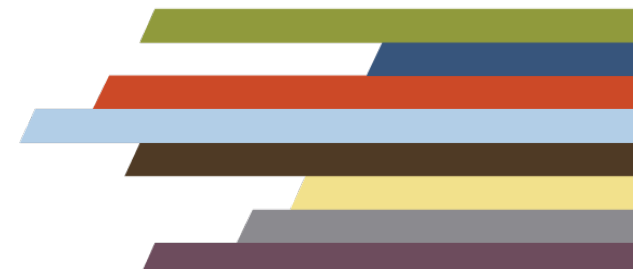


FEP in LatinX Youth: Current Research

Secondary analysis of RA1SE trial (Oluwoye et al., 2018)

N=385, 19% Hispanic

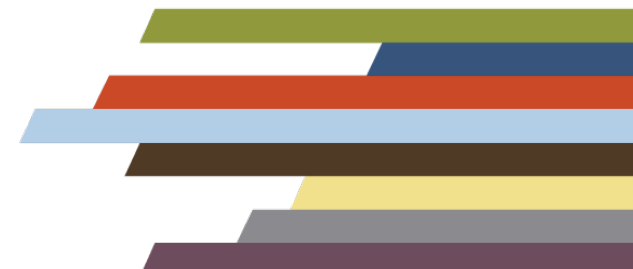
- **Race & ethnicity not associated with differences in psychiatric symptoms** (within CSC group)
- **Hispanic participants' families less likely to receive family psychoeducation** (OR=.20; p=.01) relative to non-Hispanic white participants.
- **Hispanic participants more likely to receive medication management** (OR=2.93; p=.001) relative to non-Hispanic whites.



FEP in LatinX Youth: Current Research

Other studies...

- **Low psychosis literacy** amongst youth and families (Lopez, et al., 2018)
- **Reduced outpatient service use** (Van der Ven et al., 2020)
- More frequent **encounters with law enforcement and involuntary hospitalizations** (Oluwoye et al., 2018)
- **Higher risk of psychosis among minorities and migrant groups** (Kirkbride et al., 2007, Morgan & Hutchinson, 2010)



FEP in LatinX Youth: Current Research



a program of  HEALTH SCIENCES

Characteristics of Hispanics Referred to Coordinated Specialty Care for First Episode of Psychosis and Factors Associated with Enrollment *(article in press)*

- Hispanic individuals **more likely to be referred by mental health providers** (inpatient and outpatient) than by other sources within the community. → **Outreach?**
- Despite referrals of Hispanic youth coming from communities with **higher** rates of speaking Spanish, eligible Hispanic referrals were **more likely to enroll into CSC if living in areas with lower rates of Spanish spoken in the home.** → **Influence of ethnic density and/or primary language?**

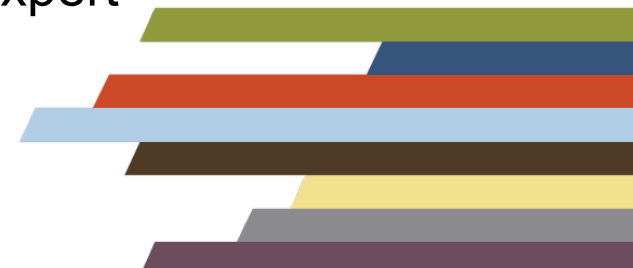
Implementation to Practice

- CSC services are not always accessible
- Clinicians across various settings may encounter individuals experiencing FEP



While the authors may suggest or recommend specific approaches for working with LatinX youth experiencing FEP, it is essential that **clinicians always be flexible and open to the diversity within ethnic identity.**

- All interactions should be based on the individual
- The client is the only person who is an expert



Initial Engagement, Assessment and Family Involvement

Goals

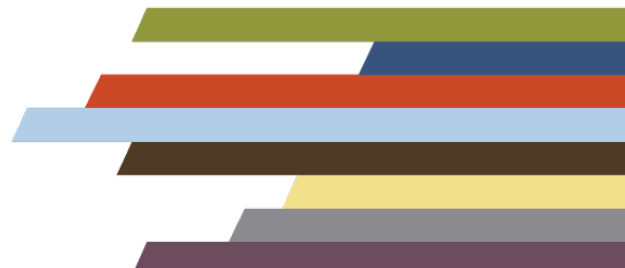
- Build rapport
- Maintain engagement
- Empower the young adult

Influencing factors

- Who is involved
- Pathways to care
- Specific symptoms

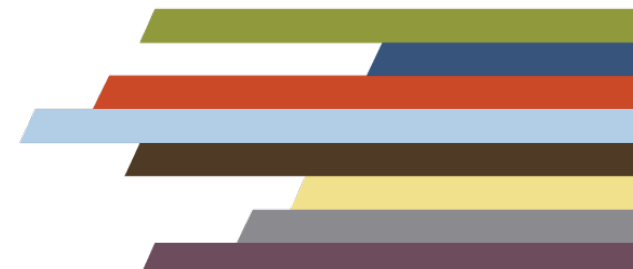
Discussing Services

- Open and clear communication (e.g., jargon)
- What to expect – processes and options (e.g., ROI, confidentiality)
- Emphasis on client's preference
- Discussion of “family” involvement
- Consider age of development and ethnic/cultural influences



Assessing and Discussing Cultural/Ethnic Identity

- Cultural Expression vs. Maladaptive/Symptomology
 - How does the client/family view what is occurring?
 - Look to the parameters as defined by the client/family
- Cultural proficiency: knowledge, skills, attitudes and beliefs that enable people to work well with, respond effectively to, and be supportive of people in cross-cultural settings (American Academy of Family Physicians [AAFP], 2020).
- “Cultural Competence” is always a work in progress and is the clinician’s responsibility, not the client’s.



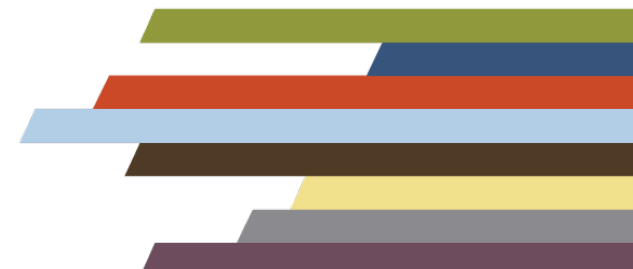
Clinician Awareness

Consider setting and environment

- Access (technology/transportation), employment/school mandates vs. “motivation”?
- Beliefs of medical/mental health system
- History and bias within clinical assessment

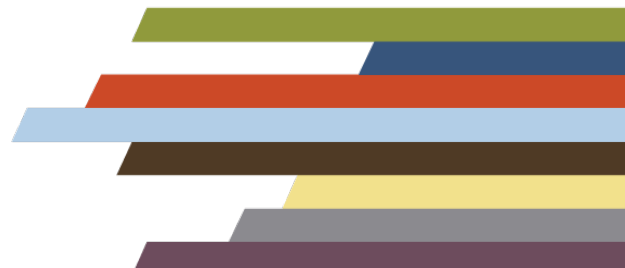
Check biases and/or assumptions

- Identity is not static (e.g., assimilation)
- Diversity within LatinX/intersectionality
- Is ethnicity/culture an area the client considers important?



Addressing Language Barriers

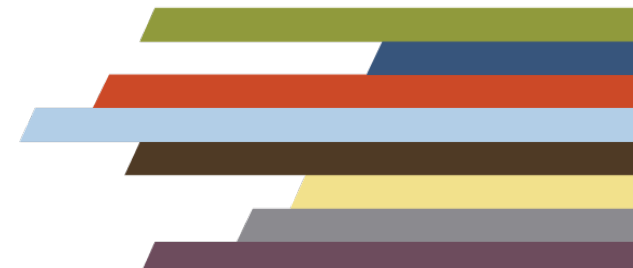
- The client is never asked to act as an interpreter
- Spanish speaking clinicians
 - pros and cons of native and non-native speakers
- Interpreter services
- Considerations specific to psychosis and language
(e.g., executive functioning deficits/disorganization vs. language fluency)



Psychosocial Interventions

- Multidisciplinary
- Recovery oriented
- Individualized
- Function/Fulfillment

“Who’s goal is this?”



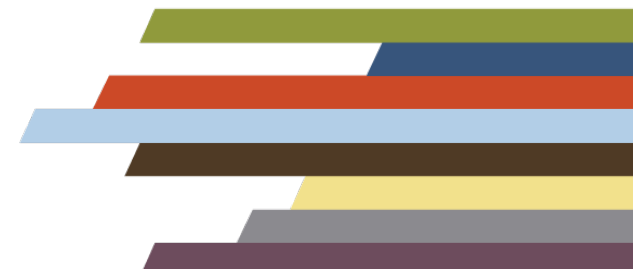
Psychoeducation/Exploring Symptoms

Clinician role is to...

- Provide information
- Be open to learning
- Honor unique process of recovery

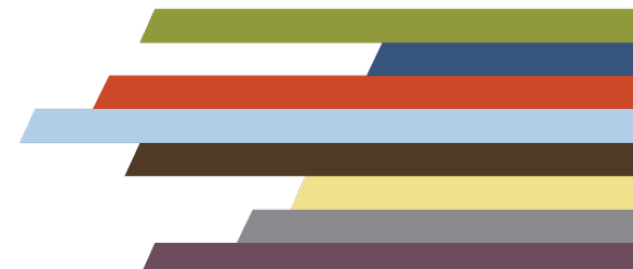


- Development of common language
- Build rapport
- Identify areas for support
- Normalize and destigmatize



Psychoeducation: CASE EXAMPLE

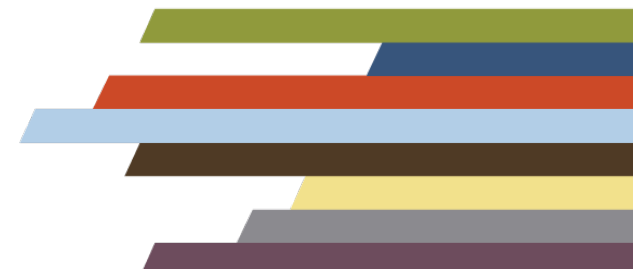
Sofia is 19-year-old Hispanic female who comes to the clinic at the urging of her aunt and uncle, with whom she lives. Sofia's aunt explains that Sofia has always been a sensitive child and that she communicates with her *abuela* (who passed away while Sofia's mother was pregnant with her). Gathering information, the clinician learns that the family sees Sofia as having a gift. Sofia has been hearing her grandmother's voice since she was a toddler. This has always been comforting to Sofia as she has always felt like her grandmother has been looking after her. Recently, Sofia's family has noticed changes that are concerning to them. She is easily agitated and reports hearing other voices. In addition, she has stopped socializing and her grades at school have dropped.



Psychoeducation: CASE EXAMPLE

How would you help Sofia's family differentiate what they see as a gift, versus what is outside the realm of this gift?

- Gather collateral information on how has Sofia's experience and function changed
- Have the family and client define where the gift ends and where things have become problematic ("onset")
- Discuss prodromal period and explore possible stressors



Defining Recovery



“Defined and Described”
Uma Oswald

To be free from a condition
(symptom free)

vs.

The condition (or symptoms) no
longer prohibits one's life

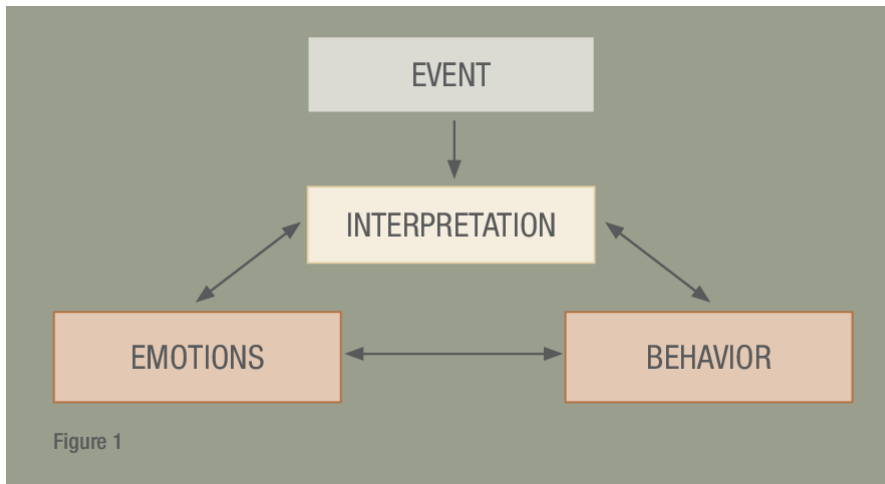
Working Recovery: maintenance of self-care and engagement in things that increase a person's function

- When do I feel my best?
- What is off-limits?/What are non-negotiables?
- What is important to my wellness?

CBT for Psychosis (CBTp)

Evidence-based talk therapy (individual/group, formal/informed) recommended as an adjunct to medication and aims to reduce...

- **Distress and disturbance** associated with symptoms
- Secondary morbidity such as **depressive and anxious symptoms**
- **Residual psychotic symptoms**



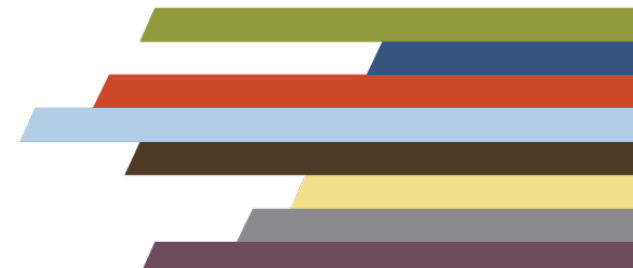
***“We do not question the reality of the symptom; we strive to reduce its damage”
- Kate Hardy, PhD***

CBTp: CASE EXAMPLE

Marcos is a 17-year-old male who has a 6-year-old half-sister, Becca. Becca has refused to spend time at the house and has informed her mother that it is because she is frightened by Marcos when he “starts yelling at people who aren’t there”. The therapist ascertains that Marcos likes listening to some of the voices but that others become abusive.

How would you help Marcos lessen the negative impact of his symptoms?

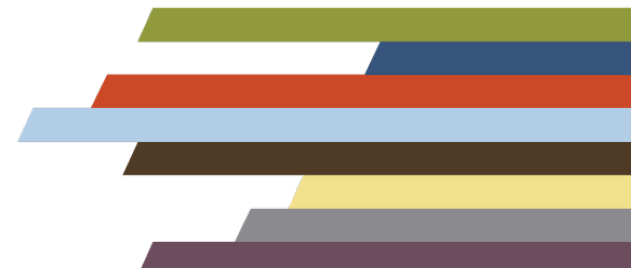
- Thoughts:
- Emotions:
- Behavior:



Individual Resiliency Training (IRT)

Evidence-based talk therapy that aims to promote recovery from FEP by **identifying client strengths and enhancing illness self management skills** through...

- Psychoeducation
- Processing experience
- Developing relapse plan
- Increasing resiliency
- Learning strategies and skills to achieve goals



Function Focused Approaches

Occupational Therapy- support in meeting demands of roles and routines

- Sensory strategies, cognitive strategies, environmental adaptation
- Finding the “just right challenge” (e.g., taking 2 classes instead of 5)

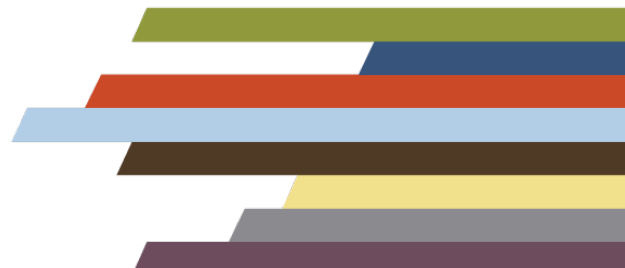
Executive Function Tools- can be incorporated by any clinician

- Technology
- Color coding
- Meds near toothbrush
- Systems of orientation (alarms, non-negotiables, schedule symptoms)

Wellness Recovery Action Plan (WRAP)- invests time on preparation and improves connection with natural supports

- Plants, pets, people to include/people to exclude
- What will be okay and not okay for me, etc.
- What natural supports can do

**** Car/Roadtrip Analogy**



Important Yet Under-Discussed Topics

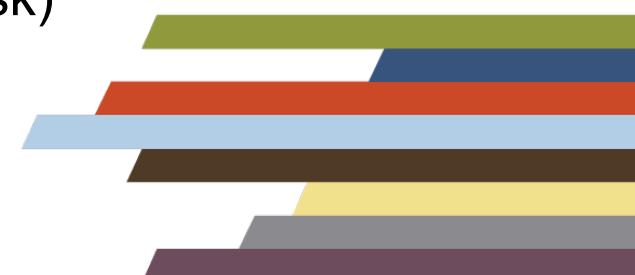
Sexual Health and Wellness

- Boundaries and intimacy
- Medication and sex
- Symptoms and sex
- Dating and disclosure



Suicidality

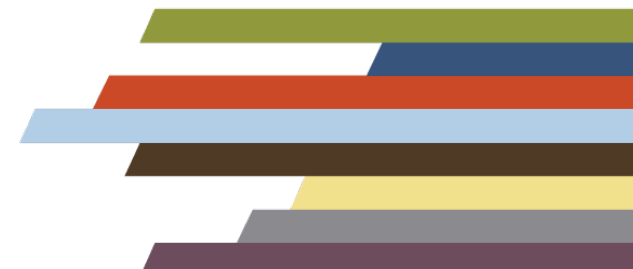
- Consistent discussion.
- Psychoeducation and normalization of suicidal ideation
- Discussion/education re risk and timeframe (post 1 year)
- Assessment (SI/HI/Self-Neglect/Imminent Risk)
- Increased comfort level



Pharmacological Treatment

Prescribing Guidelines

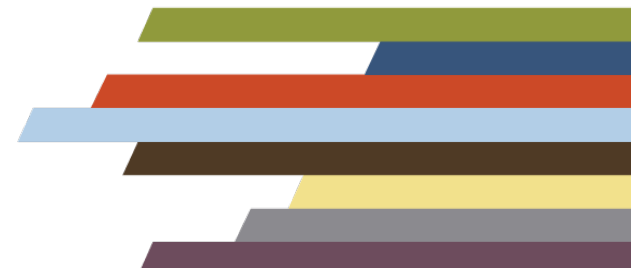
- FGA vs. SGA
- Side effects – metabolic syndrome, sexual side effects
- Dose
- Duration
- Monotherapy
- Nonadherence
- LAIs
- Risk of metabolic syndrome is higher in LatinX youth



Shared Decision Making

Collaborative

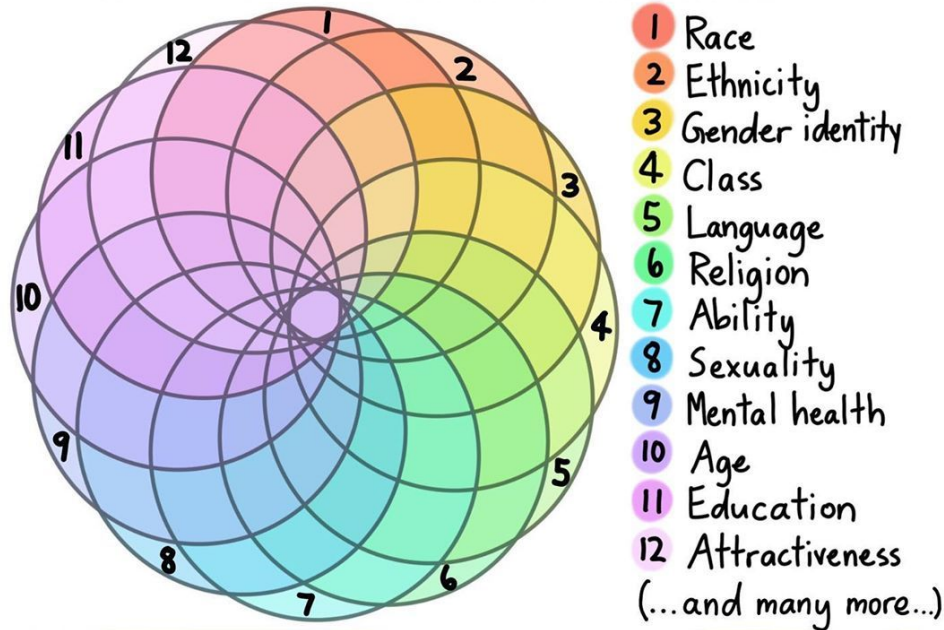
- Patient and Family
- Right medication at the right dose
- Side effects
- Psychoeducation
- Maintenance/adherence
- Discontinuation



Conclusions

Diversity within LatinX and providing services across ethnic boundaries

INTERSECTIONALITY

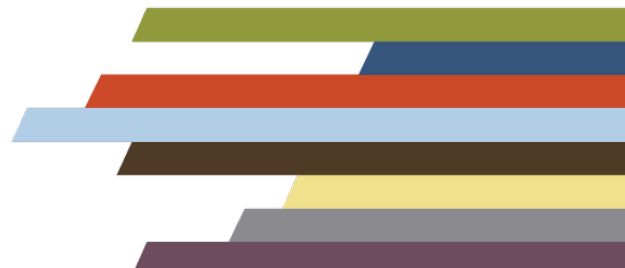


Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

@sylviaaduckworth

Questions?





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Ibis Carrión, Psy.D.
Director

ibis.carrion@uccaribe.edu

Angel Casillas-Carmona, MHS
Project Manager

angel.casillas@uccaribe.edu

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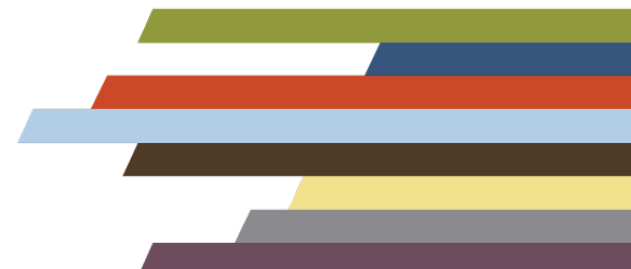


<https://www.surveymonkey.com/r/3BRC6TW>

Website:

<http://www.mhttcnetwork.org/hispaniclatino/>

Email: hispaniclatino@mhttcnetwork.org



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