Utilizing the Cultural Formulation Interview for Coordinated Specialty Care in Early Psychosis

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MHTTC

Housekeeping Information

Participant microphones will be muted at entry

If you have questions during the event, please use the chat

This session is being recorded and it will be available by the next business day.

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

Disclaimer

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED AND TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Learning Objectives

1. Develop an understanding of the overall approach of delivering culturally competent care in first episode psychosis.

2. Become familiar with primary themes related to the intersection of culture and psychosis.

3. Understand the identified best practices for addressing each theme when working with program participants.

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First Episode Psychosis

Psychosis is a syndrome, or collection of symptoms and not a diagnosis

5-10% of adults and 15-18% of children and adolescents experience either auditory or visual hallucinations at some point (Johns, et al., 2014).

In the U.S., approximately 100,000 young people experience psychosis each year. As many as three in 100 people will have an episode at some point in their lives (The National Council for Behavioral Health, 2018)

Peak onset occurring between 15-25 years of age, can derail a young person's social, academic, and vocational development and initiate a trajectory of accumulating disability

FEP- refers to a first episode of psychosis or early psychosis

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Barriers in
Current System

Long-term dependence on mental health system

Help seeking

Mental Health Clinic
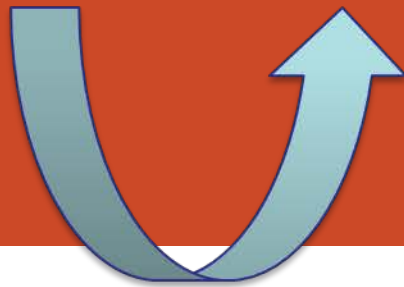
Stigma
Lack of Knowledge
Distrust
Insidious Onset

Referral from GP
Lack of Access
Unaffordability
and Inefficiency of
health care
*GP- General Practitioner

Police

ER/IP

Compton M, Broussard B: Current Psych Reviews 2011, 7, 1-11
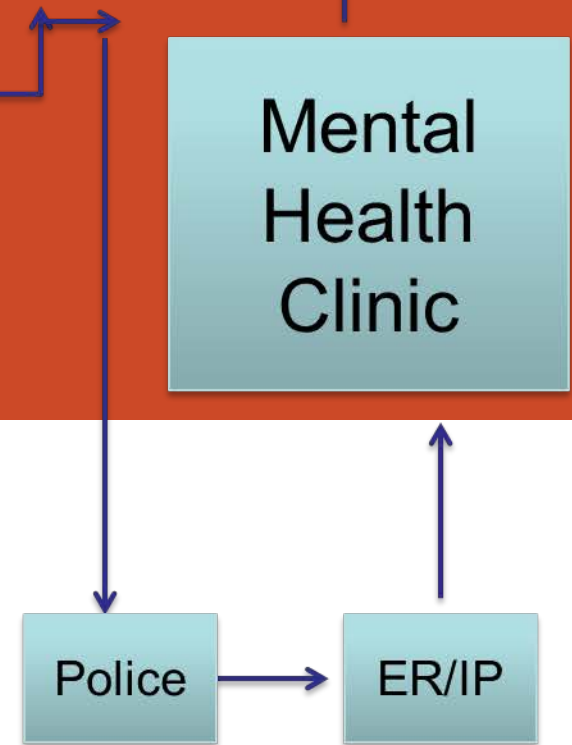
Two Key Scientific Findings

- Longer *duration of untreated psychosis (DUP)* is associated with *poorer* short term and long-term outcome
  - DUP is the time between onset of psychosis and specified treatment (e.g., antipsychotics or CSC)
- Treatment with *coordinated specialty care (CSC)* is associated with better outcomes

Coordinated Specialty Care

Clinical Services

•Case management, Supported Employment/Education, Psychotherapy, Family Education and Support, Pharmacotherapy and Primary Care Coordination

Core Functions/Processes

•Team based approach, Specialized training, Community outreach, Client and family engagement, Mobile outreach and Crisis intervention services, shared decision making

http://www.nimh.nih.gov/health/topics/
schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml

Governing Principles

- Recovery:

The evolving concept of recovery has multiple definitions, central to each is the core value of empowerment and a personal journey in which the individual acquires the skills and personalized supports necessary to optimize recovery

EMOTIONAL

SPIRITUAL

SOCIAL

INTELLECTUAL

OCCUPATIONAL

PHYSICAL

FINANCIAL

ENVIRONMENTAL

WELLNESS

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Governing Principles *(continued)*

- Shared Decision-Making:
  A process that facilitates recovery and provides a framework within which preferences of consumers can be integrated with provider recommendations for available treatments

- Cultural Competence:
  An interpretative framework for symptoms, signs and behaviors that is focused on how information is transmitted, revised and recreated within families and societies

Team's Culture

1. Cultures of the providers delivering the treatment can influence the way it is delivered and how it is received.
   - ➢ socio-cultural background
   - ➢ cultures of their respective professional disciplines
   - ➢ organizational culture of the agency where the team is housed

2. Culture shapes the way providers interpret the views of participants and families, their ability to accept explanations that are radically different from clinical ones, and their ability to effectively communicate with participants and families

How to do this?

Team members should:

1. engage in an ongoing process of self-reflection, which will help make explicit their perspectives and conceptualization about the psychotic experiences of participants

2. consider and engage in discussion to explore how their own cultures (personal, organizational, professional) may shape these views

3. identify and challenge stereotypes and biases that may be affecting service delivery.

Individual team members could engage in this process by asking themselves questions such as :

1. What do I think is happening to the person?

2. What do I think is most troubling to him/her?

3. Why do I think this is happening? What are its causes?

4. What do I think is the help (s)he needs?

5. How are my own professional, organizational, and personal experiences or identities shaping my views on these topics?

The Team's Work

Develop awareness of systemic issues that impact society and to become litrate on structural racism and its relationship to mental health

1. *Race is not a biological construct. Politics and power guided the formation of race as a concept.*

2. *Structural Racism is the normalization and legitimization of historical, cultural, institutional and interpersonal dynamics– that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.*

Social Determinants of Mental Health Disorders

- Social and economic conditions that directly influence the prevalence and severity of mental disorders

  - Adverse social and economic circumstances, including poverty, income inequality, interpersonal and collective violence, and forced migration

  - Numerous studies have reported increased prevalence of mental disorders in minority groups

  - These increases can be a consequence of experiences of discrimination and exclusion, genetic background, differential cultural interpretation of symptoms, or a combination of these factors

Lund, P. C.,, et al., (2018) Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews, *The Lancet Psychiatry, 5,4,* 357-369.

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Complex multidimensional way in which social determinants interact with key genetic determinants to affect mental disorders

Lund, P. C.,, et al., (2018) Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews, *The Lancet Psychiatry, 5,4,* 357-369.

Neighborhood

- Neighborhood level socioeconomic deprivation is strongly associated with increased prevalence of <u>psychotic disorders</u>, depression, common mental disorders in young people (aged 10–20 years)
  - <u>Life Stressors:</u> Exposure to violence, underemployment and under-resourced facilities with limited supported leads to increased vulnerability

- Living in an urban environment has been reported to increase risk of developing schizophrenia

- Racial segregation and community instability, are associated with depression and psychotic disorders.

- A high density of a particular ethnic group might have benefits for individuals of that ethnicity (e.g., reduced risk of psychoses, depression, and anxiety disorders); mediated by the increase of social support, stronger sense of identity, and positive self-evaluation.

Lund, P. C.,, et al., (2018) Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of reviews, *The Lancet Psychiatry, 5,4,* 357-369.

Cultural Humility

1. Humility refers to ability to maintain an interpersonal stance that is other-oriented in relation to aspects of **cultural** identity that are most important to the [person].

2. This is different from cultural competency which focuses on what we learn from the other.

3. Cultural humility requires that the provider be aware of and sensitive to **historic realities** like legacies of violence and oppression against certain groups of people. Whiteness therefore stops being the norm to which everything is compared.

Cultural Formulation Interview

Provides an opportunity for everyone in the room to put things together

- Helps clinicians understand what came before the illness and how the family contextualizes the illness
- Facilitates understanding of what will come after (e.g., how the client and family will relate to treatment, their goals/expectations, and what choices they will make)
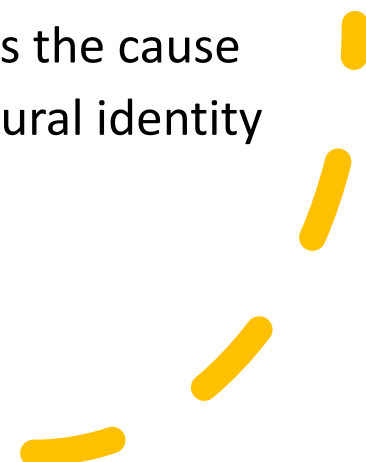
Cultural Formulation Interview (CFI)

Important to perform the CFI early in the assessment

- Can sometimes take the place of some of the questions typically involved in an initial intake
- 16 item client version
- Informant version
- Additional modules (adjunctive longer set of questions)

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CFI

- Domain 1: **Cultural definition of the "problem"**
  - What person thinks is happening
  - Language used to describe the "problem"

- Domain 2: **Cultural perceptions of cause, context, and support**
  - What person believes is the cause
  - Explores impact of cultural identity on their experiences
  - Role of supports

CFI

- Domain 3: **Cultural factors affecting coping and help-seeking**
  - Coping strategies
  - Past help-seeking, barriers to help-seeking (e.g., language, financial)

- Domain 4: **Cultural factors affecting current help seeking**
  - Treatment preferences and expectations
  - Barriers to treatment

Cultural Competency in FEP

Developed through participatory process with OTNY providers

- Defines culture

- Provides framework for understanding symptoms of psychosis and culture to inform treatment

- Includes case examples that illustrate how culture shapes participant's experiences with FEP

- Outlines key principles and best practices for providing treatment

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Delivering Culturally Competent Care in FEP

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Primary Themes

1. Religion and Spirituality
2. Family Culture
3. Language Barriers
4. Gender and Sexuality
5. Youth Culture

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Theme: Religion and Spirituality

Sub-themes and Best Practices

•Individual's/family's religious views conflict with those of team

- Establish trust
- Understand normality and normativity
- Discuss traditional and spiritual Healing Practices
- Be mindful of language
- Balance self-determination and duty to care

Religion/spirituality serves as a major source of support and framework for understanding FEP

- Understand role of religion in person's life

•Providers' religious views interfere with treatment

- Foster a sense of openness
- Develop a balanced worldview that incorporates different beliefs
- Establish common ground with spiritual advisors

•Religious beliefs contribute to increased psychotic experiences

- Determine if there is a religious interpretation
- Family engagement
- Relationships with religious leaders and experts

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Scenario

Jean-Claude is a 22-year-old male Haitian immigrant who is devoutly Christian and believes he is being possessed by a demon rather than symptoms of psychosis. He originally agreed to take medications, which helped reduce his symptoms. Upon discharge from the hospital, he was advised by his family to stop taking medications and pray instead. The team has tried various strategies for providing psychoeducation, but the family is adamant that the only thing they believe will help is continued prayer in hopes that the symptoms improve. The family refuses to speak with the team about treatment or their objections to medications; however, they mentioned that they don't believe the participant is old enough to take medications. Jean-Claude participates in talk therapy and takes liquid vitamins. He feels that the meds "slow [him] down" and this causes the demon to slow down too, so he worries that the demon will not be able to escape his body when religious helpers are praying over him.

Strategies

When religious beliefs contribute to increased psychotic experiences

- Understanding everyone's perspective

- Inviting multiple perspectives into treatment

- Providing information

- Developing self-awareness

- Understanding normality vs normativity

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Theme: Family Culture

Sub-themes and Best Practices

•**Intergenerational acculturation differences that affect views about FEP and/or treatment**

- Create a safe space to discuss differing perspectives
- Include interpreters
- Focus on points of convergence
- Understand the influence of all family members
- Understand cultural values are not universal
- Address differences directly

•**Impact of culture-related family dynamics on illness and treatment**

- Foster a sense of purpose
- Help everyone develop awareness of family dynamics
- Team should engage in self-assessment

•**Effects of culture on views of participant's functioning**

- Provide information and hope
- Effectively balance safety and risk
- Explore and help families manage their emotions

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Scenario

- George is a 19-year-old US-born Indonesian American man whose immigrant parents want to be involved in every aspect of his care. He feels uncomfortable including them to this extent, stating that "some things are my business," especially the substance abuse-related aspects of care that address the marijuana use associated with his initial psychotic episode. George feels his parents "would never understand" his substance use or his desire to not pursue the family retail business. His parents, by contrast, argue that it is typical for parents to have a strong voice in making treatment decisions in the case of adolescents such as George.

Strategies

When there is a disconnect between participant's perspective regarding level of family involvement and the parents' perspective.

- Facilitate a process for finding common ground

- Take time to understand everyone's cultural identity and how they interface

- Create opportunities for discussion with the team meeting and in individual/family meetings

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Theme: Language Barriers

Sub-themes and Best Practices

- **Principles of Working with Interpreters:**

  - Use a qualified interpreter proficient in English and other language with knowledge of medical terminology and experience in interpreting in mental health settings

  - Use the same interpreter consistently

  - Brief the interpreter & discuss best method for interpreting

  - Orient everyone of the interpreter and explain role

  - After session debrief with the interpreter and with the participant/family

- **Treatment is provided using interpreters but not other services due to language barriers**

  - Become familiar with federal guidelines

  - Seek equitable care (e.g., use interpreters across services)

- **Quality of interpretation is suboptimal**

  - Become familiar with the level of knowledge and recovery orientation of interpreters

  - Provide relevant training and information to interpreters

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Scenario

• José is a 17-year-old male immigrant from Central America with a recent initial hospitalization who presents to outpatient care with psychotic and somatic symptoms. His English is very limited, he has an 8th grade education from his country of origin, and his family is not involved in his care. While the primary clinician speaks some Spanish, individual treatment relies on telephone interpreter services. However, access to other services, such as supported employment and education or group therapy, is limited due to systemic lack of Spanish-language capacity. The young man wants to work and send money back home.

Strategies

When it becomes difficult to provide equitable services throughout the treatment model

- Using interpreters across all services provided
- Sharing information using tools and materials available in other languages
- Develop language-specific group therapy if several individuals speak the same language as well as a team member

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Theme: Gender/Sexuality

Sub-themes and Best Practices

- **When cultural constructs of gender expression & gender identity emerge in care**

  - Understand the normative gender and sexual expressions in the cultural context

  - Understand cross-section between psychosis and cultural gender/sexual norms

  - Preserve and strengthen family and community support

- **When cultural constructs of sexual expression and sexual orientation emerge in care**

  - Help team members maintain balanced stance regarding their own views

  - Understand family's view on appropriate sexual behavior

  - Understand and clarify volitional behaviors compared to symptom-driven behaviors

  - Understand and discuss sexual side effects related to medications

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Scenario

- Rafi is a 23-year-old Bangladeshi American man who is being pressured by his parents to marry and have children because "it is [his] duty to [his] family." The family identified several potential brides for him during his hospitalization, but he does not want to meet them. At this point, Rafi is focused on improving from his FEP symptoms first before embarking on what he feels will be a life-changing step.

Strategies

When there are differences between individual and families' perspectives

- Learn about the culture and expectations/ rules around gender roles and norms
- Explore room for compromise or common ground
- Explore personal feelings or biases

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Theme: Youth Culture

Sub-themes and Best Practices

- **Cultural issues specific to adolescents and young adults**

- Develop awareness of internet/gaming culture
  - used for engaging participants and decreasing social isolation
- Understand social media and if possible, use smartphone for communicating

Scenario

The OnTrackNY team discovered that several participants were playing the same video game without realizing it, though with different friends.

Strategies

When you believe video games are contributing to social isolation/ negative symptoms

- Provide group therapy to discuss how the game helps reduce their negative symptoms. Participants discussed:
    - How difficult they found engaging the outside world to be
    - Pros and cons of staying home and channeling their social interactions through the format of the game

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Video Project & Companion Guide

- 3 training videos that depict providers and young person navigating cultural dilemmas

- https://www.nasmhpd.org/content/2018-ta-and-training-resources-first-episode-psychosis-now-available

- https://www.nasmhpd.org/sites/default/files/videos/converted/3115/Training_Guide_Windows_of_Opportunity_Videos.pdf

TRAINING GUIDE

Windows of Opportunity in Early Psychosis Care: A Companion Guide for Navigating Cultural Dilemmas

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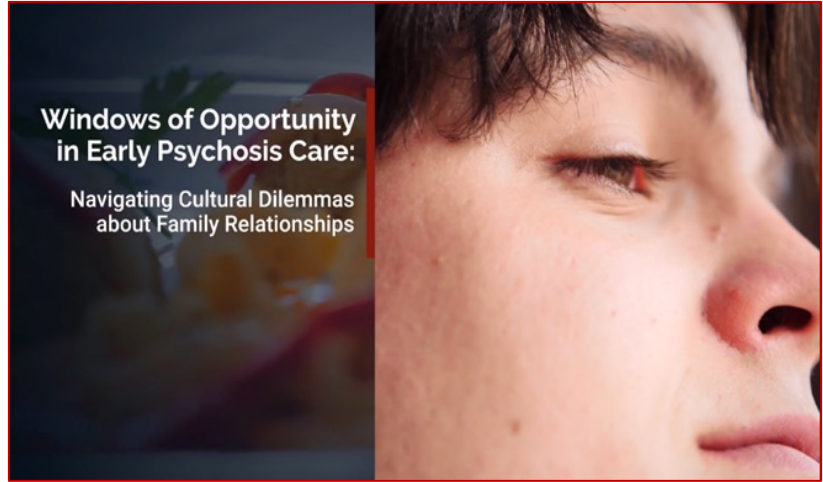
Video Project & Companion Guide

Contact Information

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- Resources

- Center of Excellence for Cultural Competence

- https://nyculturalcompetence.org/

- OnTrackNY

- www.ontrackny.org

Upcoming Events:

JUL 23 — **Utilizing the Cultural Formulation Interview when Delivering Coordinated Specialty Care for Early…**

This presentation will focus on discussing the importance of integrating cultural humility and

JUL 28 — **Organizational Restructure to Promote BIPOC Employees' Well-Being**

Healthcare workers with all levels of education and training provide essential care and support to

JUL 29 — **Native Spirituality: Creating Time and Space for Trauma Recovery and Wellness**

Native people define spirituality as central to their culture and traditions. Spirituality, culture

AUG 09 — **Music and Wellness: Benefits of Engaging with Music and Promotion of Positive Mental Health**

The therapeutic benefits of music have been acknowledged historically across cultures

AUG 13 — **Family Compassionate Conversations: Community Wellness**

Communities contain many solutions to their own mental health needs and already have many techniques

To register, visit our website: www.mhttcnetwork.org/newengland

Contact Us

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