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Best Practices in Cultural Competence

Caring for Individuals with First-Episode Psychosis and their Families

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Overview

1. Definition First-Episode Psychosis (FEP) and overview of OnTrackNY
2. Definition of culture and cultural competence
3. Importance of cultural assessment
4. Development of the Cultural Formulation Interview (CFI)
5. Content of the CFI
6. Results of CFI international field trial
7. Development and content of the Guide on Culture and FEP
8. Development and content of modules for working with LGBT issues within FEP
9. Other culture-related resources

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OnTrackNY

What is it?

- Coordinated Specialty Care program
- Informed by federally-funded research studies which demonstrated good outcomes for people with FEP
- RA1SE: ***The "Recovery After an Initial Schizophrenia Episode" initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.***

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OnTrackNY

My health. My choices. My future.

OnTrackNY is an innovative treatment program for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. OnTrackNY helps people achieve their goals for school, work, and relationships.

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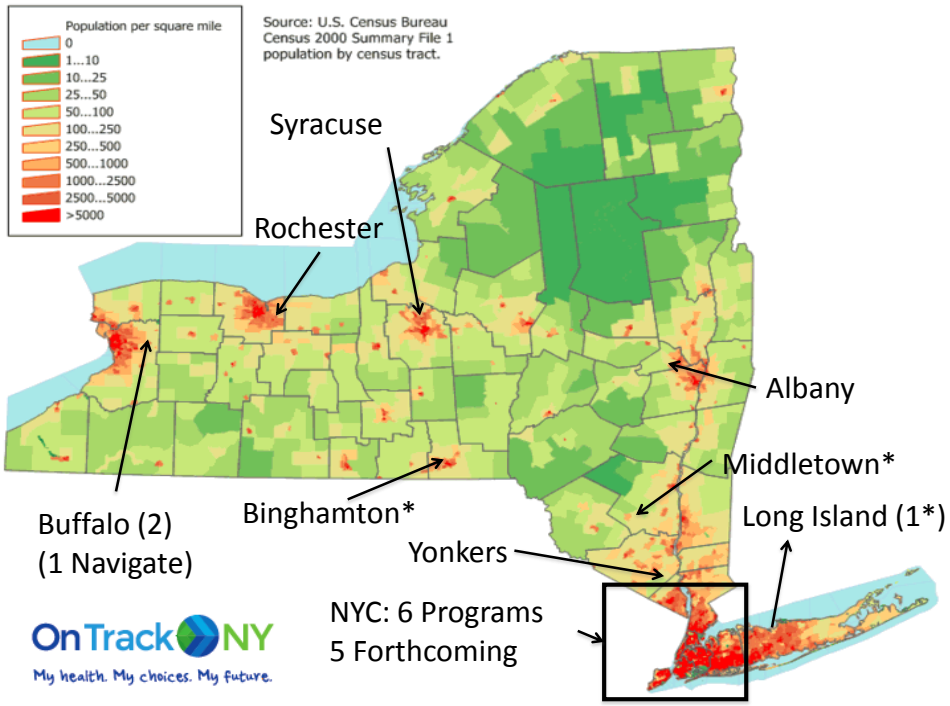

Inclusion Criteria for OnTrackNY

- Non-affective psychosis: schizophrenia, schizoaffective disorder, schizophreniform disorder, psychotic disorder NOS (DSM-IV), or other specified/unspecified schizophrenia spectrum and other psychotic disorder (DSM-5)
- Age 16-30
- Onset of psychosis ≥ 1 week and ≤ 2 years before
- New York State resident

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Exclusion Criteria for OnTrackNY

- Any history indicating developmental delays (IQ < 70)
- Primary diagnosis of substance-induced psychosis, psychotic mood disorder, or psychosis secondary to a general medical condition
- Serious or chronic medical illness significantly impairing function independent of psychosis

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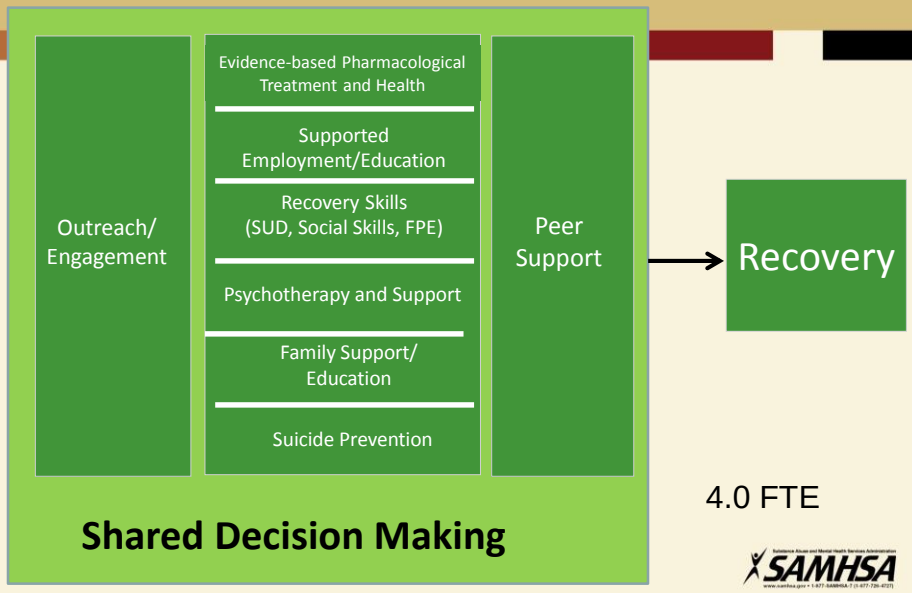
OnTrackNY Team Intervention



4.0 FTE

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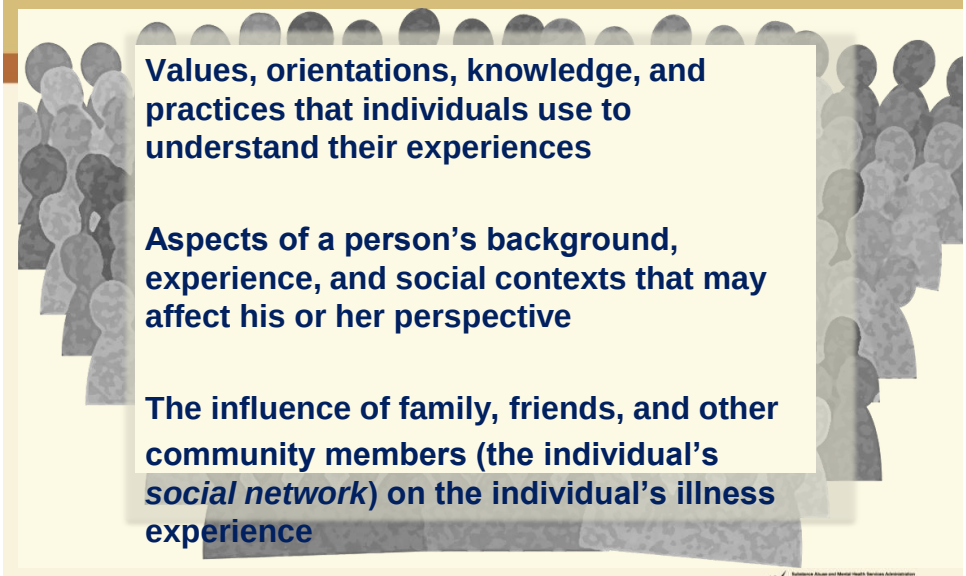
Guiding Principles and Clinical Concepts

- Recovery
- Person-Centeredness
- Shared decision making
- **Cultural Competence**

DSM-5 Definition of Culture



Values, orientations, knowledge, and practices that individuals use to understand their experiences

Aspects of a person's background, experience, and social contexts that may affect his or her perspective

The influence of family, friends, and other community members (the individual's *social network*) on the individual's illness experience

Cultural Competence

The multi-pronged ability of a health care system to engage and provide high-quality care to clients with diverse values, beliefs and behaviors

- Creating organizational policies and procedures
- Tailoring service delivery to meet client social, cultural, and linguistic needs
- Training staff to appropriately respond to clients from diverse cultural groups
- Close monitoring of compliance with cultural competence
- Reducing disparities in service delivery and outcomes


Culture Impacts People Seeking Mental Health Recovery
How we…
Identify mental health condition
Seek help
Experience and prioritize symptoms
Conceptualize treatment
Define recovery
Participate in care
Experience response and recovery
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CULTURE IMPACTS BEHAVIORAL HEALTH PROVIDERS
How we…
Determine whether an experience is an "illness:"
Communicate during a clinical encounter/service
Support individuals
Structure our work settings
Develop a moral stance toward care
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Poll

How do you learn about the cultural context of a person seeking services?

A. It comes up naturally in discussion.
B. We have questions about culture in our usual intake form.
C. We ask the person to tell us about their culture and cultural understanding of their situation.
D. We use a formal, structured interview
E. We use the Cultural Formulation Interview.
F. We don't do a great job of assessing cultural influence.

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A Systematic Cultural Assessment Method Should Be:

Comprehensive	*Thorough*	*Standardized*
Skills-based	*Person-centered*	*Educational*

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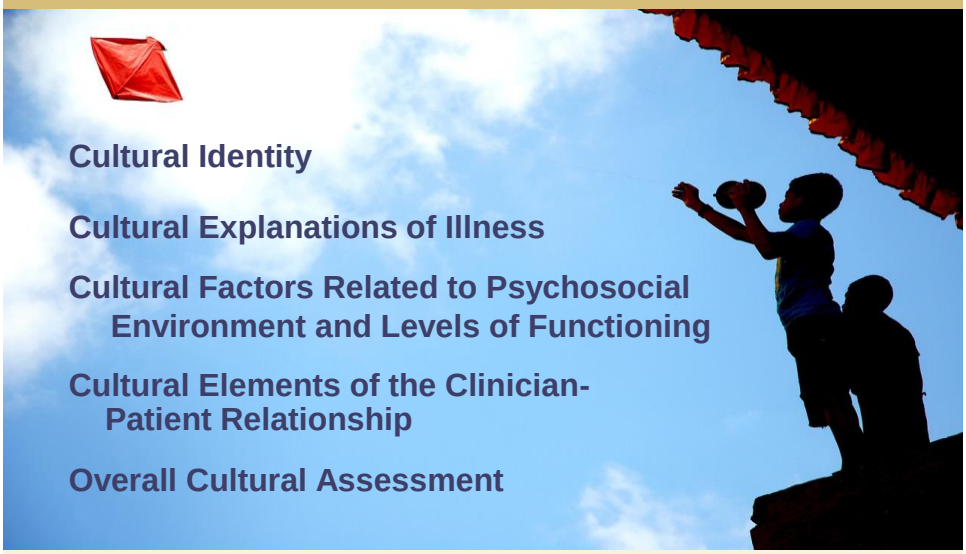
DSM-5 Cultural Formulation



- Cultural Identity
- Cultural Explanations of Illness
- Cultural Factors Related to Psychosocial Environment and Levels of Functioning
- Cultural Elements of the Clinician-Patient Relationship
- Overall Cultural Assessment

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ACCESSING THE CFI

The APA DSM-5 Cultural Formulation Interviews are available at the following links:

Core CFI

- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

CFI Informant Version

- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Informant.pdf

CFI Supplementary Modules

- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Supplementary-Modules.pdf

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Development of CFI

- Review of DSM-IV Outline for Cultural Formulation (OCF) literature
- Existing interviews, questionnaires, and protocols
- Drafting of 14-item Beta version of CFI
- Development of training approach
- Testing in international field trial

- 6 countries, 11 sites, 321 patients, 75 clinicians
- Preliminary data analysis of field trial results
- Revision to 16-item final version of CFI
- Reports of field trial findings
- Implementation: fidelity instrument, training

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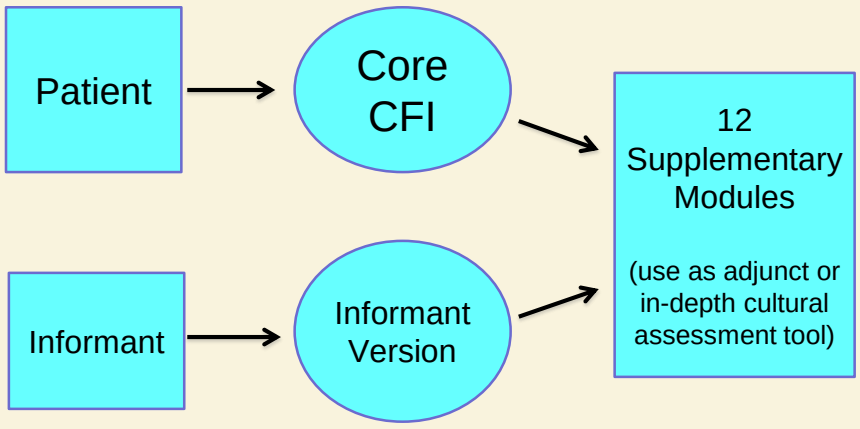
Cultural Formulation Interview



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Core CFI Structure

Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted with underline.

GUIDE TO INTERVIEWER	INSTRUCTIONS TO THE INTERVIEWER ARE *ITALICIZED.*
The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the patient and other members of the patient's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.	*INTRODUCTION FOR THE PATIENT:* I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about ***your*** experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.

CULTURAL DEFINITION OF THE PROBLEM

CULTURAL DEFINITION OF THE PROBLEM

Explanatory Model, Level of Functioning

Elicit the patient's view of core problems and key concerns. *Focus on the patient's own way of understanding the problem.* *Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").*	1. What brings you here today? *IF PATIENT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:* People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?
Ask how patient frames the problem for members of the social network.	2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
Focus on the aspects of the problem that matter most to the patient.	3. What troubles you most about your problem?

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Domain 1: Cultural Definition of the Problem

Cultural Definition of the "Problem"

- **Q1: Own definition of "problem" or concern**
  PROMPT: Patients and doctors may agree or disagree
- **Q2: How person describes "problem" to social network***
- **Q3: Most troubling aspect of "problem"**

**Explores role of "family, friends, or others in your community"*

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Domain 2: Cultural Perceptions of Cause, Context, and Support

Causes

INTRO: Diverse types of causes

- **Q4: Cause of problem**
  PROMPT: Diverse types of causes
- **Q5: Cause according to social network***

Stressors and Supports

- **Q6: How environment is supportive**
- **Q7: How environment is stressful**

**Explores role of "family, friends, or others in your community"*

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Domain 2: Cultural Perceptions Of Cause, Context, And Support (Continued)

Role of Cultural Identity

INTRO: Definition of "background or identity"

- **Q8: Key aspects of background or identity**
- **Q9: Effect on problem or condition**
- **Q10: Other concerns regarding cultural identity**

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Domain 3: Cultural Factors Affecting Coping and Help Seeking

Self-coping

- **Q11: Methods of self-coping**

Past help-seeking

- **Q12: Past help seeking from diverse sources**
  PROMPT: Which was most useful? Not useful?

Barriers

- **Q13: Barriers to obtaining help**
  PROMPT: Examples of barriers

Domain 4: Current Help Seeking

Preferences

INTRO: "Now lets talk some more about the help you need."

- **Q14: Most useful help at this time**
- **Q15: Other help suggested by social network***

**Explores role of "family, friends, or others in your community"*

Domain 4: Current Help Seeking (Continued)

Clinician-Patient Relationship

INTRO: Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

Q16: Misunderstanding and how to provide care

Have you been concerned about this and is there anything that we can do to provide you with the care you need?

DSM-5 International Field Trial

- **Led by:**
  - *DSM-5 Study Group on Gender & Culture*
  - *NYSPI Cultural Competence Center*
- **N=321 outpatients and 75 clinicians in 11 sites and 6 countries**
- **Aims are to assess:**
  - *Feasibility: Can clinicians do it? Do patients answer?*
  - *Acceptability: Do patients and clinicians like it?*
  - *Perceived clinical utility: How useful do they think it is?*

Field Trial Sites

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Guide on Culture and FEP

- **Goal:**
  - *Develop a Guide to help providers offer culturally competent engagement, services, and support to individuals with first-episode psychosis, their families, and their loved ones*
- **Format:**
  - *Key principles*
  - *Main themes and subthemes*
  - *Case examples*
  - *Best practices*

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Method

- **Discuss case examples with providers, focusing on:**
  - *Challenges in communication, assessment, engagement, treatment planning, and service provision connected to the cultural identities of individuals and families*
  - *Approaches that have been helpful in improving these aspects of care*
- **Prepare written draft**
- **Revise draft based on feedback from clients and families**

Example of Theme, Subtheme and Best Practices

- **Theme: Religion/spirituality**
  - ***Subtheme:*** *Religion/spirituality is major support and primary source of meaning*
  - ***Case:*** *Homeless young woman taken in by church members who values heightened sense of the divine that accompanies psychosis but also has intense fear of sin and demonic forces*
  - ***Best practices:*** *Explore support and meaning derived from spirituality to expand to other areas of her life and work with spiritual advisors regarding her fears*
  - **Other subthemes:**
  - *Conflict between treatment and person's or family's religious views*
  - *Interference from religion-related views of clinical team*
  - *Person's religious views worsen guilt or self-esteem*

CFI Online Training Module for Providers in NYS

Expected Launch Date:
Fall 2016

Goal: To foster person-centered, culturally competent, recovery-oriented treatment planning by offering practitioners interactive online training on the effective use of the CFI.

Key features:

- 55-minute training session
- Available online through CPI web platform
- "Action Planners" to support implementation in program settings

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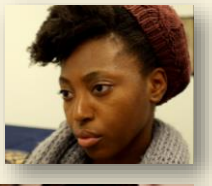
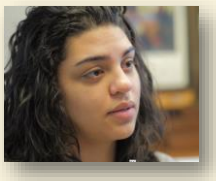
CFI Video Scenarios: Supporting Recovery

Four young people experiencing a first episode of psychosis



Each video depicts:

- ***What concerns them most***
- ***Why they think this is happening***
- ***How their families see what is happening***
- ***What matters most to them (in the context of their identities)***
- ***How they would liked to be helped***
- ***Lesson on improving engagement and recovery supports***



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Themes Identified by Clinicians

- Cultural Theme 1: Importance of religion/spirituality in making sense of the FEP experience
- Cultural Theme 2: Cultural aspects of family relations that affect how the individual and the family respond to the challenge of FEP symptoms
- Cultural Theme 3: Challenges due to the presence of language barriers between providers and participants/families in FEP care.
- Cultural Theme 4: Cultural constructions of gender and sexuality
- Cultural Theme 5: Specific cultural influences on adolescents and young adults

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Vignette 1

- 24 y/o Chinese female with two prior hospitalizations who was initially very engaged with OTNY team but upon returning to work at hedge fund discontinued medications. Family does not want client to pursue mental health treatment and wants her to see an herbalist.

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Poll

What might you do in this scenario?

A. Only work with client and not with family.

B. Discharge client since she does not want to take medications.

C. Tell the client that the family does not understand what is wrong with her and team knows better.

D. Work with client and family and try to find common ground.

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Strategies for Working with OnTrackNY Clients and Families

- Create a safe environment to explore all perspectives –remain neutral
- Point out areas of convergence to start finding common ground
- Understand each family member's role
- Address differences directly
- Find supports from other sources

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Vignette 2

- **26 y/o West African male who attributes psychosis to family's conversion to Christianity from traditional beliefs. He views his psychosis a form of punishment from the African Gods for changing religions and refuses to return to his church for fear of experiencing a worsening of symptoms.**

Strategies for Working with Clients

- Obtain information about religious views
- Encourage discussion around internalizing religious judgments in a delusional manner
- Establish relationships with religious leaders
- Engage in CBT strategies to help client reduce thinking errors

Gender and Sexuality

- ✔ Culture plays an important role in gender and sexuality
- ✔ Issues of gender and sexuality come up regularly in working with adolescents and adults with first-episode psychosis
- ✔ OnTrack NY includes training in culturally competent care for gender and sexual minorities
- ✔ Partnership with the Program for the Study of LGBT Health at NYSPI / Columbia Psychiatry

Sexual Identity

Sexual identity has at least four components:

1. Sex assigned at birth
2. Gender identity
3. Gender expression
4. Sexual orientation

LGBT-QI

- LGBT stands for Lesbian, Gay, Bisexual, and Transgender
- Q stands for Queer or Questioning
- I stands for Intersex

Transgender

- Transgender is an umbrella term to refer to a diverse group of people whose gender identity differs from their sex assigned at birth
- Trans, gender nonconforming, bigender, genderqueer, nonbinary are terms that fall under that umbrella
- Usage and meaning of these terms vary greatly (place, person, time)

Poll

Which of the following is true?

<u>LGBT-identified individuals with first-episode psychosis</u>:

A. **Have an earlier age of onset of their first psychotic symptoms.**
B. **Have a longer trajectory into care (time from onset of symptoms to engagement in care).**
C. **Experience more frequent psychiatric hospitalizations.**
D. **None of the above are correct.**

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Sexual Identity Development

- ✔ **Gender and sexuality develop across the lifespan**
- ✔ **During times of psychosis, individuals may be less inhibited about these topics**
- ✔ **Gender, sexuality, and its developmental process may become a focus of delusional and/or obsessive thoughts**
- ✔ **Yet mostly reflect normative development, which includes ambiguity, confusion, exploration, learning through trial and error, and changing needs over time**

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LGBT Identity Development

1. Pre-Coming Out
2. Coming Out
3. Exploration
4. Intimacy
5. Integration

LGBT Cultural Competence

- ✔ Clinic environment: Inclusive patient education materials and all-gender bathrooms
- ✔ Forms, medical records, and staff training
- ✔ Preferred names and pronouns
- ✔ Diverse family and parenting structures
- ✔ Awareness of stigma, its impact on mental health (minority stress) and the client-provider relationship
- ✔ Importance of peer support
- ✔ Intersectionality

Assessment

- Be proactive; model comfort in talking about gender and sexuality
- What is your current gender? (e.g., male, female, trans(gender) man, trans(gender) woman, genderqueer)
- What sex were you assigned at birth? (i.e., male or female)
- What is your preferred name? What are your preferred pronouns (e.g., he/him, she/her, they/them)?
- Do you have sex with men, women, or both?
- How would you describe your sexual orientation (e.g., straight/heterosexual, bisexual, gay/lesbian)?

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Interventions

- Address mental health and gender/sexuality concerns in parallel
- PLISSIT
    1. Permission giving
    2. Limited Information
    3. Specific Suggestions
    4. Intensive Therapy
- Take care not to foreclose identity development (e.g., premature labeling)
- Facilitate exploration and resilience (calculated risks)
- Sexual boundaries (Do's as well as Don'ts)

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Vignette 3: Jennifer (i)

- Jennifer (19), assigned male at birth, identifies as a woman; she is attracted to men and identifies as straight
- After coming out at age 16 to her family, she started hormones and joined a transgender support group while her father felt ashamed of his daughter
- Jennifer was hearing voices making transphobic remarks, refused to eat out of fear that her food might be poisoned, and locked herself up in her room
- After OnTrackNY helped her to manage these symptoms, she started missing appointments
- *How might the psychosis affect her identity development and vice versa?*

Vignette 3: Jennifer (ii)

- Jennifer made changes in gender expression on her own despite insecurities
- Her father's rejection reinforced shame
- Insecurities and shame were evident in the voices she heard
- These experiences led to social withdrawal
- At home, Jennifer had been reading online about mistreatment of transgender people by mental health professionals, which led to the missed appointments
- *What can providers do?*

Vignette 3: Jennifer (iii)

- Empathize with what Jennifer read online and how this made her feel; assure her that OnTrackNY is a safe place for transgender people (P)
- Put father's reaction in perspective of coming out as a process; it will take some time (LI)
- Reinforce her strengths and encourage renewed contact with peers and community (SS)
- Include family and friends in therapy (IT)

Vignette 4: James (i)

- James' (22) gender identity is congruent with his sex assigned at birth; he identifies as a gay man
- As a teen, James came out to his parents; after the initial shock, they became very supportive
- In college, James started his first relationship with Bob; after the initial limerence, emotions were flying high and James feared losing Bob
- James was admitted with paranoid ideation and auditory hallucinations
- After Bob broke up with James, his symptoms returned, including thoughts of self-harm
- *How might the psychosis affect his identity development and vice versa?*

Vignette 4: James (ii)

- Symptoms of psychosis started when the relationship with Bob began to deteriorate; the break up was particularly distressing
- It is not uncommon for gay men's first relationships to be intense and turbulent
- Strong emotions and unmet expectations can become a source of stress
- *What can providers do?*

Vignette 4: James (iii)

- Empathize with James' grief (P)
- Educate James about first relationships and the impact of stigma (LI)
- Reinforce James' strengths (he came out, connected with others, began dating, and even had his first relationship); suggest he resume socializing and seek support from peers (SS)
- Help James manage stress, thoughts of self harm, and relationship expectations (IT)

Cultural Competence is a Process

- Ongoing training in addressing gender and sexuality issues in the context of first episode psychosis is available for providers in New York State through the Center for Practice Innovations
- Series of online training modules
- FFI, please contact Renato Barucco at barucco@nyspi.columbia.edu

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Thank you!

Questions?

[Note: An archived recording of this webinar will be posted within 10 days at www.nasmhpd.org/webinars]

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