Incorporating Strategies for Delivering Culturally Competent Coordinated Specialty Care in First Episode Psychosis

Iruma Bello, PhD, Hong Ngo, PhD and Stephen Smith, PhD
Disclosures

Presenters do not have any disclosures or conflicts of interest.
Learning Objectives

1. Develop an understanding of the overall approach of delivering culturally competent care in coordinated specialty care programs.

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.

4. Discuss and share ways in which coordinated specialty care teams are implementing these best practices.
OnTrackNY: Who We Are

A program funded by the NY State Office of Mental Health designed to provide early intervention services for young people who have recently started experiencing first episode psychosis (FEP)
OnTrackNY

- Coordinated Specialty Care program throughout NY state funded by Office of Mental Health
- Informed by research studies funded by the federal government 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.
OnTrackNY Team Intervention

**Outreach/Engagement**
- Evidence-based Pharmacological Treatment and Health
  - Supported Employment/Education
  - Recovery Skills (SUD, Social Skills, FPE)
- Psychotherapy and Support
- Family Support/Education
- Suicide Prevention

**Peer Support**
- Shared Decision Making

**Recovery**
- 4.0 FTE

**Shared Decision Making**

*Building best practices with you.*
OnTrackNY Statewide

Gender

Sexual Orientation

N = 1,641
OnTrackNY Statewide

Race/Ethnicity

- Hispanic
- Asian
- Black, non-Hispanic
- Multiracial
- White, non-Hispanic
- Other

N = 1,641
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.
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
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 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
Primary Themes

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

Sub-themes and Best Practices

Principles of Working with Interpreters:

- Use a qualified interpreter proficient in English and other languages 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.
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
### 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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**OnTrackNY**

**My health. My choices. My future.**
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
Discussion: Gender/Sexuality

1. How would you decide when to engage the participant in a discussion about gender? When it first presents in therapy or when there is established rapport and trust?

2. What can providers do to help participants identify other sources of support within and outside the family?

3. How do you help participants and families find common ground when they have differing views regarding gender/sexuality?

4. How do you stay balanced regarding your own views?
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
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
Video Project & Companion Guide

Windows of Opportunity in Early Psychosis Care:
Navigating Cultural Dilemmas about Religion and Spirituality

Windows of Opportunity in Early Psychosis Care:
Navigating Cultural Dilemmas about Family Relationships

Windows of Opportunity in Early Psychosis Care:
Navigating Cultural Dilemmas about Masculinity and Gender Constructs

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Contact Information

Iruma Bello, PhD, OnTrackNY
Iruma.Bello@nyspi.Columbia.edu

Hong Ngo, PhD, OnTrackNY
Hong.Ngo@nyspi.Columbia.edu

Stephen Smith, PhD, OnTrackNY
Stephen.Smith@nyspi.Columbia.edu
Questions?

THANK YOU!