

# CLINICAL WEBINARS

## FOR HEALTH SERVICE PSYCHOLOGISTS

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TRANSLATING RESEARCH TO PRACTICE

# Youth With Psychosis-Spectrum Experiences: Stigma and Equity Issues

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# Joseph S. DeLuca, Ph.D. (he/him/his)



- Dr. DeLuca is a licensed psychologist (NY) who specializes in youth mental health, specifically psychosis-spectrum experiences and disorders
- He is an assistant professor at Fairfield University in CT and an assistant clinical professor at Mount Sinai's School of Medicine in NYC
- His research is aimed at understanding intersectional stigma and addressing equity issues in services for youth with psychosis-spectrum experiences

# Disclosures/Conflicts of Interest

To the best of his knowledge, Dr. DeLuca does not have any conflicts of interest. However, here are two disclosures he would like to make just for full transparency:

1. Currently involved with several federally funded early-stage psychosis grants (\*R34MH122500 [consultant], R34MH128502 [co-investigator], R01MH130354 [co-investigator])
  - \*Dr. Yanos, co-author of the paper integrated into today's presentation, is the PI of R34MH122500 (*"Development of a stage-specific adaptation of a self-stigma intervention for people recovering from a first episode of psychosis"*)
2. Consulting Editor, *Journal of Health Service Psychology*

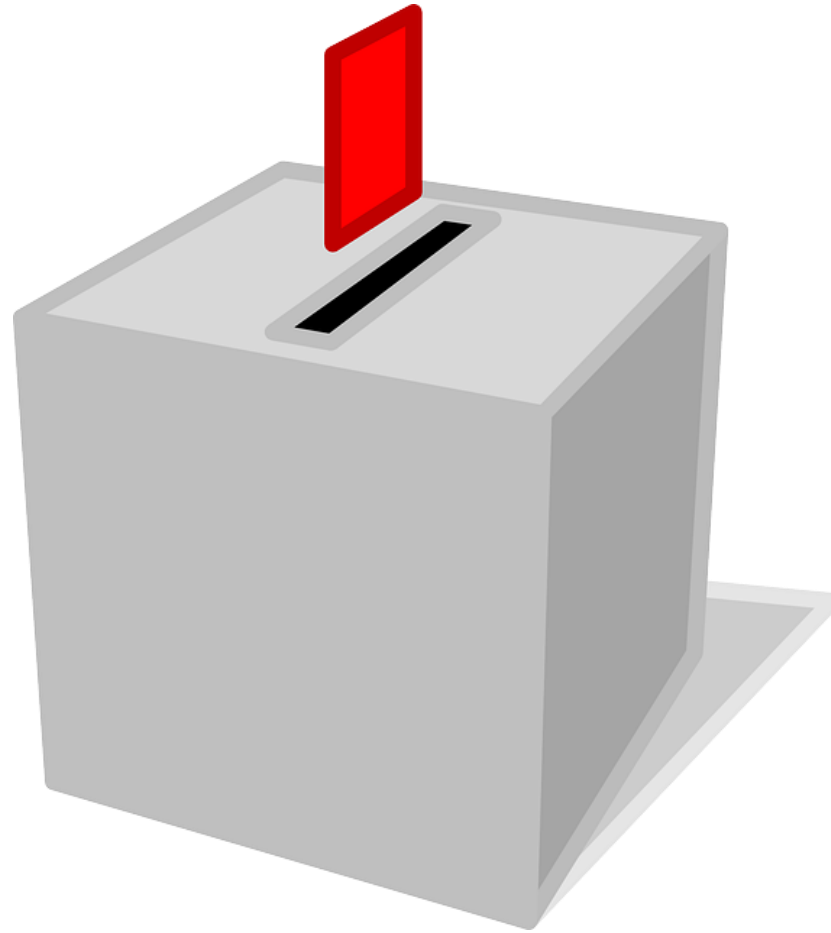
# Learning Objectives

1. Define psychosis-risk states and first-episodes of psychosis among youth
2. Utilize two screening tools to assess youth psychosis-spectrum experiences
3. Describe three clinical strategies to address intersectional stigma or broader equity issues when working with youth who have psychosis-spectrum experiences and their families

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# Clinical Poll Question





# Psychosis

- Psychosis exists on a **spectrum** (see Staines et al., 2023; van Os et al., 2009)
- The onset is typically during **adolescence and young adulthood** (American Psychiatric Association, 2022; see also Sarac, DeLuca et al., 2021)
- Tremendous public **stigma** persists toward psychosis (see Pescosolido et al., 2019) and minoritized individuals have historically faced (and currently face) significant **equity** issues in care (see Akouri-Shan et al., 2022; Anglin et al., 2021; DeLuca et al., 2022; Jones et al., 2021; Metzl, 2010; Oluwoye et al., 2018, 2021; Yang et al., 2019)



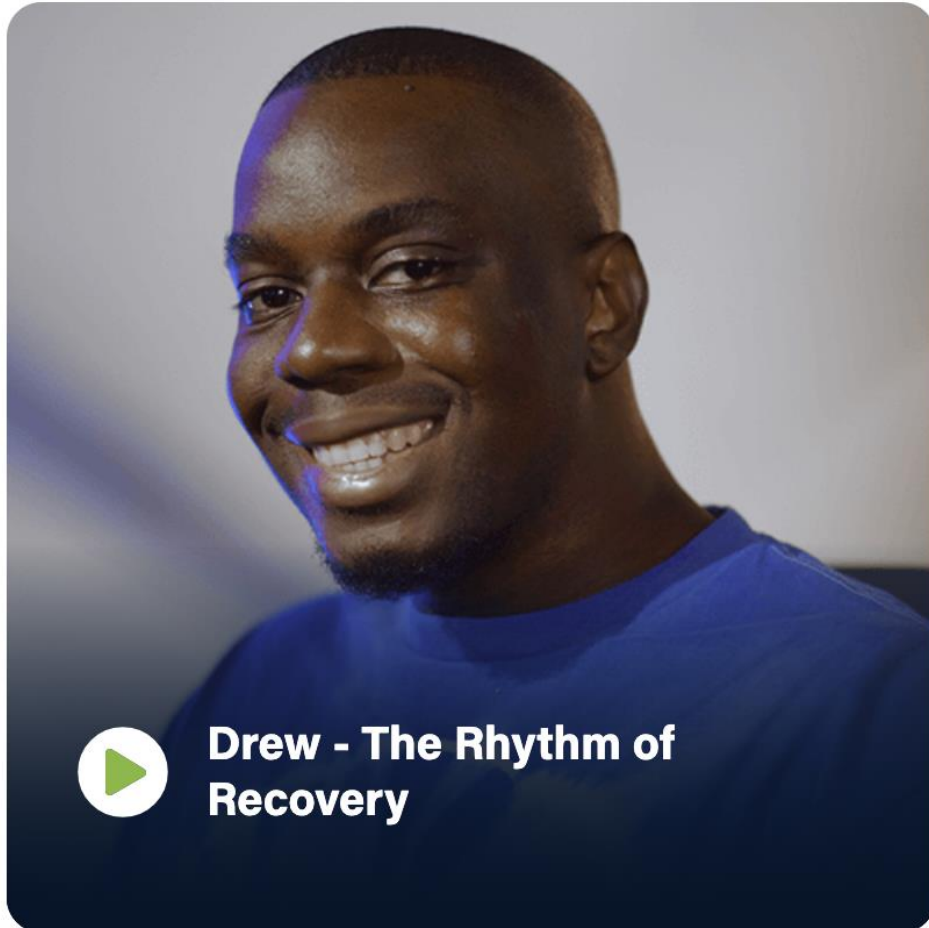


# Early-stage Psychosis (see Fusar-Poli et al., 2018)

- **Clinical High Risk for Psychosis (CHR) states**
  - these are “warning signs”; sub-threshold psychosis-like experiences that resemble psychosis, do not rise to the same level of severity and frequency; doubt intact (see for discussion: Corcoran, 2016)
  - *Transition-to-psychosis rate: ~22-38%* (Fusar-Poli et al., 2020; see also for context Beck et al., 2019)
  - *Prevalence: ~2-3% of the general population & ~19-20% of clinical samples* (see Salazar de Pablo et al., 2021; Woods et al., 2019)
- **First-Episode Psychosis (FEP)**
  - first signs of a threshold/full psychosis psychotic episode (i.e., DSM-5-TR or ICD-11 criteria)
  - *Prevalence: ~1-3% of the general population* (see APA, 2022; NIMH RAISE)

# Short Video Clip from OnTrackNY

(Learn more: <https://ontrackny.org/>)



**Title:** Drew – The Rhythm of Recovery

**Video link:** <https://youtu.be/6Xc1TBjcixc>

*A film by Amanda Lipp*

# Early-stage Psychosis Treatment

- **Early treatment saves lives!**
- Specialized **CHR** services can improve psychosocial outcomes and might *potentially* prevent or delay transition to psychosis (see Addington et al., 2019; Catalan et al., 2021; Devoe et al., 2020; Fusar-Poli et al., 2020; Landa et al., 2016; Mei et al., 2021; Thompson et al., 2015)
- Specialized **FEP** intervention services are associated with a range of improved outcomes (v. TAU) at 2-year follow-ups (see Correll et al., 2018; NIMH RAISE)
- BUT: there can be many **barriers** to accessing early-stage psychosis services, especially for minoritized groups, and we must be **culturally sensitive & attuned to stigma and equity** issues (see Anglin et al., 2021; DeLuca et al., 2022; Jones et al., 2021; Oluwoye et al., 2018, 2021; Petti et al., 2021)



# American Psychological Association Ethics Code

(source: <https://www.apa.org/ethics/code>)

## Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.

Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

## ▼ Section 2: Competence

### 2.01 Boundaries of Competence

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard [2.02, Providing Services in Emergencies](#) .

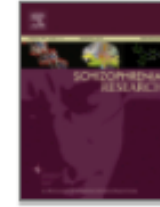
# Early-stage Psychosis Tx: Stigma & Equity

- Most patients and families are *aware* of **public psychosis stigma** (see Simonsen et al., 2019; Wong et al., 2009) and 30% or more of patients *internalize* this stigma (see Dubreucq et al., 2021; Yanos et al., 2020), e.g., “*I can’t contribute anything to society because I have a mental illness*” (Boyd et al., 2003)
  - **public psychosis stigma** is unfortunately on the rise (see Pescosolido et al., 2019)
- Using an **intersectional lens** (see Crenshaw, 1989), youth with minoritized identities are particularly vulnerable, e.g.,
  - **Racial/ethnic discrimination** is associated with distressing psychotic experiences among adolescents & young adults (see Anglin et al., 2014; Anglin & Lui, 2023; Oh et al., 2022)
  - **More psychosis symptom-related distress** found among young people, especially LGBTQ+ folx, Native Americans, and people with lower income (see DeLuca et al., 2022; Savill et al., 2022)
  - **Black individuals may enter early-stage psychosis care later** (v. white patients) and, once in care, are more likely to: be uninsured and unhoused, and have a poorer quality of life and more severe symptoms (see Nagendra et al., 2018; Oluwoye et al., 2021)

# Learning Objectives

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## Psychosis risk screening: A systematic review

Emily Kline, Jason Schiffman  

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<https://doi.org/10.1016/j.schres.2014.06.036>

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### Abstract

Despite the wealth of evidence linking duration of untreated psychosis to critical illness outcomes, most clinicians do not utilize any formal evaluation tools to identify attenuated or emerging psychotic symptoms. Given the costs associated

# Early-stage Psychosis Screening (ages ~12-35)

1. **Prodromal Questionnaire-Brief** (PQ-B; Loewy et al., 2010; 21 items)
2. **Prime-Revised with Distress** (PRIME; Miller et al., 2004; 12 items)
3. **Behavior Assessment Scale for Children-Third Edition\*** (BASC-3 *Atypicality Scale*; Reynolds & Kamphaus, 2015; ~10 items)
  - \*not validated since BASC-2

# Prodromal Questionnaire-Brief (PQ-B)

## PQ-B

Rachel Loewy, PhD and Tyrone D. Cannon, PhD

©University of California

May 2010

Please indicate whether you have had the following thoughts, feelings and experiences **in the past month** by checking “yes” or “no” for each item. **Do not include experiences that occur only while under the influence of alcohol, drugs or medications that were not prescribed to you.** If you answer “YES” to an item, also indicate how distressing that experience has been for you.

1. **Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?**

☐ YES ☐ NO

*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

2. **Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?**

☐ YES ☐ NO

*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

3. **Do things that you see appear different from the way they usually do (brighter or duller, larger or smaller, or changed in some other way)?**

☐ YES ☐ NO

*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

4. **Have you had experiences with telepathy, psychic forces, or fortune telling?**

☐ YES ☐ NO

*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

5. **Have you felt that you are not in control of your own ideas or thoughts?**

☐ YES ☐ NO

*If YES:* When this happens, I feel frightened, concerned, or it causes problems for me:

☐ Strongly disagree ☐ disagree ☐ neutral ☐ agree ☐ strongly agree

# Prime-Revised with Distress (PRIME)

<b><u>Within the past year:</u></b>		Definitely disagree	Somewhat disagree	Slightly disagree	Not sure	Slightly agree	Somewhat agree	Definitely agree
<b>1. I think that I have felt that there are odd or unusual things going on that I can't explain.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>2. I think that I might be able to predict the future.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>3. I may have felt that there could possibly be something interrupting or controlling my thoughts, feelings, or actions.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6
<b>4. I have had the experience of doing something differently because of my superstitions.</b>		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
When this happens, I feel frightened or concerned, or it causes problems for me.	N/A	0	1	2	3	4	5	6

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# 1. Culturally-Sensitive Screening

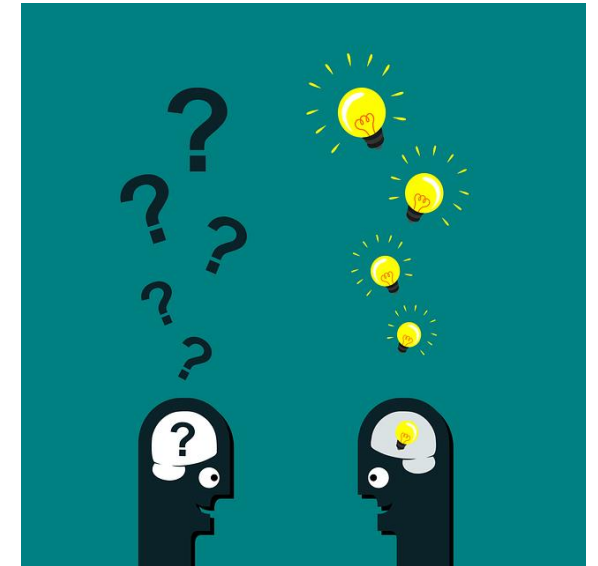
- Outreach and advocacy (see Anglin et al., 2020; Kelleher, 2023; Lynch et al., 2016; Oluwoye & Weeks, 2023; Phalen et al., 2018)
  - Connect with “gatekeepers” (e.g., cultural leaders)
  - Screen during intakes, especially in high-acuity settings (e.g., ER, inpatient units)
- Administration (see [psychosisscreening.org](https://psychosisscreening.org))
  - Know the cultural limitations of the screener
  - Normalize & gently explore responses
- Feedback (see Herrera et al., 2023; [psychosisscreening.org](https://psychosisscreening.org); Woodberry et al., 2021)
  - Strengths-based; address questions and stigma, as well as family and cultural beliefs; provide hope





## 2. Culturally-Sensitive Assessment

- **What other information can you gather to inform your assessment in a culturally-sensitive manner?** (see Bridgwater et al., 2023; DeLuca et al., 2022; Deriu et al., 2018; DeVlyder et al., 2013; Grattan et al., 2023; Schiffman et al., 2019)
  - **Specific intake questions, especially around context** (e.g., trauma, discrimination, acculturation, financial stress, food insecurity, immigration, community/neighborhood stressors, police victimization, native language, minoritized identity(ies), religion/spirituality, family history of psychosis, etc.)
    - ◦ e.g., *“Did the symptom begin before or after you migrated? Did it worsen after immigration?” ... “Do others in your culture have this experience?”* (see Bridgwater et al., 2023)
- **Cultural Formulation Interview** (APA; Lewis-Fernández et al., 2020)
- **Internalized Stigma of Mental Illness scale** (Boyd et al., 2003)
- **Racial Trauma Scale** (Williams et al., 2022)
- **Various measures of resilience and strengths!** (e.g., DeLuca et al., 2022)



# Example: the ISMI (Boyd et al., 2003)

## Internalized Stigma of Mental Illness Inventory (ISMI)

We are going to use the term "mental illness" in the rest of this questionnaire, but please think of it as whatever you feel is the best term for it. For each question, please mark whether you strongly disagree (1), disagree (2), agree (3), or strongly agree (4).

	Strongly disagree	Disagree	Agree	Strongly agree
1. I feel out of place in the world because I have a mental illness.	1	2	3	4
2. Mentally ill people tend to be violent.	1	2	3	4
3. People discriminate against me because I have a mental illness.	1	2	3	4
4. I avoid getting close to people who don't have a mental illness to avoid rejection.	1	2	3	4
5. I am embarrassed or ashamed that I have a mental illness.	1	2	3	4
6. Mentally ill people shouldn't get married.	1	2	3	4
7. People with mental illness make important contributions to society.	1	2	3	4
8. I feel inferior to others who don't have a mental illness.	1	2	3	4

# Example: the Racial Trauma Scale (Williams et al., 2022)

## Appendix

### The Racial Trauma Scale

Instructions: “Think about all the times when you have heard about, seen, or experienced racial discrimination. As a result of this, how bothered have you been by the following.” Scoring is 1 = *not at all*, 2 = *slightly*, 3 = *very much*, 4 = *extremely*.

#### Racial Trauma Scale – Clinical Version

1. Thinking the world is unsafe.
2. Feeling disconnected from myself.

3. Using alcohol to help me cope.
4. Feeling unsafe in public.
5. Having difficulties connecting with other people.
6. Using drugs to deal with my feelings.
7. Worrying about my loved one's safety.
8. Feeling nervous in social situations.
9. Using prescription medication to help with feelings.
10. Feeling society is unfair to people like me.

# 3. Culturally-Sensitive Treatment

- **Therapist qualities** (see Owen et al., 2016; Vasquez, 2007; Williams et al., 2022), e.g.,
  - Good understanding of microaggressions and racism
  - Good understanding of models of racial identity development, as well as youth development
  - Ability to identify and diagnose racial trauma, as well as other internalized forms of oppression
  - Have done personal anti-racism work, along with a commitment to lifelong learning and curiosity in this area
  - Willingness to discuss racism and cultural issues, even if uncomfortable
  - Stance of cultural humility



# 3. Culturally-Sensitive Treatment (continued)

- **Consider a specialized referral for CHR or FEP care** (*“when in doubt, reach out”*)
- **Build a trusting relationship with patient/family & be curious and creative**
  - *Folx with psychosis may:* have had poor past treatment experiences and be scared to open up ... be contending with significant internalized stigma and social stressors...
    - ***providers must work on their own psychosis stigma, too***
  - *Be genuinely curious* about patients’ experiences, while acknowledging the diversity of folx with psychosis (e.g., symptoms, recovery goals, etc.)
  - *Be creative:* harness strengths (e.g., Individual Resiliency Training) and consider complementary treatment approaches for patient (e.g., targeting internalized stigma; doing in-vivo exposures in the community; speaking with religious/faith leaders)





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***\*Additional references available upon request***

***\*All pictures used in this presentation were “free for use” from [www.pixabay.com](http://www.pixabay.com), unless otherwise noted***



# Clinical Resources

## Screening & Assessment:

- Prime Revised with Distress (free access to screener)
- Prodromal Questionnaire Brief (free access to screener)
  - *See also <https://www.psychosisscreening.org/>*
- Structured Interview for Psychosis-Risk Syndromes (training opportunities)

## Treatment:

- Early-stage psychosis clinics in the US
- Early-stage psychosis clinics worldwide
- Internalized stigma (currently being tested in early-stage psychosis population)
- Racial trauma (not yet tested in early-stage psychosis population)

# Acknowledgments

- **Patients, families, colleagues, and early-stage psychosis supervisors** (Drs. Auther, Bennett, Corcoran, Herrera, Landa, Lucksted, Schiffman, and more) who I have had the privilege of working with over the years
- **Dr. Phil Yanos**, former clinical supervisor and PhD advisor (2014-2020), and co-author on the paper that inspired this talk (DeLuca & Yanos, 2023)
- National Register of Health Service Psychologists for sponsoring these talks

# Q&A With Dr. DeLuca



- Dr. Elchert will read select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.