

# Targeting Racial Trauma & Stigma-Based Stressors in Early-Stage Psychosis Services: Community-Based Participatory Research to Develop a Provider Education Program



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## Introduction

- Experiences of racial discrimination and other race-based stressors, collectively known as *racial trauma* (Williams et al., 2022), **are associated with psychotic experiences** (see Anglin et al., 2023)
- Psychosis prevention and early intervention programs are beneficial, but significant racial and ethnic inequities persist (DeLuca et al., 2022; Jones et al., 2021). For example, minoritized youth face unique stressors and may not consistently receive culturally sensitive care or achieve comparable treatment outcomes as white youth in early-stage psychosis services (e.g., Oluwoye et al., 2018, 2021)
- Early-stage psychosis providers can be trained to address racial trauma and contextual stressors for more culturally sensitive care (e.g., Faber et al., 2023). However, many mental health providers lack training to identify and treat racial trauma (Hemmings & Evans, 2018), and there are no standardized interventions or provider education programs to address the negative effects of racial trauma and stigma-based stressors in early-stage psychosis work (Anglin et al., 2021)
- Community-Based Participatory Research (CBPR) is a promising approach to address this gap in early-stage psychosis work. It centers minoritized youth voices by partnering with individuals who have lived experiences throughout the research process
- This ongoing APA grant-funded project aims to (1) understand CBPR best practices for young people and in psychosis research, and (2) develop and pilot test a provider education program focused on racial trauma and stigma for early-stage psychosis providers. The goal is to enhance providers' abilities to provide culturally responsive services, potentially improving patient treatment engagement and outcomes

## Method

### 1) Narrative Review:

• **Peer-reviewed articles** related to early-stage psychosis CBPR work were initially identified through literature searches (e.g., PsycINFO, Google Scholar), specialty journal searches, and consultation with experts. The search aimed to identify empirical articles in this area

### 2) CBPR Process and Pilot Study:

- Three young adults with lived experience of psychosis (& minoritized racial identity status) and one licensed clinical psychologist met for ten months to co-produce the program. Meetings were weekly/biweekly over Zoom
- The group initially focused on getting to know each other, building trust and rapport, and discussing tentative project goals. We then brainstormed specific topics for the program, collaboratively decided on presenters and script writing, co-designed PowerPoint slides, and recorded the presentation together
- The three young adults involved in this work have been paid and have continued opportunities to present this work at conferences and develop professionally, following best practices (Darnay et al., 2019; Jones, 2015)
- A pilot trial with ~50 North American licensed providers is expected to launch in Summer 2023, followed by public access to a dedicated website, <a href="www.PsychosisEquity.org">www.PsychosisEquity.org</a>, with free training and resources

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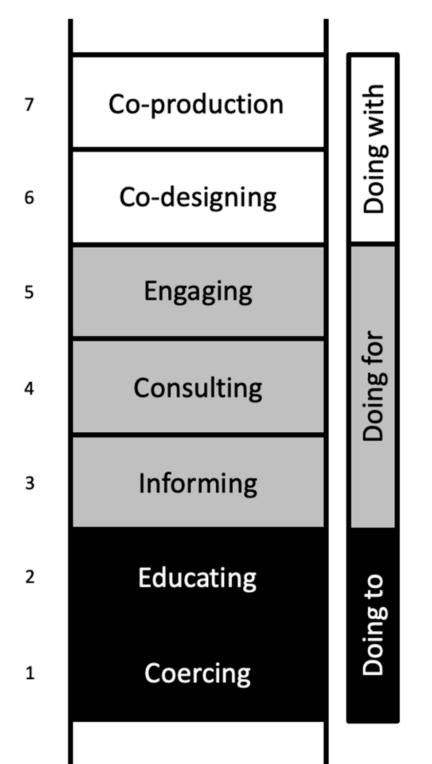
## Preliminary Results

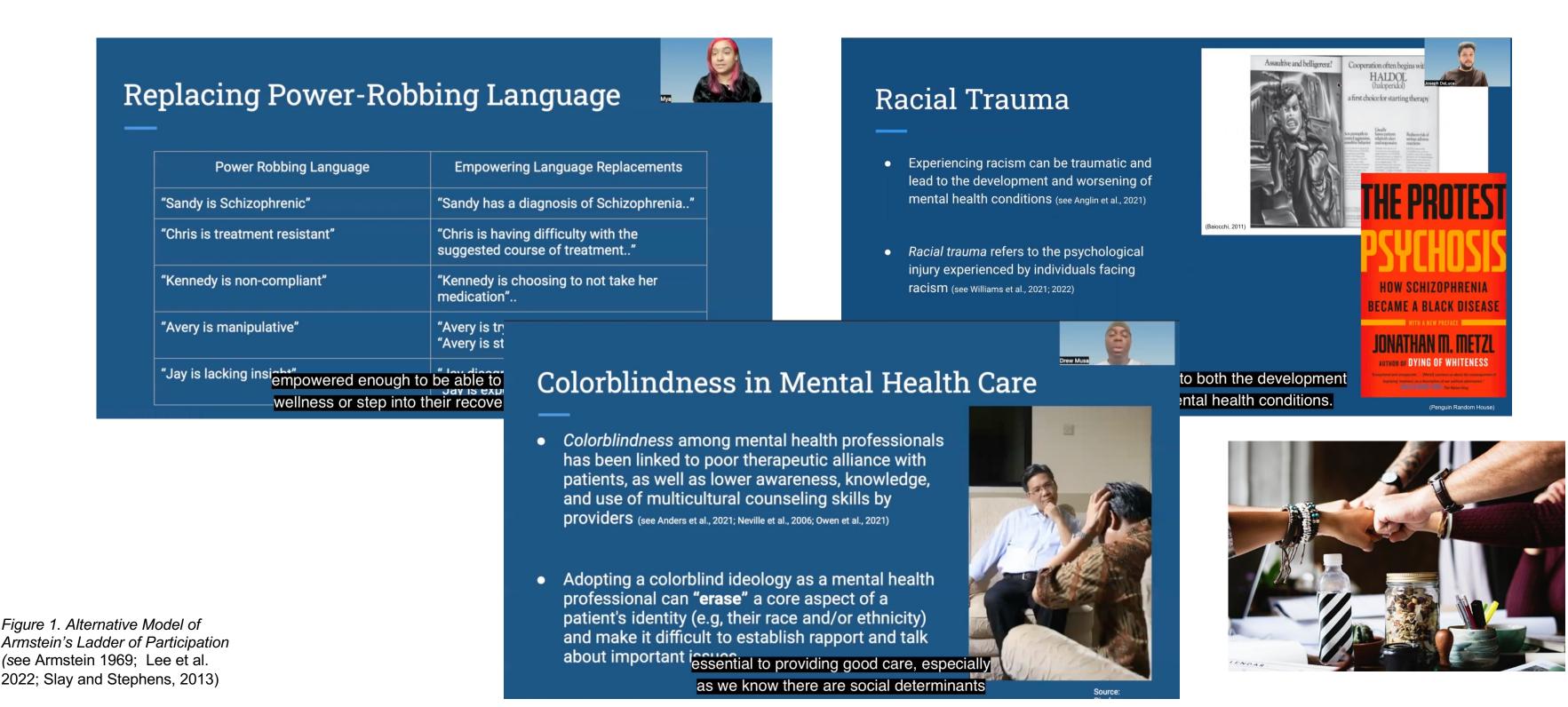
### Narrative Review (N = 7 studies identified):

- Country of study: Australia (n=1), Canada (n=1), Singapore (n=1), UK (n=2) USA (n=2)
- Sample: CHR/UHR (n=1), FEP (n=4), early-stage psychosis broadly or undefined (n=2)
- <u>Type of study:</u> case example (n=2), intervention coproduction (n=2) or consultation (n=1), study peer consultation (n=1), study informing/educating (n=1)
- Challenges: lack of research funding; pay inequality; paucity of CBPR professional training; peers with different skillsets and experiences with research; coercion or tokenism; etc. (Fig. 1)
- Successes: empowerment; sense of community and meaning; professional skills; quality and user-friendly co-produced interventions; etc.

#### **Our CBPR Process:**

- Our CBPR work appears to be a feasible and essential approach to early-stage psychosis work, allowing diverse voices to be centered and key content to be integrated into early-stage psychosis programming
- Short provider education videos (~45 minutes in total) were co-produced using best practices for racial trauma and stigma education (e.g., intersectionality theory, color-blindness, clinical & assessment tools)
- Our videos also aligned with best practices for digital education, such as chunking modules, including subtitles, and using concise language
- Pilot study: pre/post/3-month follow-up design





## Discussion

- There is a need for early-stage psychosis provider education on racial trauma and other stigma-based stressors, and CBPR can be an effective tool for this work. Further, the voices of youth with lived mental health experience are rarely heard, particularly in early-stage psychosis work, and this work represents a small step toward a more inclusive field
- However, this is a nascent area of research, and limited knowledge exists regarding CBPR successes/challenges in early-stage psychosis work. Essential structural changes for CBPR include more research funding and training in this area, as well as dedicated and sustainable positions for peer researchers (e.g., Higgs et al., 2023; Jones et al., 2023). Attention must be paid to recruiting diverse peers for this work, considering intersectional identities, and ensuring meaningful and sustained involvement for peers through co-production
- The effectiveness of our provider education program is pending our upcoming pilot trial

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