

Close Ended Questions : Yes, No, Unsure

1. We actively assess trauma using a semi-structured instrument
2. All clinical staff receive targeted training on working with trauma in the context of early psychosis
3. We provide specific trauma-focused interventions such EMDR, exposure therapy, or mindfulness-based stress reduction for trauma
4. Since launching, program has made specific policy or program changes in order to address trauma-related issues
5. We have implemented specific trauma informed care policies or procedures
6. We use a structured tool (e.g. cultural formulation interview) to better understand clients' cultural backgrounds
7. All staff receive targeted training on the role and implications of cultural difference on early psychosis
8. We have implemented formal cultural competency or culturally-adapted interventions or practices
9. Since launching, program has made specific policy or program changes in order to address culture-related issues or emergent ethnic/racial disparities
10. We have brought in members of ethnic/cultural minority communities to consult or contribute to improving practices

Open Ended Questions

- In what ways do you feel that socioeconomic disadvantage (e.g. poverty, unstable housing) impacts on clients and families in your program? What strategies or resources does your program tap in order to meet the needs of the most disadvantaged clients?
- In different regions/cities, there is a different mix of demographic minority groups served by early psychosis programs. So that we can better understand the mix of clients your program services, please describe any major local minority populations.
- Thinking about your program's experiences with migrant/refugee/internally displaced clients, what do you think are some of the challenges and unmet needs of working with this population in early psychosis services? (If your program does not serve any such clients, please write N/A.)
- Have you personally witnessed differences between clients or families of different racial/ethnic groups in terms of program participation, rates of engagement, and/or outcomes? If yes, which groups seem most affected within your program and what factors do you personally think might be contributing to these differences?

- Trauma-focused intervention and trauma-informed practice frameworks in early psychosis services remain an underdeveloped area. What is your perspective on current program strengths or barriers/limitations to meeting the needs of clients with trauma histories?
- Cultural competency/humility in early psychosis services remains an underdeveloped area. From your perspective, what are some of the ways in which cultural issues have impacted your work, or created challenges or barriers? From your perspective, how can early psychosis services best address cultural differences?