

Supplementary Information: Survey Instrument

Survey Title: Cultural & Structural Competency Practices in Early Intervention

Q1 Please select your sex.

- Male (1)
- Female (2)
- Other (3) \_\_\_\_\_

Q2 What is your age in years (e.g. 36)?

Q3 Please select your ethnicity/race (choose all that apply).

- American Indian/Alaskan Native (1)
- Hispanic/Latino (2)
- East Asian origin (3)
- South Asian origin (4)
- Southeast Asian origin (5)
- Black or African origin (6)
- Middle Eastern (7)
- Native Hawaiann or Pacific Islander (8)
- Other (9) \_\_\_\_\_

Q4 Please indicate your highest level of education and/or licensure.

- High school diploma/GED (1)
- Associate's degree (2)
- Bachelor's degree (3)
- Master's degree (4)
- Licensed clinical social worker (5)
- Licensed counselor (6)
- Licensed clinical psychologist (7)
- Licensed nurse practitioner (8)
- Psychiatrist (9)
- Non-clinical PhD or EdD (10)
- Licensed MFT (11)

Q5 Do you identify as a member of an under-represented minority group (due to race/ethnicity, culture, gender identity or sexual orientation, religious group or for any other reason)?

- Yes (1)
- No (2)

Q6 Which of the following describes your role in the early psychosis program you work in? Please check all that apply.

- Peer specialist/peer support worker (1)
- Family partner/family-peer specialist (2)
- Case manager (3)
- Therapist or counselor (4)
- Psychiatrist or nurse practitioner (5)
- Team lead or program manager (6)
- Clinical supervisor (7)
- Supported education/employment specialist (8)
- Housing support specialist (9)
- RN or wellbeing nurse (10)
- Outreach or intake coordinator (11)
- Office manager (12)
- Administrative director (clinical, training or research) (13)
- Other (14) \_\_\_\_\_

Q8 In what state is your current employer located? If your program is based outside the US, please list the city, region, district or country (as applicable).

Q9 In your current capacity do you oversee or work with multiple different early psychosis programs or sites? If so, how many

- 2-3 sites (1)
- 4-6 sites (2)
- 7 or more (3)
- No/not applicable (4)

Q11 Providers and researchers conceptualize the causes or origins of psychosis in a variety of ways. Please mark the extent to which you think the following factors contribute to psychosis

	Not a factor (1)	Minor Factor (2)	Major factor (3)
Neurochemistry or brain abnormalities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genetics/epigenetics (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal exposure/insults (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neurodevelopmental problems arising during adolescence or young adulthood (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress/stressors or sensitivity to stress (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug use (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual trauma (e.g. sexual abuse) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Background adversity (poverty, living in a dangerous neighborhood) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Culture or cultural background (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hormones/hormonal changes (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q20 Have you personally witnessed racial/ethnic disparities within your program—e.g. consistently greater rates of disengagement, decreased program participation, or poorer outcomes among ethnic/racial minority clients? Y/N

- Yes (1)
- Maybe (2)
- No (3)

Q21 If yes, what do you personally think might be contributing to these disparities or differences?

Q22 Research in multiple early psychosis clinics has found markedly heightened rates of background trauma and adversity. From your perspective, how can early psychosis services best address these aspects of client's experiences?

Q23 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?

Q25 How do you think early intervention programs could strengthen their capacity with respect to cultural competence, racial/ethnic disparities and background structural adversity?

Q24 In recent years, researchers and clinicians have debated various aspects of diagnosis and diagnostics, including whether early psychosis programs should serve clients with any type of psychosis, more narrowly focus on schizophrenia-spectrum diagnoses, and whether programs should base treatment on specific diagnoses or rather a psychosis umbrella category. Bracketing any formal policies in the program in which you work, what are your personal views?

Q10 Which of the following best describes the early intervention model of your current or most recent early psychosis employer (check all that apply)?

- NAVIGATE (1)
- RAISE CONNECTIONS (2)
- OnTrack (3)
- PREP model (Massachusetts) (4)
- PREP model (California) (5)
- FIRST (6)
- EDAPT (7)
- PIER (8)
- EASA (9)
- Open Dialogue/Needs Adapted Treatment (10)
- PEPP (Canada) (11)
- EPPIC (Australia) (12)
- NHS Trust (UK) (13)
- TIPS (14)
- Hybrid/eclectic model (15)
- Other (please name or describe) (16) \_\_\_\_\_

Q12 With respect to initial assessment in your program, please check all of the following that apply.

- We use a structured diagnostic interview such as the SCID (1)
- We used a structured "culturally focused" interview such as the Cultural Formulation Interview (CFI) (2)
- We use a structured assessment that was specifically created for our program or model (3)
- We use a structured (non-diagnostic) psychosocial assessment tool such as CANS/ANSA or CANSAS (4)
- We use an unstructured assessment process to generate a diagnosis and other information (5)
- Our assessment process includes questions about each clients' cultural understanding/explanation of their experiences (6)
- Our assessment process includes questions about background disadvantage (poverty, living in a dangerous neighborhood, past experiences of racism or discrimination, immigration) (7)
- Our assessment process includes questions about individual trauma (physical abuse/neglect, personal injury/accidents, sexual abuse, severe bullying, other exposure to violence) (8)
- Our assessment process includes questions about cultural background, including immigration/refugee status (e.g. whether client and/or parents are immigrants or refugees) (9)

Q13 With respect to how staff in your program typically handle diagnosis, which of the following apply?

- Program staff consistently report specific diagnoses (e.g., schizophreniform, schizophrenia, bipolar) to clients following initial assessment (1)
- Program staff generally favor an umbrella "psychosis" diagnosis over specific diagnostic labels in communicating with clients following initial assessment (2)
- Program staff at time report specific diagnoses and at other times do not report diagnoses depending on the clinician, the situation and what the client and his/her family request (3)

Q14 Which of the following describes the inclusion/exclusion (or entry) criteria for your program?

- Schizophrenia spectrum diagnoses only (1)
- Include all types of non-organic psychosis (2)
- Include clinical high risk/prodromal clients (3)
- Exclude drug-induced psychosis (4)
- Exclude psychosis if primary diagnosis is PTSD or DID (5)
- Exclude adults over the age of 35 (6)

Q15 Please check each of the following service components that are included in your model.

- Physical health assessment, monitoring or intervention (1)
- Medication management (2)
- Medication discontinuation/tapering (program prescribers work with clients who want to discontinue meds to taper them off) (3)
- Case management (4)
- Critical Time Intervention (CTI) (5)
- Cognitive behavioral therapy for psychosis (CBTp) (6)
- Eclectic therapy/counseling (7)
- Psychodynamic therapy (8)
- Other specific therapy (please name or describe) (9) \_\_\_\_\_
- Therapy or skill-building groups (10)
- Peer support groups (11)
- Multifamily groups (MFG)/family psychoeducation (12)
- Supported employment/education (13)
- Dedicated housing supports/supported housing (14)
- Family or carer support worker/family-peer (15)
- Individual or group peer support (16)

Q16 Thinking about how your program handles client/family trauma and adversity, please check all that apply.

- We actively assess trauma using a semi-structured instrument (1)
- We assess trauma informally (2)
- All clinical staff receive targeted training on working with trauma in the context of early psychosis (3)
- We provide formal trauma-focused interventions such as EMDR, exposure therapy, or mindfulness-based stress reduction for trauma (4)
- Leadership recognizes the importance of trauma but no trainings are currently available (5)
- Clinical supervisors within the program are proficient in working with trauma in the context of early psychosis (6)
- In cases of severe trauma, the program will tend to refer clients out to more specialized trauma specialists or trauma-focused programs (7)
- Client trauma is frequently discussed in case conference/team meetings or supervision (8)

Q17 Thinking about how your program works with cultural/ethnic/racial minority clients, please check all that apply.

- We can access translation services (internal or external to the program) for at least 2 different languages (1)
- We provide direct services in more than 1 language/employ bilingual staff (2)
- Staff are able to access trainings specifically focused on cultural competency in early psychosis at least once a year (3)

Online supplement for 10.1176/appi.ps.20220624

Q19 Please rate your agreement with the following statements.







Q18 Please rate your agreement with the following statements, thinking about your current or most recent early psychosis employment setting.



<p>People in recovery work along side agency staff on the development and provision of new programs and services (5)</p>	○	○	○	○	○	○	○
<p>People in recovery are regular members of agency advisory boards and management meetings (6)</p>	○	○	○	○	○	○	○
<p>Persons in recovery are involved with facilitating staff trainings and education programs (7)</p>	○	○	○	○	○	○	○
<p>This agency actively attempts to link people in recovery with other persons in recovery who can serve as role models or mentors by making referrals (8)</p>	○	○	○	○	○	○	○
<p>Criteria for exiting or completing the agency are clearly defined and discussed with participants upon entry to the program (9)</p>	○	○	○	○	○	○	○



Helping people build connections with their neighborhoods and communities is one of the primary activities in which staff at this program are involved, (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------