

# *The Cultural Formulation Interview*

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# Overview

## First part

- What is culture?
- What is a sociocultural assessment for clinical care?
- Why conduct a sociocultural assessment in routine care?
- Development and content of the CFI
- Uses of the CFI

## Second part

- Role plays

## Third part

- General discussion

# *What is culture?*

- Culture as process of meaning making and social practice
- Linked to participation in multiple social groups
- Culture has always been mixed or creolized
- Risks of thinking of culture as static group characteristics
- Must engage person to elicit cultural views and practices

**Fish don't know they are in water**

## *What is a Sociocultural Assessment for Clinical Care?*

Process of eliciting, organizing, and interpreting information on the impact of culture and social context on the person's and social network's views, practices, and resources pertinent to clinical evaluation and treatment planning

Can be systematic or ad hoc

# Why Do Sociocultural Assessments in Routine Care?

## DATA GATHERING

- Obtain sociocultural information for evaluation & treatment

## THERAPEUTIC EFFECT

- Promote communication, patient engagement & empowerment

## TRAINING

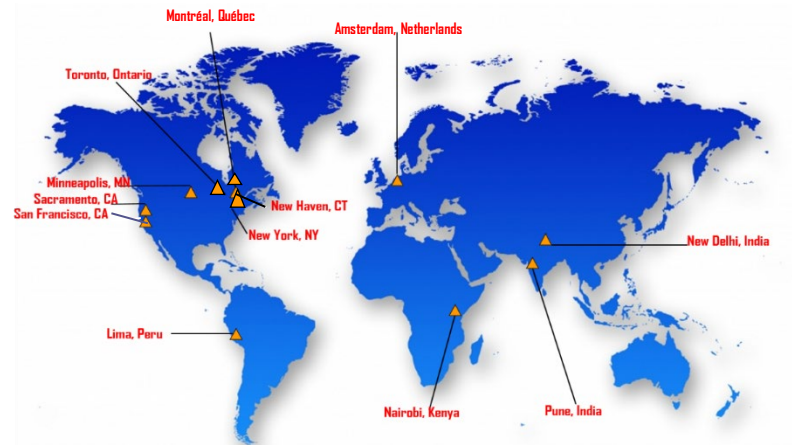
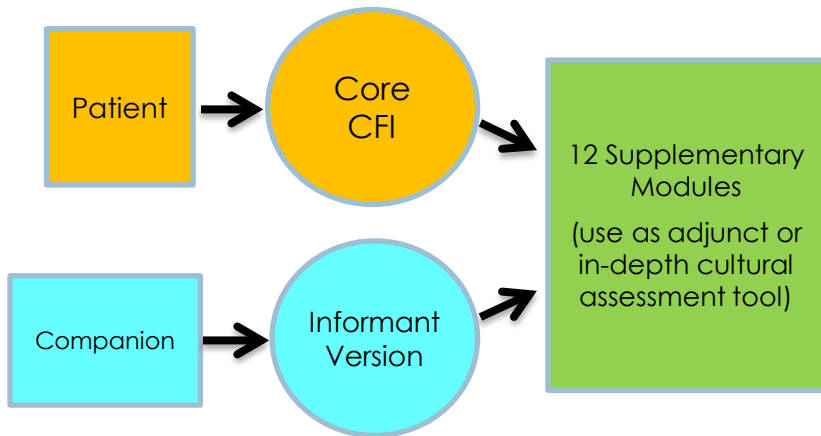
- Foster contextual thinking and reduce diagnostic reification

## SYSTEMIC CHANGE

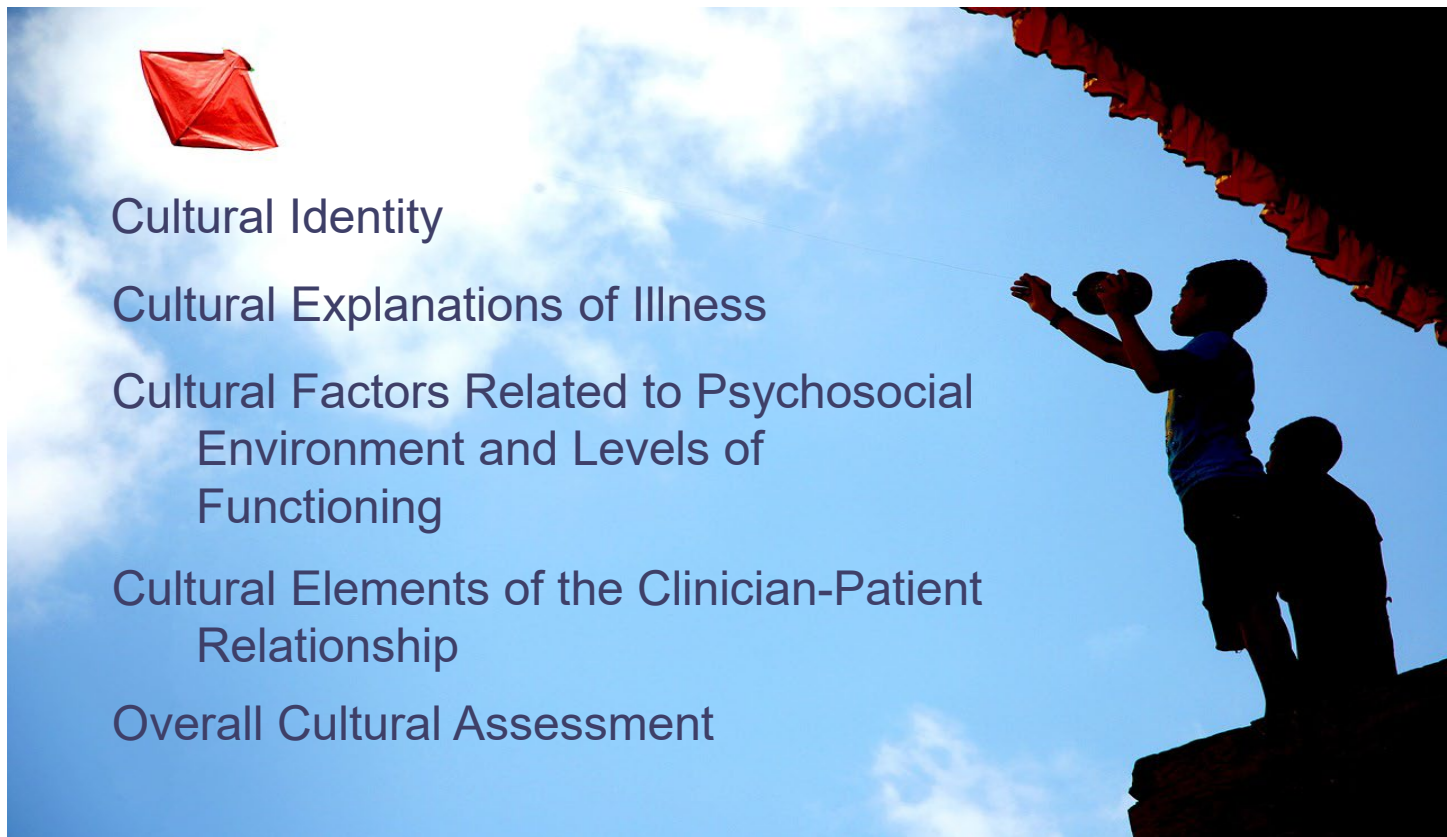
- Implement socioculturally informed person-centered services

# Cultural Formulation Interview

- Set of interview protocols that can guide cultural assessment during evaluation and treatment planning with any patient by any provider in any care setting
- Three components:
  - DSM-5 Field Trial 2011-2012



# Outline for Cultural Formulation



Cultural Identity

Cultural Explanations of Illness

Cultural Factors Related to Psychosocial  
Environment and Levels of  
Functioning

Cultural Elements of the Clinician-Patient  
Relationship

Overall Cultural Assessment

# *Development of the CFI*

- Review of DSM-IV Outline for Cultural Formulation (OCF) literature
  - Existing interviews, questionnaires, and protocols
  - Drafting of 14-item Beta version of CFI
  - Development of training approach
  - Testing in international field trial
- 6 countries, 11 sites, 321 patients, 75 clinicians, 86 family members
  - Preliminary data analysis of field trial results
  - Revision to 16-item final version of CFI
  - Reports of field trial findings
  - Implementation: fidelity instrument, training, outcomes



# CFI Administration

- Used with any patient by any provider in any setting
- Can kick off evaluation to gather patient's views first
- Or at any point in care
- Indicated particularly in cases of:
  - Cultural differences that complicate diagnostic assessment
  - Uncertainty of fit between symptoms and DSM/ICD categories
  - Difficulty in judging severity or impairment
  - Disagreement between patient and clinician on course of care
  - Limited treatment engagement or adherence
  - Divergent views/expectations due to previous care experiences
  - Mistrust of services/institutions from past trauma/oppression

# CFI Domains and Questions

## CULTURAL DEFINITION OF PROBLEM

### A. Definition of Problem

1. Own definition
2. How describe to social network
3. Most troubling aspect

## CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

### B. Causes

4. Cause of problem
5. Cause per social network

### C. Stressors and Supports

6. How environment is supportive
7. How environment is stressful

### D. Role of Cultural Identity

8. Key aspect of background or identity
9. Effect on problem
10. Other concerns re cultural identity

## CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING

### E. Self-coping

11. Methods of self-coping

### F. Past help seeking

12. Help seeking from diverse sources

### G. Barriers

13. Barriers to obtaining help

## CURRENT HELP SEEKING

### H. Preferences

14. Most useful help at this time
15. Other help suggested by social network

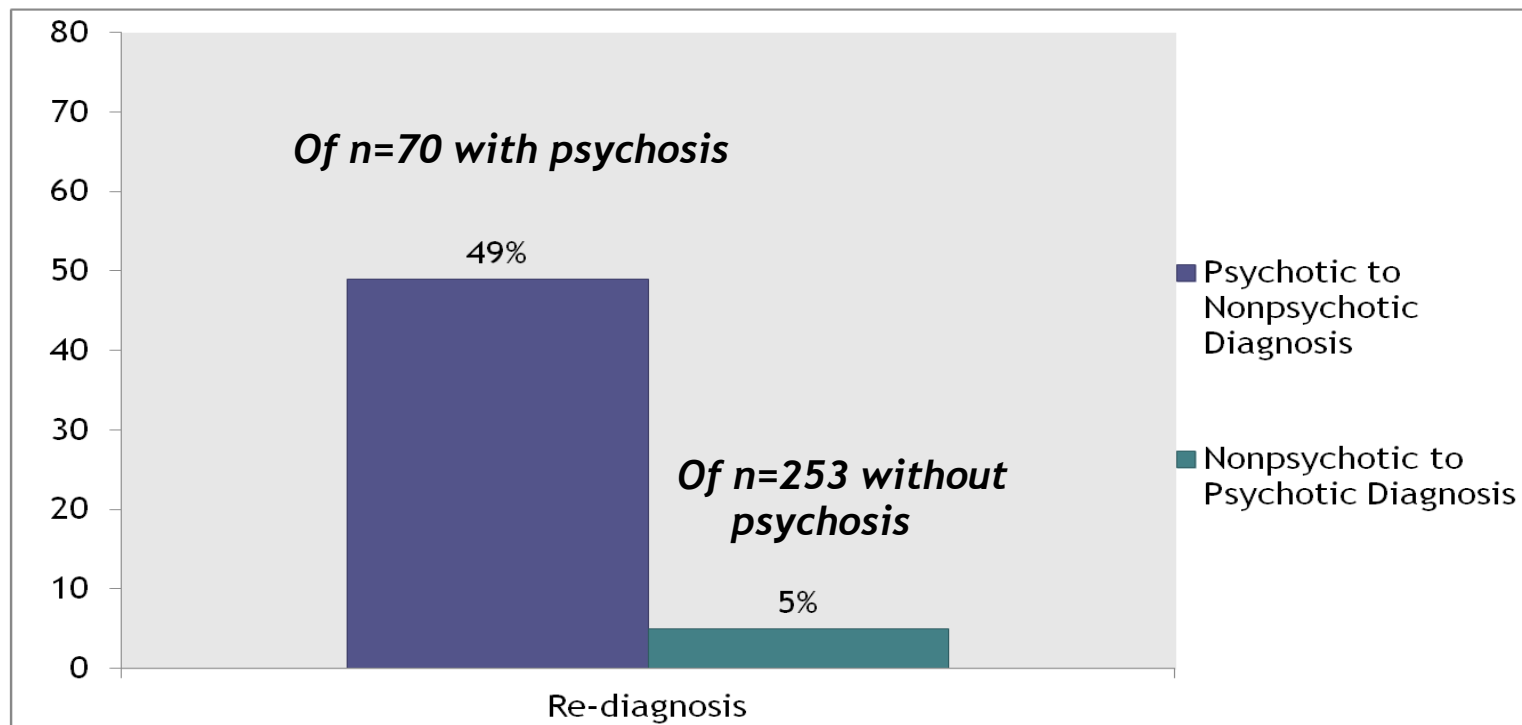
### I. Clinician-Patient Relationship

16. Concerns about misunderstanding affecting care

# Uses: Data Gathering

- Person-centered contextual information helps to:
  - Contextualize person's situation, identifying stressors and supports
  - Clarify idioms of distress to facilitate clinical evaluation
  - Enhance communication, rapport, and trust through exploration of person-centered narratives, which evidences caring
  - Understand person's expectations of care, to negotiate treatment plan
  - Identify role of psychosocial modalities in treatment
- Case formulation and co-constructed clinical narrative → better care
  - Research in Denmark, Mexico, and US:
    - Treatment plan enhanced with psychosocial therapies and alternative treatments

# Re-Diagnosis Using Cultural Formulation (n=323)

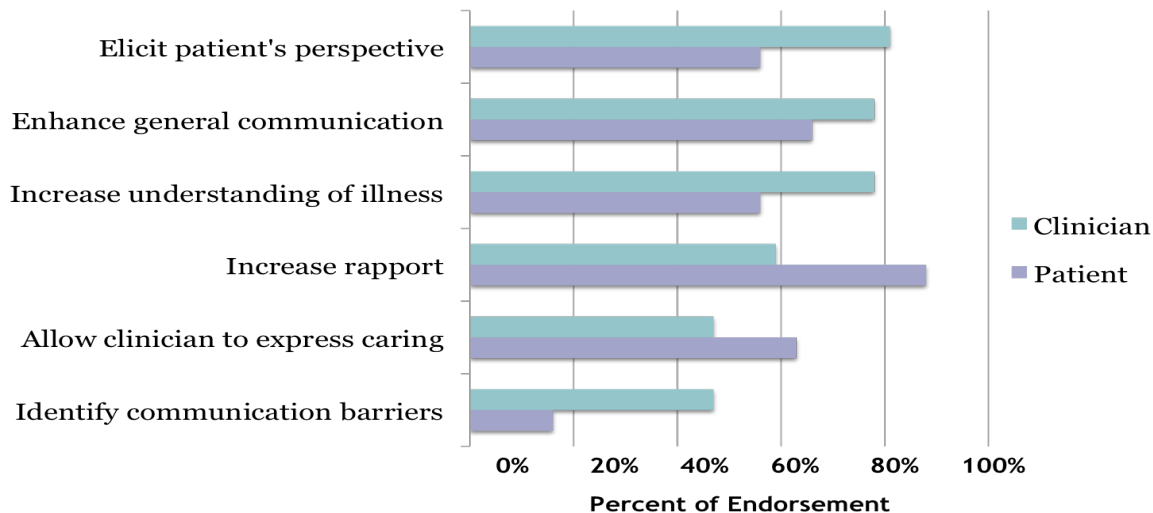


# Uses: Therapeutic Effect

- To promote communication and rapport via empathic elicitation of the person's narrative

Tasks met by CFI questions  
NY Field Trial site

N=32 patient-clinician dyads



# Therapeutic Effect

- To enhance patient engagement and empowerment
  - RCT of Usual Care (UC) vs. CFI+UC (n=36 pts, 6 clinicians at public NY MH Center)
    - Treatment non-retention at 3 months: CFI+UC = 11% vs. UC = 22%
  - Fosters self-reflection, self-validation, intersubjective recognition, trust, and hope

# Uses: Training

- To expand understanding of person in context: “contextual thinking”
  - Sociocultural identity and practice, positionality, resources and constraints
  - Including interaction with these aspects of provider and health system
- Need for CFI training, especially in conceptualization of culture
- “Cultural” training often just information on “othered” groups
- 3-hour McGill Interdisciplinary Case Discussion Seminars (n=154 providers/42 cases)
  - ↑ information complexity, shift to stress-related dx’s, focus on strengths and resources, complementary treatments, advocacy, coordination of services
- CFI training in psych residency: 1-hour, 4-session, OSCE approaches
  - Positive effect on cultural competency scales

# Uses: Systemic Change

- To implement socio-culturally informed person-centered services
- To enhance quality of care & reduce bias/discrimination
- Research on CFI implementation:
  - Feasibility, acceptability, perceived utility in DSM-5 Field Trial
    - Implemented in 22 min after 1 training session
    - Patient scores > clinicians; clinician concerns about feasibility ↓ with use
  - Elicit person-centered topics for program development and evaluation
  - Needs adaptation to local clinical system



# Conclusions

- Value of sociocultural assessment in recontextualizing clinical evaluation and eliciting person-centered information
- DSM-5 Cultural Formulation Interview
  - Is a standardized sociocultural assessment for individuals
  - May be implemented in routine mental health services
- May help enhance quality of care and overcome disparities
- Needs additional efficacy and implementation research

