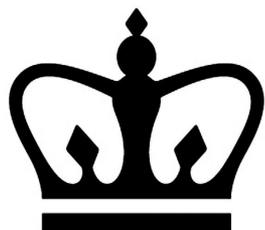


The Cultural Formulation Interview

*Strategies for Behavioral Health Equity:
Leaving No One Behind!
June 24, 2019*

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New York State
Psychiatric Institute
Center of Excellence
for Cultural Competence

Center of Excellence for Cultural Competence - NYSPI

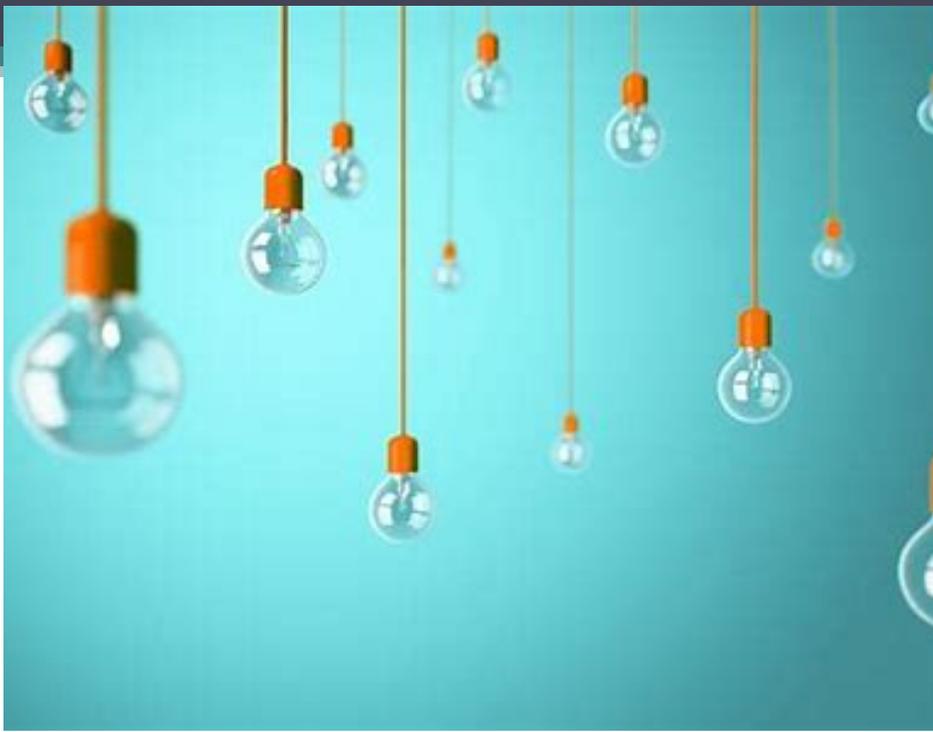
- Established in 2007 in collaboration with the NYS-OMH Bureau of Cultural Competence
- Mission: To help enhance **cultural and linguistic competence of mental health services** to improve the quality and availability of these services for underserved populations in NYS
- Goals:
 1. **Reduce disparities in access** and **quality of care** for consumers with **serious mental illness** by enhancing cultural competence of evidence-based practices
 2. **Bridge the gap** between what is known about how **to deliver effective culturally competent services** and what is provided in routine clinical practice in underserved communities



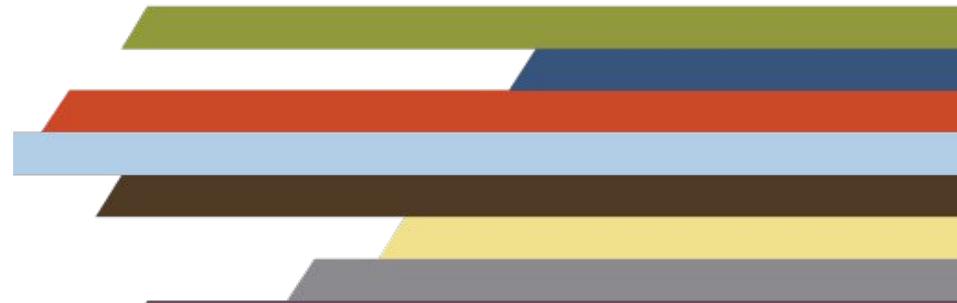
nyculturalcompetence.org

Outline

- Why do a contextualizing assessment?
- What is culture?
- Development and content of DSM-5 Cultural Formulation Interview
- Key implementation questions on the CFI
 - Feasible and acceptable?
 - What kind of training is needed?
 - What is the CFI most useful for?
 - Can it be used with individuals with psychosis?
 - How can implementation be facilitated?
- Facilitating OMH implementation



Why Do a Contextualizing Assessment?



Overall goals of assessment

- Witness patient's suffering
- Frame patient's account for implementing treatment and managing course
- Establish a caring relationship
- Foster patient engagement
- Facilitate recovery and community integration

Medicalization - Contextualization

- Medicalization: focus on *disease*
 - E.g., diagnosis, technical aspects of treatment
- Contextualization: focus on *illness*
 - E.g., patient's cultural interpretations, life circumstances, structural risk factors, lifestyle

Consequences of de-contextualization

- Missing crucial information
- Poor patient satisfaction
- Mistrust/miscommunication
- Limited patient engagement
- Incomplete research
- Clinician burnout
- Missed opportunities for recovery

Disparities in mental health care

- Some social groups receive poorer care
 - E.g., race/ethnicity, gender identity, sexual orientation, SES, language, rural setting
- Impact:
 - Access to care
 - Quality of care
 - Treatment outcomes

Potential solutions

- Cultural competence/humility/safety
- Structural competence: SDOMH
- Recovery orientation
- Attention to patient narratives
- Shared decision-making
- Person-centered care
- Inclusion of patient's social network
- Peer involvement
- Addressing barriers to care

Cultural assessment

- Individualized evaluation
- Of views on:
 - Nature of problem/illness
 - Role of contextual risk and protective factors
 - Contribution of cultural identity
 - Help-seeking options
 - Expectations of care
- Held by the person, family, and community

Goals of cultural assessment

Elicit patient's story and learn their vocabulary to:

- Clarify meaning of illness or predicament
- Contextualize their situation in their local world
- Increase rapport & trust and enhance alliance
- Align treatment with their expectations
- Evidence caring
- Help empower patient

A Systematic Cultural Assessment Method Should Be:

Comprehensive

Thorough

Standardized

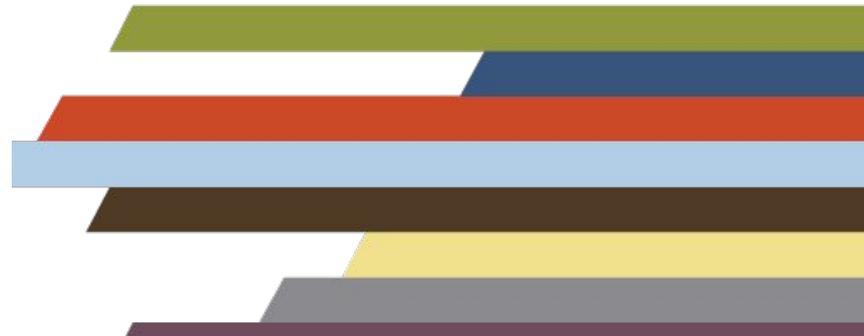
Skills-based

Person-centered

Educational



What is culture?



What is culture?

- Culture as process of meaning making
- 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

Fish don't know they are in water

DSM-5 Definition of Culture

Values, orientations, knowledge, and practices that individuals use to understand their experiences

Aspects of a person's background, experience, and social contexts that may affect his or her perspective

The influence of family, friends, and other community members (the individual's *social network*) on the individual's illness experience



Development and Content of the CFI

Development of 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

DSM-IV 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



Inclusion of OCF domains in assessment instruments

Lewis-Fernández et al., 2014

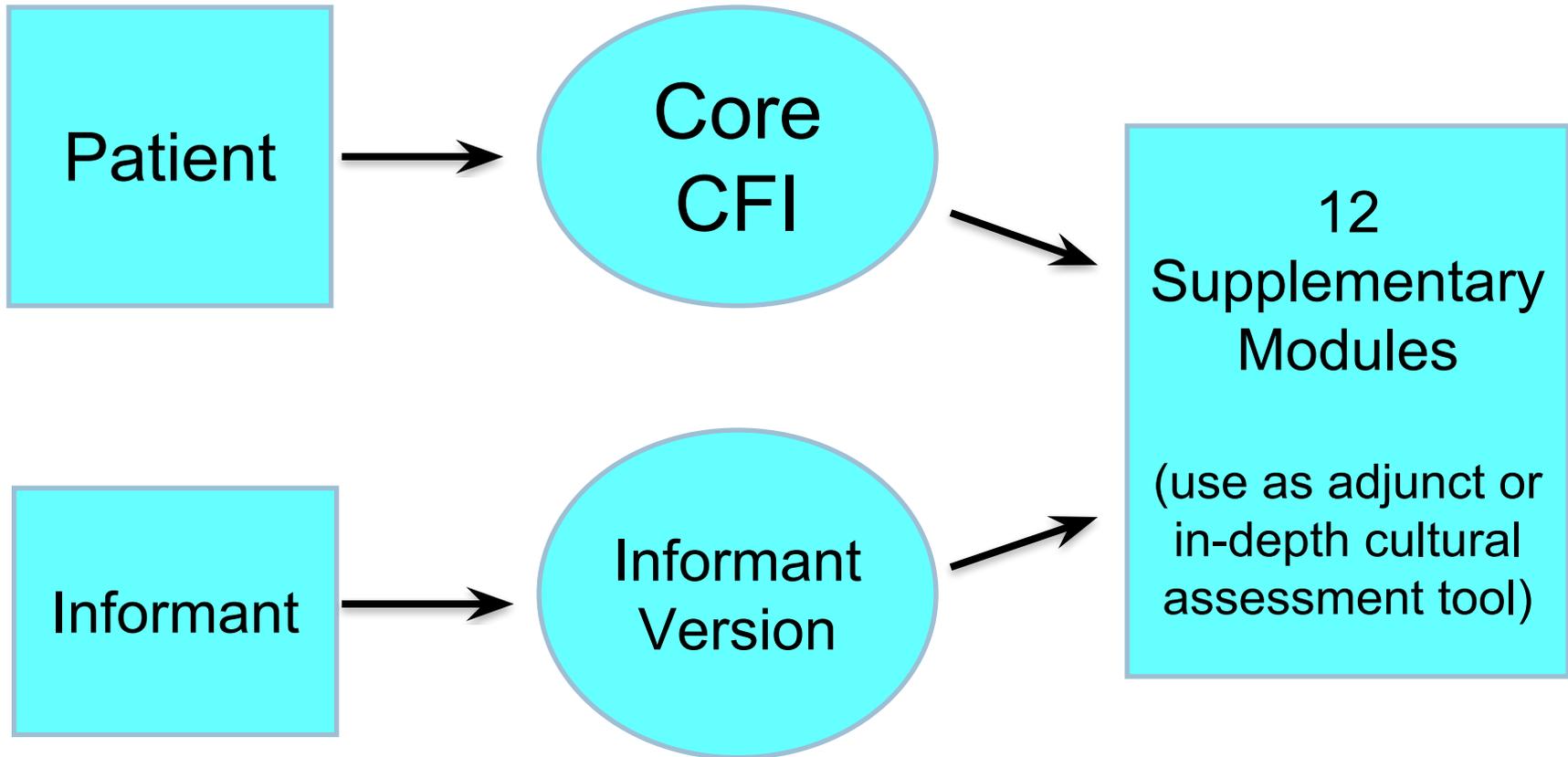
Canada^a
Netherlands^b
Sweden^c
USA^d
UK^e
Denmark^f

Cultural Identity

	Canada ^a	Netherlands ^b	Sweden ^c	USA ^d	UK ^e	Denmark ^f
Language	✓	✓	✓	✓	✓	✓
Language use by developmental period and setting (e.g., at home)	✓	✓	✓	✓		✓
Language(s) in which patient is literate	✓				✓	
Perceived fluency in language of host culture		✓				
Cultural factors in development	✓					
Involvement with culture of origin (e.g., other migrants)	✓	✓	✓	✓		✓
Importance/frequency of involvement to patient		✓	✓	✓		✓
Perceptions of culture of origin	✓	✓*		✓		✓
Elements of culture of origin that are missed/relieved to have left		✓*	✓	✓		✓

^aKirmayer et al., 2001 (available in English); ^bRohlof et al., 2002/Rohlof, 2008 (items included in abbreviated version by Groen, 2009b are noted with *) (Dutch and English); ^cBäärnhielm et al., 2007, 2010a, 2010b (Swedish, English, and Norwegian); ^dMezzich et al., 2009 (English); ^eJadhav et al., 2010a, 2010b (English); ^fØsterskov, 2011 (Danish)

Cultural Formulation Interview



Core CFI structure

Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted with underline.

GUIDE TO INTERVIEWER

INSTRUCTIONS TO THE INTERVIEWER ARE *ITALICIZED*.

The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the patient and other members of the patient's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.

INTRODUCTION FOR THE PATIENT:

I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about *your* experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.

CULTURAL DEFINITION OF THE PROBLEM

CULTURAL DEFINITION OF THE PROBLEM

Explanatory Model, Level of Functioning

Elicit the patient's view of core problems and key concerns.

Focus on the patient's own way of understanding the problem.

Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").

Ask how patient frames the problem for members of the social network.

Focus on the aspects of the problem that matter most to the patient.

1. What brings you here today?

IF PATIENT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:

People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?

2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
3. What troubles you most about your problem?

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

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

Cultural definition of the problem

Cultural definition of the problem

- Q1: Own definition of problem or concern
 - **PROMPT:** Patients and doctors may agree or disagree
- Q2: How describe to social network*
- Q3: Most troubling aspect

**Explores role of “family, friends, or others in your community”*

Cultural perceptions of cause, context, and support

Causes

- **INTRO:** Diverse types of causes
- Q4: Cause of problem
 - **PROMPT:** Diverse types of causes
- Q5: Cause according to social network*

Stressors and Supports

- Q6: How environment is supportive
- Q7: How environment is stressful

**Explores role of “family, friends, or others in your community”*

Cultural factors affecting coping and help seeking

Self-coping

- Q11: Methods of self-coping

Past help-seeking

- Q12: Past help seeking from diverse sources
 - PROMPT: Which was most useful? Not useful?

Barriers

- Q13: Barriers to obtaining help
 - PROMPT: Examples of barriers

Current help seeking

Preferences

- INTRO: “Now lets talk some more about the help you need”
- Q14: Most useful help at this time
- Q15: Other help suggested by social network*

**Explores role of “family, friends, or others in your community”*

Current help seeking

Clinician-Patient Relationship

- **INTRO:**

Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

- **Q16: Misunderstanding and how to provide care**

Have you been concerned about this and is there anything that we can do to provide you with the care you need?

Informant version

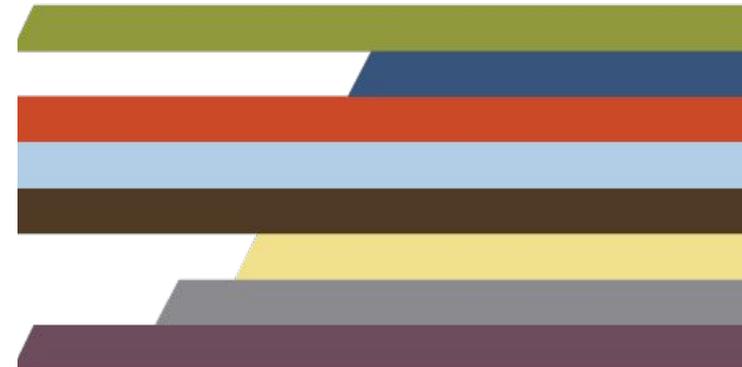
- Collects information from informant
 - To supplement patient information
 - When patient unable to provide information
- Follows same format as patient CFI
- Clarifies informant's relationship with patient
- Obtains informant's views about illness and care in addition to social network's
 - (e.g., *Why do you think this is happening to [INDIVIDUAL]?*)

Supplementary modules

1. Explanatory model
2. Level of functioning
3. Social network
4. Psychosocial stressors
5. Spirituality, religion, and moral traditions
6. Cultural identity
7. Coping and help-seeking
8. Patient-clinician relationship
9. School-age children and adolescents
10. Older adults
11. Immigrants and refugees
12. Caregivers



Key Questions on CFI Implementation



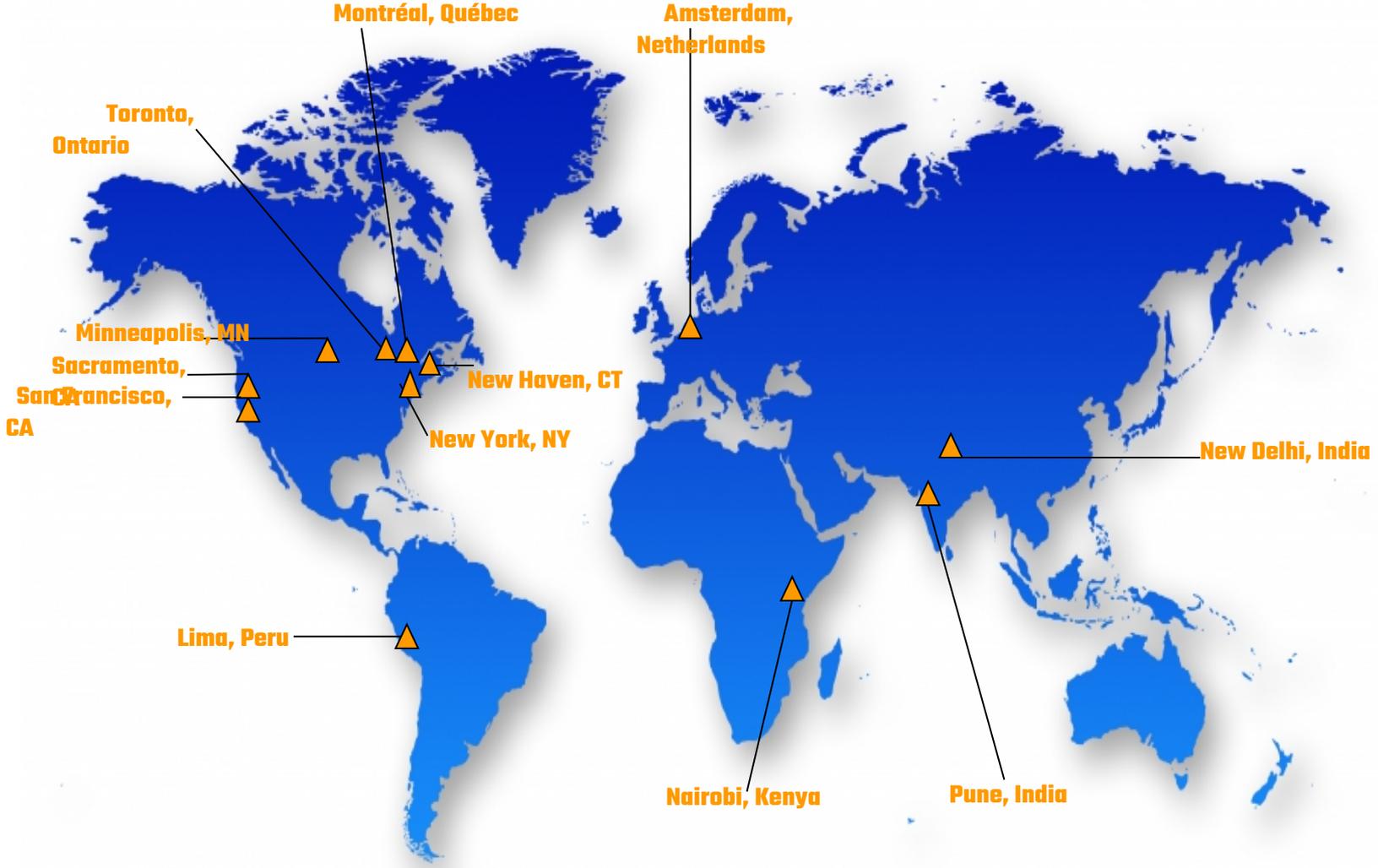
Key questions on CFI

Is the CFI feasible and acceptable, according to care recipients and providers?

DSM-5 Field Trial

- Led by:
 - Study Group on Gender & Culture
 - NYSPI Cultural Competence Center
- N=321 outpatients in 12 cities and 6 countries
- Aims are to assess:
 - Feasibility: Can clinicians do it? Do patients answer?
 - Acceptability: Do patients and clinicians like it?
 - Perceived clinical utility: How useful do they think it is?

Field Trial sites



Methods

Training

- Review CFI guidelines
- Video
- Role-playing
- Question and answer

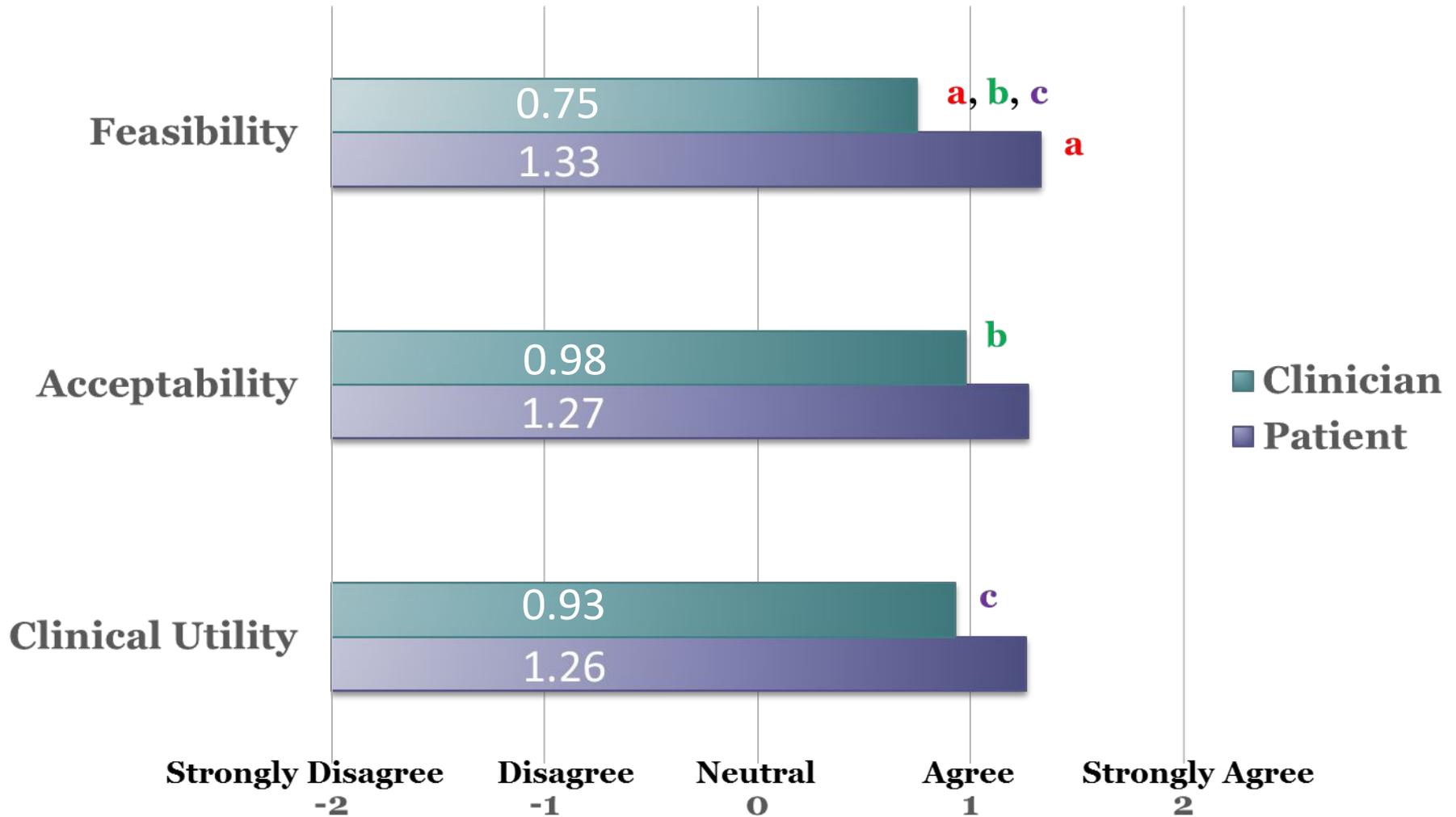


1½-2 hrs

Recruitment

- New or existing patients
- Existing patients referred by usual clinicians
- Patients could be accompanied by relatives
- Each clinician interviewed 3-6 patients

Field Trial results

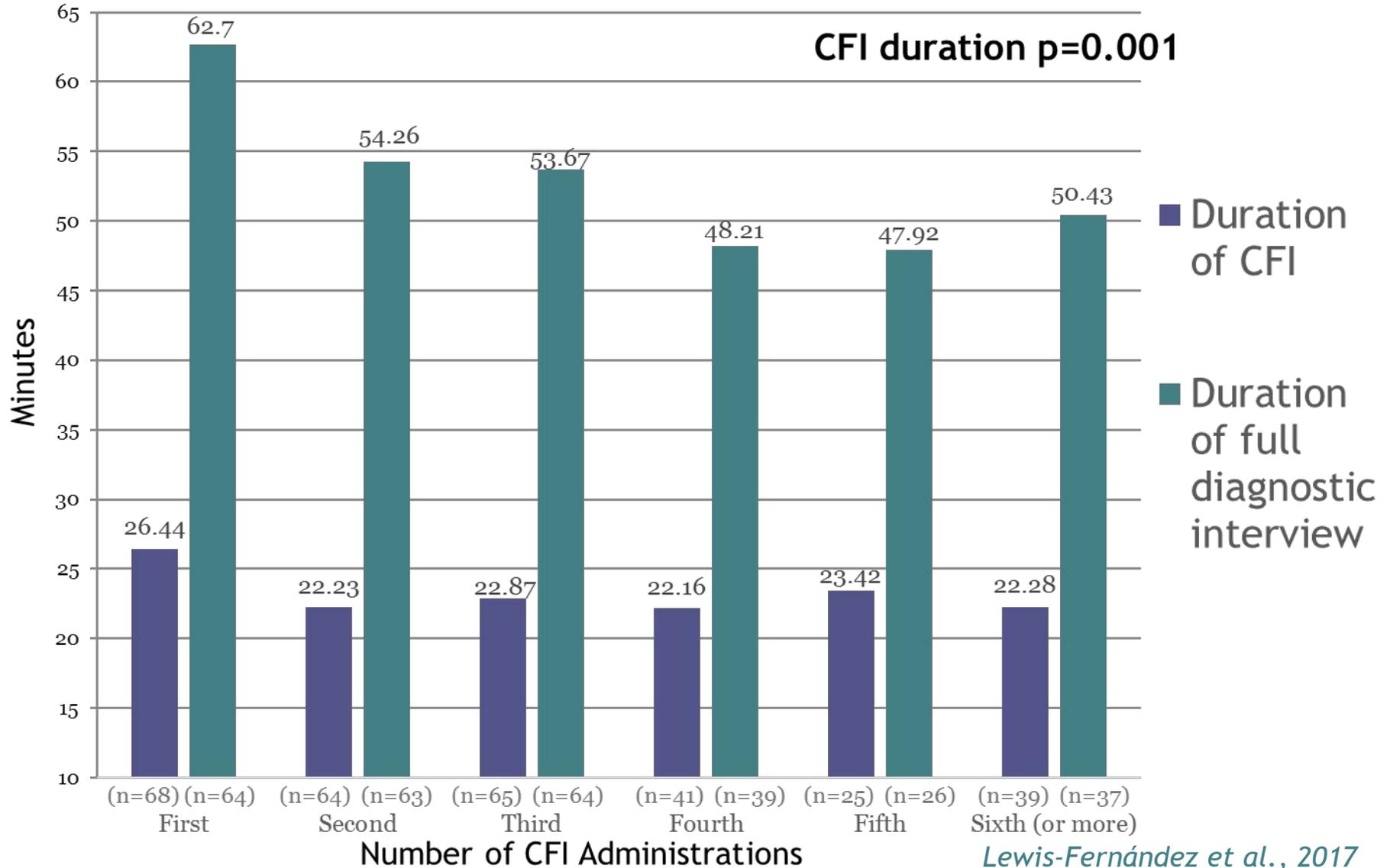


Values with the same superscript differ significantly at $p < .05$

Interview duration

Interview duration $p=0.004$

CFI duration $p=0.001$



Key questions on CFI

What kind of training is needed to use the CFI?

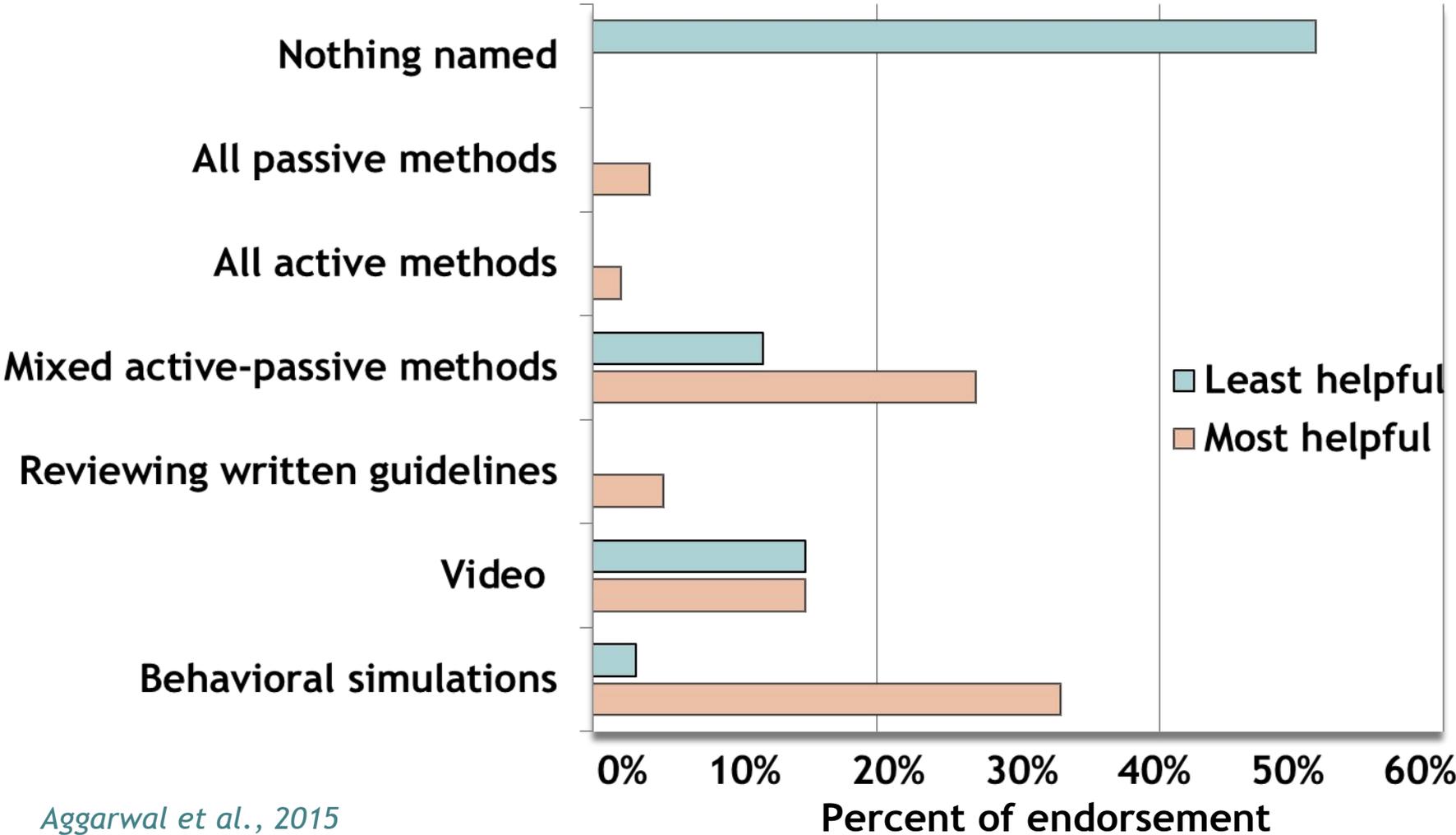
Impact of training

- CFI + qualitative debriefing interviews
- CFI was free-standing from diagnostic evaluation
- Mexican regional psychiatric outpatient clinic
- N=19 patients, 11 clinicians (10 psychiatry residents)
- Training: written summaries of DSM-5 guidelines
- Inductive/deductive coding:
 - CFI obtained useful information on social support
 - Q#8 on cultural identity often not understood
 - CFI helped diagnosis, tx't plan, pt-provider relationship
 - Impact of provider culture and training

The science of training

- CFI guidelines and content - *Passive*
- Video demonstration - *Passive*
- Behavioral simulations - *Active*
- Expert coaching and feedback - *Active*
- Question and answer period - *Active*
- Fidelity assessment - *Active*

Clinician training preferences in CFI field trial (n=75)



Aggarwal et al., 2015

CFI ONLINE TRAINING MODULE



Key features:

- 55-minute training session
- Available online through CPI web platform
- “Action Planners” to support implementation in real-life program settings

Goal: To foster person-centered, culturally competent, recovery-oriented treatment planning by offering practitioners cutting-edge interactive online training on effective use of CFI

In partnership with: Center for Practice Innovations (CPI) at NYSPI/Columbia University, experts in online training

For providers in New York State:
Email cpihelp@nyspi.columbia.edu
to request access to the CFI module

Training module content

- Introduction to module
- Brief videos:
 - What is the CFI, and what does it do?
 - What is cultural assessment?
 - How do we use the CFI as a cultural assessment
- Content and goals of module
- Example of potential misdiagnosis due to lack of attention to culture
- Rationale for cultural assessment
- Description of 4 CFI domains
- Description of CFI format
- 3 CFI versions
- 5 illustration of core CFI
- When to use other CFI versions
- Action Planners:
 - Benefits of CFI for conducting assessments
 - Benefits of CFI for recommending care
 - Barriers to implementing CFI
 - Actions to overcoming barriers
- Wrap-up
- Evaluation of module

CFI Module use in NYS

5/7/2019

N=1,232

Profession	%
Social Worker	39
Counselor	24
Other (e.g., intern, service coordinator)	16
Case Manager	7
Administrator	4
Nurse	4
Psychologist	3
Peer Provider	2
MD	1

Work setting	%
Outpatient	59
Other (e.g., school, managed care, insurance company)	23
Inpatient	5
ACT Team	5
Rehabilitation Services	2
Peer Services	2
Residential	2
Emergency Department	1

CFI Module use in NYS

5/7/2019

N=1,232

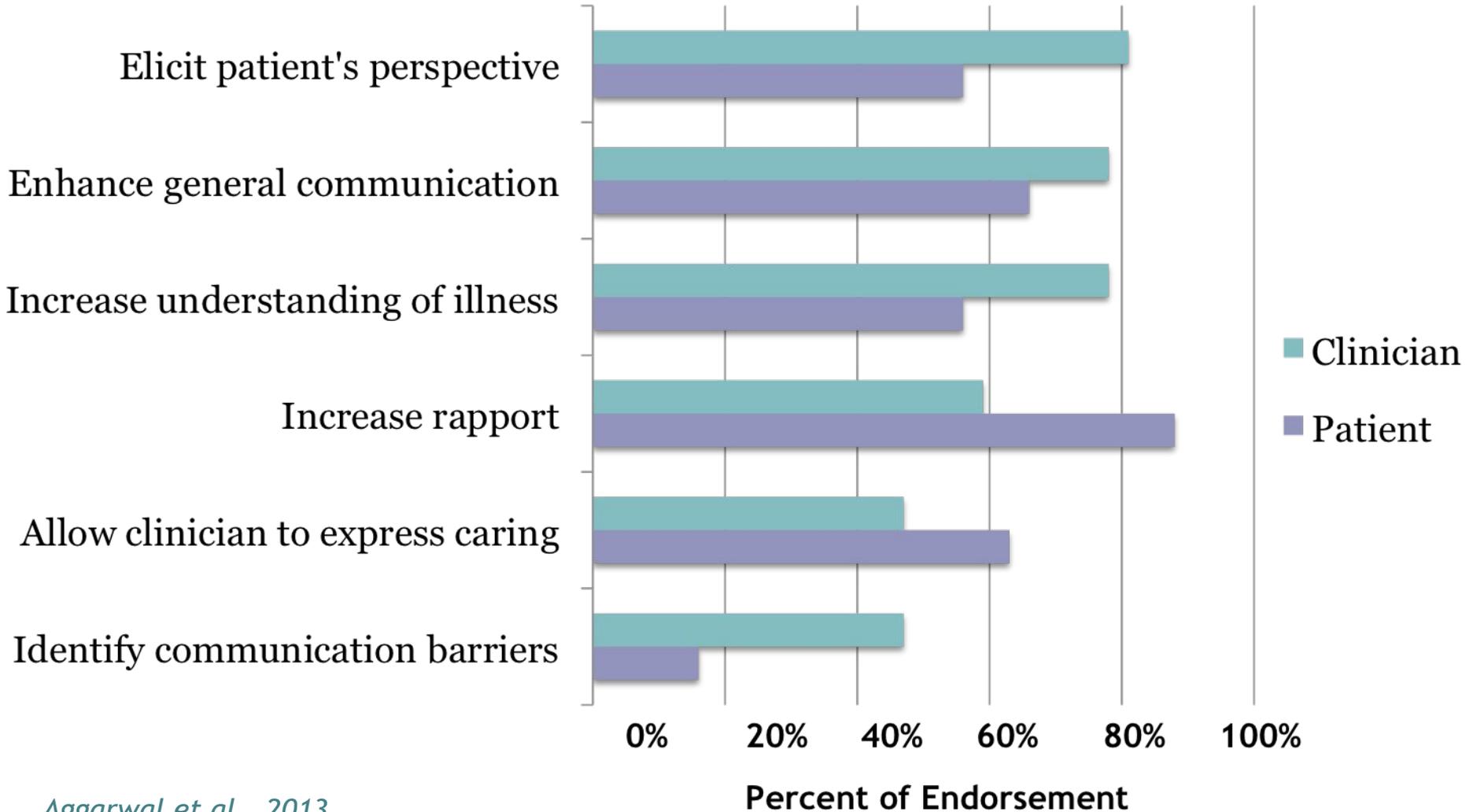
Evaluation (1=strongly disagree; 5= strongly agree)	Mean score
Overall rating (1=worst, 5=best)	4.03
Better understand importance of cultural assessment	4.25
Better understand how to conduct CFI	3.86
Better understand type of information CFI can obtain	4.20
Have clearer idea how to implement in my service	3.96
Training met stated objectives	4.18
Changes to practice due to training	%
Will change practice due to training	52
Change management/treatment of clients	30
Create/revise protocols, policies, procedures	16
Other (e.g., intake, treatment plans)	6

Key questions on CFI

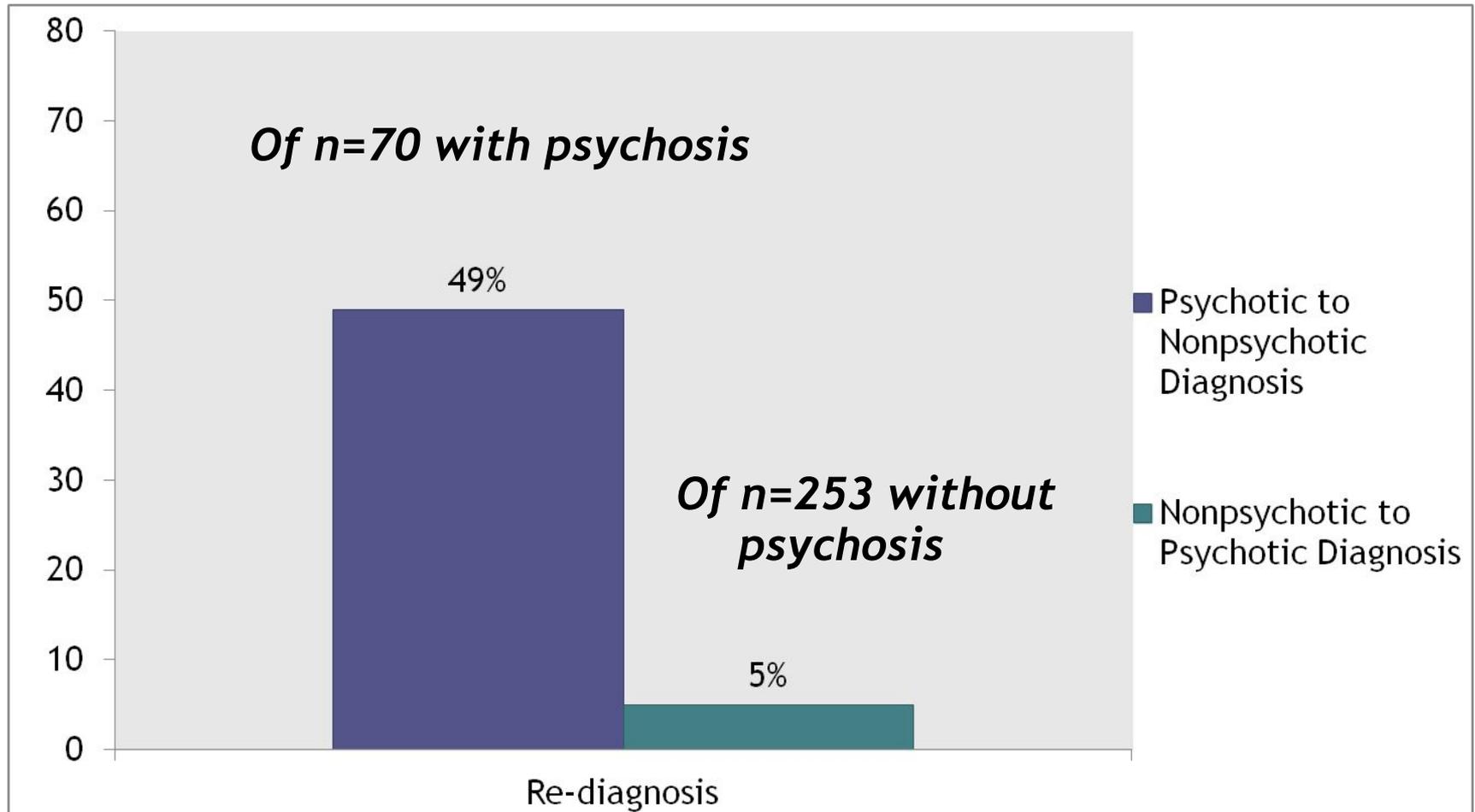
What is the CFI most useful for?

Tasks met by CFI questions

NYSPI site (n=32 patient-clinician dyads)



Re-diagnosis using Cultural Formulation (n=323)



Key areas of impact

- Enhances accuracy of diagnostic evaluation
- Moroccan patients in the Netherlands

Diagnostic aspect	With CFI items	Without CFI items
Agreement	95%	48%
Stability over 30 mo.	81%	27%
RR of 1 st -episode schizophrenia	7.8	1.5

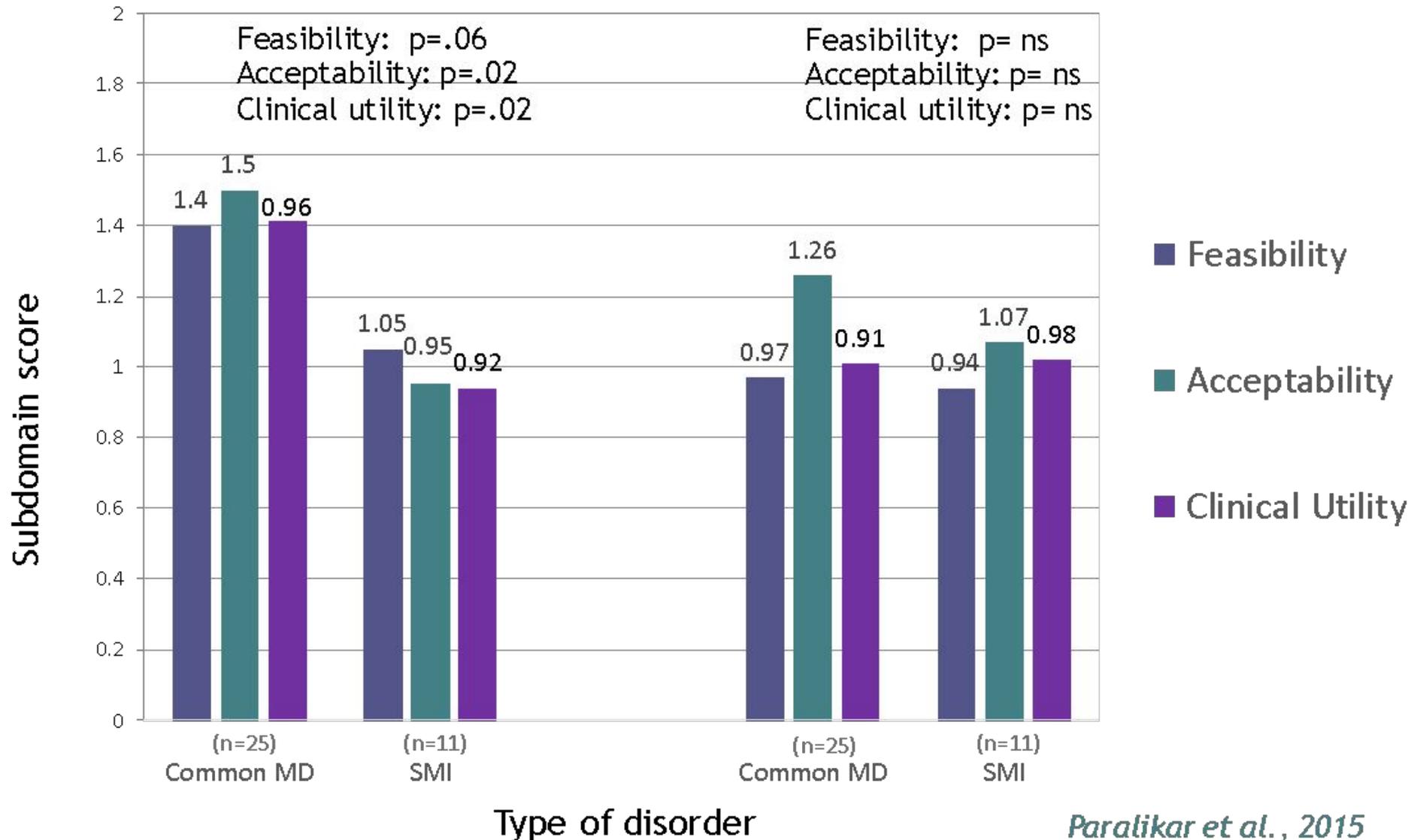
- Advances cultural competence of psychiatric trainees
- Helps culturally tailor evidence-based interventions (e.g., PTSD)
- Helps communicate diagnoses (e.g., cancer)

Drozdek, 2015; Kayrouz et al., 2017; Mills et al., 2017; Padilla et al., 2016; Zandi et al., 2008, 2010, 2011

Key questions on CFI

Can the CFI be used with individuals with psychosis?

CFI implementation outcomes in Pune, India



Individuals with chronic psychosis

- CFI + qualitative debriefing interviews
- N=14 veterans with psychosis in US VA Hospital
- 12 men, 11 African Americans
- Thematic analysis:
 - Like talking to a friend
 - Digging deep and opening up
 - Seeing by talking
- CFI contributed to enhanced rapport and engagement

Key questions on CFI

**How can CFI implementation
be facilitated?**

Lessons learned from RAMS implementation

- CFI contributed to cultural competence of RAMS
 - Person-centered dialogue within a cultural context
- Benefits included standardization of assessment, scalability of training, accessibility, and effectiveness
- Strategy should include implementation plan
 - Pilot testing, ongoing training, case conferences, & integration with workflow, documentation, and EMR
- Open and flexible implementation process
 - Feedback and evaluation
- Address challenges by including stakeholders
 - E.g., policy/funding requirements, organizational routines and procedures, provider skills and roles

Implementation pilot at OMH PC

- Goal: Identify barriers and facilitators of CFI use
- N=14 providers in inpatient units
 - 8 largely in civil units; 5 in forensic units
- Interviewed 5 times over 10 months, after CFI use
- Implementation over time: civil > forensic
- Qualitative findings:
 - Providers want to use flexibly based on clinical status
 - E.g., use later for acutely psychotic patients
 - Use is facilitated if CFI integrated into treatment plans
 - Impact of requiring CFI depends on flexibility and meaningful incorporation into care

Areas for research

- Implementation best practices
 - Team-based care
 - Continuity across levels of care
 - Fidelity vs. drift
- Use with interpreters

Facilitating use of CFI in OMH

- Who uses it, when in patient's care, for what purpose?
 - Flexibility
- Team-based care
 - Role of EMR
 - Champions
- Training and supervision
 - Drift vs. adaptation
- Clinical usefulness
 - Role of culture-related tools (e.g., dietary accommodations)
 - Integration into clinical care
- Feedback and evaluation

