The Cultural Formulation Interview

Strategies for Behavioral Health Equity: Leaving No One Behind!
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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 el al., 2014*

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

\(^a\)Kirmayer et al., 2001 (available in English); \(^b\)Rohlof et al., 2002/Rohlof, 2008 (items included in abbreviated version by Groen, 2009b are noted with *) (Dutch and English); \(^c\)Bäärnhielm et al., 2007, 2010a, 2010b (Swedish, English, and Norwegian); \(^d\)Mezzich et al., 2009 (English); \(^e\)Jadhav et al., 2010a, 2010b (English); \(^f\)Østerskov, 2011 (Danish)
Cultural Formulation Interview

Patient → Core CFI

Informant → Informant Version

12 Supplementary Modules
(use as adjunct or in-depth cultural assessment tool)
Cultural Formulation Interview (CFI)

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

GUIDE TO INTERVIEWER

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

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

DSM-5, 2013
# CFI Domains and questions

## CULTURAL DEFINITION OF PROBLEM

<table>
<thead>
<tr>
<th>A. Definition of Problem</th>
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</thead>
<tbody>
<tr>
<td>1. Own definition</td>
</tr>
<tr>
<td>2. How describe to social network</td>
</tr>
<tr>
<td>3. Most troubling aspect</td>
</tr>
</tbody>
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## CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

<table>
<thead>
<tr>
<th>B. Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Cause of problem</td>
</tr>
<tr>
<td>5. Cause per social network</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Stressors and Supports</th>
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<tbody>
<tr>
<td>6. How environment is supportive</td>
</tr>
<tr>
<td>7. How environment is stressful</td>
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</table>

<table>
<thead>
<tr>
<th>D. Role of Cultural Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Key aspect of background or identity</td>
</tr>
<tr>
<td>9. Effect on problem</td>
</tr>
<tr>
<td>10. Other concerns re cultural identity</td>
</tr>
</tbody>
</table>

## CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING

<table>
<thead>
<tr>
<th>E. Self-coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Methods of self-coping</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Past help seeking</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Help seeking from diverse sources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G. Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Barriers to obtaining help</td>
</tr>
</tbody>
</table>

## CURRENT HELP SEEKING

<table>
<thead>
<tr>
<th>H. Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Most useful help at this time</td>
</tr>
<tr>
<td>15. Other help suggested by social network</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Clinician-Patient Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Concerns about misunderstanding affecting care</td>
</tr>
</tbody>
</table>
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”
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?

Levis-Fernández et al., 2017
Field Trial sites
Methods

Training

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

\[1\frac{1}{2}-2 \text{ hrs}\]

Recruitment

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

Lewis-Fernández et al, 2017
Field Trial results

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

Lewis-Fernández et al., 2017
**Interview duration**

Interview duration $p=0.004$

CFI duration $p=0.001$

<table>
<thead>
<tr>
<th>Number of CFI Administrations</th>
<th>First</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
<th>Fifth</th>
<th>Sixth (or more)</th>
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</thead>
<tbody>
<tr>
<td>$n$</td>
<td>68</td>
<td>64</td>
<td>65</td>
<td>41</td>
<td>25</td>
<td>39</td>
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<tr>
<td>Duration of CFI</td>
<td>62.7</td>
<td>54.26</td>
<td>53.67</td>
<td>48.21</td>
<td>47.92</td>
<td>50.43</td>
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<tr>
<td>Duration of full diagnostic interview</td>
<td>26.44</td>
<td>22.23</td>
<td>22.87</td>
<td>22.16</td>
<td>23.42</td>
<td>22.28</td>
</tr>
</tbody>
</table>

*Lewis-Fernández et al., 2017*
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

Ramirez Stege & Yarris, 2017
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)

- Nothing named
- All passive methods
- All active methods
- Mixed active-passive methods
- Reviewing written guidelines
- Video
- Behavioral simulations

Aggarwal et al., 2015
**CFI ONLINE TRAINING MODULE**

**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.

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

**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 Training Module, 2016
### CFI Module use in NYS

5/7/2019  
N=1,232

<table>
<thead>
<tr>
<th>Profession</th>
<th>%</th>
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<tbody>
<tr>
<td>Social Worker</td>
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<tr>
<td>Counselor</td>
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<tr>
<td>Other (e.g., intern, service coordinator)</td>
<td>16</td>
</tr>
<tr>
<td>Case Manager</td>
<td>7</td>
</tr>
<tr>
<td>Administrator</td>
<td>4</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
</tr>
<tr>
<td>Psychologist</td>
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</tr>
<tr>
<td>Peer Provider</td>
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<tr>
<td>MD</td>
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<table>
<thead>
<tr>
<th>Work setting</th>
<th>%</th>
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<tbody>
<tr>
<td>Outpatient</td>
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<tr>
<td>Other (e.g., school, managed care, insurance company)</td>
<td>23</td>
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<tr>
<td>Inpatient</td>
<td>5</td>
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<td>ACT Team</td>
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<tr>
<td>Rehabilitation Services</td>
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<tr>
<td>Peer Services</td>
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<tr>
<td>Residential</td>
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</tr>
<tr>
<td>Emergency Department</td>
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</table>
# CFI Module use in NYS

5/7/2019  
N=1,232

## Evaluation (1=strongly disagree; 5= strongly agree)

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Mean score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall rating (1=worst, 5=best)</td>
<td>4.03</td>
</tr>
<tr>
<td>Better understand importance of cultural assessment</td>
<td>4.25</td>
</tr>
<tr>
<td>Better understand how to conduct CFI</td>
<td>3.86</td>
</tr>
<tr>
<td>Better understand type of information CFI can obtain</td>
<td>4.20</td>
</tr>
<tr>
<td>Have clearer idea how to implement in my service</td>
<td>3.96</td>
</tr>
<tr>
<td>Training met stated objectives</td>
<td>4.18</td>
</tr>
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</table>

## Changes to practice due to training

<table>
<thead>
<tr>
<th>Changes to practice due to training</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will change practice due to training</td>
<td>52</td>
</tr>
<tr>
<td>Change management/treatment of clients</td>
<td>30</td>
</tr>
<tr>
<td>Create/revise protocols, policies, procedures</td>
<td>16</td>
</tr>
<tr>
<td>Other (e.g., intake, treatment plans)</td>
<td>6</td>
</tr>
</tbody>
</table>
Key questions on CFI

What is the CFI most useful for?
Tasks met by CFI questions
NYSPI site \((n=32\text{ patient-clinician dyads})\)

- Elicit patient’s perspective
- Enhance general communication
- Increase understanding of illness
- Increase rapport
- Allow clinician to express caring
- Identify communication barriers

Aggarwal et al., 2013
Re-diagnosis using Cultural Formulation \((n=323)\)

Of \(n=70\) with psychosis

Of \(n=253\) without psychosis

Adeponle et al., 2012
Key areas of impact

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

<table>
<thead>
<tr>
<th>Diagnostic aspect</th>
<th>With CFI items</th>
<th>Without CFI items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement</td>
<td>95%</td>
<td>48%</td>
</tr>
<tr>
<td>Stability over 30 mo.</td>
<td>81%</td>
<td>27%</td>
</tr>
<tr>
<td>RR of 1st-episode schizophrenia</td>
<td>7.8</td>
<td>1.5</td>
</tr>
</tbody>
</table>

- 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

Feasibility: p = .06
Acceptability: p = .02
Clinical utility: p = .02

Feasibility: p = ns
Acceptability: p = ns
Clinical utility: p = ns

(type of disorder: Common MD, SMI)

Paraliker et al., 2015
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

Muralidharan et al., 2017
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

Bassiri & Soriano, 2016
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

Aggarwal et al., under review
Areas for research

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