Person-Centered Cultural Assessment
The Cultural Formulation Interview

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Disclosure

We have no relevant disclosures
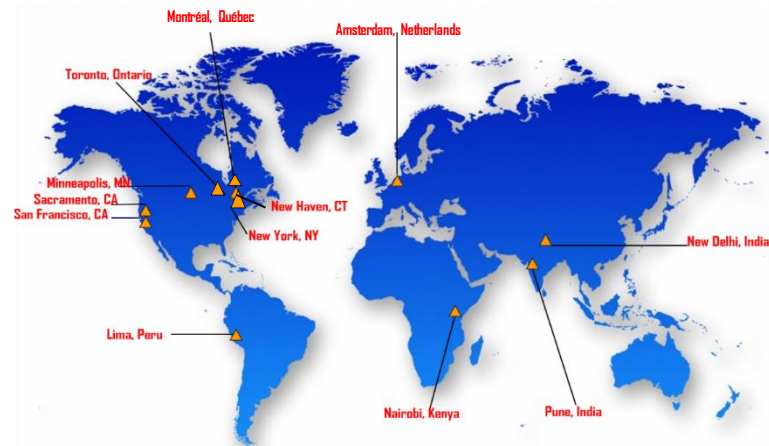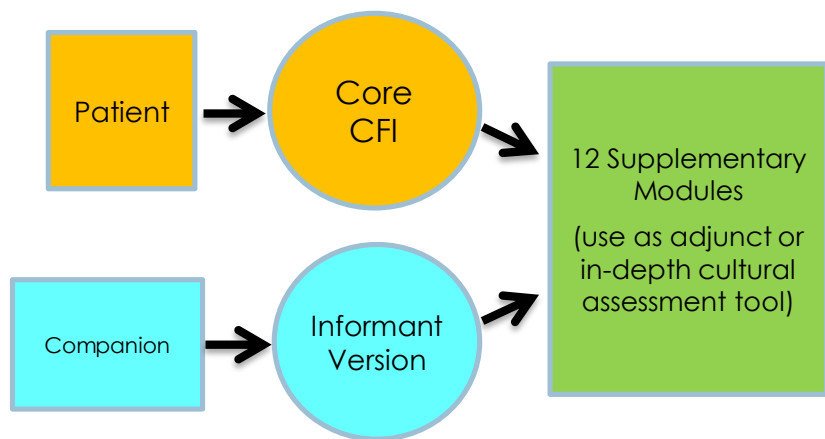
Take-away

The Cultural Formulation Interview offers clinicians a method for completing person-centered cultural assessments.

Overview

- Information about the field trial of the DSM-5 Cultural Formulation Interview (CFI)
- Core CFI domains and questions
- Research findings on the CFI
  - Implementation
  - Areas of clinical impact
- Areas of ongoing research
- Training resources
- Conclusions

DSM-5 Cultural Formulation Interview

- Set of interview protocols that can guide cultural assessment during evaluation and treatment planning with any consumer by any provider in any care setting
- CECC NYSPI led its development and inclusion in DSM-5
- Three components:

Patient → Core CFI → 12 Supplementary Modules (use as adjunct or in-depth cultural assessment tool)

Companion → Informant Version

Aggarwal et al. 2013, 2014, 2015, 2016, 2017, 2020; Hinton et al. 2015; Lewis-Fernández et al. 2014, 2016, 2017; Paralikar et al. 2015

Core CFI Domains

1. CULTURAL DEFINITION OF PROBLEM

A. Person's definition of problem

2. CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

B. Causes

C. Stressors and supports

D. Role of cultural identity

3. CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING

E. Self-coping

F. Past help-seeking

G. Barriers to help-seeking

4. CURRENT HELP SEEKING

H. Preferences

I. Clinician-patient relationship

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

Introduction to CFI

- Desire to understand in order to help more effectively
- Want to know about *your* experience and ideas
- Will ask questions about what is going on and how you are dealing with it
- There are no right or wrong answers

Cultural Definition of the Problem

Cultural definition of the problem

- Q1: Own definition of problem or concern
  - PROMPT: *People often understand their problems in their own way, which may be similar or different from how doctors describe the problem. How would you describe your problem?*
- Q2: How describe to social network*
- Q3: Most troubling aspect

Explores role of "family, friends, or others in your community"

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 Perceptions of Cause, Context, and Support

Causes

- Q4: Cause of problem
  - PROMPT: Diverse types of causes: bad things that happen, problems with others, physical illness, spiritual reason, others
- Q5: Cause according to social network*

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

Stressors and Supports

- Q6: How environment is supportive
  - E.g., support from others
- Q7: How environment is stressful
  - E.g., difficulties with money or family problems

Cultural Perceptions of Cause, Context, and Support

Role of Cultural Identity

- INTRO: *Background or identity can make problem better or worse… languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion*
- Q8: Key aspects of background or identity
- Q9: Effect on problem
- Q10: Other concerns regarding cultural identity

CFI Domains and Questions

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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

Cultural Factors Affecting Coping and Help Seeking

Self-coping

- Q11: Methods of self-coping

Past help-seeking

- Q12: Past help seeking from diverse sources

  - *Different kinds of doctors, helpers, or healers for treatment, help, advice, or healing*

- Which was most useful? Not useful?

Barriers

- Q13: Barriers to obtaining help

  - PROMPT: E.g., *money, work or family commitments, stigma or discrimination, lack of services that understand your language or background*

CFI Domains and Questions

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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

Current Help Seeking

Preferences

- *INTRO: Now let's 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: Have you been concerned about this and is there anything that we can do to provide you with the care you need?
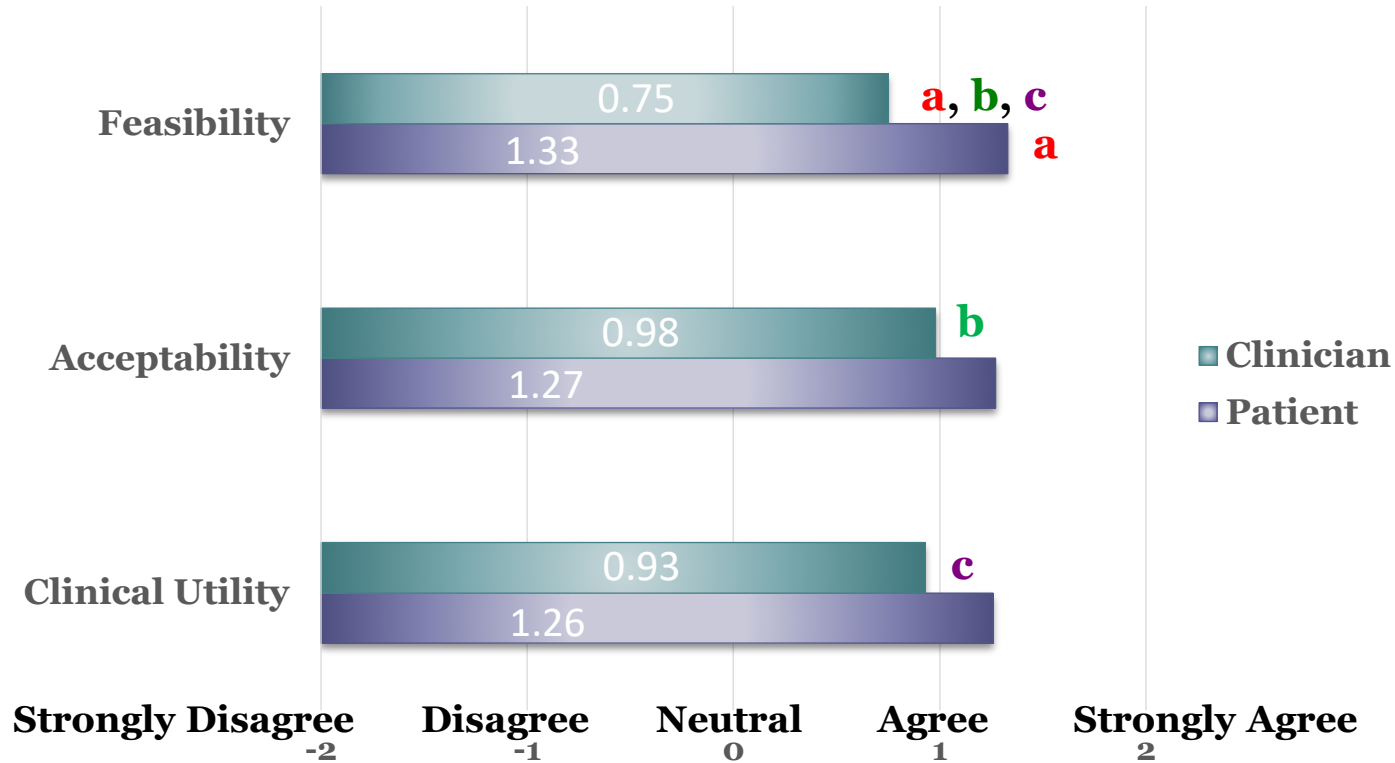
RESEARCH FINDINGS ON THE CFI

IMPLEMENTATION

Implementation

- **6-country DSM-5 Field Trial** (N=321 pts; 75 clinicians; 86 relatives)
  - High feasibility, acceptability, and clinical utility
  - Conducted in 22 min, after 1 practice run
  - Training preference: mixed passive-active modalities
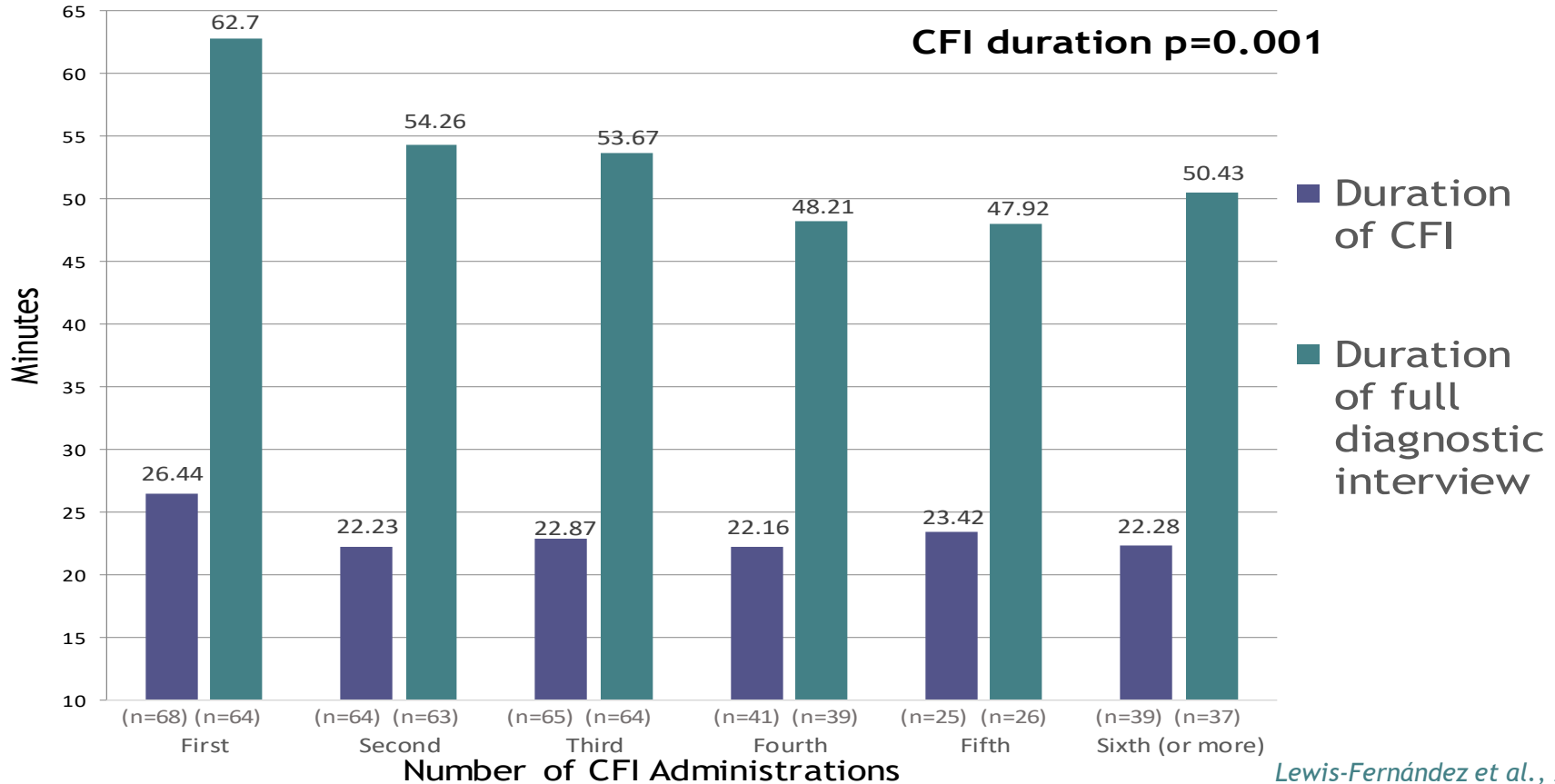- Uncertain usefulness with acutely psychotic patients

Aggarwal et al. 2016, 2020; Hinton et al. 2015; Lewis-Fernández et al. 2017, 2020; Muralidharan et al. 2017; Mills et al. 2017; Padilla et al. 2016; Paralikar et al. 2015; Ramírez-Stege et al. 2017

Field Trial results

	Clinician	Patient
Feasibility	0.75	1.33
Acceptability	0.98	1.27
Clinical Utility	0.93	1.26

Feasibility: **a**, **b**, **c** (Clinician); **a** (Patient)

Acceptability: **b** (Clinician)

Clinical Utility: **c** (Clinician)

Strongly Disagree (-2) · Disagree (-1) · Neutral (0) · Agree (1) · Strongly Agree (2)

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

Lewis-Fernández et al., 2017

Implementation

- Requires training
- Flexible implementation must consider local needs

Aggarwal et al. 2016, 2020; Hinton et al. 2015; Lewis-Fernández et al. 2017, 2020; Muralidharan et al. 2017; Mills et al. 2017; Padilla et al. 2016; Paralikar et al. 2015; Ramírez-Stege et al. 2017

Pilot at NYS-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
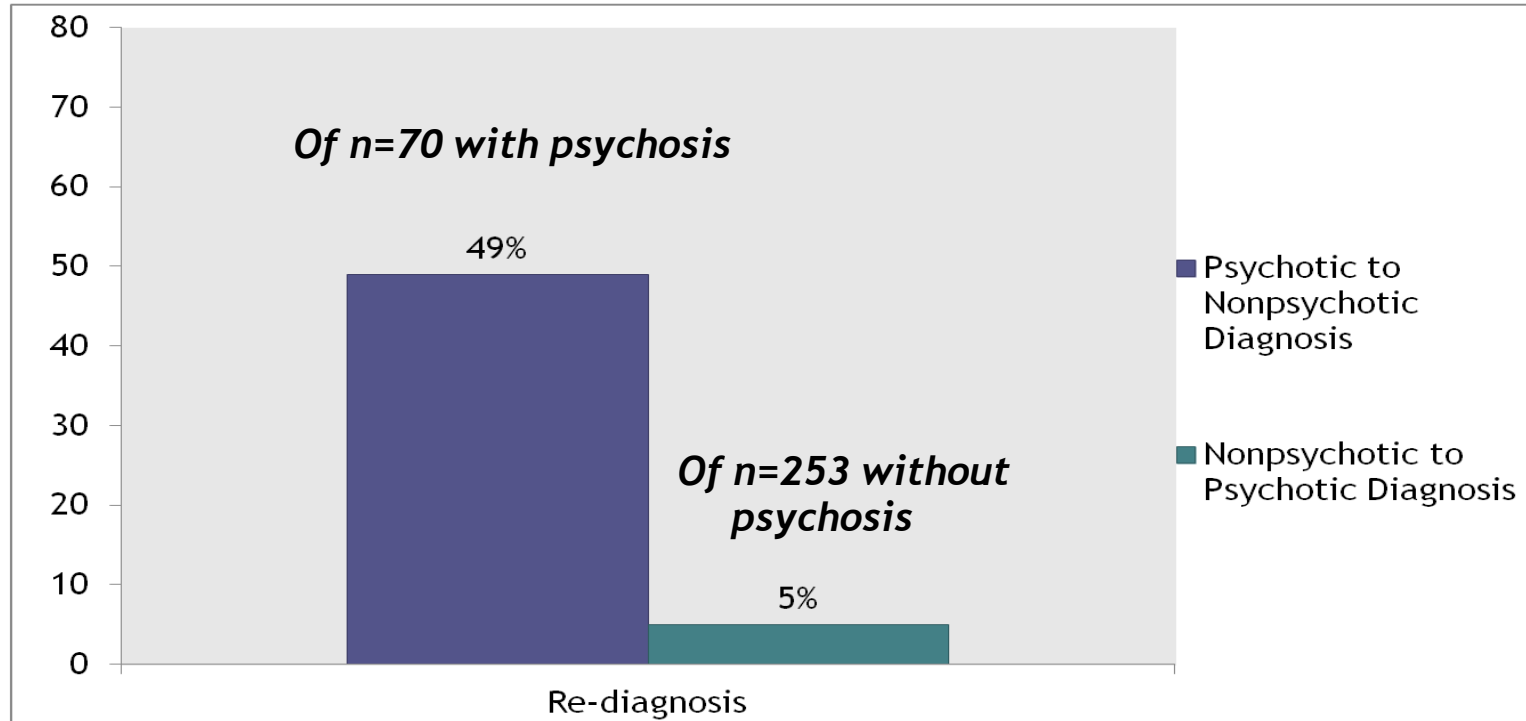 - Impact of requiring CFI depends on flexibility and meaningful incorporation into care

Aggarwal et al. 2020

KEY AREAS OF IMPACT

Key Areas of Impact

- ## Accuracy and completeness of diagnostic evaluation
  - ### Moroccan patients in the Netherlands

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

Adeponle et al. 2012; Zandi et al. 2008, 2010, 2011

Re-diagnosis Using Cultural Formulation (n=323)

Of n=70 with psychosis

49%

Of n=253 without psychosis

5%

- Psychotic to Nonpsychotic Diagnosis
- Nonpsychotic to Psychotic Diagnosis

Re-diagnosis

Adeponle et al. 2012

Key Areas of Impact

- Enhancing communication, rapport, understanding

Aggarwal et al. 2013, 2020

Tasks Met by CFI Questions
NYSPI Site (n=32 patient-clinician dyads)
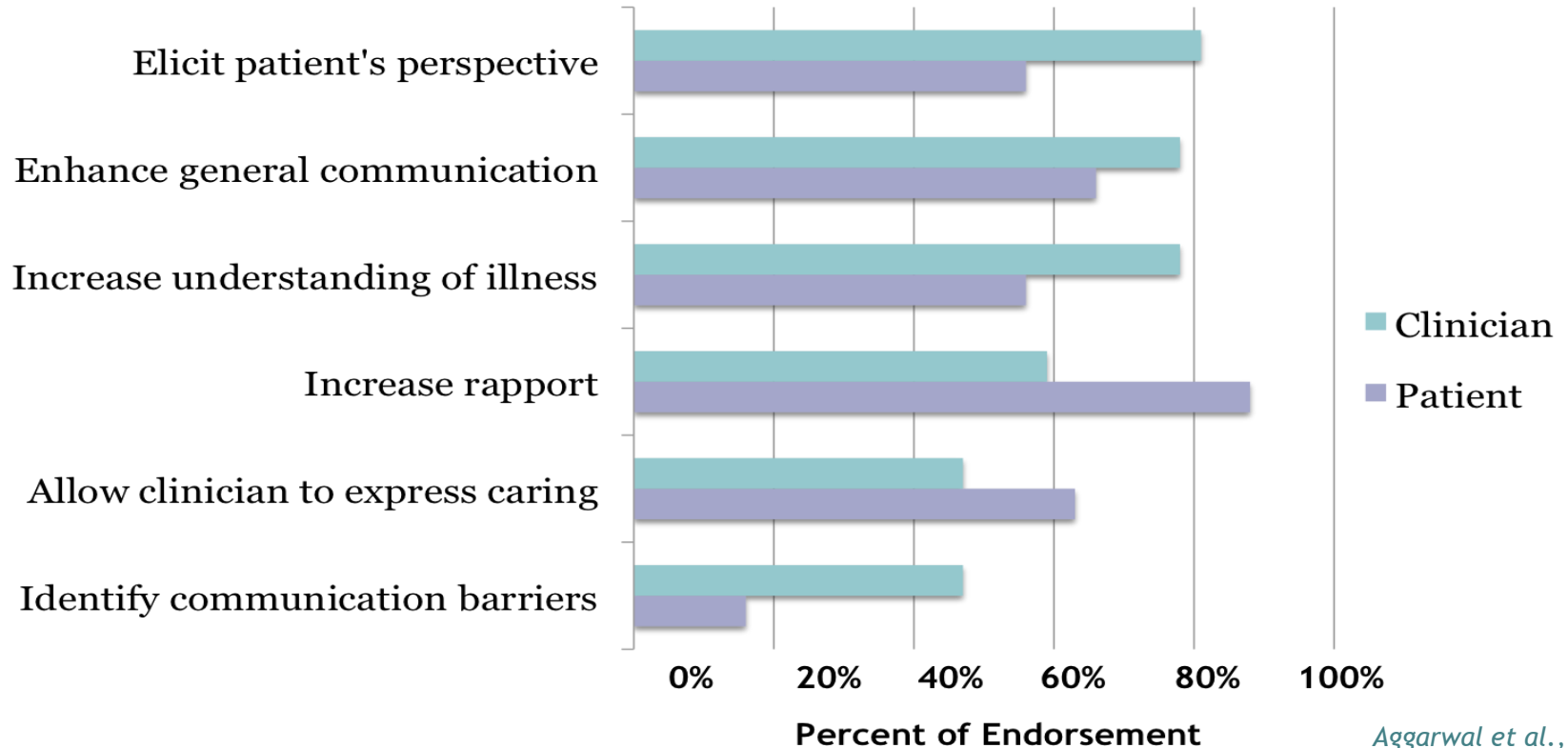
Aggarwal et al., 2013

Key Areas of Impact

- Enhancing communication, rapport, understanding
- Clarifying idioms of distress

Aggarwal et al. 2013, 2020; Adeponle et al. 2012; Callegari et al. 2016; Jarvis et al. 2020; Kayrouz et al. 2017, 2019; Rousseau et al. 2020

Clarifying Idioms of Distress

48-year old Dominican woman

- Stopped AD at wk 6 after improvement of MDD

- AD "very necessary" to "control too much liquid in brain that causes the depression", but patient is "nervous since childhood" and has *ataques de nervios* (attacks of nerves)

- Therefore relapse is inevitable, and ongoing AD is useless and harmful, causing "effects on other organs"

- Had stopped AD in past and expects will need to restart AD in future once her MDD relapses

Key Areas of Impact

- Enhancing communication, rapport, understanding
- Clarifying idioms of distress
- Trainee cultural competence
- Treatment planning and engagement

Aggarwal et al. 2020; Diaz et al. 2016; Mills et al. 2017; Padilla et al. 2016; Paralikar et al. 2019; Rousseau et al. 2020

Impact on Engagement

39-year old Dominican woman

- Nearly discontinued ADT for MDD at week 3, one week after increase to sertraline 50mg/d

- Mild tremor indicated "my *nervios* are becoming uncontrolled"

- Side effect related to fear of progressive loss of motor and behavioral control, resulting in family chaos

- Negotiation of medical and cultural views led to clarification of side effect and medication switch to venlafaxine XR

- Patient completed 12-week ADT trial

Neil K. Aggarwal NIMH K23

- Developed 3-session CFI Engagement Aid (CFI-EA)
  - Assessment + treatment planning intervention over 12 weeks
  - Goal: improve communication to enhance engagement

- Evaluation (quant-qual)
  - DESIGN
    - 2-arm RCT: CFI-EA vs. TAU
    - N=18 pts & 3 clinicians per arm
    - English, Spanish, Hindi
  - OUTCOME MEASURES
    - Implementation (e.g., feasibility)
    - Communication (e.g., RIAS)
    - Engagement (e.g., retention)
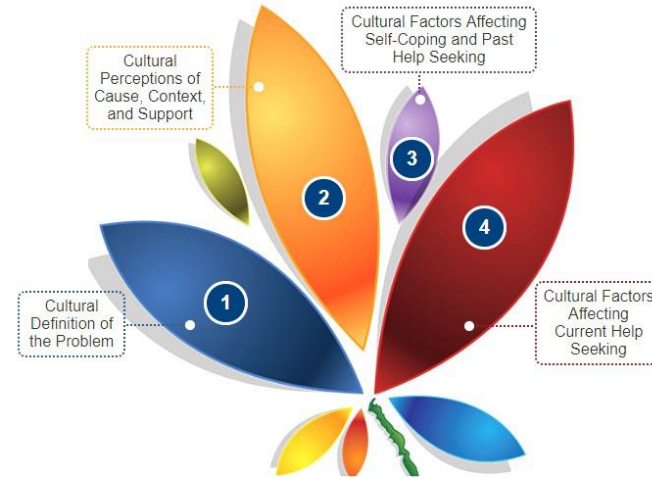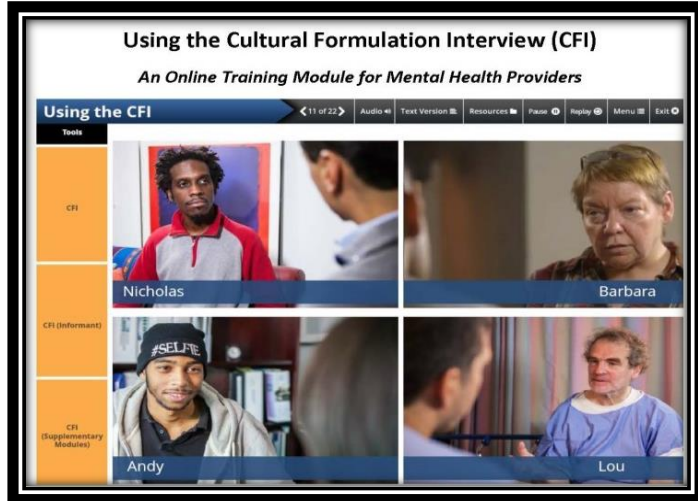   - Response (e.g., symptom reduction)

Aggarwal et al. 2021, in press

AREAS FOR ONGOING RESEARCH

Ongoing Research on CFI

- Efficacy studies
  - Uninterrupted vs. interspersed CFI? Tailored vs. full CFI?
  - Which outcomes? Engagement? Diagnosis? Others?
  - Compared to usual treatment? To in-depth cultural assessment?

- Implementation best practices
  - Team-based care, including interpreters, culture brokers, peer providers
  - Continuity across levels of care
  - Standardized vs. flexible use (e.g., when in care process?)
  - Role of Electronic Health Record in structuring information obtained

- Ongoing development of the CFI
  - Clarification of question #8 on background and identity
  - Evaluation of families and pre-school age children
  - Further inclusion of structural determinants of mental health

Aggarwal et al. 2020; Jarvis et al. 2020; Lewis-Fernández et al. 2009, 2020

TRAINING RESOURCES

CFI Online Training Module

http://nyculturalcompetence.org/cfionlinemodule/

Aggarwal et al. 2018

"**One** of the greatest challenges in the field of cultural psychiatry over the past two decades—since the Outline for Cultural Formulation was published in DSM-IV—has been the need to develop a clinically effective set of questions that mental health practitioners could use to reliably describe the cultural context of psychological distress and psychiatric symptoms. This volume, the product of a DSM-5 work group dedicated to this challenge since 2007, represents a major step forward. It includes a core 16-item Cultural Formulation Interview, along with 12 supplementary modules on subjects such as the patient-clinician relationship, immigrants and refugees, children and adolescents, and caregivers. Its widespread use by clinicians and students should lead to more sensitive interactions with patients and their families in diverse and multicultural settings, as well as to more effective, person-centered clinical care."

Ronald Wintrob, M.D., Clinical Professor of Psychiatry and Human Behavior, Warren Alpert School of Medicine, Brown University, Providence, Rhode Island

The Cultural Formulation Interview (CFI) is the product of an intensive process undertaken for DSM-5, and only one book—the *DSM-5® Handbook on the Cultural Formulation Interview*—provides clinicians with the background and guidance they need to implement this innovative tool.

The CFI can be used in widely varied research and clinical settings to enhance clinical understanding and decision making. This handbook presents the underlying theories behind the CFI and practical strategies to enable providers to understand patients' health and illness experience in cultural context. The benefits include enhanced communication, a greater sense of the issues at stake for the patient, more accurate diagnosis and comprehensive assessment, and improved treatment planning across clinical encounters in any setting.

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DSM-5® Handbook on the Cultural Formulation Interview

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Hinton • Hinton • Kirmayer

American Psychiatric Publishing

DSM-5®

Handbook on the Cultural Formulation Interview

Video Illustrated

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CONCLUSIONS

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
  - Shows promise in enhancing quality of care

- Can be combined with other therapeutic modalities

- May help enhance quality of care and overcome disparities

- Needs additional efficacy and implementation research