

The Cultural Formulation Interview: A collaborative storytelling approach to Clinical Care

Session 3:

Using the Cultural Formulation Interview with Children and Adolescents

April 20, 2022



South Southwest (HHS Region 6)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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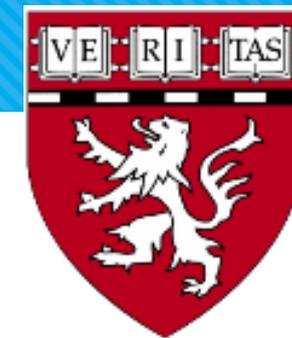


Suggestions to use the Cultural Formulation Interview with Children

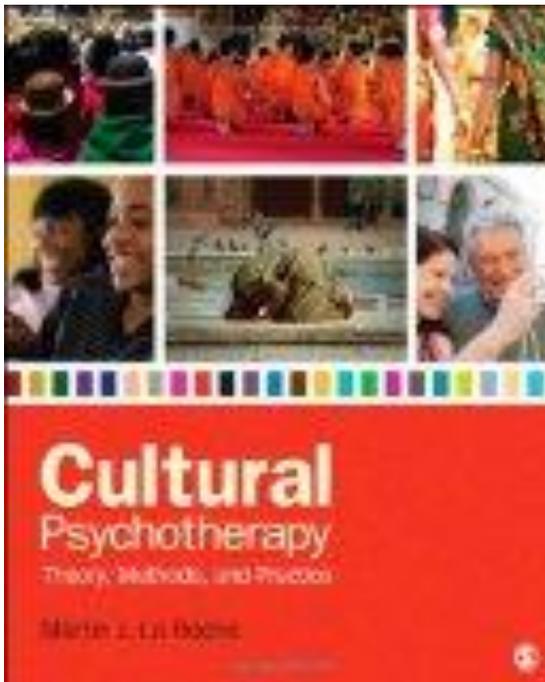
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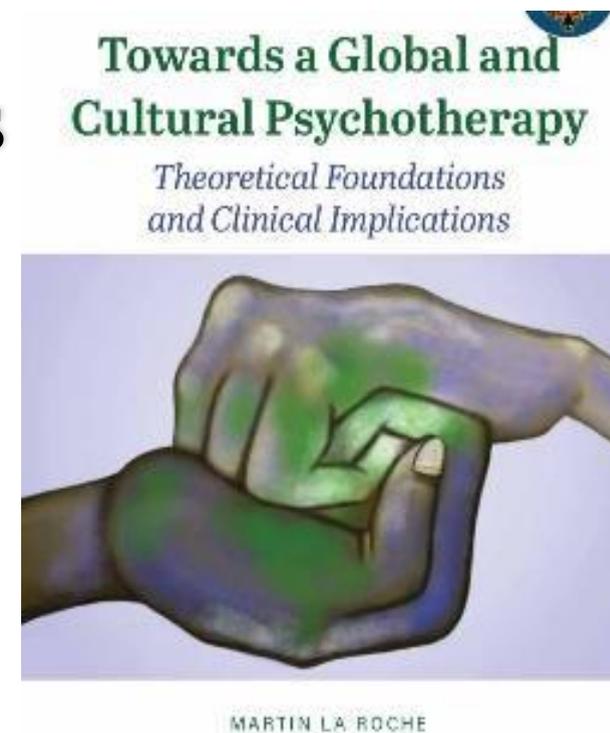
Boston Children's at Martha Eliot and Harvard Medical School



Disclosure



I have published two books
and a DVD from
which I receive royalties



Objectives of This Talk



To suggest ideas that can refine the accuracy of mental health assessments with children (particularly under 10 years of age) using the Cultural Formulation Intervention (CFI).

- 1) Overview of Assessment Issues**
- 2) Cultural Issues**
- 3) Developmental Points**
- 4) Brief Overview of the CFI (particularly for children)**
- 5) A clinical example of how to use the CFI with a child**



Mental Health Assessments: are a systematic process that aim to gain an accurate portrayal of the other (patient/client); it requires information that is objective (reliable/valid) which is often obtained by identifying constellations of symptoms, which allow clinicians to arrive to a specific diagnosis. The CFI is a mental health assessment tool.

Main Components:

Chief Complaints

History of Problems

Mental Status

Diagnosis

Biopsychosocial Formulation

Treatment plan



Assessments are Influenced by Three Sources Information

Individualistic Factors: The specific characteristics of the individual/patient(s) being assessed.

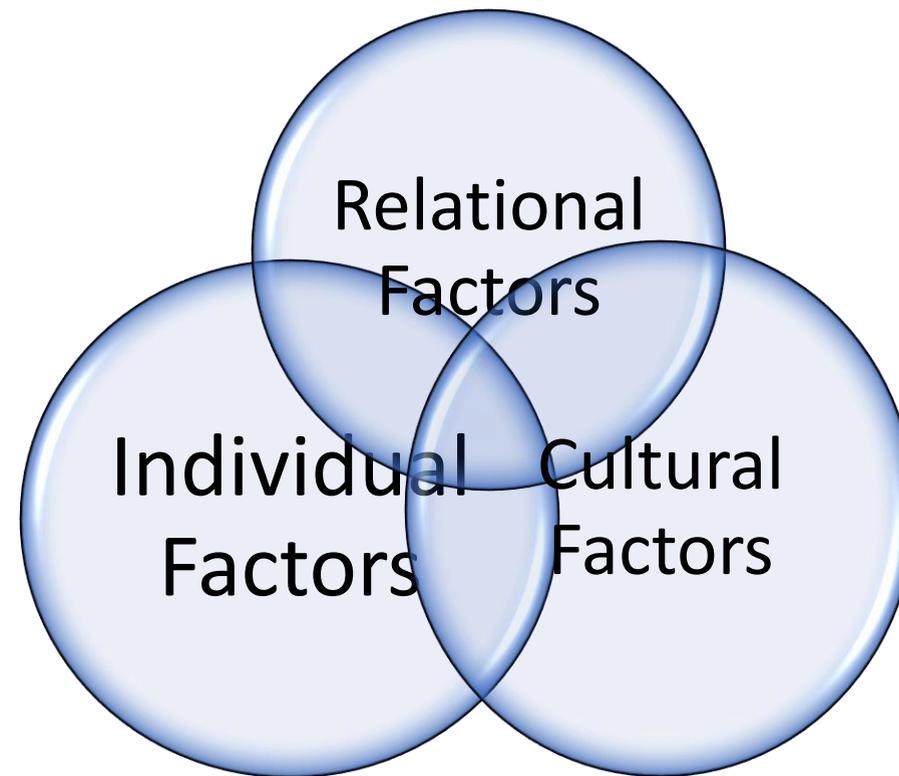
Relational Factors: The effects of the interpersonal relationship established between patients and therapists. Includes the influence of the clinician (e.g., cultural biases, level of competence) on the assessment process.

Cultural factors: The place and time in which the assessment occurs permeates what is said (or not) and how it is understood.

Unfortunately, most assessment tools focus on individual factors and increasingly on interpersonal characteristics.

Not knowing cultural influences limits our ability to gain an accurate understanding of individual/patient(s).

Clinical evidence is informed by three interactive factors



What is culture and why is it important?



What is culture? “systems of knowledge, concepts, rules and practices that are transmitted across generations. Culture includes language, religion and spirituality, family structures, life cycle stages, ceremonial rituals, and customs, as well as moral and legal systems.” (APA, 2013, p. 749).

This definition mirrors culture’s dual nature, on the one hand it highlights individuals’ **subjective cultural meanings** (e.g., systems of knowledge) and on the other, **objective group systems and contexts** (e.g., legal systems) (Betancourt & Lopez, 1993; Triandis, 2007).

There are many ways of being and there is much diversity amongst individuals within cultures which are **changing** and shaping who we become thus we should **avoid stereotyping**.



What is culture and why is it important

The place and time in which the psychotherapeutic process unfolds impacts what is said (or not), and how it is conveyed and understood within the psychotherapeutic process.

(Lewis-Fernandez et al, 2016)

Somewhere in La Mancha, in a place whose name I do not care to remember, a gentleman lived not long ago...

Don Quijote de la Mancha

Miguel Cervantes



What is culture and why is it important?

Culture shapes every aspect of clinical care, influencing when, where, how and to whom patients narrate their experiences of illness and distress (Kirmayer, 2006).

Patients make sense of their experiences through their culture. The meaning of their symptoms and the ways they cope with them are patterned by their cultural beliefs.

The models and tools mental health clinicians use to elicit, measure and conceptualize symptoms are reflective of their cultural beliefs, which are often based on what White Americans believe is correct/healthy (Kirmayer, Kleinman, 1988);

Cultural mismatches between patients and clinicians increase the chances that they will misunderstand each other.



CULTURE

What is culture
and why is it
important?

- 1) When cultural differences are not understood they are often misconstrued as deficits. Not surprisingly racial/ethnic minorities, refugees, and different culturally diverse patients (e.g., Muslims, GLBTQ+) are frequently overpathologized.
- 2) If people are not properly understood then treatments do not respond to their needs/goals resulting in less effective treatments.
- 3) If people don't trust that mental health services will meet their needs/goals why would they access them?
- 4) Not assessing cultural differences appropriately has repeatedly been associated with growing racial/ethnic minority mental health disparities.

Some prevalent
Western-
American Values
that can
influence
Prevalent
Cultural Values in
the United States

1) Rugged Individualism

1.1) The individual is the primary unit of analysis (i.g., independence and autonomy).

1.2) Cultural expectations and milestones vary in regards to a child's age of separation

from parents, when they are toilet trained or sleep alone, etc.

1.3) Not having clear boundaries between self and others is pathological (e.g., enmeshment, immaturity).

2) Competition

2.1) Winning is everything (e.g., win or lose dichotomy)

2.2) Collaboration is often not valued sufficiently.

3) Spirituality

Groups assume different levels of influence to which spiritual forces control their behavior.

4) Levels of Obedience/Respeto

Different groups value obedience to authority or group conformity differently and in some groups infractions are

construed as a more significant indicator of pathology than others.

Some prevalent
Western-
American Values
that can
influence
Prevalent
Cultural Values in
the United States

5) Family Structure

4.1) Nuclear family is the ideal social unit

4.2) The father is usually the breadwinner and mother is the homemaker

6) Gender Roles and identity

5.1) Patriarchal power structure

5.2) Clearly defined and rigid gender roles

7) Language

6.1) Language conveys emotional meanings that may not be translatable

6.2) Language match decreases treatment drop out rate.

6.3) Language shift

8) Action/Time Orientation

3.1) Must master and control nature and situations very quickly

3.2) Pragmatic/utilitarian view of life

3.3) Being passive, dependent and submissive it is considered pathological

Contextual/Cultural Influences are particularly important for children's development

Just as culture is a crucial factor to accurately assess people/patients so are developmental issues crucial to understand children.

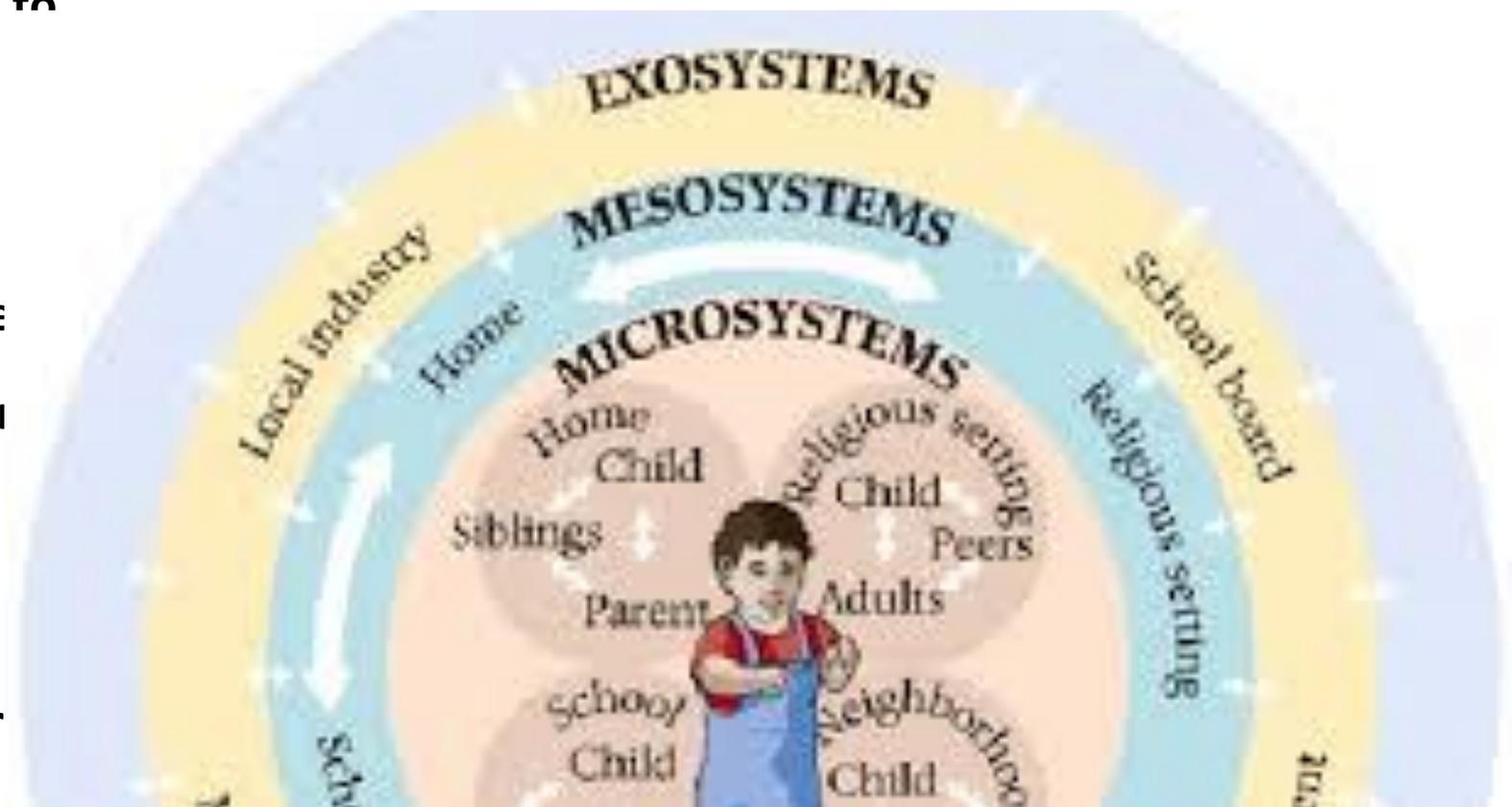
Children's development is a result of the interaction between nature (biology/genes) and nurture (socio/cultural forces).

Children are qualitatively different during each stage their development. What is normal and expected changes; what is considered problematic or good varies during each phase. Children are not little adults but qualitatively different than adults.

Developmental stages appear at different ages in different cultures (Cole, 1998).

Overall, children often express raw, unfiltered cultural views.

Children are exposed to multiple contexts and each may have unique and powerful influences.



Developmental Stages



1) Sensorimotor stage: Infancy birth -2 years of age

The infant knows the world through their movements and sensations

Infants learn that things continue to exist even though they cannot be seen (object permanence) and the risk of separation anxiety.

By learning that objects are separate and distinct entities and that they have an existence of their own outside of their individual perception, children are then able to begin to attach names and words to objects.

2) Preoperational Stage: Toddlers 2-7 years of age

Children begin to think symbolically and learn to use words and pictures to represent objects.

Children at this stage tend to be egocentric and struggle to see things from the perspective of others.

While they are getting better with language and thinking, they still tend to think about things in very concrete terms.

Moral reasoning is imposed from environment rather than internal intentions.

Developmental Stages



3) Concrete Operational Stage: School Age 7-10 years of age

During this stage, children begin to think logically about concrete events, but thinking continues to be rigid and they struggle with abstract and hypothetical concepts.

Their thinking becomes more logical and organized, but still very concrete

Children begin using inductive logic, or reasoning from specific information to a general principle

They start understanding multiple perspectives and their egocentrism starts to fade.

4) Formal Operations Stage: Adolescence 10 years up

Metacognition or thinking about one's own thinking

Higher order thinking including abstraction, consequential thinking, hypothetical reasoning and perspective taking develops.

They start developing a sense of identity and autonomy.

Miscellaneous Developmental Issues

Unfortunately, the voices of children have often been neglected from the cultural literature. Much remains to be done to know them in a culturally-sensitive way.

Just as words and symbols are the language of adults so is play the main language through which pre-formal operation children express themselves.

Most authors believe that it is impossible to understand children independently from their family/context. The younger they are the more important it is to understand them within their family/group contexts.

Tools to Connect with Children

Identify a language/play in which children feel comfortable expressing themselves through symbolic play. **Play therapy tools are also shaped culturally.**

It can be:

Drawings

Playdough

Puppets

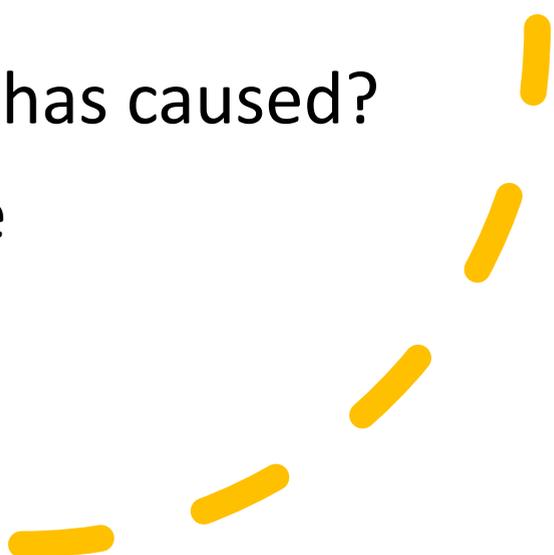
Human/animal figures

Avatars

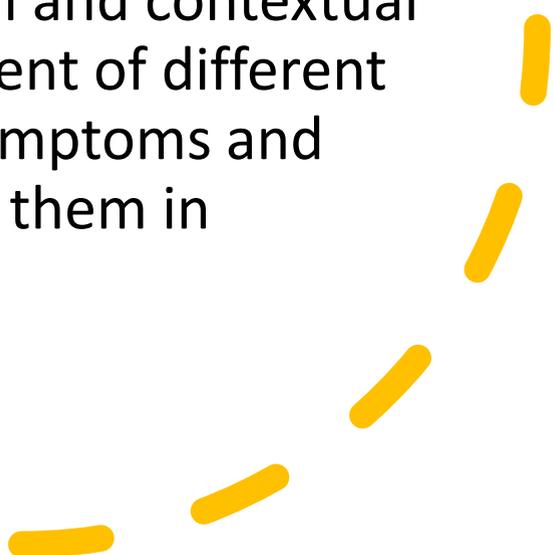
Doll Houses



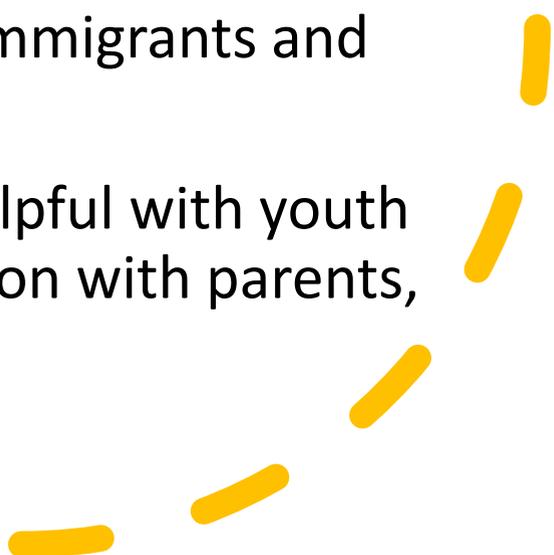
Kleinman's (1988) Eight Questions: Outline of the Cultural Formulation (OCF)

- 1) What are they calling the problem(s)?
 - 2) What do they think caused the problem(s)?
 - 3) Why do they think the problem(s) started when it/they did?
 - 4) What do they think the problem(s)/sickness does/do?
 - 5) How severe are the problem(s)? Will they have short or long course?
 - 6) What kind of treatment(s) do they think they should receive to get better?
 - 7) What are the problem(s) the sickness has caused?
 - 8) What do they fear the most about the problem(s)/sickness?
- 

Cultural Formulation Interview (CFI)

- 1) The Cultural Formulation Interview (CFI) was first introduced in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, APA, 2013), pp 749-757.
 - 2) The CFI is an updated and revised version of the Outline of the Cultural Formulation (OCF), which, was first described in an appendix of DSM-IV (APA, 1994).
 - 3) The cultural formulation approach operationalizes a more thorough evaluation of the socio-cultural context in which illness is embedded. It intends to expand what counts as clinical data in the clinical encounter.
 - 4) The objective of the CFI is to identify cultural and contextual factors relevant to the diagnosis and treatment of different problems; it aims to understand patients' symptoms and world's views by more accurately examining them in relationship to their cultural context.
- 

Cultural Formulation Interview

- 5) The CFI is much more structured and even manualized than the OCF; it is an excellent research tool.
 - 6) Two versions of the CFI are available, one for the individual or patient and a **CFI-Informant version** (e.g., parents) and/or teachers or other relevant community people.
 - 7) In addition, both the CFI and CFI-Informant versions can be complemented by one or several of the 12 Supplementary Modules that address specific areas of interest/concern. There is a **supplementary module for adolescents**.
 - 8) Each of these 12 modules provides additional and more detailed questions to assess specific domains briefly explored in the 16-item CFI (e.g., cultural identity) as well as questions that can be used during the cultural assessment of particular groups, such as children and adolescents, older adults, immigrants and refugees, and caregivers.
 - 9) The direct individual CFI version is not very helpful with youth under 12. Administering the CFI-informant version with parents, teachers, etc. is more useful.
- 

The four areas of the CFI

The CFI explores the following four areas:

- 1) Cultural definition of the problem (e.g., what brings you here using the individual's vocabulary).
- 2) Cultural perceptions or understanding of the cause(s) of the problem (e.g., why do you think this is happening to you) which includes two subsections stressors and supports and role of cultural identity.
- 3) Cultural factors affecting self-coping and past help-seeking.
- 4) Cultural factors affecting current help seeking (e.g., what kind of help do you think would be most useful to you at this time).
 - 1) Preferences and therapeutic relationship.

The Cultural Formulation Interview as a Story

- 1) What is the issue (what is the theme)
- 2) What caused it (past/history)
- 3) How is it being dealt with at this moment (how is it being dealt now)
- 4) How could it be better (future).

Not only within individuals (self-esteem, guilt, hopelessness) the individual (as most western American) models assume, also including the family, school, community/institutions, country and spirit/ancestors/world and even the therapeutic relationship.



Administering the CFI with Children

These ideas are preliminary and are mostly a **clinical** and **developmental** adaptation of Kleinman's (1988) and Lewis Fernandez et. al, (2016) work. Much research is needed to test these ideas with children.

Before starting

- 1) Have a clear understanding of the content of the CFI and OCF.
- 2) Have an understanding of a child's culture/context
- 3) Have an idea of the child's level of development and expected cultural milestones
- 4) Do structure the setting and explain the limits of confidentiality to parent/guardian(s) and child.
- 5) Establish rapport with them before asking the questions of the CFI.
- 6) Start more general and gradually making it more specific and from simple to more complex.
- 7) **Try to have fun! Being neutral is not very effective.**

Administering the CFI with Children

- 8) With younger children start by administering the CFI informant version to the child's guardian(s) (one or more).**
- 9) With the child start by asking them to play/draw someone or identify with a puppet or object, then gradually add others including their setting(s) (and what is happening and then follow to administer the CFI).**
- 10) As means to establish an effective therapeutic alliance it is often more helpful to follow the flow of a child's dialogue/play rather than interrupting her/him/they with questions. Sometimes I even combine, add or skip questions. The CFI can be an excellent tool to establish a therapeutic alliance with the child and family.**
- 11) Allow them to express themselves in their own language and then ask what they were saying.**
- 12) Sometimes it is helpful to talk in the third person and rearticulate questions in the tense they use.**
- 13) If I am using zoom, I ask them to show me what is important to them and what they like/dislike.**
- 14) After administering the CFI to a child, I then may administer the CFI informant version to teachers or any other family or important community members (sometimes even far away family members through zoom).**
- 15) With Adolescents it is recommended to use the supplementary module for adolescents.**



Cultural Definition of the problem(s)

Explanatory Model, Level of Functioning (Cultural definition of the problem(s)).

1) What brings you here today?

How come you guys are talking to me today?

2) Sometimes people have different ways of describing their problem(s) to their family, friends, or others in their community. How would you describe the problem to them?

How do your parents/teachers see -the issue(s)?

3) What troubles you the most about the problem(s)?

What is the worst part of -the issue(s)?



B) Cultural perceptions of the causes of problems

B) Cultural Perceptions of Cause, Context, and Support (Causes)

4) Why do you think this is happening to you? What do you think the causes of the problem(s) are?

How come this –the issue-is happening?

5) What do others in your family, your friends, or others in your community think is causing the problem(s)?

What are (family/teachers) saying this –the issue(s)- is happening for.

Focus on the views of the members of the individual's social network. These may be diverse and different from the child's.

B.2) Stressors and supports

B.2) Stressors and supports

6) Are there any kinds of supports that make your (PROBLEMS) better such as support from your family, friends or others.

Is there anything that your family/friends do that make the –issue(s) better?

Elicit information on the individual's life context, focusing on resources, social supports and resilience. May also probe other support from co-workers, from participation in religion.

7) Are there any kinds of stresses make your (PROBLEMS) worse, such as financial difficulties or family difficulties?

What makes the –issue(s) worse?

Role of Cultural Identity

B.3) Role of Cultural Identity.

8) For you, what are the most important aspects of your background or identity?

What is important about yourself?

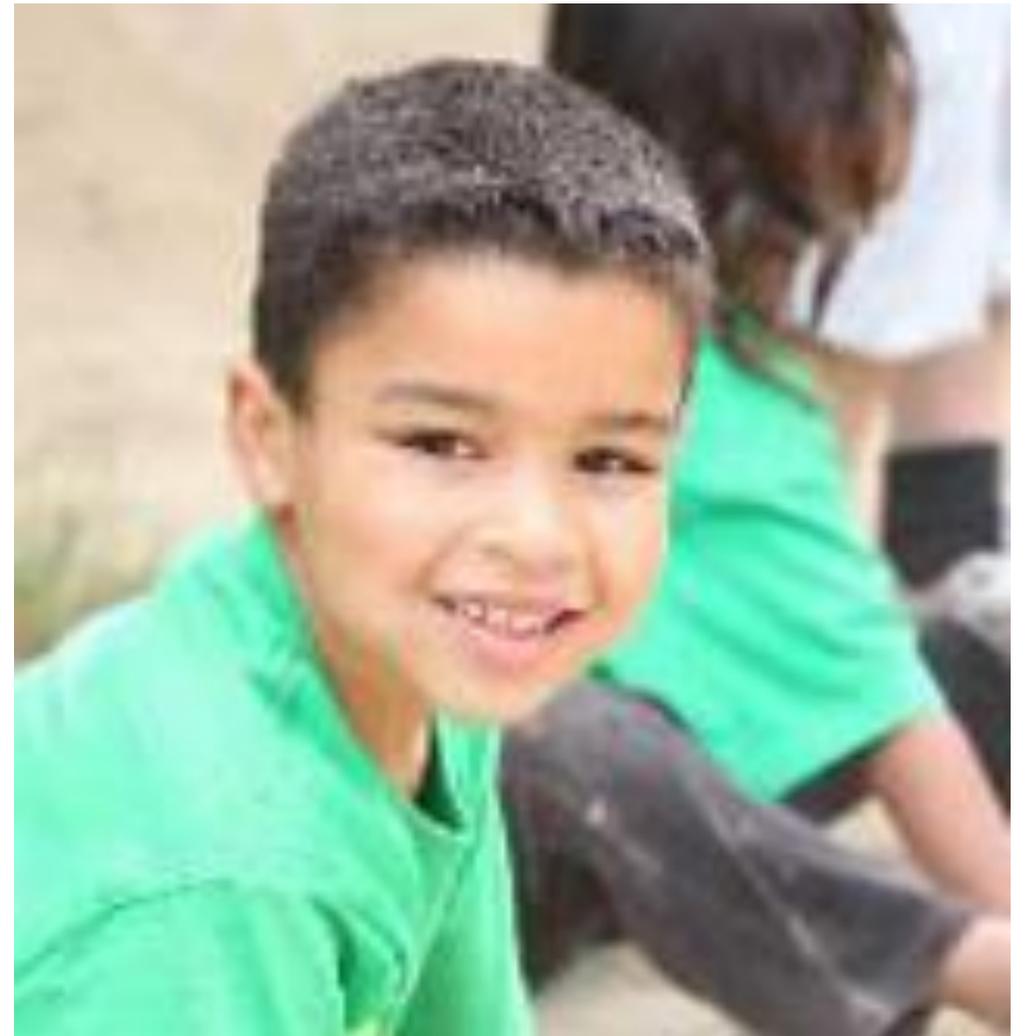
Ask the individual to reflect on the most salient elements of his or her cultural identity. Use this information to tailor question 9-10 as needed. If the child does not include any cultural questions the clinician can ask about them.

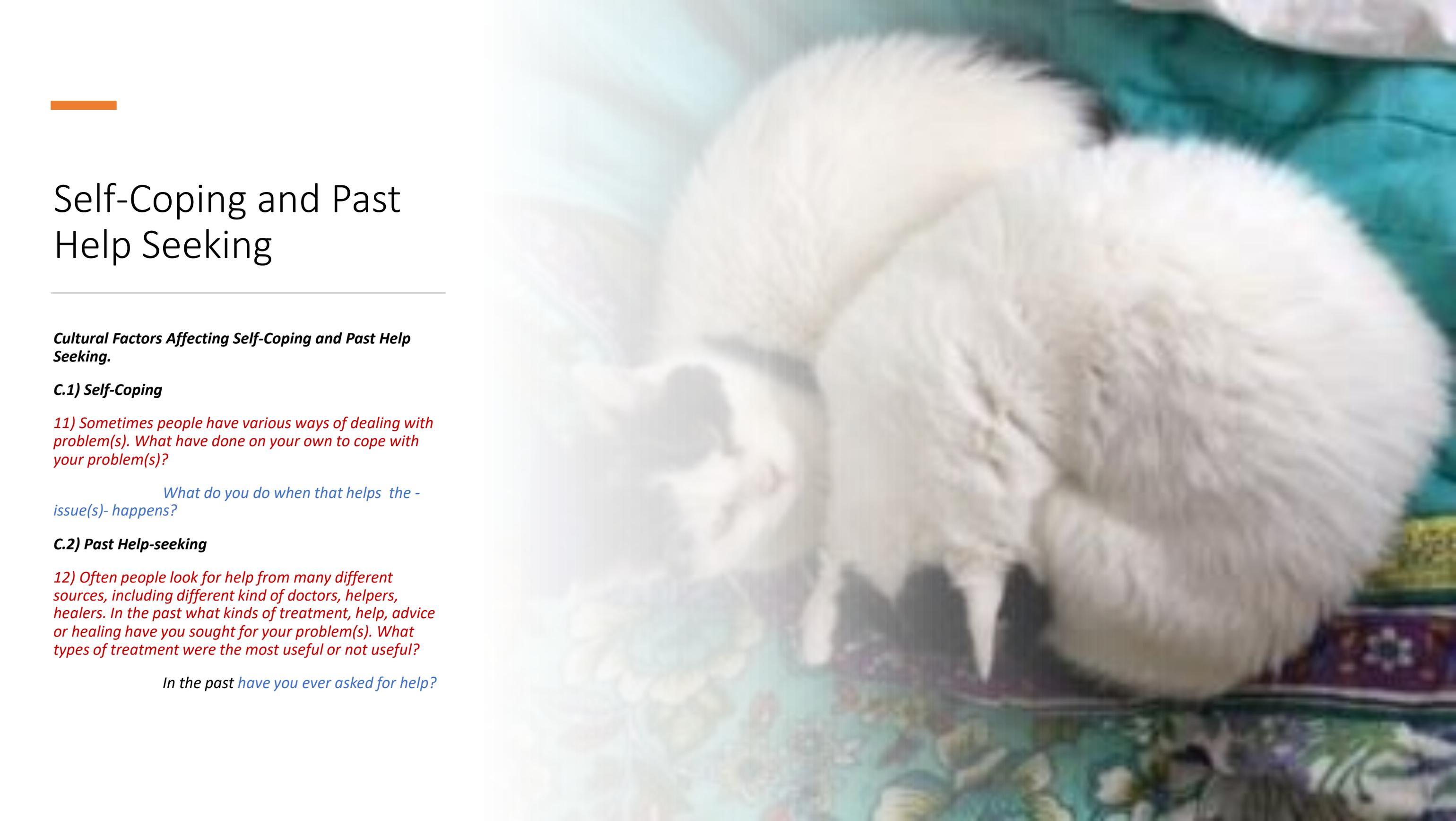
9) Are there any aspects of your background or identity that make a difference to your PROBLEM(s)?

Is (response to question 8) doing something to the issue(s)?

10) Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

Is any part of yourself making the issue(s) happen?



A fluffy white dog, possibly a Samoyed, is lying on a patterned rug. The dog's fur is very thick and white, and it is looking towards the camera. The rug has a green and blue floral pattern. The background is slightly blurred, showing more of the rug and the dog's body.

Self-Coping and Past Help Seeking

Cultural Factors Affecting Self-Coping and Past Help Seeking.

C.1) Self-Coping

11) Sometimes people have various ways of dealing with problem(s). What have done on your own to cope with your problem(s)?

What do you do when that helps the - issue(s)- happens?

C.2) Past Help-seeking

12) Often people look for help from many different sources, including different kind of doctors, helpers, healers. In the past what kinds of treatment, help, advice or healing have you sought for your problem(s). What types of treatment were the most useful or not useful?

In the past have you ever asked for help?

Self-Coping and Past Help Seeking

C.3) Barriers: Clarify the role of social barriers to help seeking, access to care and problems engaging in previous treatment.

13) Has anything prevented you from getting the help you need?

What has made it hard to ask for help?

- Probe as needed. For example, money, work, or family commitments, stigma or discrimination or lack of services that understand your language or background.



Cultural factors affecting current help

Cultural Factors Affecting Current Help Seeking

D.1) Preferences

14 Now let's talk some more about the help you need. What would be helpful for your problem(s)?

What kind of help could fix the –issue(s)?

Clarify individual's current perceived needs and expectations of help, broadly defined.

15) Are there other kinds of help that your family friends or other people have suggested that would be helpful for you now?

What do your family/friends say should be done to fix the -issue(s)?

Focus on the views of the social network regarding help-seeking.

Cultural factors affecting current help

D.2) Clinician-Patient Relationship

16) Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations. Have you ever been concerned about this and is there anything that we can do to provide you with what you need?

Sometimes doctors don't understand kids or families has this happened? Is there anything that can be done to fix this?

Elicit possible concerns about the clinic or the clinician patient relationship, including perceived racism, language barriers or cultural differences that may undermine goodwill, communication or care delivery. Probe as needed in what way?

Supplementary Module

School-Age Children and Adolescents

9. School-Age Children and Adolescents Related Core CFI Questions: 8, 9, 10 GUIDE TO INTERVIEWER: This supplement is directed to adolescents and mature school-age children. It should be used in conjunction with standard child mental health assessments that evaluate family relations (including intergenerational issues), peer relations, and the school environment. **The aim of these questions is to identify, from the perspective of the child/youth, the role of age-related cultural expectations, the possible cultural divergences between school, home, and the peer group, and whether these issues impact on the situation or problem that brought the youth for care.** The questions indirectly explore cultural challenges, stressors and resilience, and issues of cultural hybridity, mixed ethnicity or multiple ethnic identifications. Peer group belonging is important to children and adolescents, and questions exploring ethnicity, religious identity, racism or gender difference should be included following the child's lead. Some children may not be able to answer all questions; clinicians should select and adapt questions to ensure they are developmentally appropriate for the individual. Children should not be used as informants to provide socio-demographic information on the family or an explicit analysis of the cultural dimensions of their problems. An Addendum lists cultural aspects of development and parenting that can be evaluated during parents' interviews



Teacher

Me

Classm

Supplementary Module

School-Age Children and Adolescents

INTRODUCTION FOR THE CHILD/YOUTH: We have talked about the concerns of your family. Now I would like to know more about how you feel about being ___ years old.

Feelings of age appropriateness in different settings

1. Do you feel you are like other children/youth your age? In what way?
2. Do you sometimes feel different from other children/youth your age? In what way?
3. IF THE CHILD/YOUTH ACKNOWLEDGES SOMETIMES FEELING DIFFERENT: Does this feeling of being different happen more at home, at school, at work, and/or some other place?
4. Do you feel your family is different from other families? 5. Do you use different languages? With whom and when?
6. Does your name have any special meaning for you? Your family? Your community?
7. Is there something special about you that you like or that you are proud of?

Supplementary Module

School-Age Children and Adolescents

Age-related stressors and supports

8. What do you like about being a child/youth at home? At school? With friends?

9. What don't you like about being a child/youth at home? At school? With friends?

10. Who is there to support you when you feel you need it? At home? At school? Among your friends?

Age-related expectations

GUIDE TO INTERVIEWER: Concepts of childhood and age-appropriate behavior vary significantly across cultures. The aim of these questions is to elicit the normative frame(s) of the child /family and how this may differ from other cultural environments.

11. What do your parents or grandparents expect from a child/youth your age? (CLARIFY: For example, chores, schoolwork, play, religious observance.)

12. What do your school teachers expect from a child/youth your age?

13. IF INDIVIDUAL HAS SIBLINGS: What do your siblings expect from a child/youth your age? (CLARIFY: For example, babysitting, help with homework, dating, dress.)

14. What do other children/youth your age expect from a child/youth your age?

Supplementary Module

School-Age Children and Adolescents

Transition to adulthood/maturity (FOR ADOLESCENTS ONLY)

15. Are there any important celebrations or events in your community to recognize reaching a certain age or growing up?

16. When is a youth considered ready to become an adult in your family or community?

17. When is a youth considered ready to become an adult according to your school teachers?

18. What is good or difficult about becoming a young woman or a young man in your family? In your school? In your community?

19. How do you feel about “growing up” or becoming an adult?

20. In what ways are your life and responsibilities different from the life and responsibilities of your parents?

Supplementary Module

School-Age Children and Adolescents

ADDENDUM FOR PARENTS' INTERVIEW GUIDE TO INTERVIEWER:

Information on cultural influences on development and parenting is best obtained by interviewing the child's parents or caretakers. In addition to issues directly related to presenting problems, it is useful to inquire about:

The child's particular place in the family (e.g., oldest boy, only girl)?

The process of naming the child (Who chose the name?)

Does it have special meaning? (Who else is called like this?)

Developmental milestones in the culture of origin of the mother (and father): expected age for weaning, walking, toilet training, speaking. Vision of normal autonomy/dependency, appropriate disciplining and so on

Perceptions of age-appropriate behaviors (e.g., age for staying home alone, participation in chores, religious observance, play)

Child-adult relations (e.g., expression of respect, eye contact, physical contact)

Gender relations (expectations around appropriate girl-boy behavior, dress code)

Languages spoken at home, in daycare, at school

The importance of religion, spirituality, and community in family life and related expectations for the child.

Translating the OCI & CFI into the assessment process



Chief Complaints

What brings you here? (CFI 1-2)
What are they calling the problem(s) (OCF 1)



History of Problems

Why are they thinking problems started when they did (OCF 3)



Mental Status

What are they thinking the problem(s) does (OCF 4)



Diagnosis



Biopsychological Formulation

What are they thinking caused the problem(s) (OCF-2)
Cultural perceptions of cause, context, and support (CFI 3-7)



Treatment plan

What kind of treatments are they thinking they should receive to get better (OCF 6)
Self-Coping, Past Help-Seeking & Barriers (CFI 11-13)

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Questions/Comments?





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